2026 MVP Health Care® (MVP) Self-Funded Formulary

(List of Covered Drugs)

Please Read: This document contains information about the drugs we cover in this plan.

This Formulary was updated on **September 1, 2026**. For more up-to-date information or other questions, please contact the MVP Customer Care Center.

You can reach the Customer Care Center using the phone number on the back of your MVP Member ID card, Monday–Friday, 8 am–6 pm Eastern Time (TTY 711).

MVP® HEALTH CARE

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For more detailed information about your MVP prescription drug coverage, please review your Certificate of Coverage or Summary Plan Description. Please be advised that this document is updated periodically, and changes may appear prior to their effective date to allow for member notification.

For the most up-to-date information or other questions, please contact the MVP Customer Care Center at the phone number on the back of your MVP Member ID card.

How do I use the Formulary?

There are two ways to find a drug within this Formulary document. On your keyboard, press *CTRL+F* to bring up a search window.

1. **Search by Medical Condition.** The drugs in this Formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category "Cardiovascular." If you know what your drug is used for, look for the category name in the document below. Then look under the category name for your drug.

2. **Search by Drug Name.** If you are not sure of the category, look for your drug in the Index. The Index provides an alphabetical list of all the drugs, both brand name and generic, included in this document. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information.

Are there coverage restrictions?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

CO-PAY Some MVP plans may offer different co-pays or co-insurance for certain categories of medications. This may be different than your regular tier co-pay. Please refer to your MVP Prescription Drug Rider for the specific co-pay or co-insurance amount associated with medications.

ORAL CHEMOTHERAPY CO-PAY (OC) Some MVP plans may offer a different co-pay or co-insurance for oral chemotherapy drugs. These are medications, taken by mouth, to treat cancer. This may be different than your regular tier co-pay. Please refer to your MVP Prescription Drug Rider for the specific co-pay or co-insurance amount associated with this category of medications.

MEDICAL CO-PAY (MC) Some MVP plans may offer a different co-pay or co-insurance for medical benefit medications. This may be different than your regular tier co-pay. Please refer to your MVP Prescription Drug Rider for the specific co-pay or co-insurance amount associated with this category of medications.

DIABETIC CO-PAY (DC) Some MVP plans may offer a different co-pay or co-insurance for medications used to treat diabetes. This may be different than your regular tier co-pay. Please refer to your MVP Prescription Drug Rider for the specific co-pay or co-insurance amount associated with this category of medications.

LIMITED DISTRIBUTION (LD) Some specialty medications are only available from certain pharmacies. They usually treat rare or complex medical conditions. You would not be able to pick it up from your regular pharmacy.

NOT AVAILABLE FOR MAIL ORDER (NM) For plans that offer a mail order benefit, certain medications are not available through the mail order pharmacy benefit. In general, maintenance drugs are available through the mail order benefit. A maintenance drug is defined as "any drug taken regularly to treat or prevent a chronic health condition such as, but not limited to, high blood pressure, diabetes, or asthma." Drugs that are not suitable for mail delivery, medications that are indicated for short term use, or medications requiring frequent provider evaluation and/or dose adjustments may not be eligible for mail order.

PRIOR AUTHORIZATION (PA) MVP requires your provider to get prior authorization for certain drugs. This means that you will need to get approval from MVP before you fill your prescriptions. If you don't get approval, MVP may not cover the drug. Some drugs not listed in the Formulary follow approved MVP prior authorization policies. Please note that all new drugs will be excluded from the Formulary and require prior authorization until reviewed by the MVP Pharmacy and Therapeutics (P&T) Committee. The P&T Committee recommends drugs to be excluded from coverage if they do not have significant clinical and/or therapeutic advantages over drugs currently covered by MVP. The committee uses utilization, pharmaco-economic, and clinical data to develop the exclusions. However, not every member may be able to tolerate Formulary drugs due to clinical ineffectiveness or adverse/allergic reactions. A Formulary exception (prior authorization) process for these cases will allow members to receive otherwise non-covered medications.

QUANTITY LIMIT (QL) Some drugs in the Formulary have a maximum quantity that may be received over a specified time period. The list of drugs with quantity limits is subject to change and are marked by a "QL." The amount of drug covered is based on clinical considerations. If you require more than the allowed quantity, the prescribing provider should initiate a request for coverage.

STEP THERAPY (ST) In some cases, MVP requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, MVP may not cover Drug B unless you try Drug A first. If Drug A does not work for you, MVP will then cover Drug B.

SPECIALTY DRUGS (SP) Specialty medications are used in the management of complex chronic or genetic conditions and certain catastrophic diseases. They are most often injectable medications but may also include oral agents. Drugs identified in the Formulary as "SP" must be filled through the CVS Specialty Pharmacy or another pharmacy in the specialty network. Some MVP plans may offer a different co-pay or co-insurance for these medications, which may be different than your regular tier co-pay. Please refer to your MVP Prescription Drug Rider for the specific co-pay or co-insurance amount associated with this category of medications.

SPECIALTY CO-PAY (SC) Specialty medications are used in the management of complex chronic or genetic conditions and certain catastrophic diseases. They are most often injectable medications but may also include oral agents. Drugs identified in the Formulary as "SC" may be obtained at any in-network retail pharmacy (as opposed to medications listed as "SP" which are only available at pharmacies in the specialty network). MVP plans may offer a different co-pay or co-insurance for these medications, which may be different than your regular tier co-pay. Please refer to your MVP Prescription Drug Rider for the specific co-pay or co-insurance amount associated with this category of medications.

OVER-THE-COUNTER MEDICATIONS (OTC) Certain medications listed in the Formulary are available over the counter. For these to be covered by insurance, a prescription is required.

AGE Some medications have age restrictions to ensure they are used in appropriate age groups. If you are outside of the age restriction but require the use of a drug with an age edit, your provider can submit a request for coverage and tell us why you need this drug.

More information

Your provider is the person best suited to help you make decisions about prescription drugs. The prescription drug information here is intended for consumer guidance only. This information relates to the Prescription Drug Formulary, generally, and may not describe your specific coverage. Your Certificate of Coverage or Summary Plan Description determines your benefits, limitations, and exclusions.

While every effort has been made to ensure accuracy, some information may be out of date. The Formulary is subject to change based on decisions made by the P&T Committee. New drugs are not covered until reviewed by the P&T Committee. Medications with an OTC equivalent are not a covered benefit. Drugs entering the market between 1938 and 1962 that were approved for safety but not effectiveness are called “DESI” drugs. DESI drugs are not covered on the MVP Self-Funded Formulary.

The information contained in the MVP Self-Funded Formulary is provided solely for the convenience of medical providers. MVP does not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. The MVP Self-Funded Formulary is not intended to be a substitute for the knowledge, expertise, skill, and judgement of the medical provider in their choice of prescription drugs. The MVP Self-Funded Formulary is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands, and mandatory generic drugs whenever applicable. MVP assumes no responsibility for the actions of any medical provider based upon reliance, in whole or part, on the information contained herein. The medical provider should consult the drug manufacturer’s product literature or standard references for more detailed information.

Your employer may have limited your coverage of certain prescription drugs. In the case of some drugs, MVP may limit coverage to a specific quantity or a specific course of treatment. MVP may also require prior authorization on some covered drugs. If you need more information about policies regarding a specific drug, consult your provider or contact the MVP Customer Care Center at the phone number on the back of your MVP Member ID card. If the medication you take is not listed below, contact the CVS Caremark Customer Care Center at the phone number listed on your MVP Member ID card.

MVP Self-Funded Formulary Effective 09/01/2026

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
ADDERALL TAB 5MG	3	
ADDERALL TAB 7.5MG	3	
ADDERALL TAB 10MG	3	
ADDERALL TAB 12.5MG	3	
ADDERALL TAB 15MG	3	
ADDERALL TAB 20MG	3	
ADDERALL TAB 30MG	3	
ADDERALL XR CAP 5MG	3	QL (60 caps every 30 days)
ADDERALL XR CAP 10MG	3	QL (60 caps every 30 days)
ADDERALL XR CAP 15MG	3	QL (60 caps every 30 days)
ADDERALL XR CAP 20MG	3	QL (60 caps every 30 days)
ADDERALL XR CAP 25MG	3	QL (60 caps every 30 days)
ADDERALL XR CAP 30MG	3	QL (60 caps every 30 days)
amphetamine sulfate tab 5 mg	1	
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg	1	QL (60 caps every 30 days)
amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg	1	QL (60 caps every 30 days)
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg	1	QL (60 caps every 30 days)
amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg	1	QL (60 caps every 30 days)
amphetamine-dextroamphetamine cap er 24hr 5 mg	1	QL (60 caps every 30 days)
amphetamine-dextroamphetamine cap er 24hr 10 mg	1	QL (60 caps every 30 days)
amphetamine-dextroamphetamine cap er 24hr 15 mg	1	QL (60 caps every 30 days)
amphetamine-dextroamphetamine cap er 24hr 20 mg	1	QL (60 caps every 30 days)
amphetamine-dextroamphetamine cap er 24hr 25 mg	1	QL (60 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
amphetamine-dextroamphetamine cap er 24hr 30 mg	1	QL (60 caps every 30 days)
amphetamine-dextroamphetamine tab 5 mg	1	
amphetamine-dextroamphetamine tab 7.5 mg	1	
amphetamine-dextroamphetamine tab 10 mg	1	
amphetamine-dextroamphetamine tab 12.5 mg	1	
amphetamine-dextroamphetamine tab 15 mg	1	
amphetamine-dextroamphetamine tab 20 mg	1	
amphetamine-dextroamphetamine tab 30 mg	1	
DEXEDRINE CAP 10MG CR	3	QL (60 caps every 30 days)
DEXEDRINE CAP 15MG CR	3	QL (60 caps every 30 days)
dextroamphetamine sulfate cap er 24hr 5 mg	1	QL (60 caps every 30 days)
dextroamphetamine sulfate cap er 24hr 10 mg	1	QL (60 caps every 30 days)
dextroamphetamine sulfate cap er 24hr 15 mg	1	QL (60 caps every 30 days)
dextroamphetamine sulfate oral solution 5 mg/5ml	1	
dextroamphetamine sulfate tab 2.5 mg	1	
dextroamphetamine sulfate tab 5 mg	1	
dextroamphetamine sulfate tab 7.5 mg	1	
dextroamphetamine sulfate tab 10 mg	1	
dextroamphetamine sulfate tab 15 mg	1	
dextroamphetamine sulfate tab 20 mg	1	
dextroamphetamine sulfate tab 30 mg	1	
lisdexamfetamine dimesylate cap 10 mg	1	QL (60 caps every 30 days)
lisdexamfetamine dimesylate cap 20 mg	1	QL (60 caps every 30 days)
lisdexamfetamine dimesylate cap 30 mg	1	QL (60 caps every 30 days)
lisdexamfetamine dimesylate cap 40 mg	1	QL (60 caps every 30 days)
lisdexamfetamine dimesylate cap 50 mg	1	QL (60 caps every 30 days)
lisdexamfetamine dimesylate cap 60 mg	1	QL (60 caps every 30 days)
lisdexamfetamine dimesylate cap 70 mg	1	QL (60 caps every 30 days)
lisdexamfetamine dimesylate chew tab 10 mg	1	QL (60 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
lisdexamfetamine dimesylate chew tab 20 mg	1	QL (60 tabs every 30 days)
lisdexamfetamine dimesylate chew tab 30 mg	1	QL (60 tabs every 30 days)
lisdexamfetamine dimesylate chew tab 40 mg	1	QL (60 tabs every 30 days)
lisdexamfetamine dimesylate chew tab 50 mg	1	QL (60 tabs every 30 days)
lisdexamfetamine dimesylate chew tab 60 mg	1	QL (60 tabs every 30 days)
MYDAYIS CAP 12.5MG	2	QL (60 caps every 30 days)
MYDAYIS CAP 25MG	2	QL (60 caps every 30 days)
MYDAYIS CAP 37.5MG	2	QL (60 caps every 30 days)
MYDAYIS CAP 50MG	2	QL (60 caps every 30 days)
procentra sol 5mg/5ml	1	
VYVANSE CAP 10MG	3	QL (60 caps every 30 days)
VYVANSE CAP 20MG	3	QL (60 caps every 30 days)
VYVANSE CAP 30MG	3	QL (60 caps every 30 days)
VYVANSE CAP 40MG	3	QL (60 caps every 30 days)
VYVANSE CAP 50MG	3	QL (60 caps every 30 days)
VYVANSE CAP 60MG	3	QL (60 caps every 30 days)
VYVANSE CAP 70MG	3	QL (60 caps every 30 days)
VYVANSE CHW 10MG	3	QL (60 tabs every 30 days)
VYVANSE CHW 20MG	3	QL (60 tabs every 30 days)
VYVANSE CHW 30MG	3	QL (60 tabs every 30 days)
VYVANSE CHW 40MG	3	QL (60 tabs every 30 days)
VYVANSE CHW 50MG	3	QL (60 tabs every 30 days)
VYVANSE CHW 60MG	3	QL (60 tabs every 30 days)
zenzedi tab 2.5mg	1	
zenzedi tab 5mg	1	
zenzedi tab 7.5mg	1	
zenzedi tab 10mg	1	
zenzedi tab 15mg	1	
zenzedi tab 20mg	1	
zenzedi tab 30mg	1	

Drug Name	Drug Tier	Requirements/Limits
ANALEPTICS		
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	1	NM
ANOREXIANTS NON-AMPHETAMINE		
benzphetamine hcl tab 50 mg	1	NM
diethylpropion hcl tab 25 mg	1	NM
diethylpropion hcl tab er 24hr 75 mg	1	NM
lomaira tab 8mg	1	NM
phendimetrazine tartrate tab 35 mg	1	NM
phentermine hcl cap 15 mg	1	NM
phentermine hcl cap 30 mg	1	NM
phentermine hcl cap 37.5 mg	1	NM
phentermine hcl tab 37.5 mg	1	NM
phentermine hcl-topiramate cap er 24hr 3.75-23 mg	1	NM
phentermine hcl-topiramate cap er 24hr 7.5-46 mg	1	NM
phentermine hcl-topiramate cap er 24hr 11.25-69 mg	1	NM
phentermine hcl-topiramate cap er 24hr 15-92 mg	1	NM
ANTI-OBESITY AGENTS		
CONTRAVE TAB 8-90MG	3	NM
liraglutide (weight mngmt) soln pen-inj 18 mg/3ml (6 mg/ml)	1	PA, QL (15 pens every 63 days)
orlistat cap 120 mg	1	NM
SAXENDA INJ 18MG/3ML	3	PA, QL (15 pens every 63 days)
WEGOVY HD INJ 7.2/0.75	2	PA, QL (12 pens every 63 days)
WEGOVY INJ 0.5MG	2	PA, QL (12 pens every 63 days), NM
WEGOVY INJ 0.25MG	2	PA, QL (12 pens every 63 days), NM
WEGOVY INJ 1.7MG	2	PA, QL (12 pens every 63 days), NM
WEGOVY INJ 1MG	2	PA, QL (12 pens every 63 days), NM
WEGOVY INJ 2.4MG	2	PA, QL (12 pens every 63 days), NM
WEGOVY TAB 1.5MG	3	PA, QL (30 tabs every 30 days), NM

Drug Name	Drug Tier	Requirements/Limits
WEGOVY TAB 4MG	3	PA, QL (30 tabs every 30 days), NM
WEGOVY TAB 9MG	3	PA, QL (30 tabs every 30 days), NM
WEGOVY TAB 25MG	3	PA, QL (30 tabs every 30 days), NM
ZEPBOUND INJ 2.5/0.5	2	PA, QL (12 pens every 63 days), NM
ZEPBOUND INJ 5/0.5ML	2	PA, QL (12 pens every 63 days), NM
ZEPBOUND INJ 7.5/0.5	2	PA, QL (12 pens every 63 days), NM
ZEPBOUND INJ 10/0.5ML	2	PA, QL (12 pens every 63 days), NM
ZEPBOUND INJ 12.5/0.5	2	PA, QL (12 pens every 63 days), NM
ZEPBOUND INJ 15/0.5ML	2	PA, QL (12 pens every 63 days), NM
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
atomoxetine hcl cap 10 mg (base equiv)	1	QL (90 caps every 30 days)
atomoxetine hcl cap 18 mg (base equiv)	1	QL (90 caps every 30 days)
atomoxetine hcl cap 25 mg (base equiv)	1	QL (90 caps every 30 days)
atomoxetine hcl cap 40 mg (base equiv)	1	QL (90 caps every 30 days)
atomoxetine hcl cap 60 mg (base equiv)	1	QL (90 caps every 30 days)
atomoxetine hcl cap 80 mg (base equiv)	1	QL (90 caps every 30 days)
atomoxetine hcl cap 100 mg (base equiv)	1	QL (90 caps every 30 days)
clonidine hcl tab er 12hr 0.1 mg	1	
guanfacine hcl tab er 24hr 1 mg (base equiv)	1	
guanfacine hcl tab er 24hr 2 mg (base equiv)	1	
guanfacine hcl tab er 24hr 3 mg (base equiv)	1	
guanfacine hcl tab er 24hr 4 mg (base equiv)	1	
INTUNIV TAB 1MG	3	
INTUNIV TAB 2MG	3	
INTUNIV TAB 3MG	3	
INTUNIV TAB 4MG	3	

Drug Name	Drug Tier	Requirements/Limits
QELBREE CAP 100MG ER	3	QL (60 caps every 30 days)
QELBREE CAP 150MG ER	3	QL (60 caps every 30 days)
QELBREE CAP 200MG ER	3	QL (60 caps every 30 days)
STRATTERA CAP 10MG	3	QL (90 caps every 30 days)
STRATTERA CAP 18MG	3	QL (90 caps every 30 days)
STRATTERA CAP 25MG	3	QL (90 caps every 30 days)
STRATTERA CAP 40MG	3	QL (90 caps every 30 days)
STRATTERA CAP 60MG	3	QL (90 caps every 30 days)
STRATTERA CAP 80MG	3	QL (90 caps every 30 days)
STRATTERA CAP 100MG	3	QL (90 caps every 30 days)
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI TAB 75MG	3	QL (60 tabs every 30 days)
SUNOSI TAB 150MG	3	QL (60 tabs every 30 days)
STIMULANTS - MISC.		
APTENSIO XR CAP 10MG	3	QL (60 caps every 30 days)
APTENSIO XR CAP 15MG	3	QL (60 caps every 30 days)
APTENSIO XR CAP 20MG	3	QL (60 caps every 30 days)
APTENSIO XR CAP 30MG	3	QL (60 caps every 30 days)
APTENSIO XR CAP 40MG	3	QL (60 caps every 30 days)
APTENSIO XR CAP 50MG	3	QL (60 caps every 30 days)
APTENSIO XR CAP 60MG	3	QL (60 caps every 30 days)
armodafinil tab 50 mg	1	QL (60 tabs every 30 days)
armodafinil tab 150 mg	1	QL (60 tabs every 30 days)
armodafinil tab 200 mg	1	QL (60 tabs every 30 days)
armodafinil tab 250 mg	1	QL (60 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
CONCERTA TAB 18MG	3	QL (60 tabs every 30 days)
CONCERTA TAB 27MG	3	QL (60 tabs every 30 days)
CONCERTA TAB 36MG	3	QL (60 tabs every 30 days)
CONCERTA TAB 54MG	3	QL (60 tabs every 30 days)
DAYTRANA DIS 10MG/9HR	3	
DAYTRANA DIS 15MG/9HR	3	
DAYTRANA DIS 20MG/9HR	3	
DAYTRANA DIS 30MG/9HR	3	
dexmethylphenidate hcl cap er 24 hr 5 mg	1	QL (60 caps every 30 days)
dexmethylphenidate hcl cap er 24 hr 10 mg	1	QL (60 caps every 30 days)
dexmethylphenidate hcl cap er 24 hr 15 mg	1	QL (60 caps every 30 days)
dexmethylphenidate hcl cap er 24 hr 20 mg	1	QL (60 caps every 30 days)
dexmethylphenidate hcl cap er 24 hr 25 mg	1	QL (60 caps every 30 days)
dexmethylphenidate hcl cap er 24 hr 30 mg	1	QL (60 caps every 30 days)
dexmethylphenidate hcl cap er 24 hr 35 mg	1	QL (60 caps every 30 days)
dexmethylphenidate hcl cap er 24 hr 40 mg	1	QL (60 caps every 30 days)
dexmethylphenidate hcl tab 2.5 mg	1	
dexmethylphenidate hcl tab 5 mg	1	
dexmethylphenidate hcl tab 10 mg	1	
FOCALIN TAB 2.5MG	3	
FOCALIN TAB 5MG	3	
FOCALIN TAB 10MG	3	
FOCALIN XR CAP 5MG	3	QL (60 caps every 30 days)
FOCALIN XR CAP 10MG	3	QL (60 caps every 30 days)
FOCALIN XR CAP 15MG	3	QL (60 caps every 30 days)
FOCALIN XR CAP 20MG	3	QL (60 caps every 30 days)
FOCALIN XR CAP 25MG	3	QL (60 caps every 30 days)
FOCALIN XR CAP 30MG	3	QL (60 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
FOCALIN XR CAP 35MG	3	QL (60 caps every 30 days)
FOCALIN XR CAP 40MG	3	QL (60 caps every 30 days)
JORNAY PM CAP 20MG ER	3	QL (60 caps every 30 days)
JORNAY PM CAP 40MG ER	3	QL (60 caps every 30 days)
JORNAY PM CAP 60MG ER	3	QL (60 caps every 30 days)
JORNAY PM CAP 80MG ER	3	QL (60 caps every 30 days)
JORNAY PM CAP 100MG ER	3	QL (60 caps every 30 days)
METHYLIN SOL 5MG/5ML	3	
METHYLIN SOL 10MG/5ML	3	
methylphenidate hcl cap er 10 mg (cd)	1	QL (60 caps every 30 days)
methylphenidate hcl cap er 20 mg (cd)	1	QL (60 caps every 30 days)
methylphenidate hcl cap er 24hr 10 mg (la)	1	QL (60 caps every 30 days)
methylphenidate hcl cap er 24hr 10 mg (xr)	1	QL (60 caps every 30 days)
methylphenidate hcl cap er 24hr 15 mg (xr)	1	QL (60 caps every 30 days)
methylphenidate hcl cap er 24hr 20 mg (la)	1	QL (60 caps every 30 days)
methylphenidate hcl cap er 24hr 20 mg (xr)	1	QL (60 caps every 30 days)
methylphenidate hcl cap er 24hr 30 mg (la)	1	QL (60 caps every 30 days)
methylphenidate hcl cap er 24hr 30 mg (xr)	1	QL (60 caps every 30 days)
methylphenidate hcl cap er 24hr 40 mg (la)	1	QL (60 caps every 30 days)
methylphenidate hcl cap er 24hr 40 mg (xr)	1	QL (60 caps every 30 days)
methylphenidate hcl cap er 24hr 50 mg (xr)	1	QL (60 caps every 30 days)
methylphenidate hcl cap er 24hr 60 mg (la)	1	QL (60 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl cap er 24hr 60 mg (xr)	1	QL (60 caps every 30 days)
methylphenidate hcl cap er 30 mg (cd)	1	QL (60 caps every 30 days)
methylphenidate hcl cap er 40 mg (cd)	1	QL (60 caps every 30 days)
methylphenidate hcl cap er 50 mg (cd)	1	QL (60 caps every 30 days)
methylphenidate hcl cap er 60 mg (cd)	1	QL (60 caps every 30 days)
methylphenidate hcl chew tab 2.5 mg	1	
methylphenidate hcl chew tab 5 mg	1	
methylphenidate hcl chew tab 10 mg	1	
methylphenidate hcl soln 5 mg/5ml	1	
methylphenidate hcl soln 10 mg/5ml	1	
methylphenidate hcl tab 5 mg	1	
methylphenidate hcl tab 10 mg	1	
methylphenidate hcl tab 20 mg	1	
methylphenidate hcl tab er 10 mg	1	QL (60 tabs every 30 days)
methylphenidate hcl tab er 20 mg	1	QL (60 tabs every 30 days)
methylphenidate hcl tab er 24hr 18 mg	1	QL (60 tabs every 30 days)
methylphenidate hcl tab er 24hr 27 mg	1	QL (60 tabs every 30 days)
methylphenidate hcl tab er 24hr 36 mg	1	QL (60 tabs every 30 days)
methylphenidate hcl tab er 24hr 54 mg	1	QL (60 tabs every 30 days)
methylphenidate hcl tab er diffusion 27 mg	1	QL (60 tabs every 30 days)
methylphenidate hcl tab er diffusion 36 mg	1	QL (60 tabs every 30 days)
methylphenidate hcl tab er diffusion 54 mg	1	QL (60 tabs every 30 days)
methylphenidate hcl tab er osmotic release (osm) 18 mg	1	QL (60 tabs every 30 days)
methylphenidate hcl tab er osmotic release (osm) 27 mg	1	QL (60 tabs every 30 days)
methylphenidate hcl tab er osmotic release (osm) 36 mg	1	QL (60 tabs every 30 days)
methylphenidate hcl tab er osmotic release (osm) 45 mg	1	QL (60 tabs every 30 days)
methylphenidate hcl tab er osmotic release (osm) 54 mg	1	QL (60 tabs every 30 days)
methylphenidate hcl tab er osmotic release (osm) 63 mg	1	QL (60 tabs every 30 days)
methylphenidate hcl tab er osmotic release (osm) 72 mg	1	QL (60 tabs every 30 days)
methylphenidate td patch 10 mg/9hr	1	

Drug Name	Drug Tier	Requirements/Limits
methylphenidate td patch 15 mg/9hr	1	
methylphenidate td patch 20 mg/9hr	1	
methylphenidate td patch 30 mg/9hr	1	
modafinil tab 100 mg	1	QL (60 tabs every 30 days)
modafinil tab 200 mg	1	QL (60 tabs every 30 days)
NUVIGIL TAB 50MG	3	QL (60 tabs every 30 days)
NUVIGIL TAB 150MG	3	QL (60 tabs every 30 days)
NUVIGIL TAB 200MG	3	QL (60 tabs every 30 days)
NUVIGIL TAB 250MG	3	QL (60 tabs every 30 days)
PROVIGIL TAB 100MG	3	QL (60 tabs every 30 days)
PROVIGIL TAB 200MG	3	QL (60 tabs every 30 days)
QUILLIVANT SUS 25MG/5ML	3	QL (360 mL every 30 days)
RELEXXII TAB 18MG ER	3	QL (60 tabs every 30 days)
RELEXXII TAB 27MG ER	3	QL (60 tabs every 30 days)
RELEXXII TAB 36MG ER	3	QL (60 tabs every 30 days)
RELEXXII TAB 45MG ER	3	QL (60 tabs every 30 days)
RELEXXII TAB 54MG ER	3	QL (60 tabs every 30 days)
RELEXXII TAB 63MG ER	3	QL (60 tabs every 30 days)
RELEXXII TAB 72MG ER	3	QL (60 tabs every 30 days)
RITALIN LA CAP 10MG	3	QL (60 caps every 30 days)
RITALIN LA CAP 20MG	3	QL (60 caps every 30 days)
RITALIN LA CAP 30MG	3	QL (60 caps every 30 days)
RITALIN LA CAP 40MG	3	QL (60 caps every 30 days)
RITALIN TAB 5MG	3	
RITALIN TAB 10MG	3	
RITALIN TAB 20MG	3	

ALLERGENIC EXTRACTS/BIOLOGICALS MISC

ALLERGENIC EXTRACTS

GRASTEK SUB 2800BAU	3	PA
ODACTRA SUB	3	PA
ORALAIR SUB 300 IR	3	PA
PALFORZIA CAP 1-3YRS	3	PA, NM; LD
PALFORZIA CAP 4-17YRS	3	PA, NM; LD
PALFORZIA CAP ESCALAT	3	PA, NM; LD
PALFORZIA CAP LEVEL 0	3	PA, NM; LD
PALFORZIA CAP LEVEL 1	3	PA, NM; LD
PALFORZIA CAP LEVEL 2	3	PA, NM; LD
PALFORZIA CAP LEVEL 3	3	PA, NM; LD

Drug Name	Drug Tier	Requirements/Limits
PALFORZIA CAP LEVEL 4	3	PA, NM; LD
PALFORZIA CAP LEVEL 5	3	PA, NM; LD
PALFORZIA CAP LEVEL 6	3	PA, NM; LD
PALFORZIA CAP LEVEL 7	3	PA, NM; LD
PALFORZIA CAP LEVEL 8	3	PA, NM; LD
PALFORZIA CAP LEVEL 9	3	PA, NM; LD
PALFORZIA CAP LEVEL 10	3	PA, NM; LD
PALFORZIA POW LEVEL 11	3	PA, NM; LD
RAGWITEK SUB	3	PA
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
amikacin sulfate inj 1 gm/4ml (250 mg/ml)	1	NM
amikacin sulfate inj 500 mg/2ml (250 mg/ml)	1	NM
BETHKIS NEB 300/4ML	3	SP, PA
gentamicin sulfate inj 10 mg/ml	1	NM
gentamicin sulfate inj 40 mg/ml	1	NM
KITABIS PAK NEB 300/5ML	3	SP, PA
neomycin sulfate tab 500 mg	1	NM
TOBI NEB 300/5ML	3	SP, PA
TOBI PODHALR CAP 28MG	3	SP, PA
tobramycin nebu soln 300 mg/4ml	1	SP, PA
tobramycin nebu soln 300 mg/5ml	1	SP, PA
tobramycin sulfate for inj 1.2 gm	1	NM
tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)	1	NM
tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)	1	NM
tobramycin sulfate inj 10 mg/ml (base equivalent)	1	NM
tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)	1	NM
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
ADALIMU-ADAZ INJ 40/0.4ML	2	SP, PA, QL (4 pens every 28 days)
ADALIMU-ADAZ INJ 40/0.4ML	2	SP, PA, QL (4 syringes every 28 days)
HUMIRA INJ 10/0.1ML	2	SP, PA, QL (2 syringes every 28 days)
HUMIRA INJ 20/0.2ML	2	SP, PA, QL (4 syringes every 28 days)

Drug Name	Drug Tier	Requirements/Limits
HUMIRA INJ 40/0.4ML	2	SP, PA, QL (4 syringes every 28 days)
HUMIRA KIT 40MG/0.8	2	SP, PA, QL (4 syringes every 28 days)
HUMIRA PEN INJ 40/0.4ML	2	SP, PA, QL (4 pens every 28 days)
HUMIRA PEN INJ 40MG/0.8	2	SP, PA, QL (4 pens every 28 days)
HUMIRA PEN INJ 80/0.8ML	2	SP, PA, QL (2 pens every 28 days)
HUMIRA PEN KIT 80/0.8ML	2	SP, PA, QL (2 pens every 28 days)
HUMIRA PEN KIT CD/UC/HS	2	SP, PA, QL (Starter kit - one time use)
HUMIRA PEN KIT PS/UV	2	SP, PA, QL (Starter kit - one time use)
HYRIMOZ INJ 40/0.4ML	2	SP, PA, QL (4 pens every 28 days); (coverage restricted to Cordavis brand only)
HYRIMOZ INJ 40/0.4ML	2	SP, PA, QL (4 syringes every 28 days); (coverage restricted to Cordavis brand only)
HYRIMOZ INJ 40/0.8ML	2	SP, PA, QL (4 pens every 28 days); (coverage restricted to Cordavis brand only)
HYRIMOZ INJ 40/0.8ML	2	SP, PA, QL (4 syringes every 28 days); (coverage restricted to Cordavis brand only)
ANTIRHEUMATIC - ENZYME INHIBITORS		
OLUMIANT TAB 1MG	3	PA
OLUMIANT TAB 2MG	3	PA
OLUMIANT TAB 4MG	3	PA
RINVOQ LQ SOL 1MG/ML	2	SP, PA, QL (360 mL every 30 days)
RINVOQ TAB 15MG ER	2	SP, PA, QL (30 tabs every 30 days)
RINVOQ TAB 30MG ER	2	SP, PA, QL (30 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
RINVOQ TAB 45MG ER	2	SP, PA, QL (Not for daily use - limited to 8 weeks/12 weeks)
tofacitinib citrate oral soln 1 mg/ml (base equivalent)	1	SP, PA, QL (240 mL every 24 days)
tofacitinib citrate tab 5 mg (base equivalent)	1	SP, PA, QL (60 tabs every 30 days)
tofacitinib citrate tab 10 mg (base equivalent)	1	SP, PA, QL (60 tabs every 30 days)
tofacitinib citrate tab er 24hr 11 mg (base equivalent)	1	SP, PA, QL (30 tabs every 30 days)
tofacitinib citrate tab er 24hr 22 mg (base equivalent)	1	SP, PA, QL (30 tabs every 30 days)
XELJANZ SOL 1MG/ML	2	SP, PA, QL (240 mL every 24 days)
XELJANZ TAB 5MG	2	SP, PA, QL (60 tabs every 30 days)
XELJANZ TAB 10MG	2	SP, PA, QL (60 tabs every 30 days)
XELJANZ XR TAB 11MG	2	SP, PA, QL (30 tabs every 30 days)
XELJANZ XR TAB 22MG	2	SP, PA, QL (30 tabs every 30 days)
ANTIRHEUMATIC ANTIMETABOLITES		
RASUVO INJ 7.5MG	3	SP, PA
RASUVO INJ 10MG	3	SP, PA
RASUVO INJ 12.5MG	3	SP, PA
RASUVO INJ 15MG	3	SP, PA
RASUVO INJ 17.5MG	3	SP, PA
RASUVO INJ 20MG	3	SP, PA
RASUVO INJ 22.5MG	3	SP, PA
RASUVO INJ 25MG	3	SP, PA
RASUVO INJ 30MG	3	SP, PA
GOLD COMPOUNDS		
AURANOFIN CAP 3MG	2	
RIDAURA CAP 3MG	2	
INTERLEUKIN-1 BLOCKERS		
ARCALYST INJ 220MG	3	SP, PA
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
ANAPROX DS TAB 550MG	3	
CELEBREX CAP 50MG	3	
CELEBREX CAP 100MG	3	

Drug Name	Drug Tier	Requirements/Limits
CELEBREX CAP 200MG	3	
CELEBREX CAP 400MG	3	
celecoxib cap 50 mg	1	
celecoxib cap 100 mg	1	
celecoxib cap 200 mg	1	
celecoxib cap 400 mg	1	
DAYPRO TAB 600MG	3	
diclofenac potassium tab 50 mg	1	
diclofenac sodium tab delayed release 25 mg	1	
diclofenac sodium tab delayed release 50 mg	1	
diclofenac sodium tab delayed release 75 mg	1	
diclofenac sodium tab er 24hr 100 mg	1	
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	1	
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	1	
EC-NAPROSYN TAB 375MG	3	
EC-NAPROSYN TAB 500MG	3	
ec-naproxen tab 375mg	1	
ec-naproxen tab 500mg	1	
etodolac cap 200 mg	1	
etodolac cap 300 mg	1	
etodolac tab 400 mg	1	
etodolac tab 500 mg	1	
etodolac tab er 24hr 400 mg	1	
etodolac tab er 24hr 500 mg	1	
etodolac tab er 24hr 600 mg	1	
fenoprofen calcium tab 600 mg	1	
flurbiprofen tab 50 mg	1	
flurbiprofen tab 100 mg	1	
ibu tab 400mg	1	
ibu tab 600mg	1	
ibu tab 800mg	1	
ibuprofen tab 400 mg	1	
ibuprofen tab 600 mg	1	
ibuprofen tab 800 mg	1	
indomethacin cap 25 mg	1	
indomethacin cap 50 mg	1	
indomethacin cap er 75 mg	1	
ketorolac tromethamine inj 30 mg/ml	1	NM
ketorolac tromethamine tab 10 mg	1	NM
meclofenamate sodium cap 50 mg	1	

Drug Name	Drug Tier	Requirements/Limits
meclofenamate sodium cap 100 mg	1	
mefenamic acid cap 250 mg	1	QL (14 caps every 23 days)
meloxicam tab 7.5 mg	1	
meloxicam tab 15 mg	1	
nabumetone tab 500 mg	1	
nabumetone tab 750 mg	1	
NALFON TAB 600MG	3	
NAPROSYN TAB 500MG	3	
naproxen sodium tab 275 mg	1	
naproxen sodium tab 550 mg	1	
naproxen tab 250 mg	1	
naproxen tab 375 mg	1	
naproxen tab 500 mg	1	
naproxen tab ec 375 mg	1	
naproxen tab ec 500 mg	1	
oxaprozin tab 600 mg	1	
piroxicam cap 10 mg	1	
piroxicam cap 20 mg	1	
SPRIX SPR 15.75MG	3	PA, QL (5 bottles every 23 days), NM; LD
sulindac tab 150 mg	1	
sulindac tab 200 mg	1	
tolmetin sodium cap 400 mg	1	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA TAB 10/20	2	SP, PA, QL (55 tabs every 28 days), NM
OTEZLA TAB 10/20/30	2	SP, PA, QL (55 tabs every 28 days), NM
OTEZLA TAB 20MG	2	SP, PA, QL (60 tabs every 30 days), NM
OTEZLA TAB 30MG	2	SP, PA, QL (60 tabs every 30 days), NM
OTEZLA XR TAB 75MG	2	SP, PA, QL (30 tabs every 30 days)
OTEZLA/XR TAB 28 DAY	2	SP, PA, QL (41 tabs every 28 days), NM
PYRIMIDINE SYNTHESIS INHIBITORS		
ARAVA TAB 10MG	3	
ARAVA TAB 20MG	3	
leflunomide tab 10 mg	1	
leflunomide tab 20 mg	1	

Drug Name	Drug Tier	Requirements/Limits
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ 25/0.5ML	2	SP, PA, QL (8 syringes every 28 days)
ENBREL INJ 25MG	2	SP, PA, QL (8 vials every 28 days)
ENBREL INJ 50MG/ML	2	SP, PA, QL (4 syringes every 28 days)
ENBREL MINI INJ 50MG/ML	2	SP, PA, QL (4 cartridges every 28 days)
ENBREL SRCLK INJ 50MG/ML	2	SP, PA, QL (4 pens every 28 days)
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
bac tab	1	NM
butalbital-acetaminophen tab 50-300 mg	1	NM
butalbital-acetaminophen tab 50-325 mg	1	NM
butalbital-acetaminophen-caffeine cap 50-300-40 mg	1	NM
butalbital-acetaminophen-caffeine tab 50-325-40 mg	1	NM
butalbital-aspirin-caffeine cap 50-325-40 mg	1	NM
ESGIC TAB	3	NM
tencon tab 50-325mg	1	NM
ANALGESICS - SODIUM CHANNEL PAIN SIGNAL INHIBITORS		
JOURNAVX TAB 50MG	3	QL (30 tabs every 90 days), NM
SALICYLATES		
aspirin chew tab 81 mg	1	AGE, OTC, NM
aspirin tab delayed release 81 mg	1	AGE, OTC, NM
diflunisal tab 500 mg	1	
salsalate tab 500 mg	1	
salsalate tab 750 mg	1	
ANALGESICS - OPIOID		
OPIOID AGONISTS		
CODEINE SULF TAB 15MG	3	NM
CODEINE SULF TAB 60MG	3	NM
codeine sulfate tab 30 mg	1	NM
CONZIP CAP 100MG	3	QL (30 caps every 30 days), NM
CONZIP CAP 200MG	3	QL (30 caps every 30 days), NM

Drug Name	Drug Tier	Requirements/Limits
CONZIP CAP 300MG	3	QL (30 caps every 30 days), NM
DEMEROL INJ 100MG/ML	3	NM
DILAUDID LIQ 1MG/ML	3	NM
DILAUDID TAB 2MG	3	NM
DILAUDID TAB 4MG	3	NM
DILAUDID TAB 8MG	3	NM
fentanyl citrate buccal tab 200 mcg (base equiv)	1	PA, QL (60 tabs every 30 days), NM
fentanyl td patch 72hr 12 mcg/hr	1	ST, QL (20 patches every 30 days), NM
fentanyl td patch 72hr 25 mcg/hr	1	ST, QL (20 patches every 30 days), NM
fentanyl td patch 72hr 50 mcg/hr	1	ST, QL (20 patches every 30 days), NM
fentanyl td patch 72hr 75 mcg/hr	1	ST, QL (20 patches every 30 days), NM
fentanyl td patch 72hr 100 mcg/hr	1	ST, QL (20 patches every 30 days), NM
FENTORA TAB 200MCG	3	PA, QL (60 tabs every 30 days), NM
FENTORA TAB 400MCG	3	PA, QL (60 tabs every 30 days), NM
FENTORA TAB 600MCG	3	PA, QL (60 tabs every 30 days), NM
FENTORA TAB 800MCG	3	PA, QL (60 tabs every 30 days), NM
hydrocodone bitartrate cap er 12hr 10 mg	1	ST, QL (60 caps every 30 days), NM
hydrocodone bitartrate cap er 12hr 15 mg	1	ST, QL (60 caps every 30 days), NM
hydrocodone bitartrate cap er 12hr 20 mg	1	ST, QL (60 caps every 30 days), NM
hydrocodone bitartrate cap er 12hr 30 mg	1	ST, QL (60 caps every 30 days), NM
hydrocodone bitartrate cap er 12hr 40 mg	1	ST, QL (60 caps every 30 days), NM
hydrocodone bitartrate cap er 12hr 50 mg	1	ST, QL (60 caps every 30 days), NM
hydrocodone bitartrate tab er 24hr deter 20 mg	1	ST, QL (60 tabs every 30 days), NM
hydrocodone bitartrate tab er 24hr deter 30 mg	1	ST, QL (60 tabs every 30 days), NM

Drug Name	Drug Tier	Requirements/Limits
hydrocodone bitartrate tab er 24hr deter 40 mg	1	ST, QL (60 tabs every 30 days), NM
hydrocodone bitartrate tab er 24hr deter 60 mg	1	ST, QL (60 tabs every 30 days), NM
hydrocodone bitartrate tab er 24hr deter 80 mg	1	ST, QL (60 tabs every 30 days), NM
hydrocodone bitartrate tab er 24hr deter 100 mg	1	ST, QL (60 tabs every 30 days), NM
hydrocodone bitartrate tab er 24hr deter 120 mg	1	ST, QL (60 tabs every 30 days), NM
HYDROMORPHON SUP 3MG	3	NM
hydromorphone hcl liqd 1 mg/ml	1	NM
hydromorphone hcl tab 2 mg	1	NM
hydromorphone hcl tab 4 mg	1	NM
hydromorphone hcl tab 8 mg	1	NM
HYSINGLA ER TAB 20 MG	3	ST, QL (60 tabs every 30 days), NM
HYSINGLA ER TAB 30 MG	3	ST, QL (60 tabs every 30 days), NM
HYSINGLA ER TAB 40 MG	3	ST, QL (60 tabs every 30 days), NM
HYSINGLA ER TAB 60 MG	3	ST, QL (60 tabs every 30 days), NM
HYSINGLA ER TAB 80 MG	3	ST, QL (60 tabs every 30 days), NM
HYSINGLA ER TAB 100 MG	3	ST, QL (60 tabs every 30 days), NM
HYSINGLA ER TAB 120 MG	3	ST, QL (60 tabs every 30 days), NM
meperidine hcl oral soln 50 mg/5ml	1	NM
meperidine hcl tab 50 mg	1	NM
methadone hcl conc 10 mg/ml	1	NM
methadone hcl inj 10 mg/ml	1	NM
methadone hcl soln 5 mg/5ml	1	NM
methadone hcl soln 10 mg/5ml	1	NM
methadone hcl tab 5 mg	1	NM
methadone hcl tab 10 mg	1	NM
methadone hcl tab for oral susp 40 mg	1	NM
methadose tab 40mg	1	NM
mitigo inj 10mg/ml	1	NM
mitigo inj 25mg/ml	1	NM

Drug Name	Drug Tier	Requirements/Limits
morphine sulfate beads cap er 24hr 30 mg	1	ST, PA, QL (30 caps every 30 days), NM
morphine sulfate beads cap er 24hr 45 mg	1	ST, PA, QL (30 caps every 30 days), NM
morphine sulfate beads cap er 24hr 60 mg	1	ST, PA, QL (30 caps every 30 days), NM
morphine sulfate beads cap er 24hr 75 mg	1	ST, PA, QL (30 caps every 30 days), NM
morphine sulfate beads cap er 24hr 90 mg	1	ST, PA, QL (30 caps every 30 days), NM
morphine sulfate beads cap er 24hr 120 mg	1	ST, PA, QL (30 caps every 30 days), NM
morphine sulfate cap er 24hr 10 mg	1	ST, PA, QL (90 caps every 30 days), NM
morphine sulfate cap er 24hr 20 mg	1	ST, PA, QL (90 caps every 30 days), NM
morphine sulfate cap er 24hr 30 mg	1	ST, PA, QL (90 caps every 30 days), NM
morphine sulfate cap er 24hr 50 mg	1	ST, PA, QL (90 caps every 30 days), NM
morphine sulfate cap er 24hr 60 mg	1	ST, PA, QL (90 caps every 30 days), NM
morphine sulfate cap er 24hr 80 mg	1	ST, PA, QL (90 caps every 30 days), NM
morphine sulfate cap er 24hr 100 mg	1	ST, PA, QL (90 caps every 30 days), NM
morphine sulfate oral soln 10 mg/5ml	1	NM
morphine sulfate oral soln 20 mg/5ml	1	NM
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	1	NM
morphine sulfate suppos 5 mg	1	NM
morphine sulfate suppos 10 mg	1	NM
morphine sulfate suppos 20 mg	1	NM
morphine sulfate suppos 30 mg	1	NM
morphine sulfate tab 15 mg	1	NM
morphine sulfate tab 30 mg	1	NM
morphine sulfate tab er 15 mg	1	ST, PA, QL (90 tabs every 30 days), NM
morphine sulfate tab er 30 mg	1	ST, PA, QL (90 tabs every 30 days), NM
morphine sulfate tab er 60 mg	1	ST, PA, QL (90 tabs every 30 days), NM

Drug Name	Drug Tier	Requirements/Limits
morphine sulfate tab er 100 mg	1	ST, PA, QL (90 tabs every 30 days), NM
morphine sulfate tab er 200 mg	1	ST, PA, QL (90 tabs every 30 days), NM
MS CONTIN TAB 15MG ER	3	ST, PA, QL (90 tabs every 30 days), NM
MS CONTIN TAB 30MG ER	3	ST, PA, QL (90 tabs every 30 days), NM
MS CONTIN TAB 60MG ER	3	ST, PA, QL (90 tabs every 30 days), NM
MS CONTIN TAB 100MG ER	3	ST, PA, QL (90 tabs every 30 days), NM
MS CONTIN TAB 200MG ER	3	ST, PA, QL (90 tabs every 30 days), NM
NUCYNTA ER TAB 50MG	3	QL (60 tabs every 30 days), NM
NUCYNTA ER TAB 100MG	3	QL (60 tabs every 30 days), NM
NUCYNTA ER TAB 150MG	3	QL (60 tabs every 30 days), NM
NUCYNTA ER TAB 200MG	3	QL (60 tabs every 30 days), NM
NUCYNTA ER TAB 250MG	3	QL (60 tabs every 30 days), NM
NUCYNTA TAB 50MG	3	NM
NUCYNTA TAB 75MG	3	NM
NUCYNTA TAB 100MG	3	NM
oxycodone hcl cap 5 mg	1	NM
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	1	NM
oxycodone hcl soln 5 mg/5ml	1	NM
oxycodone hcl tab 5 mg	1	NM
oxycodone hcl tab 10 mg	1	NM
oxycodone hcl tab 15 mg	1	NM
oxycodone hcl tab 20 mg	1	NM
oxycodone hcl tab 30 mg	1	NM
OXYCONTIN TAB 10MG ER	3	ST, PA, QL (90 tabs every 30 days), NM
OXYCONTIN TAB 15MG ER	3	ST, PA, QL (90 tabs every 30 days), NM
OXYCONTIN TAB 20MG ER	3	ST, PA, QL (90 tabs every 30 days), NM
OXYCONTIN TAB 30MG ER	3	ST, PA, QL (90 tabs every 30 days), NM

Drug Name	Drug Tier	Requirements/Limits
OXYCONTIN TAB 40MG ER	3	ST, PA, QL (90 tabs every 30 days), NM
OXYCONTIN TAB 60MG ER	3	ST, PA, QL (90 tabs every 30 days), NM
OXYCONTIN TAB 80MG ER	3	ST, PA, QL (90 tabs every 30 days), NM
oxymorphone hcl tab 5 mg	1	NM
oxymorphone hcl tab 10 mg	1	NM
oxymorphone hcl tab er 12hr 5 mg	1	ST, PA, QL (90 tabs every 30 days), NM
oxymorphone hcl tab er 12hr 7.5 mg	1	ST, PA, QL (90 tabs every 30 days), NM
oxymorphone hcl tab er 12hr 10 mg	1	ST, PA, QL (90 tabs every 30 days), NM
oxymorphone hcl tab er 12hr 15 mg	1	ST, PA, QL (90 tabs every 30 days), NM
oxymorphone hcl tab er 12hr 20 mg	1	ST, PA, QL (90 tabs every 30 days), NM
oxymorphone hcl tab er 12hr 30 mg	1	ST, PA, QL (90 tabs every 30 days), NM
oxymorphone hcl tab er 12hr 40 mg	1	ST, PA, QL (90 tabs every 30 days), NM
ROXICODONE TAB 15MG	3	NM
ROXICODONE TAB 30MG	3	NM
tapentadol hcl tab 50 mg	1	NM
tapentadol hcl tab 75 mg	1	NM
tapentadol hcl tab 100 mg	1	NM
tramadol hcl cap er 24hr biphasic release 100 mg	1	QL (30 caps every 30 days), NM
tramadol hcl cap er 24hr biphasic release 200 mg	1	QL (30 caps every 30 days), NM
tramadol hcl cap er 24hr biphasic release 300 mg	1	QL (30 caps every 30 days), NM
tramadol hcl tab 50 mg	1	NM
tramadol hcl tab 100 mg	1	NM
tramadol hcl tab er 24hr 100 mg	1	QL (30 tabs every 30 days), NM
tramadol hcl tab er 24hr 200 mg	1	QL (30 tabs every 30 days), NM
tramadol hcl tab er 24hr 300 mg	1	QL (30 tabs every 30 days), NM
tramadol hcl tab er 24hr biphasic release 100 mg	1	QL (30 tabs every 30 days), NM

Drug Name	Drug Tier	Requirements/Limits
tramadol hcl tab er 24hr biphasic release 200 mg	1	QL (30 tabs every 30 days), NM
tramadol hcl tab er 24hr biphasic release 300 mg	1	QL (30 tabs every 30 days), NM
XTAMPZA ER CAP 9MG	3	ST, PA, QL (60 caps every 30 days), NM
XTAMPZA ER CAP 13.5MG	3	ST, PA, QL (60 caps every 30 days), NM
XTAMPZA ER CAP 18MG	3	ST, PA, QL (60 caps every 30 days), NM
XTAMPZA ER CAP 27MG	3	ST, PA, QL (60 caps every 30 days), NM
XTAMPZA ER CAP 36MG	3	ST, PA, QL (60 caps every 30 days), NM
OPIOID COMBINATIONS		
acetaminophen w/ codeine soln 120-12 mg/5ml	1	NM
acetaminophen w/ codeine soln 120-12 mg/5ml	1	NM
acetaminophen w/ codeine tab 300-15 mg	1	NM
acetaminophen w/ codeine tab 300-30 mg	1	NM
acetaminophen w/ codeine tab 300-60 mg	1	NM
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg	1	NM
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	1	NM
endocet tab 2.5-325	1	NM
endocet tab 5-325mg	1	NM
endocet tab 7.5-325	1	NM
endocet tab 10-325mg	1	NM
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	1	NM
hydrocodone-acetaminophen soln 10-300 mg/15ml	3	NM
hydrocodone-acetaminophen soln 10-325 mg/15ml	1	NM
hydrocodone-acetaminophen tab 2.5-325 mg	1	NM
hydrocodone-acetaminophen tab 5-300 mg	1	NM
hydrocodone-acetaminophen tab 5-325 mg	1	NM
hydrocodone-acetaminophen tab 7.5-300 mg	1	NM
hydrocodone-acetaminophen tab 7.5-325 mg	1	NM
hydrocodone-acetaminophen tab 10-300 mg	1	NM
hydrocodone-acetaminophen tab 10-325 mg	1	NM
hydrocodone-ibuprofen tab 5-200 mg	1	NM

Drug Name	Drug Tier	Requirements/Limits
hydrocodone-ibuprofen tab 7.5-200 mg	1	NM
hydrocodone-ibuprofen tab 10-200 mg	1	NM
oxycodone w/ acetaminophen soln 5-325 mg/5ml	1	NM
oxycodone w/ acetaminophen tab 2.5-325 mg	1	NM
oxycodone w/ acetaminophen tab 5-325 mg	1	NM
oxycodone w/ acetaminophen tab 7.5-325 mg	1	NM
oxycodone w/ acetaminophen tab 10-325 mg	1	NM
tramadol-acetaminophen tab 37.5-325 mg	1	NM
OPIOID PARTIAL AGONISTS		
BELBUCA MIS 75MCG	3	QL (60 films every 30 days), NM
BELBUCA MIS 150MCG	3	QL (60 films every 30 days), NM
BELBUCA MIS 300MCG	3	QL (60 films every 30 days), NM
BELBUCA MIS 450MCG	3	QL (60 films every 30 days), NM
BELBUCA MIS 600MCG	3	QL (60 films every 30 days), NM
BELBUCA MIS 750MCG	3	QL (60 films every 30 days), NM
BELBUCA MIS 900MCG	3	QL (60 films every 30 days), NM
buprenorphine hcl inj 0.3 mg/ml (base equiv)	1	NM
buprenorphine hcl sl tab 2 mg (base equiv)	1	NM
buprenorphine hcl sl tab 8 mg (base equiv)	1	NM
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	1	QL (90 films every 30 days), NM
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	1	QL (90 films every 30 days), NM
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	1	QL (90 films every 30 days), NM
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	1	QL (60 films every 30 days), NM
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	1	QL (90 tabs every 30 days), NM
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	1	QL (90 tabs every 30 days), NM
buprenorphine td patch weekly 5 mcg/hr	1	ST, PA, QL (4 patches every 21 days), NM

Drug Name	Drug Tier	Requirements/Limits
buprenorphine td patch weekly 7.5 mcg/hr	1	ST, PA, QL (4 patches every 21 days), NM
buprenorphine td patch weekly 10 mcg/hr	1	ST, PA, QL (4 patches every 21 days), NM
buprenorphine td patch weekly 15 mcg/hr	1	ST, PA, QL (4 patches every 21 days), NM
buprenorphine td patch weekly 20 mcg/hr	1	ST, PA, QL (4 patches every 21 days), NM
butorphanol tartrate nasal soln 10 mg/ml	1	QL (4 bottles every 30 days), NM
BUTRANS DIS 5MCG/HR	3	ST, PA, QL (4 patches every 21 days), NM
BUTRANS DIS 7.5/HR	3	ST, PA, QL (4 patches every 21 days), NM
BUTRANS DIS 10MCG/HR	3	ST, PA, QL (4 patches every 21 days), NM
BUTRANS DIS 15MCG/HR	3	ST, PA, QL (4 patches every 21 days), NM
BUTRANS DIS 20MCG/HR	3	ST, PA, QL (4 patches every 21 days), NM
nalbuphine hcl inj 10 mg/ml	1	NM
nalbuphine hcl inj 20 mg/ml	1	NM
pentazocine w/ naloxone hcl tab 50-0.5 mg	1	NM
SUBOXONE MIS 2-0.5MG	3	QL (90 films every 30 days), NM
SUBOXONE MIS 4-1MG	3	QL (90 films every 30 days), NM
SUBOXONE MIS 8-2MG	3	QL (90 films every 30 days), NM
SUBOXONE MIS 12-3MG	3	QL (60 films every 30 days), NM
ZUBSOLV SUB 0.7-0.18	3	QL (90 tabs every 30 days), NM
ZUBSOLV SUB 1.4-0.36	3	QL (90 tabs every 30 days), NM
ZUBSOLV SUB 2.9-0.71	3	QL (90 tabs every 30 days), NM
ZUBSOLV SUB 5.7-1.4	3	QL (90 tabs every 30 days), NM
ZUBSOLV SUB 8.6-2.1	3	QL (60 tabs every 30 days), NM
ZUBSOLV SUB 11.4-2.9	3	QL (30 tabs every 30 days), NM

Drug Name	Drug Tier	Requirements/Limits
ANDROGENS-ANABOLIC		
ANDROGENS		
ANDROGEL GEL 1.62%	2	QL (150 gm every 30 days)
danazol cap 50 mg	1	NM
danazol cap 100 mg	1	NM
danazol cap 200 mg	1	NM
depo-testost inj 100mg/ml	1	QL (1 vial every 30 days)
depo-testost inj 200mg/ml	1	QL (10 vials every 30 days)
JATENZO CAP 158MG	3	PA, QL (120 caps every 30 days)
JATENZO CAP 198MG	3	PA, QL (120 caps every 30 days)
JATENZO CAP 237MG	3	PA, QL (120 caps every 30 days)
KYZATREX CAP 100MG	3	PA
KYZATREX CAP 150MG	3	PA
KYZATREX CAP 200MG	3	PA
methitest tab 10mg	1	PA, QL (30 tabs every 30 days)
methyltestosterone cap 10 mg	1	PA, QL (30 caps every 30 days)
NATESTO GEL 5.5MG	3	PA, QL (24 gm every 30 days)
TESTIM GEL 1%(50MG)	3	PA, QL (150 gm every 30 days)
testosterone cypionate im inj in oil 100 mg/ml	1	QL (1 vial every 30 days)
testosterone cypionate im inj in oil 200 mg/ml	1	QL (10 mL every 30 days)
testosterone enanthate im inj in oil 200 mg/ml	1	QL (1 vial every 30 days)
testosterone td gel 10mg/act (2%)	1	QL (60 gm every 30 days)
testosterone td gel 12.5 mg/act (1%)	1	QL (150 gm every 30 days)
testosterone td gel 20.25 mg/1.25gm (1.62%)	1	QL (150 gm every 30 days)
testosterone td gel 20.25 mg/act (1.62%)	1	QL (150 gm every 30 days)
testosterone td gel 25 mg/2.5gm (1%)	1	QL (150 gm every 30 days)
testosterone td gel 40.5 mg/2.5gm (1.62%)	1	QL (150 gm every 30 days)
testosterone td gel 50 mg/5gm (1%)	1	QL (150 gm every 30 days)
testosterone td soln 30 mg/act	1	QL (90 mL every 30 days)
VOGELXO GEL 1%(50MG)	3	PA
VOGELXO GEL PUMP 1%	3	PA
XYOSTED INJ 50/0.5ML	3	PA, QL (10 pens every 30 days)
XYOSTED INJ 75/0.5ML	3	PA, QL (10 pens every 30 days)

Drug Name	Drug Tier	Requirements/Limits
XYOSTED INJ 100/0.5	3	PA, QL (10 pens every 30 days)
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
budesonide rectal foam 2 mg/act	1	NM
CORTIFOAM AER 90MG	3	NM
hydrocortisone enema 100 mg/60ml	1	NM
UCERIS AER 2MG/ACT	3	NM
RECTAL COMBINATIONS		
hydrocortisone acetate w/ pramoxine perianal cream 1-1%	1	NM
lidocaine-hydrocortisone acetate perianal cream 3-0.5%	1	NM
PROCTOFOAM AER HC 1%	3	NM
RECTAL STEROIDS		
hydrocortisone perianal cream 2.5%	1	NM
procto-med cre hc 2.5%	1	NM
proctosol hc cre 2.5%	1	NM
proctozone cre -hc 2.5%	1	NM
VASODILATING AGENTS		
nitroglycerin oint 0.4%	1	NM
RECTIV OIN 0.4%	3	NM
ANTHELMINTICS		
ANTHELMINTICS		
albendazole tab 200 mg	1	NM
BENZNIDAZOLE TAB 12.5MG	3	PA, NM
BENZNIDAZOLE TAB 100MG	3	PA, NM
BILTRICIDE TAB 600MG	3	NM
EMVERM CHW 100MG	3	QL (2 ea every 135 days), NM
ivermectin tab 3 mg	1	QL (9 tabs every 67 days), NM
praziquantel tab 600 mg	1	NM
STROMECTOL TAB 3MG	3	QL (9 tabs every 67 days), NM
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
IMPAVIDO CAP 50MG	3	PA, NM
LIKMEZ SUS 500/5ML	3	NM
metronidazole tab 250 mg	1	NM
metronidazole tab 500 mg	1	NM

Drug Name	Drug Tier	Requirements/Limits
NEBUPENT INH 300MG	3	NM
pentamidine isethionate for inj soln 300 mg	1	NM
pentamidine isethionate for nebulization soln 300 mg	1	NM
tinidazole tab 250 mg	1	NM
tinidazole tab 500 mg	1	NM
trimethoprim tab 100 mg	1	NM
XIFAXAN TAB 200MG	3	QL (9 tabs every 180 days), NM
XIFAXAN TAB 550MG	3	QL (126 tabs in lifetime)
ANTI-INFECTIVE MISC. - COMBINATIONS		
BACTRIM DS TAB 800-160	3	NM
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1	NM
sulfamethoxazole-trimethoprim tab 400-80 mg	1	NM
sulfamethoxazole-trimethoprim tab 800-160 mg	1	NM
sulfatrim pd sus 200-40/5	1	NM
ANTIPROTOZOAL AGENTS		
ALINIA SUS 100/5ML	3	NM
ALINIA TAB 500MG	3	NM
atovaquone susp 750 mg/5ml	1	NM
MEPRON SUS	3	NM
nitazoxanide tab 500 mg	1	NM
CARBAPENEMS		
ertapenem sodium for inj 1 gm (base equivalent)	1	NM
GLYCOPEPTIDES		
FIRVANQ SOL 25MG/ML	3	NM
FIRVANQ SOL 50MG/ML	3	NM
VANCOCIN CAP 125MG	3	NM
VANCOCIN CAP 250MG	3	NM
vancomycin hcl cap 125 mg (base equivalent)	1	NM
vancomycin hcl cap 250 mg (base equivalent)	1	NM
vancomycin hcl for oral soln 25 mg/ml (base equivalent)	1	NM
vancomycin hcl for oral soln 50 mg/ml (base equivalent)	1	NM
LEPROSTATICS		
dapsone tab 25 mg	1	
dapsone tab 100 mg	1	

Drug Name	Drug Tier	Requirements/Limits
LINCOSAMIDES		
clindamycin hcl cap 75 mg	1	NM
clindamycin hcl cap 150 mg	1	NM
clindamycin hcl cap 300 mg	1	NM
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	1	NM
MONOBACTAMS		
aztreonam for inj 1 gm	1	NM
aztreonam for inj 2 gm	1	NM
CAYSTON INH 75MG	3	SP, PA, NM
OXAZOLIDINONES		
linezolid for susp 100 mg/5ml	1	NM
linezolid tab 600 mg	1	NM
SIVEXTRO TAB 200MG	3	NM
ZYVOX SUS 100MG/5M	3	NM
ZYVOX TAB 600MG	3	NM
PENEMS		
ORLYNVAH TAB 500-500	3	NM
URINARY ANTI-INFECTIVES		
BLUJEPA TAB 750MG	3	NM
fosfomycin tromethamine powd pack 3 gm (base equivalent)	1	NM
MACROBID CAP 100MG	3	NM
MACRODANTIN CAP 25MG	3	NM
MACRODANTIN CAP 50MG	3	NM
MACRODANTIN CAP 100MG	3	NM
methenamine hippurate tab 1 gm	1	NM
nitrofurantoin macrocrystalline cap 25 mg	1	NM
nitrofurantoin macrocrystalline cap 50 mg	1	NM
nitrofurantoin macrocrystalline cap 100 mg	1	NM
nitrofurantoin monohydrate macrocrystalline cap 100 mg	1	NM
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
ASPRUZYO SPR GRA 500MG	3	
ASPRUZYO SPR GRA 1000MG	3	
ranolazine tab er 12hr 500 mg	1	
ranolazine tab er 12hr 1000 mg	1	
NITRATES		
ISORDIL TAB 5MG	3	
isosorbide dinitrate tab 5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
isosorbide dinitrate tab 10 mg	1	
isosorbide dinitrate tab 20 mg	1	
isosorbide dinitrate tab 30 mg	1	
isosorbide mononitrate tab 20 mg	1	
isosorbide mononitrate tab er 24hr 30 mg	1	
isosorbide mononitrate tab er 24hr 60 mg	1	
isosorbide mononitrate tab er 24hr 120 mg	1	
nitro-bid oin 2%	1	
NITRO-DUR DIS 0.1MG/HR	3	
NITRO-DUR DIS 0.2MG/HR	3	
NITRO-DUR DIS 0.3MG/HR	3	
NITRO-DUR DIS 0.4MG/HR	3	
NITRO-DUR DIS 0.6MG/HR	3	
NITRO-DUR DIS 0.8MG/HR	3	
nitroglycerin oint 2%	1	
nitroglycerin sl tab 0.3 mg	1	
nitroglycerin sl tab 0.4 mg	1	
nitroglycerin sl tab 0.6 mg	1	
nitroglycerin td patch 24hr 0.1 mg/hr	1	
nitroglycerin td patch 24hr 0.2 mg/hr	1	
nitroglycerin td patch 24hr 0.4 mg/hr	1	
nitroglycerin td patch 24hr 0.6 mg/hr	1	
NITROSTAT SUB 0.3MG	3	
NITROSTAT SUB 0.4MG	3	
NITROSTAT SUB 0.6MG	3	

ANTIANXIETY AGENTS

ANTIANXIETY AGENTS - MISC.

buspirone hcl tab 5 mg	1	NM
buspirone hcl tab 7.5 mg	1	NM
buspirone hcl tab 10 mg	1	NM
buspirone hcl tab 15 mg	1	NM
hydroxyzine hcl syrup 10 mg/5ml	1	NM
hydroxyzine hcl tab 10 mg	1	NM
hydroxyzine hcl tab 25 mg	1	NM
hydroxyzine hcl tab 50 mg	1	NM
hydroxyzine pamoate cap 25 mg	1	NM
hydroxyzine pamoate cap 50 mg	1	NM
hydroxyzine pamoate cap 100 mg	1	NM
meprobamate tab 200 mg	1	NM
meprobamate tab 400 mg	1	NM

BENZODIAZEPINES

ALPRAZOLAM CON 1 MG/ML	2	NM

Drug Name	Drug Tier	Requirements/Limits
alprazolam tab 0.5 mg	1	NM
alprazolam tab 0.5mg xr	1	NM
alprazolam tab 0.25 mg	1	NM
alprazolam tab 1 mg	1	NM
alprazolam tab 1mg xr	1	NM
alprazolam tab 2 mg	1	NM
alprazolam tab 2mg xr	1	NM
alprazolam tab 3mg xr	1	NM
alprazolam tab er 24hr 0.5 mg	1	NM
alprazolam tab er 24hr 1 mg	1	NM
alprazolam tab er 24hr 2 mg	1	NM
alprazolam tab er 24hr 3 mg	1	NM
chlordiazepoxide hcl cap 5 mg	1	NM
chlordiazepoxide hcl cap 10 mg	1	NM
chlordiazepoxide hcl cap 25 mg	1	NM
clorazepate dipotassium tab 3.75 mg	1	NM
clorazepate dipotassium tab 7.5 mg	1	NM
clorazepate dipotassium tab 15 mg	1	NM
diazepam con 5mg/ml	1	NM
diazepam conc 5 mg/ml	1	NM
diazepam inj 5 mg/ml	1	NM
diazepam oral soln 1 mg/ml	1	NM
diazepam tab 2 mg	1	NM
diazepam tab 5 mg	1	NM
diazepam tab 10 mg	1	NM
lorazepam tab 0.5 mg	1	NM
lorazepam tab 1 mg	1	NM
lorazepam tab 2 mg	1	NM
oxazepam cap 10 mg	1	NM
oxazepam cap 15 mg	1	NM
oxazepam cap 30 mg	1	NM
VALIUM TAB 2MG	3	NM
VALIUM TAB 5MG	3	NM
VALIUM TAB 10MG	3	NM
XANAX TAB 0.5MG	3	NM
XANAX TAB 0.25MG	3	NM
XANAX TAB 1MG	3	NM
XANAX TAB 2MG	3	NM
XANAX XR TAB 0.5MG	3	NM
XANAX XR TAB 1MG	3	NM
XANAX XR TAB 2MG	3	NM
XANAX XR TAB 3MG	3	NM

Drug Name	Drug Tier	Requirements/Limits
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
disopyramide phosphate cap 100 mg	1	
disopyramide phosphate cap 150 mg	1	
NORPACE CAP 100MG	3	
NORPACE CAP 100MG CR	3	
NORPACE CAP 150MG	3	
NORPACE CAP 150MG CR	3	
procainamide hcl inj 100 mg/ml	1	NM
quinidine gluconate tab er 324 mg	1	
quinidine sulfate tab 200 mg	1	
quinidine sulfate tab 300 mg	1	
ANTIARRHYTHMICS TYPE I-B		
mexiletine hcl cap 150 mg	1	
mexiletine hcl cap 200 mg	1	
mexiletine hcl cap 250 mg	1	
ANTIARRHYTHMICS TYPE I-C		
flecainide acetate tab 50 mg	1	
flecainide acetate tab 100 mg	1	
flecainide acetate tab 150 mg	1	
propafenone hcl cap er 12hr 225 mg	1	
propafenone hcl cap er 12hr 325 mg	1	
propafenone hcl cap er 12hr 425 mg	1	
propafenone hcl tab 150 mg	1	
propafenone hcl tab 225 mg	1	
propafenone hcl tab 300 mg	1	
ANTIARRHYTHMICS TYPE III		
amiodarone hcl tab 100 mg	1	
amiodarone hcl tab 200 mg	1	
amiodarone hcl tab 400 mg	1	
dofetilide cap 125 mcg (0.125 mg)	1	SC
dofetilide cap 250 mcg (0.25 mg)	1	SC
dofetilide cap 500 mcg (0.5 mg)	1	SC
MULTAQ TAB 400MG	3	
pacerone tab 100mg	1	
pacerone tab 200mg	1	
pacerone tab 400mg	1	
TIKOSYN CAP 125MCG	3	SC
TIKOSYN CAP 250MCG	3	SC
TIKOSYN CAP 500MCG	3	SC

Drug Name	Drug Tier	Requirements/Limits
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
cromolyn sodium soln nebu 20 mg/2ml	1	
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
FASENRA PEN INJ 30MG/ML	2	SP, PA
NUCALA INJ 40MG/0.4	2	SP, PA, QL (1 syringe every 28 days)
NUCALA INJ 100MG/ML	2	SP, PA, QL (3 pens every 28 days)
NUCALA INJ 100MG/ML	2	SP, PA, QL (3 syringes every 28 days)
TEZSPIRE INJ 210MG	2	PA
TEZSPIRE SOL 210MG	2	PA
XOLAIR INJ 75/0.5	2	SP, PA, QL (2 pens every 28 days), NM
XOLAIR INJ 75/0.5	2	SP, PA, QL (2 syringes every 28 days), NM
XOLAIR INJ 150MG/ML	2	SP, PA, QL (8 pens every 28 days), NM
XOLAIR INJ 150MG/ML	2	SP, PA, QL (8 syringes every 28 days), NM
XOLAIR INJ 300/2ML	2	SP, PA, QL (4 pens every 28 days), NM
XOLAIR INJ 300/2ML	2	SP, PA, QL (4 syringes every 28 days), NM
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA AER 17MCG	3	
INCRUSE ELPT INH 62.5MCG	2	
ipratropium bromide hfa inhal aerosol 17 mcg/act	1	
ipratropium bromide inhal soln 0.02%	1	
SPIRIVA CAP HANDIHLR	2	
SPIRIVA RESP AER 1.25MCG	2	
SPIRIVA RESP AER 2.5MCG	2	
YUPELRI NEB 175/3ML	3	
LEUKOTRIENE MODULATORS		
ACCOLATE TAB 10MG	3	
ACCOLATE TAB 20MG	3	
montelukast sodium chew tab 4 mg (base equiv)	1	
montelukast sodium chew tab 5 mg (base equiv)	1	

Drug Name	Drug Tier	Requirements/Limits
montelukast sodium oral granules packet 4 mg (base equiv)	1	
montelukast sodium tab 10 mg (base equiv)	1	
SINGULAIR CHW 4MG	3	
SINGULAIR CHW 5MG	3	
SINGULAIR GRA 4MG	3	
SINGULAIR TAB 10MG	3	
zafirlukast tab 10 mg	1	
zafirlukast tab 20 mg	1	
PHOSPHODIESTERASE 3 & 4 (PDE3 & PDE4) INHIBITORS		
OHTUVAYRE SUS 3/2.5ML	3	
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
DALIRESP TAB 250MCG	3	
DALIRESP TAB 500MCG	3	
roflumilast tab 250 mcg	1	
roflumilast tab 500 mcg	1	
STEROID INHALANTS		
ARNUITY ELPT INH 50MCG	2	
ARNUITY ELPT INH 100MCG	2	
ARNUITY ELPT INH 200MCG	2	
ASMANEX 14 AER 220MCG	3	
ASMANEX 30 AER 110MCG	3	
ASMANEX 30 AER 220MCG	3	
ASMANEX 60 AER 220MCG	3	
ASMANEX 120 AER 220MCG	3	
ASMANEX HFA AER 50MCG	3	
ASMANEX HFA AER 100 MCG	3	
ASMANEX HFA AER 200 MCG	3	
budesonide inhalation susp 0.5 mg/2ml	1	
budesonide inhalation susp 0.25 mg/2ml	1	
budesonide inhalation susp 1 mg/2ml	1	
fluticasone furoate aerosol powder breath activ 50 mcg/act	1	
fluticasone furoate aerosol powder breath activ 100 mcg/act	1	
fluticasone furoate aerosol powder breath activ 200 mcg/act	1	
fluticasone propionate aer pow ba 50 mcg/act	1	
fluticasone propionate aer pow ba 100 mcg/act	1	
fluticasone propionate aer pow ba 250 mcg/act	1	
fluticasone propionate hfa inhal aer 110 mcg/act	1	

Drug Name	Drug Tier	Requirements/Limits
fluticasone propionate hfa inhal aer 220 mcg/act	1	
fluticasone propionate hfa inhal aero 44 mcg/act	1	
PULMICORT INH 90MCG	3	
PULMICORT INH 180MCG	3	
QVAR REDIHA AER 80MCG	2	
QVAR REDIHAL AER 40MCG	2	
SYMPATHOMIMETICS		
AIRSUPRA AER 90-80MCG	2	NM
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	1	
albuterol sulfate soln nebu 0.5% (5 mg/ml)	1	
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	1	
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	1	
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	1	
albuterol sulfate syrup 2 mg/5ml	1	
albuterol sulfate tab 2 mg	1	
albuterol sulfate tab 4 mg	1	
ANORO ELLIPT AER 62.5-25	2	
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)	1	
BEVESPI AER 9-4.8MCG	2	
BREO ELLIPTA INH 50-25MCG	2	
BREO ELLIPTA INH 100-25	2	
BREO ELLIPTA INH 200-25	2	
breyna aer 80/4.5	1	
breyna aer 160/4.5	1	
BREZTRI AERO AER 9MCG	2	
BREZTRI AERO AER 18MCG	2	
BROVANA NEB 15MCG	3	
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	1	
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	1	
COMBIVENT AER 20-100	2	
fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act	1	

Drug Name	Drug Tier	Requirements/Limits
fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act	1	
fluticasone-salmeterol aer powder ba 55-14 mcg/act	1	
fluticasone-salmeterol aer powder ba 100-50 mcg/act	1	
fluticasone-salmeterol aer powder ba 113-14 mcg/act	1	
fluticasone-salmeterol aer powder ba 232-14 mcg/act	1	
fluticasone-salmeterol aer powder ba 250-50 mcg/act	1	
fluticasone-salmeterol aer powder ba 500-50 mcg/act	1	
fluticasone-salmeterol inhal aerosol 45-21 mcg/act	1	
fluticasone-salmeterol inhal aerosol 115-21 mcg/act	1	
fluticasone-salmeterol inhal aerosol 230-21 mcg/act	1	
formoterol fumarate soln nebu 20 mcg/2ml	1	
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	1	
isoproterenol hcl inj 0.2 mg/ml	1	NM
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)	1	
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)	1	
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)	1	
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	1	
levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)	1	
PERFOROMIST NEB 20MCG	3	
PROAIR RESPI AER	2	
SEREVENT DIS AER 50MCG	2	
STRIVERDI AER 2.5MCG	3	
terbutaline sulfate inj 1 mg/ml	1	NM
terbutaline sulfate tab 2.5 mg	1	
terbutaline sulfate tab 5 mg	1	
TRELEGY AER 100MCG	2	
TRELEGY AER 200MCG	2	

Drug Name	Drug Tier	Requirements/Limits
umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act	1	
VENTOLIN HFA AER	3	
wixela inhub aer 100/50	1	
wixela inhub aer 250/50	1	
wixela inhub aer 500/50	1	
XANTHINES		
elixophyllin elx 80/15ml	1	
THEO-24 CAP 100MG CR	3	
THEO-24 CAP 200MG CR	3	
THEO-24 CAP 300MG CR	3	
THEO-24 CAP 400MG ER	3	
theophylline elixir 80 mg/15ml	1	
theophylline soln 80 mg/15ml	1	
theophylline tab er 12hr 100 mg	1	
theophylline tab er 12hr 200 mg	1	
theophylline tab er 12hr 300 mg	1	
theophylline tab er 12hr 450 mg	1	
theophylline tab er 24hr 400 mg	1	
theophylline tab er 24hr 600 mg	1	
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
jantoven tab 1mg	1	
jantoven tab 2.5mg	1	
jantoven tab 2mg	1	
jantoven tab 3mg	1	
jantoven tab 4mg	1	
jantoven tab 5mg	1	
jantoven tab 6mg	1	
jantoven tab 7.5mg	1	
jantoven tab 10mg	1	
warfarin sodium tab 1 mg	1	
warfarin sodium tab 2 mg	1	
warfarin sodium tab 2.5 mg	1	
warfarin sodium tab 3 mg	1	
warfarin sodium tab 4 mg	1	
warfarin sodium tab 5 mg	1	
warfarin sodium tab 6 mg	1	
warfarin sodium tab 7.5 mg	1	
warfarin sodium tab 10 mg	1	

Drug Name	Drug Tier	Requirements/Limits
DIRECT FACTOR XA INHIBITORS		
ELIQUIS CAP 0.15MG	2	
ELIQUIS ST P TAB 5MG	2	NM
ELIQUIS TAB 0.5MG	2	
ELIQUIS TAB 1.5MG	2	
ELIQUIS TAB 2.5MG	2	
ELIQUIS TAB 2MG	2	
ELIQUIS TAB 5MG	2	
rivaroxaban for susp 1 mg/ml	1	
rivaroxaban tab 2.5 mg	1	
XARELTO STAR TAB 15/20MG	2	NM
XARELTO SUS 1MG/ML	2	
XARELTO TAB 2.5MG	2	
XARELTO TAB 10MG	2	
XARELTO TAB 15MG	2	
XARELTO TAB 20MG	2	
HEPARINS AND HEPARINOID-LIKE AGENTS		
ARIXTRA INJ 2.5/0.5	3	NM
ARIXTRA INJ 5/0.4ML	3	NM
ARIXTRA INJ 7.5/0.6	3	NM
ARIXTRA INJ 10/0.8ML	3	NM
enoxaparin sodium inj 300 mg/3ml	1	NM
enoxaparin sodium inj soln pref syr 30 mg/0.3ml	1	NM
enoxaparin sodium inj soln pref syr 40 mg/0.4ml	1	NM
enoxaparin sodium inj soln pref syr 60 mg/0.6ml	1	NM
enoxaparin sodium inj soln pref syr 80 mg/0.8ml	1	NM
enoxaparin sodium inj soln pref syr 100 mg/ml	1	NM
enoxaparin sodium inj soln pref syr 120 mg/0.8ml	1	NM
enoxaparin sodium inj soln pref syr 150 mg/ml	1	NM
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	1	NM
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	1	NM
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	1	NM
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	1	NM

Drug Name	Drug Tier	Requirements/Limits
FRAGMIN INJ 2500/0.2	3	NM
FRAGMIN INJ 2500/ML	3	NM
FRAGMIN INJ 5000/0.2	3	NM
FRAGMIN INJ 7500/0.3	3	NM
FRAGMIN INJ 10000/ML	3	NM
FRAGMIN INJ 12500UNT	3	NM
FRAGMIN INJ 15000UNT	3	NM
FRAGMIN INJ 18000UNT	3	NM
FRAGMIN INJ 95000UNT	3	NM
HEPARIN SOD INJ 5000/0.5	3	NM
HEPARIN SOD INJ 5000/ML	3	NM
heparin sodium (porcine) inj 1000 unit/ml	1	NM
heparin sodium (porcine) inj 5000 unit/ml	1	NM
heparin sodium (porcine) inj 10000 unit/ml	1	NM
heparin sodium (porcine) inj 20000 unit/ml	1	NM
heparin sodium (porcine) pf inj 1000 unit/ml	1	NM
heparin sodium (porcine) pf inj 5000 unit/0.5ml	1	NM
LOVENOX INJ 30/0.3ML	3	NM
LOVENOX INJ 40/0.4ML	3	NM
LOVENOX INJ 60/0.6ML	3	NM
LOVENOX INJ 80/0.8ML	3	NM
LOVENOX INJ 100MG/ML	3	NM
LOVENOX INJ 120/0.8	3	NM
LOVENOX INJ 150MG/ML	3	NM
LOVENOX INJ 300/3ML	3	NM

ANTICONVULSANTS

AMPA GLUTAMATE RECEPTOR ANTAGONISTS

FYCOMPA SUS 0.5MG/ML	3	
FYCOMPA TAB 2MG	3	
FYCOMPA TAB 4MG	3	
FYCOMPA TAB 6MG	3	
FYCOMPA TAB 8MG	3	
FYCOMPA TAB 10MG	3	
FYCOMPA TAB 12MG	3	
perampanel susp 0.5 mg/ml	1	
perampanel tab 2 mg	1	
perampanel tab 4 mg	1	
perampanel tab 6 mg	1	
perampanel tab 8 mg	1	
perampanel tab 10 mg	1	
perampanel tab 12 mg	1	

Drug Name	Drug Tier	Requirements/Limits
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam suspension 2.5 mg/ml	1	
clobazam tab 10 mg	1	
clobazam tab 20 mg	1	
clonazepam orally disintegrating tab 0.5 mg	1	NM
clonazepam orally disintegrating tab 0.25 mg	1	NM
clonazepam orally disintegrating tab 0.125 mg	1	NM
clonazepam orally disintegrating tab 1 mg	1	NM
clonazepam orally disintegrating tab 2 mg	1	NM
clonazepam tab 0.5 mg	1	NM
clonazepam tab 1 mg	1	NM
clonazepam tab 2 mg	1	NM
diazepam rectal gel delivery system 2.5 mg	1	NM
diazepam rectal gel delivery system 10 mg	1	NM
diazepam rectal gel delivery system 20 mg	1	NM
KLONOPIN TAB 0.5MG	3	NM
KLONOPIN TAB 1MG	3	NM
KLONOPIN TAB 2MG	3	NM
LIBERVANT MIS 5MG	3	NM
LIBERVANT MIS 7.5MG	3	NM
LIBERVANT MIS 10MG	3	NM
LIBERVANT MIS 12.5MG	3	NM
LIBERVANT MIS 15MG	3	NM
NAYZILAM SPR 5MG	2	NM
ONFI SUS 2.5MG/ML	3	
ONFI TAB 10MG	3	
ONFI TAB 20MG	3	
SYMPAZAN MIS 5MG	3	
SYMPAZAN MIS 10MG	3	
SYMPAZAN MIS 20MG	3	
VALTOCO SPR 5MG	2	NM
VALTOCO SPR 10MG	2	NM
VALTOCO SPR 15MG	2	NM
VALTOCO SPR 20MG	2	NM
ANTICONVULSANTS - MISC.		
APTIOM TAB 200MG	3	
APTIOM TAB 400MG	3	
APTIOM TAB 600MG	3	
APTIOM TAB 800MG	3	
BANZEL SUS 40MG/ML	3	
BANZEL TAB 200MG	3	
BANZEL TAB 400MG	3	

Drug Name	Drug Tier	Requirements/Limits
brivaracetam oral soln 10 mg/ml	1	
brivaracetam tab 10 mg	1	
brivaracetam tab 25 mg	1	
brivaracetam tab 50 mg	1	
brivaracetam tab 75 mg	1	
brivaracetam tab 100 mg	1	
BRIVIACT SOL 10MG/ML	3	
BRIVIACT TAB 10MG	3	
BRIVIACT TAB 25MG	3	
BRIVIACT TAB 50MG	3	
BRIVIACT TAB 75MG	3	
BRIVIACT TAB 100MG	3	
carbamazepine cap er 12hr 100 mg	1	
carbamazepine cap er 12hr 200 mg	1	
carbamazepine cap er 12hr 300 mg	1	
carbamazepine chew tab 100 mg	1	
carbamazepine susp 100 mg/5ml	1	
carbamazepine tab 200 mg	1	
carbamazepine tab er 12hr 100 mg	1	
carbamazepine tab er 12hr 200 mg	1	
carbamazepine tab er 12hr 400 mg	1	
CARBATROL CAP 100MG	3	
CARBATROL CAP 200MG	3	
CARBATROL CAP 300MG	3	
DIACOMIT CAP 250MG	3	SP, PA; LD
DIACOMIT CAP 500MG	3	SP, PA; LD
DIACOMIT PAK 250MG	3	SP, PA; LD
DIACOMIT PAK 500MG	3	SP, PA; LD
ELEPSIA XR TAB 1000MG	3	
ELEPSIA XR TAB 1500MG	3	
EPIDIOLEX SOL 100MG/ML	3	SP
epitol tab 200mg	1	
EPRONTIA SOL 25MG/ML	3	
eslicarbazepine acetate tab 200 mg	1	
eslicarbazepine acetate tab 400 mg	1	
eslicarbazepine acetate tab 600 mg	1	
eslicarbazepine acetate tab 800 mg	1	
FINTEPLA SOL 2.2MG/ML	3	SP, PA; LD
gabapentin cap 100 mg	1	
gabapentin cap 300 mg	1	
gabapentin cap 400 mg	1	
gabapentin oral soln 250 mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
gabapentin tab 600 mg	1	
gabapentin tab 800 mg	1	
KEPPRA SOL 100MG/ML	3	
KEPPRA TAB 250MG	3	
KEPPRA TAB 500MG	3	
KEPPRA TAB 750MG	3	
KEPPRA TAB 1000MG	3	
KEPPRA XR TAB 500MG	3	
KEPPRA XR TAB 750MG	3	
lacosamide oral solution 10 mg/ml	1	
lacosamide tab 50 mg	1	
lacosamide tab 100 mg	1	
lacosamide tab 150 mg	1	
lacosamide tab 200 mg	1	
LAMICTAL CHW 5MG	3	
LAMICTAL CHW 25MG	3	
LAMICTAL KIT START 35	3	NM
LAMICTAL KIT START 49	3	NM
LAMICTAL KIT START 98	3	NM
LAMICTAL ODT KIT	3	NM
LAMICTAL ODT TAB 25MG	3	
LAMICTAL ODT TAB 50MG	3	
LAMICTAL ODT TAB 100MG	3	
LAMICTAL ODT TAB 200MG	3	
LAMICTAL TAB 25MG	3	
LAMICTAL TAB 100MG	3	
LAMICTAL TAB 150MG	3	
LAMICTAL TAB 200MG	3	
LAMICTAL XR KIT	3	NM
LAMICTAL XR TAB 25MG	3	
LAMICTAL XR TAB 50MG	3	
LAMICTAL XR TAB 100MG	3	
LAMICTAL XR TAB 200MG	3	
LAMICTAL XR TAB 250MG	3	
LAMICTAL XR TAB 300MG	3	
lamotrigine orally disintegrating tab 25 mg	1	
lamotrigine orally disintegrating tab 50 mg	1	
lamotrigine orally disintegrating tab 100 mg	1	
lamotrigine orally disintegrating tab 200 mg	1	
lamotrigine tab 25 mg	1	
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	1	NM

Drug Name	Drug Tier	Requirements/Limits
lamotrigine tab 35 x 25 mg starter kit	1	NM
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit	1	NM
lamotrigine tab 100 mg	1	
lamotrigine tab 150 mg	1	
lamotrigine tab 200 mg	1	
lamotrigine tab chewable dispersible 5 mg	1	
lamotrigine tab chewable dispersible 25 mg	1	
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit	1	NM
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	1	NM
lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit	1	NM
lamotrigine tab er 24hr 25 mg	1	
lamotrigine tab er 24hr 50 mg	1	
lamotrigine tab er 24hr 100 mg	1	
lamotrigine tab er 24hr 200 mg	1	
lamotrigine tab er 24hr 250 mg	1	
lamotrigine tab er 24hr 300 mg	1	
levetiracetam oral soln 100 mg/ml	1	
levetiracetam tab 250 mg	1	
levetiracetam tab 500 mg	1	
levetiracetam tab 750 mg	1	
levetiracetam tab 1000 mg	1	
levetiracetam tab er 24hr 500 mg	1	
levetiracetam tab er 24hr 750 mg	1	
LYRICA CAP 25MG	3	
LYRICA CAP 50MG	3	
LYRICA CAP 75MG	3	
LYRICA CAP 100MG	3	
LYRICA CAP 150MG	3	
LYRICA CAP 200MG	3	
LYRICA CAP 225MG	3	
LYRICA CAP 300MG	3	
LYRICA SOL 20MG/ML	3	
MOTPOLY XR CAP 100MG	3	
MOTPOLY XR CAP 150MG	3	
MOTPOLY XR CAP 200MG	3	
NEURONTIN CAP 100MG	3	
NEURONTIN CAP 300MG	3	
NEURONTIN CAP 400MG	3	

Drug Name	Drug Tier	Requirements/Limits
NEURONTIN SOL 250/5ML	3	
NEURONTIN TAB 600MG	3	
NEURONTIN TAB 800MG	3	
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	1	
oxcarbazepine tab 150 mg	1	
oxcarbazepine tab 300 mg	1	
oxcarbazepine tab 600 mg	1	
oxcarbazepine tab er 24hr 150 mg	1	
oxcarbazepine tab er 24hr 300 mg	1	
oxcarbazepine tab er 24hr 600 mg	1	
OXTELLAR XR TAB 150MG	3	
OXTELLAR XR TAB 300MG	3	
OXTELLAR XR TAB 600MG	3	
pregabalin cap 25 mg	1	
pregabalin cap 50 mg	1	
pregabalin cap 75 mg	1	
pregabalin cap 100 mg	1	
pregabalin cap 150 mg	1	
pregabalin cap 200 mg	1	
pregabalin cap 225 mg	1	
pregabalin cap 300 mg	1	
pregabalin soln 20 mg/ml	1	
primidone tab 50 mg	1	
primidone tab 125 mg	1	
primidone tab 250 mg	1	
QUDEXY XR CAP 25/24HR	3	
QUDEXY XR CAP 50/24HR	3	
QUDEXY XR CAP 100/24HR	3	
QUDEXY XR CAP 150/24HR	3	
QUDEXY XR CAP 200/24HR	3	
roweepra tab 500mg	1	
rufinamide susp 40 mg/ml	1	
rufinamide tab 200 mg	1	
rufinamide tab 400 mg	1	
subvenite kit start 35	1	NM
subvenite kit start 49	1	NM
subvenite kit start 98	1	NM
SUBVENITE SUS 10MG/ML	3	
subvenite tab 25mg	1	
subvenite tab 100mg	1	
subvenite tab 150mg	1	
subvenite tab 200mg	1	

Drug Name	Drug Tier	Requirements/Limits
TEGRETOL SUS 100/5ML	3	
TEGRETOL TAB 200MG	3	
TEGRETOL-XR TAB 100MG	3	
TEGRETOL-XR TAB 200MG	3	
TEGRETOL-XR TAB 400MG	3	
TOPAMAX SPR CAP 15MG	3	
TOPAMAX SPR CAP 25MG	3	
TOPAMAX TAB 25MG	3	
TOPAMAX TAB 50MG	3	
TOPAMAX TAB 100MG	3	
TOPAMAX TAB 200MG	3	
topiramate cap er 24hr 25 mg	1	
topiramate cap er 24hr 50 mg	1	
topiramate cap er 24hr 100 mg	1	
topiramate cap er 24hr 200 mg	1	
topiramate cap er 24hr sprinkle 25 mg	1	
topiramate cap er 24hr sprinkle 50 mg	1	
topiramate cap er 24hr sprinkle 100 mg	1	
topiramate cap er 24hr sprinkle 150 mg	1	
topiramate cap er 24hr sprinkle 200 mg	1	
topiramate oral soln 25 mg/ml	1	
topiramate sprinkle cap 15 mg	1	
topiramate sprinkle cap 25 mg	1	
topiramate sprinkle cap 50 mg	1	
topiramate tab 25 mg	1	
topiramate tab 50 mg	1	
topiramate tab 100 mg	1	
topiramate tab 200 mg	1	
TRILEPTAL SUS 300/5ML	3	
TRILEPTAL TAB 150MG	3	
TRILEPTAL TAB 300MG	3	
TRILEPTAL TAB 600MG	3	
TROKENDI XR CAP 25MG	3	
TROKENDI XR CAP 50MG	3	
TROKENDI XR CAP 100MG	3	
TROKENDI XR CAP 200MG	3	
VIMPAT SOL 10MG/ML	2	
VIMPAT TAB 50MG	2	
VIMPAT TAB 100MG	2	
VIMPAT TAB 150MG	2	
VIMPAT TAB 200MG	2	
ZONISADE SUS 100MG/5	3	

Drug Name	Drug Tier	Requirements/Limits
zonisamide cap 25 mg	1	
zonisamide cap 50 mg	1	
zonisamide cap 100 mg	1	
ZTALMY SUS 50MG/ML	3	PA; LD
CARBAMATES		
felbamate susp 600 mg/5ml	1	
felbamate tab 400 mg	1	
felbamate tab 600 mg	1	
XCOPRI PAK 12.5-25	3	NM
XCOPRI PAK 50-100MG	3	NM
XCOPRI PAK 100-150	3	NM
XCOPRI PAK 150-200	3	NM
XCOPRI TAB 25MG	3	
XCOPRI TAB 50MG	3	
XCOPRI TAB 100MG	3	
XCOPRI TAB 150MG	3	
XCOPRI TAB 200MG	3	
GABA MODULATORS		
SABRIL POW 500MG	3	SP; LD
SABRIL TAB 500MG	3	SP
tiagabine hcl tab 2 mg	1	
tiagabine hcl tab 4 mg	1	
tiagabine hcl tab 12 mg	1	
tiagabine hcl tab 16 mg	1	
vigabatrin powd pack 500 mg	1	SP; LD
vigabatrin tab 500 mg	1	SP
vigadrone pow 500mg	1	SP; LD
vigadrone tab 500mg	1	LD
VIGAFYDE SOL 100MG/ML	3	LD
vigpoder pow 500mg	1	SP; LD
HYDANTOINS		
DILANTIN CAP 30MG	2	
DILANTIN CAP 100MG	2	
DILANTIN CHW 50MG	2	
DILANTIN-125 SUS 125/5ML	2	
phenytek cap 200mg	1	
phenytek cap 300mg	1	
phenytoin chew tab 50 mg	1	
phenytoin sodium extended cap 100 mg	1	
phenytoin sodium extended cap 200 mg	1	
phenytoin sodium extended cap 300 mg	1	

Drug Name	Drug Tier	Requirements/Limits
phenytoin susp 125 mg/5ml	1	
SUCCINIMIDES		
CELONTIN CAP 300MG	3	
ethosuximide cap 250 mg	1	
ethosuximide soln 250 mg/5ml	1	
methsuximide cap 300 mg	1	
ZARONTIN CAP 250MG	3	
ZARONTIN SOL 250/5ML	3	
VALPROIC ACID		
DEPAKOTE ER TAB 250MG	3	
DEPAKOTE ER TAB 500MG	3	
DEPAKOTE SPR CAP 125MG	3	
DEPAKOTE TAB 125MG DR	3	
DEPAKOTE TAB 250MG DR	3	
DEPAKOTE TAB 500MG DR	3	
divalproex sodium cap delayed release sprinkle 125 mg	1	
divalproex sodium tab delayed release 125 mg	1	
divalproex sodium tab delayed release 250 mg	1	
divalproex sodium tab delayed release 500 mg	1	
divalproex sodium tab er 24 hr 250 mg	1	
divalproex sodium tab er 24 hr 500 mg	1	
valproate sodium oral soln 250 mg/5ml (base equiv)	1	
valproic acid cap 250 mg	1	
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine tab 7.5 mg	1	
mirtazapine tab 15 mg	1	
mirtazapine tab 30 mg	1	
mirtazapine tab 45 mg	1	
REMERON TAB 15MG	3	
REMERON TAB 30MG	3	
ANTIDEPRESSANT COMBINATIONS		
AUVELITY TAB 45-105MG	3	
AUVELITY TAB TITRATIO	3	NM
ANTIDEPRESSANTS - MISC.		
bupropion hcl tab 75 mg	1	
bupropion hcl tab 100 mg	1	
bupropion hcl tab er 12hr 100 mg	1	
bupropion hcl tab er 12hr 150 mg	1	

Drug Name	Drug Tier	Requirements/Limits
bupropion hcl tab er 12hr 200 mg	1	
bupropion hcl tab er 24hr 150 mg	1	
bupropion hcl tab er 24hr 300 mg	1	
WELLBUTRIN TAB 100MG SR	3	
WELLBUTRIN TAB 150MG SR	3	
WELLBUTRIN TAB 200MG SR	3	
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID		
ZURZUVAE CAP 20MG	3	SP, QL (28 caps every 270 days), NM
ZURZUVAE CAP 25MG	3	SP, QL (28 caps every 270 days), NM
ZURZUVAE CAP 30MG	3	SP, QL (14 caps every 270 days), NM
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
EMSAM DIS 6MG/24HR	3	
EMSAM DIS 9MG/24HR	3	
EMSAM DIS 12MG/24H	3	
MARPLAN TAB 10MG	3	
NARDIL TAB 15MG	3	
phenelzine sulfate tab 15 mg	1	
tranylcypromine sulfate tab 10 mg	1	
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
CELEXA TAB 10MG	3	
CELEXA TAB 20MG	3	
CELEXA TAB 40MG	3	
citalopram hydrobromide oral soln 10 mg/5ml	1	
citalopram hydrobromide tab 10 mg (base equiv)	1	
citalopram hydrobromide tab 20 mg (base equiv)	1	
citalopram hydrobromide tab 40 mg (base equiv)	1	
escitalopram oxalate soln 5 mg/5ml (base equiv)	1	
escitalopram oxalate tab 5 mg (base equiv)	1	
escitalopram oxalate tab 10 mg (base equiv)	1	
escitalopram oxalate tab 20 mg (base equiv)	1	
fluoxetine hcl cap 10 mg	1	
fluoxetine hcl cap 20 mg	1	
fluoxetine hcl cap 40 mg	1	
fluoxetine hcl cap delayed release 90 mg	1	
fluoxetine hcl solution 20 mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
fluoxetine hcl tab 60 mg	1	
fluvoxamine maleate cap er 24hr 100 mg	1	
fluvoxamine maleate cap er 24hr 150 mg	1	
fluvoxamine maleate tab 25 mg	1	
fluvoxamine maleate tab 50 mg	1	
fluvoxamine maleate tab 100 mg	1	
LEXAPRO TAB 5MG	3	
LEXAPRO TAB 10MG	3	
LEXAPRO TAB 20MG	3	
paroxetine hcl oral susp 10 mg/5ml (base equiv)	1	
paroxetine hcl tab 10 mg	1	
paroxetine hcl tab 20 mg	1	
paroxetine hcl tab 30 mg	1	
paroxetine hcl tab 40 mg	1	
paroxetine hcl tab er 24hr 12.5 mg	1	
paroxetine hcl tab er 24hr 25 mg	1	
paroxetine hcl tab er 24hr 37.5 mg	1	
PAXIL CR TAB 12.5MG	3	
PAXIL CR TAB 25MG	3	
PAXIL CR TAB 37.5MG	3	
PAXIL SUS 10MG/5ML	3	
PAXIL TAB 10MG	3	
PAXIL TAB 20MG	3	
PAXIL TAB 30MG	3	
PAXIL TAB 40MG	3	
PROZAC CAP 10MG	3	
PROZAC CAP 20MG	3	
PROZAC CAP 40MG	3	
sertraline hcl oral concentrate for solution 20 mg/ml	1	
sertraline hcl tab 25 mg	1	
sertraline hcl tab 50 mg	1	
sertraline hcl tab 100 mg	1	
ZOLOFT CON 20MG/ML	3	
ZOLOFT TAB 25MG	3	
ZOLOFT TAB 50MG	3	
ZOLOFT TAB 100MG	3	
SEROTONIN MODULATORS		
EXXUA TAB 18.2MG	3	
EXXUA TAB 36.3MG	3	
EXXUA TAB 54.5MG	3	
EXXUA TAB 72.6MG	3	

Drug Name	Drug Tier	Requirements/Limits
EXXUA TITRAT TAB 18.2MG	3	
nefazodone hcl tab 50 mg	1	
nefazodone hcl tab 100 mg	1	
nefazodone hcl tab 150 mg	1	
nefazodone hcl tab 200 mg	1	
nefazodone hcl tab 250 mg	1	
trazodone hcl tab 50 mg	1	
trazodone hcl tab 100 mg	1	
trazodone hcl tab 150 mg	1	
trazodone hcl tab 300 mg	1	
TRINTELLIX TAB 5MG	2	
TRINTELLIX TAB 10MG	2	
TRINTELLIX TAB 20MG	2	
VIIBRYD TAB 10MG	2	
VIIBRYD TAB 20MG	2	
VIIBRYD TAB 40MG	2	
vilazodone hcl tab 10 mg	1	
vilazodone hcl tab 20 mg	1	
vilazodone hcl tab 40 mg	1	
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
CYMBALTA CAP 20MG	3	
CYMBALTA CAP 30MG	3	
CYMBALTA CAP 60MG	3	
DESVENLAFAX TAB 50MG ER	3	
DESVENLAFAX TAB 100MG ER	3	
desvenlafaxine succinate tab er 24hr 25 mg (base equiv)	1	
desvenlafaxine succinate tab er 24hr 50 mg (base equiv)	1	
desvenlafaxine succinate tab er 24hr 100 mg (base equiv)	1	
DRIZALMA CAP 20MG DR	3	
DRIZALMA CAP 30MG DR	3	
DRIZALMA CAP 40MG DR	3	
DRIZALMA CAP 60MG DR	3	
duloxetine hcl enteric coated pellets cap 20 mg (base eq)	1	
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	1	
duloxetine hcl enteric coated pellets cap 40 mg (base eq)	1	

Drug Name	Drug Tier	Requirements/Limits
duloxetine hcl enteric coated pellets cap 60 mg (base eq)	1	
EFFEXOR XR CAP 37.5MG	3	
EFFEXOR XR CAP 75MG	3	
EFFEXOR XR CAP 150MG	3	
FETZIMA CAP 20MG	3	
FETZIMA CAP 40MG	3	
FETZIMA CAP 80MG	3	
FETZIMA CAP 120MG	3	
FETZIMA CAP TITRATIO	3	NM
PRISTIQ TAB 25MG	2	
PRISTIQ TAB 50MG	2	
PRISTIQ TAB 100MG	2	
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)	1	
venlafaxine hcl cap er 24hr 75 mg (base equivalent)	1	
venlafaxine hcl cap er 24hr 150 mg (base equivalent)	1	
venlafaxine hcl tab 25 mg (base equivalent)	1	
venlafaxine hcl tab 37.5 mg (base equivalent)	1	
venlafaxine hcl tab 50 mg (base equivalent)	1	
venlafaxine hcl tab 75 mg (base equivalent)	1	
venlafaxine hcl tab 100 mg (base equivalent)	1	
venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)	1	
venlafaxine hcl tab er 24hr 75 mg (base equivalent)	1	
venlafaxine hcl tab er 24hr 150 mg (base equivalent)	1	
venlafaxine hcl tab er 24hr 225 mg (base equivalent)	1	
TRICYCLIC AGENTS		
amitriptyline hcl tab 10 mg	1	
amitriptyline hcl tab 25 mg	1	
amitriptyline hcl tab 50 mg	1	
amitriptyline hcl tab 75 mg	1	
amitriptyline hcl tab 100 mg	1	
amitriptyline hcl tab 150 mg	1	
amoxapine tab 25 mg	1	
amoxapine tab 50 mg	1	
amoxapine tab 100 mg	1	

Drug Name	Drug Tier	Requirements/Limits
amoxapine tab 150 mg	1	
ANAFRANIL CAP 25MG	3	
ANAFRANIL CAP 50MG	3	
ANAFRANIL CAP 75MG	3	
clomipramine hcl cap 25 mg	1	
clomipramine hcl cap 50 mg	1	
clomipramine hcl cap 75 mg	1	
desipramine hcl tab 10 mg	1	
desipramine hcl tab 25 mg	1	
desipramine hcl tab 50 mg	1	
desipramine hcl tab 75 mg	1	
desipramine hcl tab 100 mg	1	
desipramine hcl tab 150 mg	1	
doxepin hcl cap 10 mg	1	
doxepin hcl cap 25 mg	1	
doxepin hcl cap 50 mg	1	
doxepin hcl cap 75 mg	1	
doxepin hcl cap 100 mg	1	
doxepin hcl cap 150 mg	1	
doxepin hcl conc 10 mg/ml	1	
imipramine hcl tab 10 mg	1	
imipramine hcl tab 25 mg	1	
imipramine hcl tab 50 mg	1	
imipramine pamoate cap 75 mg	1	
imipramine pamoate cap 100 mg	1	
imipramine pamoate cap 125 mg	1	
imipramine pamoate cap 150 mg	1	
NORPRAMIN TAB 10MG	3	
NORPRAMIN TAB 25MG	3	
nortriptyline hcl cap 10 mg	1	
nortriptyline hcl cap 25 mg	1	
nortriptyline hcl cap 50 mg	1	
nortriptyline hcl cap 75 mg	1	
nortriptyline hcl soln 10 mg/5ml	1	
protriptyline hcl tab 5 mg	1	
protriptyline hcl tab 10 mg	1	
trimipramine maleate cap 25 mg	1	
trimipramine maleate cap 50 mg	1	
trimipramine maleate cap 100 mg	1	

ANTIDIABETICS

ALPHA-GLUCOSIDASE INHIBITORS

acarbose tab 25 mg	1	DC

Drug Name	Drug Tier	Requirements/Limits
acarbose tab 50 mg	1	DC
acarbose tab 100 mg	1	DC
miglitol tab 25 mg	1	DC
miglitol tab 50 mg	1	DC
miglitol tab 100 mg	1	DC
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 60 INJ 1000MCG	2	DC
SYMLNPEN 120 INJ 1000MCG	2	DC
ANTIDIABETIC COMBINATIONS		
ACTOPLUS MET TAB 15-850MG	3	DC
DUETACT TAB 30-2MG	3	DC
DUETACT TAB 30-4MG	3	DC
glipizide-metformin hcl tab 2.5-250 mg	1	DC
glipizide-metformin hcl tab 2.5-500 mg	1	DC
glipizide-metformin hcl tab 5-500 mg	1	DC
glyburide-metformin tab 1.25-250 mg	1	DC
glyburide-metformin tab 2.5-500 mg	1	DC
glyburide-metformin tab 5-500 mg	1	DC
GLYXAMBI TAB 10-5 MG	2	DC
GLYXAMBI TAB 25-5 MG	2	DC
JANUMET TAB 50-500MG	2	DC
JANUMET TAB 50-1000	2	DC
JANUMET XR TAB 50-500MG	2	DC
JANUMET XR TAB 50-1000	2	DC
JANUMET XR TAB 100-1000	2	DC
pioglitazone hcl-glimepiride tab 30-2 mg	1	DC
pioglitazone hcl-glimepiride tab 30-4 mg	1	DC
pioglitazone hcl-metformin hcl tab 15-500 mg	1	DC
pioglitazone hcl-metformin hcl tab 15-850 mg	1	DC
sitagliptin phosphate-metformin hcl tab 50-500 mg	1	DC
sitagliptin phosphate-metformin hcl tab 50-1000 mg	1	DC
sitagliptin phosphate-metformin hcl tab er 24hr 50-500 mg	1	DC
sitagliptin phosphate-metformin hcl tab er 24hr 50-1000 mg	1	DC
sitagliptin phosphate-metformin hcl tab er 24hr 100-1000 mg	1	DC
SOLIQUA INJ 100/33	2	DC
SYNJARDY TAB	2	DC
SYNJARDY TAB 5-500MG	2	DC

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY TAB 5-1000MG	2	DC
SYNJARDY TAB 12.5-500	2	DC
SYNJARDY XR TAB	2	DC
SYNJARDY XR TAB 5-1000MG	2	DC
SYNJARDY XR TAB 10-1000	2	DC
SYNJARDY XR TAB 25-1000	2	DC
TRIJARDY XR TAB	2	DC
XIGDUO XR TAB 2.5-1000	2	DC
XIGDUO XR TAB 5-500MG	2	DC
XIGDUO XR TAB 5-1000MG	2	DC
XIGDUO XR TAB 10-500MG	2	DC
XIGDUO XR TAB 10-1000	2	DC
BIGUANIDES		
GLUMETZA TAB 500MG	3	PA; DC
GLUMETZA TAB 1000MG	3	PA; DC
metformin hcl tab 500 mg	1	DC
metformin hcl tab 850 mg	1	DC
metformin hcl tab 1000 mg	1	DC
metformin hcl tab er 24hr 500 mg	1	DC
metformin hcl tab er 24hr 750 mg	1	DC
metformin hcl tab er 24hr modified release 500 mg	1	PA; DC
metformin hcl tab er 24hr modified release 1000 mg	1	PA; DC
metformin hcl tab er 24hr osmotic 500 mg	1	PA; DC
metformin hcl tab er 24hr osmotic 1000 mg	1	PA; DC
DIABETIC OTHER		
BAQSIMI ONE POW 3MG/DOSE	2	NM; DC
BAQSIMI TWO POW 3MG/DOSE	2	NM; DC
diazoxide susp 50 mg/ml	1	DC
GLUCAGON EMR SOL 1MG	2	NM; DC
glucagon for inj 1 mg	1	NM; DC
GVOKE HYPO 1 INJ 0.5/.1ML	2	NM; DC
GVOKE HYPO 1 INJ 1/0.2ML	2	NM; DC
GVOKE HYPO 2 INJ 0.5/.1ML	2	NM; DC
GVOKE HYPO 2 INJ 1/0.2ML	2	NM; DC
GVOKE KIT SOL 1/0.2ML	2	NM; DC
GVOKE PFS INJ 1/0.2ML	2	NM; DC
KORLYM TAB 300MG	3	SP, PA; LD
mifepristone tab 300 mg	1	PA; LD
PROGLYCEM SUS 50MG/ML	3	DC

Drug Name	Drug Tier	Requirements/Limits
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA TAB 25MG	2	DC
JANUVIA TAB 50MG	2	DC
JANUVIA TAB 100MG	2	DC
sitagliptin phosphate tab 25 mg (base equiv)	1	DC
sitagliptin phosphate tab 50 mg (base equiv)	1	DC
sitagliptin phosphate tab 100 mg (base equiv)	1	DC
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET TAB 0.8MG	3	
INCRETIN MIMETIC AGENTS		
MOUNJARO INJ 2.5/0.5	2	PA, NM; DC
MOUNJARO INJ 5MG/0.5	2	PA, NM; DC
MOUNJARO INJ 7.5/0.5	2	PA, NM; DC
MOUNJARO INJ 10MG/0.5	2	PA, NM; DC
MOUNJARO INJ 12.5/0.5	2	PA, NM; DC
MOUNJARO INJ 15MG/0.5	2	PA, NM; DC
OZEMPIC INJ 2MG/3ML	2	PA; DC
OZEMPIC INJ 4MG/3ML	2	PA; DC
OZEMPIC INJ 8MG/3ML	2	PA; DC
OZEMPIC TAB 1.5MG	2	PA, NM; DC
OZEMPIC TAB 4MG	2	PA; DC
OZEMPIC TAB 9MG	2	PA; DC
RYBELSUS TAB 1.5MG	2	PA, NM; DC
RYBELSUS TAB 3MG	2	PA, NM; DC
RYBELSUS TAB 4MG	2	PA; DC
RYBELSUS TAB 7MG	2	PA; DC
RYBELSUS TAB 9MG	2	PA; DC
RYBELSUS TAB 14MG	2	PA; DC
TRULICITY INJ 0.75/0.5	2	PA; DC
TRULICITY INJ 1.5/0.5	2	PA; DC
TRULICITY INJ 3/0.5	2	PA; DC
TRULICITY INJ 4.5/0.5	2	PA; DC
VICTOZA INJ 18MG/3ML	3	PA, QL (3 pens every 30 days); DC
INSULIN		
BASAGLAR KWP INJ 100/ML	2	DC
FIASP FLEX INJ TOUCH	2	DC
FIASP INJ 100/ML	2	DC
FIASP PENFIL INJ U-100	2	DC
FIASP PMPCRT INJ U-100	2	DC
HUMULIN R INJ U-500	2	DC

Drug Name	Drug Tier	Requirements/Limits
HUMULIN R INJ U-500KWP	2	DC
LANTUS INJ 100/ML	2	DC
LANTUS SOLOS INJ 100/ML	2	DC
NOVOLIN INJ 70/30	2	OTC; DC
NOVOLIN INJ 70/30 FP	2	OTC; DC
NOVOLIN N INJ 100 UNIT	2	OTC; DC
NOVOLIN N INJ U-100	2	OTC; DC
NOVOLIN R INJ 100 UNIT	2	OTC; DC
NOVOLIN R INJ U-100	2	OTC; DC
NOVOLOG INJ 100/ML	2	DC
NOVOLOG INJ FLEX REL	2	DC
NOVOLOG INJ FLEXPEN	2	DC
NOVOLOG INJ PENFILL	2	DC
NOVOLOG MIX INJ 70/30	2	DC
NOVOLOG MIX INJ FLEXPEN	2	DC
TOUJEO MAX INJ 300/ML	2	DC
TOUJEO SOLO INJ 300/ML	2	DC
TRESIBA FLEX INJ 100UNIT	2	DC
TRESIBA FLEX INJ 200UNIT	2	DC
TRESIBA INJ 100UNIT	2	DC
INSULIN SENSITIZING AGENTS		
pioglitazone hcl tab 15 mg (base equiv)	1	DC
pioglitazone hcl tab 30 mg (base equiv)	1	DC
pioglitazone hcl tab 45 mg (base equiv)	1	DC
MEGLITINIDE ANALOGUES		
nateglinide tab 60 mg	1	DC
nateglinide tab 120 mg	1	DC
repaglinide tab 0.5 mg	1	DC
repaglinide tab 1 mg	1	DC
repaglinide tab 2 mg	1	DC
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
dapagliflozin tab 5 mg	1	DC
dapagliflozin tab 10 mg	1	DC
FARXIGA TAB 5MG	2	DC
FARXIGA TAB 10MG	2	DC
JARDIANCE TAB 10MG	2	DC
JARDIANCE TAB 25MG	2	DC
SULFONYLUREAS		
glimepiride tab 1 mg	1	DC
glimepiride tab 2 mg	1	DC
glimepiride tab 4 mg	1	DC

Drug Name	Drug Tier	Requirements/Limits
glipizide tab 5 mg	1	DC
glipizide tab 10 mg	1	DC
glipizide tab er 24hr 2.5 mg	1	DC
glipizide tab er 24hr 5 mg	1	DC
glipizide tab er 24hr 10 mg	1	DC
glipizide xl tab 2.5mg	1	DC
glipizide xl tab 5mg	1	DC
glipizide xl tab 10mg	1	DC
GLUCOTROL XL TAB 5MG	3	DC
GLUCOTROL XL TAB 10MG	3	DC
glyburide micronized tab 1.5 mg	1	DC
glyburide micronized tab 3 mg	1	DC
glyburide micronized tab 6 mg	1	DC
glyburide tab 1.25 mg	1	DC
glyburide tab 2.5 mg	1	DC
glyburide tab 5 mg	1	DC
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIPERISTALTIC AGENTS		
diphenoxylate w/ atropine tab 2.5-0.025 mg	1	NM
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
CHEMET CAP 100MG	3	NM
deferasirox granules packet 90 mg	1	SP
deferasirox granules packet 180 mg	1	SP
deferasirox granules packet 360 mg	1	SP
deferasirox tab 90 mg	1	SP
deferasirox tab 180 mg	1	SP
deferasirox tab 360 mg	1	SP
deferasirox tab for oral susp 125 mg	1	SP, PA
deferasirox tab for oral susp 250 mg	1	SP, PA
deferasirox tab for oral susp 500 mg	1	SP, PA
deferiprone tab 500 mg	1	SP
deferiprone tab 1000 mg	1	SP
EXJADE TAB 125MG	3	SP, PA
EXJADE TAB 250MG	3	SP, PA
EXJADE TAB 500MG	3	SP, PA
FERPRX 2-DAY TAB 1000MG	3	SP; LD
FERRIPROX SOL 100MG/ML	3	SP; LD
FERRIPROX TAB 500MG	3	SP; LD
FERRIPROX TAB 1000MG	3	LD
JADENU SPRKL GRA 90MG	3	SP

Drug Name	Drug Tier	Requirements/Limits
JADENU SPRKL GRA 180MG	3	SP
JADENU SPRKL GRA 360MG	3	SP
JADENU TAB 90MG	3	SP
JADENU TAB 180MG	3	SP
JADENU TAB 360MG	3	SP
ANTIDOTES AND SPECIFIC ANTAGONISTS		
deferoxamine mesylate for inj 2 gm	1	SP, NM
deferoxamine mesylate for inj 500 mg	1	NM
DESFERAL INJ 500MG	3	SP, NM
OPIOID ANTAGONISTS		
KLOXXADO SPR 8MG	2	NM
naloxone hcl nasal spray 4 mg/0.1ml	1	NM
naloxone hcl nasal spray 4 mg/0.1ml	1	OTC, NM
naloxone hcl soln prefilled syringe 0.4 mg/ml	1	NM
naltrexone hcl tab 50 mg	1	NM
OPVEE SPR 2.7/0.1	3	NM
REXTOVY SPR 4/0.25ML	3	NM
REZENOPY SPR 10MG	3	NM
RIVIVE SPR 3/0.1ML	2	OTC, NM
ZIMHI SOL	2	NM
ZURNAI INJ 1.5/0.5	3	NM
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
ANZEMET TAB 50MG	3	QL (14 tabs every 23 days), NM
granisetron hcl tab 1 mg	1	QL (14 tabs every 23 days), NM
ondansetron hcl inj 4 mg/2ml (2 mg/ml)	1	NM
ondansetron hcl inj 40 mg/20ml (2 mg/ml)	1	NM
ondansetron hcl inj soln pref syr 4 mg/2ml	1	NM
ondansetron hcl oral soln 4 mg/5ml	1	NM
ondansetron hcl tab 4 mg	1	NM
ondansetron hcl tab 8 mg	1	NM
ondansetron hcl tab 24 mg	1	NM
ondansetron orally disintegrating tab 4 mg	1	NM
ondansetron orally disintegrating tab 8 mg	1	NM
SANCUSO DIS 3.1MG	3	QL (2 patches every 23 days), NM
ANTIEMETICS - ANTICHOLINERGIC		
scopolamine td patch 72hr 1 mg/3days	1	NM
TRANSDERM SC DIS 1MG/3DAY	3	NM

Drug Name	Drug Tier	Requirements/Limits
TRANSDERM-SC DIS 1MG/3DAY	3	NM
trimethobenzamide hcl cap 300 mg	1	NM
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO CAP 300-0.5	3	QL (2 caps every 23 days), NM
BONJESTA TAB 20-20MG	3	QL (60 tabs every 30 days), NM
DICLEGIS TAB 10-10MG	3	QL (60 tabs every 30 days), NM
doxylamine-pyridoxine tab delayed release 10-10 mg	1	QL (60 tabs every 30 days), NM
dronabinol cap 2.5 mg	1	NM
dronabinol cap 5 mg	1	NM
dronabinol cap 10 mg	1	NM
MARINOL CAP 2.5MG	3	NM
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
aprepitant capsule 40 mg	1	QL (1 cap every 21 days), NM
aprepitant capsule 80 mg	1	QL (8 caps every 21 days), NM
aprepitant capsule 125 mg	1	QL (2 caps every 21 days), NM
aprepitant capsule therapy pack 80 & 125 mg	1	QL (6 ea every 21 days), NM
EMEND BIPACK PAK 80MG	3	QL (8 caps every 21 days), NM
EMEND SUS 125MG	3	QL (2 kits every 23 days), NM
EMEND TRIPAC CAP 125 & 80	3	QL (6 caps every 21 days), NM
VARUBI TAB 90MG	3	QL (4 tabs every 23 days), NM; LD
ANTIFUNGALS		
ANTIFUNGALS		
ANCOBON CAP 250MG	3	NM
ANCOBON CAP 500MG	3	NM
griseofulvin microsize susp 125 mg/5ml	1	NM
griseofulvin microsize tab 500 mg	1	NM
griseofulvin ultramicrosize tab 125 mg	1	NM
griseofulvin ultramicrosize tab 250 mg	1	NM
nystatin tab 500000 unit	1	NM

Drug Name	Drug Tier	Requirements/Limits
terbinafine hcl tab 250 mg	1	QL (168 tabs every year), NM
IMIDAZOLE-RELATED ANTIFUNGALS		
CRESEMBA CAP 74.5MG	3	NM
CRESEMBA CAP 186MG	3	NM
DIFLUCAN SUS 40MG/ML	3	NM
DIFLUCAN TAB 100MG	3	NM
DIFLUCAN TAB 200MG	3	NM
fluconazole for susp 10 mg/ml	1	NM
fluconazole for susp 40 mg/ml	1	NM
fluconazole tab 50 mg	1	NM
fluconazole tab 100 mg	1	NM
fluconazole tab 150 mg	1	NM
fluconazole tab 200 mg	1	NM
itraconazole cap 100 mg	1	QL (360 caps every 365 days), NM
itraconazole oral soln 10 mg/ml	1	QL (3600 mL every 365 days), NM
ketoconazole tab 200 mg	1	NM
NOXAFIL PAK 300MG	3	
NOXAFIL SUS 40MG/ML	3	
NOXAFIL TAB 100MG	3	
posaconazole susp 40 mg/ml	1	
posaconazole tab delayed release 100 mg	1	
SPORANOX CAP 100MG	3	PA, NM
SPORANOX SOL 10MG/ML	3	PA, NM
TOLSURA CAP 65MG	3	PA, NM
VFEND SUS 40MG/ML	3	NM
VFEND TAB 50MG	3	NM
VIVJOA CAP 150MG	3	NM; LD
voriconazole for susp 40 mg/ml	1	NM
voriconazole tab 50 mg	1	NM
voriconazole tab 200 mg	1	NM
ANTIHISTAMINES		
ANTIHISTAMINES - ETHANOLAMINES		
carbinoxamine maleate soln 4 mg/5ml	1	NM
carbinoxamine maleate tab 4 mg	1	NM
carbzah sol 4mg/5ml	1	NM
clemastine fumarate tab 2.68 mg	1	NM
ANTIHISTAMINES - NON-SEDATING		
CLARINEX TAB 5MG	3	NM
desloratadine tab 5 mg	1	NM

Drug Name	Drug Tier	Requirements/Limits
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	1	
levocetirizine dihydrochloride tab 5 mg	1	
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine hcl oral soln 6.25 mg/5ml	1	NM
promethazine hcl suppos 12.5 mg	1	NM
promethazine hcl suppos 25 mg	1	NM
promethazine hcl tab 12.5 mg	1	NM
promethazine hcl tab 25 mg	1	NM
promethazine hcl tab 50 mg	1	NM
promethegan sup 12.5mg	1	NM
promethegan sup 25mg	1	NM
promethegan sup 50mg	1	NM
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine hcl syrup 2 mg/5ml	1	NM
cyproheptadine hcl tab 4 mg	1	NM
ANTIHYPERLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL TAB 180MG	3	PA
ANTIHYPERLIPIDEMICS - COMBINATIONS		
ezetimibe-simvastatin tab 10-10 mg	1	
ezetimibe-simvastatin tab 10-20 mg	1	
ezetimibe-simvastatin tab 10-40 mg	1	
ezetimibe-simvastatin tab 10-80 mg	1	
NEXLIZET TAB 180/10MG	3	PA
VYTORIN TAB 10-10MG	3	
VYTORIN TAB 10-20MG	3	
VYTORIN TAB 10-40MG	3	
VYTORIN TAB 10-80MG	3	
ANTIHYPERLIPIDEMICS - MISC.		
icosapent ethyl cap 0.5 gm	1	
icosapent ethyl cap 1 gm	1	
LOVAZA CAP 1GM	3	
omega-3-acid ethyl esters cap 1 gm	1	
VASCEPA CAP 0.5GM	2	
VASCEPA CAP 1GM	2	
BILE ACID SEQUESTRANTS		
cholestyramine light powder 4 gm/dose	1	
cholestyramine light powder packets 4 gm	1	
cholestyramine powder 4 gm/dose	1	
cholestyramine powder packets 4 gm	1	

Drug Name	Drug Tier	Requirements/Limits
colesevelam hcl packet for susp 3.75 gm	1	
colesevelam hcl tab 625 mg	1	
COLESTID GRA 5GM	3	
COLESTID TAB 1GM	3	
colestipol hcl granule packets 5 gm	1	
colestipol hcl granules 5 gm	1	
colestipol hcl tab 1 gm	1	
prevalite pow 4gm	1	
prevalite pow 4gm pk	1	
QUESTRAN POW 4GM LITE	3	
WELCHOL PAK 3.75GM	3	
WELCHOL TAB 625MG	3	
FIBRIC ACID DERIVATIVES		
choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	1	
choline fenofibrate cap dr 135 mg (fenofibric acid equiv)	1	
fenofibrate cap 50 mg	1	
fenofibrate cap 150 mg	1	
fenofibrate micronized cap 43 mg	1	
fenofibrate micronized cap 67 mg	1	
fenofibrate micronized cap 130 mg	1	
fenofibrate micronized cap 134 mg	1	
fenofibrate micronized cap 200 mg	1	
fenofibrate tab 48 mg	1	
fenofibrate tab 54 mg	1	
fenofibrate tab 145 mg	1	
fenofibrate tab 160 mg	1	
fenofibric acid tab 35 mg	1	
fenofibric acid tab 105 mg	1	
FIBRICOR TAB 35MG	3	
FIBRICOR TAB 105MG	3	
gemfibrozil tab 600 mg	1	
LIPOFEN CAP 50MG	3	
LIPOFEN CAP 150MG	3	
LOPID TAB 600MG	3	
TRICOR TAB 48MG	3	
TRICOR TAB 145MG	3	
TRILIPIX CAP 45MG	3	
TRILIPIX CAP 135MG	3	
HMG COA REDUCTASE INHIBITORS		
ATORVALIQ SUS 20MG/5ML	3	

Drug Name	Drug Tier	Requirements/Limits
atorvastatin calcium tab 10 mg (base equivalent)	1	AGE
atorvastatin calcium tab 20 mg (base equivalent)	1	AGE
atorvastatin calcium tab 40 mg (base equivalent)	1	
atorvastatin calcium tab 80 mg (base equivalent)	1	
CRESTOR TAB 5MG	3	
CRESTOR TAB 10MG	3	
CRESTOR TAB 20MG	3	
CRESTOR TAB 40MG	3	
EZALLOR SPR CAP 5MG	3	
EZALLOR SPR CAP 10MG	3	
EZALLOR SPR CAP 20MG	3	
EZALLOR SPR CAP 40MG	3	
fluvastatin sodium cap 20 mg (base equivalent)	1	AGE
fluvastatin sodium cap 40 mg (base equivalent)	1	AGE
fluvastatin sodium tab er 24 hr 80 mg (base equivalent)	1	AGE
LESCOL XL TAB 80MG	3	
LIPITOR TAB 10MG	3	
LIPITOR TAB 20MG	3	
LIPITOR TAB 40MG	3	
LIPITOR TAB 80MG	3	
LIVALO TAB 1MG	3	
LIVALO TAB 2MG	3	
LIVALO TAB 4MG	3	
lovastatin tab 10 mg	1	AGE
lovastatin tab 20 mg	1	AGE
lovastatin tab 40 mg	1	AGE
pitavastatin calcium tab 1 mg	1	AGE
pitavastatin calcium tab 2 mg	1	AGE
pitavastatin calcium tab 4 mg	1	AGE
pravastatin sodium tab 10 mg	1	AGE
pravastatin sodium tab 20 mg	1	AGE
pravastatin sodium tab 40 mg	1	AGE
pravastatin sodium tab 80 mg	1	AGE
rosuvastatin calcium tab 5 mg	1	AGE
rosuvastatin calcium tab 10 mg	1	AGE
rosuvastatin calcium tab 20 mg	1	
rosuvastatin calcium tab 40 mg	1	

Drug Name	Drug Tier	Requirements/Limits
simvastatin tab 5 mg	1	AGE
simvastatin tab 10 mg	1	AGE
simvastatin tab 20 mg	1	AGE
simvastatin tab 40 mg	1	AGE
simvastatin tab 80 mg	1	
ZOCOR TAB 10MG	3	
ZOCOR TAB 20MG	3	
ZOCOR TAB 40MG	3	
ZYPITAMAG TAB 2MG	3	
ZYPITAMAG TAB 4MG	3	
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe tab 10 mg	1	
ZETIA TAB 10MG	3	
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID CAP 2MG	3	PA; LD
JUXTAPID CAP 5MG	3	PA; LD
JUXTAPID CAP 10MG	3	PA; LD
JUXTAPID CAP 20MG	3	PA; LD
JUXTAPID CAP 30MG	3	PA; LD
NICOTINIC ACID DERIVATIVES		
niacin tab er 500 mg (antihyperlipidemic)	1	
niacin tab er 750 mg (antihyperlipidemic)	1	
niacin tab er 1000 mg (antihyperlipidemic)	1	
niacor tab 500mg	1	NM
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
PRALUENT INJ 75MG/ML	3	QL (2 pens every 28 days)
PRALUENT INJ 150MG/ML	3	QL (2 pens every 28 days)
ANTIHYPERTENSIVES		
ACE INHIBITORS		
ALTACE CAP 2.5MG	3	
ALTACE CAP 10MG	3	
benazepril hcl tab 5 mg	1	
benazepril hcl tab 10 mg	1	
benazepril hcl tab 20 mg	1	
benazepril hcl tab 40 mg	1	
captopril tab 12.5 mg	1	
captopril tab 25 mg	1	
captopril tab 50 mg	1	
captopril tab 100 mg	1	
enalapril maleate oral soln 1 mg/ml	1	
enalapril maleate tab 2.5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
enalapril maleate tab 5 mg	1	
enalapril maleate tab 10 mg	1	
enalapril maleate tab 20 mg	1	
EPANED SOL 1MG/ML	3	
fosinopril sodium tab 10 mg	1	
fosinopril sodium tab 20 mg	1	
fosinopril sodium tab 40 mg	1	
lisinopril tab 2.5 mg	1	
lisinopril tab 5 mg	1	
lisinopril tab 10 mg	1	
lisinopril tab 20 mg	1	
lisinopril tab 30 mg	1	
lisinopril tab 40 mg	1	
LOTENSIN TAB 10MG	3	
LOTENSIN TAB 20MG	3	
LOTENSIN TAB 40MG	3	
moexipril hcl tab 7.5 mg	1	
moexipril hcl tab 15 mg	1	
perindopril erbumine tab 2 mg	1	
perindopril erbumine tab 4 mg	1	
perindopril erbumine tab 8 mg	1	
QBRELIS SOL 1MG/ML	3	
quinapril hcl tab 5 mg	1	
quinapril hcl tab 10 mg	1	
quinapril hcl tab 20 mg	1	
quinapril hcl tab 40 mg	1	
ramipril cap 1.25 mg	1	
ramipril cap 2.5 mg	1	
ramipril cap 5 mg	1	
ramipril cap 10 mg	1	
trandolapril tab 1 mg	1	
trandolapril tab 2 mg	1	
trandolapril tab 4 mg	1	
VASOTEC TAB 2.5MG	3	
VASOTEC TAB 5MG	3	
VASOTEC TAB 10MG	3	
VASOTEC TAB 20MG	3	
ZESTRIL TAB 2.5MG	3	
ZESTRIL TAB 5MG	3	
ZESTRIL TAB 10MG	3	
ZESTRIL TAB 20MG	3	
ZESTRIL TAB 30MG	3	

Drug Name	Drug Tier	Requirements/Limits
ZESTRIL TAB 40MG	3	
AGENTS FOR PHEOCHROMOCYTOMA		
DIBENZYLINE CAP 10MG	2	NM
metyrosine cap 250 mg	1	NM; SC
phenoxybenzamine hcl cap 10 mg	1	NM
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ARBLI SUS 10MG/ML	3	
ATACAND TAB 4MG	3	
ATACAND TAB 8MG	3	
ATACAND TAB 16MG	3	
ATACAND TAB 32MG	3	
AVAPRO TAB 75MG	3	
AVAPRO TAB 150MG	3	
AVAPRO TAB 300MG	3	
azilsartan medoxomil tab 40 mg	1	
azilsartan medoxomil tab 80 mg	1	
BENICAR TAB 5MG	3	
BENICAR TAB 20MG	3	
BENICAR TAB 40MG	3	
candesartan cilexetil tab 4 mg	1	
candesartan cilexetil tab 8 mg	1	
candesartan cilexetil tab 16 mg	1	
candesartan cilexetil tab 32 mg	1	
COZAAR TAB 25MG	3	
COZAAR TAB 50MG	3	
COZAAR TAB 100MG	3	
DIOVAN TAB 40MG	3	
DIOVAN TAB 80MG	3	
DIOVAN TAB 160MG	3	
DIOVAN TAB 320MG	3	
EDARBI TAB 40MG	3	
EDARBI TAB 80MG	3	
irbesartan tab 75 mg	1	
irbesartan tab 150 mg	1	
irbesartan tab 300 mg	1	
losartan potassium tab 25 mg	1	
losartan potassium tab 50 mg	1	
losartan potassium tab 100 mg	1	
olmesartan medoxomil tab 5 mg	1	
olmesartan medoxomil tab 20 mg	1	
olmesartan medoxomil tab 40 mg	1	
telmisartan tab 20 mg	1	

Drug Name	Drug Tier	Requirements/Limits
telmisartan tab 40 mg	1	
telmisartan tab 80 mg	1	
valsartan oral soln 4 mg/ml	1	
valsartan tab 40 mg	1	
valsartan tab 80 mg	1	
valsartan tab 160 mg	1	
valsartan tab 320 mg	1	
ANTIADRENERGIC ANTIHYPERTENSIVES		
CARDURA TAB 1MG	3	
CARDURA TAB 2MG	3	
CARDURA TAB 4MG	3	
CARDURA TAB 8MG	3	
clonidine hcl tab 0.1 mg	1	
clonidine hcl tab 0.2 mg	1	
clonidine hcl tab 0.3 mg	1	
clonidine td patch weekly 0.1 mg/24hr	1	
clonidine td patch weekly 0.2 mg/24hr	1	
clonidine td patch weekly 0.3 mg/24hr	1	
doxazosin mesylate tab 1 mg	1	
doxazosin mesylate tab 2 mg	1	
doxazosin mesylate tab 4 mg	1	
doxazosin mesylate tab 8 mg	1	
guanfacine hcl tab 1 mg	1	
guanfacine hcl tab 2 mg	1	
JAVADIN SOL 0.02/ML	3	
methyldopa tab 250 mg	1	
methyldopa tab 500 mg	1	
prazosin hcl cap 1 mg	1	
prazosin hcl cap 2 mg	1	
prazosin hcl cap 5 mg	1	
terazosin hcl cap 1 mg (base equivalent)	1	
terazosin hcl cap 2 mg (base equivalent)	1	
terazosin hcl cap 5 mg (base equivalent)	1	
terazosin hcl cap 10 mg (base equivalent)	1	
TEZRULY SOL 1MG/ML	3	
ANTIHYPERTENSIVE COMBINATIONS		
ACCURETIC TAB 10-12.5	3	
ACCURETIC TAB 20-12.5	3	
amlodipine besylate-benazepril hcl cap 2.5-10 mg	1	
amlodipine besylate-benazepril hcl cap 5-10 mg	1	

Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate-benazepril hcl cap 5-20 mg	1	
amlodipine besylate-benazepril hcl cap 5-40 mg	1	
amlodipine besylate-benazepril hcl cap 10-20 mg	1	
amlodipine besylate-benazepril hcl cap 10-40 mg	1	
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	1	
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	1	
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	1	
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	1	
amlodipine besylate-valsartan tab 5-160 mg	1	
amlodipine besylate-valsartan tab 5-320 mg	1	
amlodipine besylate-valsartan tab 10-160 mg	1	
amlodipine besylate-valsartan tab 10-320 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	1	
atenolol & chlorthalidone tab 50-25 mg	1	
atenolol & chlorthalidone tab 100-25 mg	1	
AVALIDE TAB 150-12.5	3	
AVALIDE TAB 300-12.5	3	
benazepril & hydrochlorothiazide tab 5-6.25 mg	1	
benazepril & hydrochlorothiazide tab 10-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-25 mg	1	
BENICAR HCT TAB 20-12.5	3	
BENICAR HCT TAB 40-12.5	3	
BENICAR HCT TAB 40-25MG	3	

Drug Name	Drug Tier	Requirements/Limits
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	
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	1	
DIOVAN HCT TAB 80-12.5	3	
DIOVAN HCT TAB 160-12.5	3	
DIOVAN HCT TAB 160-25MG	3	
DIOVAN HCT TAB 320-12.5	3	
DIOVAN HCT TAB 320-25MG	3	
EDARBYCLOR TAB 40-12.5	3	
EDARBYCLOR TAB 40-25MG	3	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	1	
EXFORGE TAB 5-160MG	3	
EXFORGE TAB 5-320MG	3	
EXFORGE TAB 10-160MG	3	
EXFORGE TAB 10-320MG	3	
EXFORGEH/5- TAB 160-12.5	3	
EXFORGEH/5- TAB 160-25	3	
EXFORGEH/10- TAB 160-12.5	3	
EXFORGEH/10- TAB 160-25	3	
EXFORGEH/10- TAB 320-25	3	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1	
HYZAAR TAB 50-12.5	3	
HYZAAR TAB 100-12.5	3	
HYZAAR TAB 100-25	3	
irbesartan-hydrochlorothiazide tab 150-12.5 mg	1	
irbesartan-hydrochlorothiazide tab 300-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
lisinopril & hydrochlorothiazide tab 20-25 mg	1	
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-25 mg	1	
LOTENSIN HCT TAB 10-12.5	3	
LOTENSIN HCT TAB 20-12.5	3	
LOTENSIN HCT TAB 20-25MG	3	
LOTREL CAP 5-10MG	3	
LOTREL CAP 5-20MG	3	
LOTREL CAP 10-20MG	3	
LOTREL CAP 10-40MG	3	
metoprolol & hydrochlorothiazide tab 50-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-50 mg	1	
MICARDIS HCT TAB 40/12.5	3	
MICARDIS HCT TAB 80-25MG	3	
MICARDIS HCT TAB 80/12.5	3	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	1	
PRESTALIA TAB 3.5-2.5	3	
PRESTALIA TAB 7-5MG	3	
PRESTALIA TAB 14-10MG	3	
quinapril-hydrochlorothiazide tab 10-12.5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
quinapril-hydrochlorothiazide tab 20-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-25 mg	1	
telmisartan-amlodipine tab 40-5 mg	1	
telmisartan-amlodipine tab 40-10 mg	1	
telmisartan-amlodipine tab 80-5 mg	1	
telmisartan-amlodipine tab 80-10 mg	1	
telmisartan-hydrochlorothiazide tab 40-12.5 mg	1	
telmisartan-hydrochlorothiazide tab 80-12.5 mg	1	
telmisartan-hydrochlorothiazide tab 80-25 mg	1	
TENORETIC TAB 50	3	
TENORETIC TAB 100	3	
trandolapril-verapamil hcl tab er 1-240 mg	1	
trandolapril-verapamil hcl tab er 2-180 mg	1	
trandolapril-verapamil hcl tab er 2-240 mg	1	
trandolapril-verapamil hcl tab er 4-240 mg	1	
TRIBENZOR TAB	3	
valsartan-hydrochlorothiazide tab 80-12.5 mg	1	
valsartan-hydrochlorothiazide tab 160-12.5 mg	1	
valsartan-hydrochlorothiazide tab 160-25 mg	1	
valsartan-hydrochlorothiazide tab 320-12.5 mg	1	
valsartan-hydrochlorothiazide tab 320-25 mg	1	
DIRECT RENIN INHIBITORS		
aliskiren fumarate tab 150 mg (base equivalent)	1	
aliskiren fumarate tab 300 mg (base equivalent)	1	
TEKTURNA TAB 150MG	3	
TEKTURNA TAB 300MG	3	
ENDOTHELIN RECEPTOR ANTAGONISTS		
TRYVIO TAB 12.5MG	3	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone tab 25 mg	1	
eplerenone tab 50 mg	1	
VASODILATORS		
hydralazine hcl tab 10 mg	1	
hydralazine hcl tab 25 mg	1	
hydralazine hcl tab 50 mg	1	
hydralazine hcl tab 100 mg	1	
minoxidil tab 2.5 mg	1	
minoxidil tab 10 mg	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone-proguanil hcl tab 62.5-25 mg	1	QL (42 tabs every year), NM
atovaquone-proguanil hcl tab 250-100 mg	1	QL (42 tabs every year), NM
COARTEM TAB 20-120MG	3	QL (24 tabs every year), NM
ANTIMALARIALS		
chloroquine phosphate tab 250 mg	1	QL (16 tabs every year)
chloroquine phosphate tab 500 mg	1	QL (16 tabs every year)
hydroxychloroquine sulfate tab 100 mg	1	
hydroxychloroquine sulfate tab 200 mg	1	
hydroxychloroquine sulfate tab 300 mg	1	
hydroxychloroquine sulfate tab 400 mg	1	
mefloquine hcl tab 250 mg	1	QL (14 tabs every year)
PLAQUENIL TAB 200MG	3	
primaquine phosphate tab 26.3 mg (15 mg base)	1	QL (46 tabs every year), NM
PRIMAQUINE TAB 26.3MG	3	QL (46 tabs every year), NM
QUALAQUIN CAP 324MG	3	QL (84 caps every year), NM
quinine sulfate cap 324 mg	1	QL (84 caps every year), NM
SOVUNA TAB 200MG	3	
SOVUNA TAB 300MG	3	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE TAB 10MG	3	SP, PA, NM; LD
pyridostigmine bromide oral soln 60 mg/5ml	1	NM
pyridostigmine bromide tab 60 mg	1	NM
pyridostigmine bromide tab er 180 mg	1	NM
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
cycloserine cap 250 mg	1	NM
ethambutol hcl tab 100 mg	1	NM
ethambutol hcl tab 400 mg	1	NM
isoniazid inj 100 mg/ml	1	NM
isoniazid syrup 50 mg/5ml	1	
isoniazid tab 100 mg	1	
isoniazid tab 300 mg	1	

Drug Name	Drug Tier	Requirements/Limits
PRETOMANID TAB 200MG	3	NM
PRIFTIN TAB 150MG	2	NM
pyrazinamide tab 500 mg	1	NM
rifabutin cap 150 mg	1	NM
rifampin cap 150 mg	1	NM
rifampin cap 300 mg	1	NM
rifapentine tab 150 mg	1	NM
SIRTURO TAB 20MG	3	NM; LD
SIRTURO TAB 100MG	3	NM; LD
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
CYCLOPHOSPH TAB 25MG	2	NM; OC
CYCLOPHOSPH TAB 50MG	2	NM; OC
cyclophosphamide cap 25 mg	1	NM; OC
cyclophosphamide cap 50 mg	1	NM; OC
cyclophosphamide for inj 1 gm	1	NM
cyclophosphamide for inj 2 gm	1	NM
cyclophosphamide for inj 500 mg	1	NM
GLEOSTINE CAP 10MG	3	NM; OC, SC
GLEOSTINE CAP 40MG	3	NM; OC, SC
GLEOSTINE CAP 100MG	3	NM; OC, SC
LEUKERAN TAB 2MG	2	NM; OC
lomustine cap 10 mg	1	NM; OC, SC
lomustine cap 40 mg	1	NM; OC, SC
lomustine cap 100 mg	1	NM; OC, SC
MYLERAN TAB 2MG	2	NM; OC
temozolomide cap 5 mg	1	NM; OC, SC
temozolomide cap 20 mg	1	NM; OC, SC
temozolomide cap 100 mg	1	NM; OC, SC
temozolomide cap 140 mg	1	NM; OC, SC
temozolomide cap 180 mg	1	NM; OC, SC
temozolomide cap 250 mg	1	NM; OC, SC
ANTIMETABOLITES		
capecitabine tab 150 mg	1	NM; OC, SC
capecitabine tab 500 mg	1	NM; OC, SC
cytarabine inj 20 mg/ml	1	NM
cytarabine inj pf 20 mg/ml	1	NM
cytarabine inj pf 100 mg/ml	1	NM
mercaptopurine susp 2000 mg/100ml (20 mg/ml)	1	NM; OC, SC
mercaptopurine tab 50 mg	1	NM; OC
methotrexate sodium for inj 1 gm	1	NM

Drug Name	Drug Tier	Requirements/Limits
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	1	NM
methotrexate sodium inj 250 mg/10ml (25 mg/ml)	1	NM
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	1	NM
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	1	NM
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	1	NM
methotrexate sodium tab 2.5 mg (base equiv)	1	NM; OC
ONUREG TAB 200MG	3	PA, NM; OC, SC
ONUREG TAB 300MG	3	PA, NM; OC, SC
PURIXAN SUS 20MG/ML	3	NM; OC, SC
TABLOID TAB 40MG	2	NM; OC
TREXALL TAB 5MG	3	NM; OC
TREXALL TAB 7.5MG	3	NM; OC
TREXALL TAB 10MG	3	NM; OC
TREXALL TAB 15MG	3	NM; OC
XELODA TAB 150MG	3	NM; OC, SC
XELODA TAB 500MG	3	NM; OC, SC
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
FRUZAQLA CAP 1MG	3	NM; LD, OC
FRUZAQLA CAP 5MG	3	NM; LD, OC
INLYTA TAB 1MG	3	NM; OC, SC
INLYTA TAB 5MG	3	NM; OC, SC
LENVIMA CAP 4MG	3	NM; OC, SC
LENVIMA CAP 8 MG	3	NM; OC, SC
LENVIMA CAP 10 MG	3	NM; OC, SC
LENVIMA CAP 12MG	3	NM; OC, SC
LENVIMA CAP 14 MG	3	NM; OC, SC
LENVIMA CAP 18 MG	3	NM; OC, SC
LENVIMA CAP 20 MG	3	NM; OC, SC
LENVIMA CAP 24 MG	3	NM; OC, SC
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
HERNEXEOS TAB 60MG	3	NM; LD, OC
TUKYSA TAB 50MG	3	NM; LD, OC
TUKYSA TAB 150MG	3	NM; LD, OC
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA TAB 10MG	3	NM; LD, OC
VENCLEXTA TAB 50MG	3	NM; LD, OC
VENCLEXTA TAB 100MG	3	NM; LD, OC
VENCLEXTA TAB START PK	3	NM; LD, OC

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC - EGFR INHIBITORS		
erlotinib hcl tab 25 mg (base equivalent)	1	NM; OC, SC
erlotinib hcl tab 100 mg (base equivalent)	1	NM; OC, SC
erlotinib hcl tab 150 mg (base equivalent)	1	NM; OC, SC
gefitinib tab 250 mg	1	NM; OC, SC
GILOTRIF TAB 20MG	3	NM; LD, OC
GILOTRIF TAB 30MG	3	NM; LD, OC
GILOTRIF TAB 40MG	3	NM; LD, OC
IRESSA TAB 250MG	3	NM; OC, SC
LAZCLUZE TAB 80MG	3	NM; LD, OC
LAZCLUZE TAB 240MG	3	NM; LD, OC
TAGRISSO TAB 40MG	3	NM; OC, SC
TAGRISSO TAB 80MG	3	NM; OC, SC
TARCEVA TAB 100MG	3	NM; OC, SC
VIZIMPRO TAB 15MG	3	PA, NM; OC, SC
VIZIMPRO TAB 30MG	3	PA, NM; OC, SC
VIZIMPRO TAB 45MG	3	PA, NM; OC, SC
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO TAB 25MG	3	PA, NM; OC, SC
DAURISMO TAB 100MG	3	PA, NM; OC, SC
ERIVEDGE CAP 150MG	3	NM; OC, SC
ODOMZO CAP 200MG	3	NM; OC, SC
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
abiraterone acetate tab 250 mg	1	NM; OC, SC
abiraterone acetate tab 500 mg	1	NM; OC, SC
abirtega tab 250mg	1	NM; OC, SC
AKEEGA TAB 50/500MG	3	NM; OC
AKEEGA TAB 100/500	3	NM; OC
anastrozole tab 1 mg	1	AGE; OC
ARIMIDEX TAB 1MG	3	OC
AROMASIN TAB 25MG	3	OC
bicalutamide tab 50 mg	1	NM; OC
CASODEX TAB 50MG	3	NM; OC
ERLEADA TAB 60MG	3	NM; OC, SC
ERLEADA TAB 240MG	3	NM; OC, SC
exemestane tab 25 mg	1	AGE; OC
FARESTON TAB 60MG	3	OC
FEMARA TAB 2.5MG	3	OC
INLURIYO TAB 200MG	3	LD, OC
letrozole tab 2.5 mg	1	OC
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	1	SP, NM
LYSODREN TAB 500MG	2	NM; LD, OC

Drug Name	Drug Tier	Requirements/Limits
megestrol acetate susp 40 mg/ml	1	NM; OC
megestrol acetate tab 20 mg	1	NM; OC
megestrol acetate tab 40 mg	1	NM; OC
NILANDRON TAB 150MG	2	NM; OC
nilutamide tab 150 mg	1	NM; OC
NUBEQA TAB 300MG	3	NM; OC, SC
ORGOVYX TAB 120MG	3	NM; LD, OC
ORSERDU TAB 86MG	3	NM; LD, OC
ORSERDU TAB 345MG	3	NM; LD, OC
SOLTAMOX SOL 10MG/5ML	3	OC
tamoxifen citrate tab 10 mg (base equivalent)	1	AGE; OC
tamoxifen citrate tab 20 mg (base equivalent)	1	AGE; OC
toremifene citrate tab 60 mg (base equivalent)	1	OC
XTANDI CAP 40MG	3	NM; OC, SC
XTANDI TAB 40MG	3	NM; OC, SC
XTANDI TAB 80MG	3	NM; OC, SC
YONSA TAB 125MG	3	NM; OC, SC
ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS		
WELIREG TAB 40MG	3	NM; LD, OC
ANTINEOPLASTIC - IMMUNOMODULATORS		
pomalidomide cap 1 mg	1	NM; OC, SC
pomalidomide cap 2 mg	1	NM; OC, SC
pomalidomide cap 3 mg	1	NM; OC, SC
pomalidomide cap 4 mg	1	NM; OC, SC
POMALYST CAP 1MG	3	NM; OC, SC
POMALYST CAP 2MG	3	NM; OC, SC
POMALYST CAP 3MG	3	NM; OC, SC
POMALYST CAP 4MG	3	NM; OC, SC
ANTINEOPLASTIC - MENIN INHIBITORS		
KOMZIFTI CAP 200MG	3	NM; LD, OC
REVUFORJ TAB 25MG	3	NM; LD, OC
REVUFORJ TAB 110MG	3	NM; LD, OC
REVUFORJ TAB 160MG	3	NM; LD, OC
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT TAB 25MG	3	PA, NM; LD, OC
AYVAKIT TAB 50MG	3	PA, NM; LD, OC
AYVAKIT TAB 100MG	3	PA, NM; LD, OC
AYVAKIT TAB 200MG	3	PA, NM; LD, OC
AYVAKIT TAB 300MG	3	PA, NM; LD, OC
ANTINEOPLASTIC - PROTEASE ACTIVATORS		
MODEYSO CAP 125MG	3	LD, OC

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO PAK 40MG	3	PA, NM; LD, OC
XPOVIO PAK 50MG	3	PA, NM; LD, OC
XPOVIO PAK 60MG	3	PA, NM; LD, OC
XPOVIO PAK 80MG	3	PA, NM; LD, OC
ANTINEOPLASTIC COMBINATIONS		
AVMAPKI PAK FAKZYNJA	3	NM; LD, OC
INQOVI TAB 35-100MG	3	NM; OC, SC
LONSURF TAB 15-6.14	3	NM; OC, SC
LONSURF TAB 20-8.19	3	NM; OC, SC
ANTINEOPLASTIC ENZYME INHIBITORS		
AFINITOR DIS TAB 2MG	3	NM; OC, SC
AFINITOR DIS TAB 3MG	3	NM; OC, SC
AFINITOR DIS TAB 5MG	3	NM; OC, SC
AFINITOR TAB 2.5MG	3	NM; OC, SC
AFINITOR TAB 5MG	3	NM; OC, SC
AFINITOR TAB 7.5MG	3	NM; OC, SC
AFINITOR TAB 10MG	3	NM; OC, SC
ALECENSA CAP 150MG	3	NM; OC, SC
ALUNBRIG PAK	3	NM; LD, OC, SC
ALUNBRIG TAB 30MG	3	NM; LD, OC, SC
ALUNBRIG TAB 90MG	3	NM; LD, OC, SC
ALUNBRIG TAB 180MG	3	NM; LD, OC, SC
AUGTYRO CAP 40MG	3	NM; LD, OC, SC
AUGTYRO CAP 160MG	3	NM; LD, OC, SC
BALVERSA TAB 3MG	3	NM; OC, SC
BALVERSA TAB 4MG	3	NM; OC, SC
BALVERSA TAB 5MG	3	NM; OC, SC
BOSULIF CAP 50MG	3	NM; OC, SC
BOSULIF CAP 100MG	3	NM; OC, SC
BOSULIF TAB 100MG	3	NM; OC, SC
BOSULIF TAB 400MG	3	NM; OC, SC
BOSULIF TAB 500MG	3	NM; OC, SC
bosutinib tab 100 mg	1	NM; OC, SC
bosutinib tab 400 mg	1	NM; OC, SC
bosutinib tab 500 mg	1	NM; OC, SC
BRAFTOVI CAP 75MG	3	NM; OC, SC
BRUKINSA CAP 80MG	3	NM; LD, OC
BRUKINSA TAB 160MG	3	NM; OC
CABOMETYX TAB 20MG	2	NM; OC, SC
CABOMETYX TAB 40MG	2	NM; OC, SC
CABOMETYX TAB 60MG	2	NM; OC, SC

Drug Name	Drug Tier	Requirements/Limits
CALQUENCE TAB 100MG	3	PA, NM; LD, OC
CAPRELSA TAB 100MG	3	NM; LD, OC
CAPRELSA TAB 300MG	3	NM; LD, OC
COMETRIQ KIT 60MG	3	PA, NM; OC, SC
COMETRIQ KIT 100MG	3	PA, NM; OC, SC
COMETRIQ KIT 140MG	3	PA, NM; OC, SC
COPIKTRA CAP 15MG	3	NM; OC, SC
COPIKTRA CAP 25MG	3	NM; OC, SC
COTELLIC TAB 20MG	3	NM; OC, SC
DANZITEN TAB 71MG	3	NM; LD, OC
DANZITEN TAB 95MG	3	NM; LD, OC
dasatinib tab 20 mg	1	NM; OC, SC
dasatinib tab 50 mg	1	NM; OC, SC
dasatinib tab 70 mg	1	NM; OC, SC
dasatinib tab 80 mg	1	NM; OC, SC
dasatinib tab 100 mg	1	NM; OC, SC
dasatinib tab 140 mg	1	NM; OC, SC
ENSACOVE CAP 25MG	3	NM; LD, OC
ENSACOVE CAP 100MG	3	NM; LD, OC
everolimus tab 2.5 mg	1	NM; OC, SC
everolimus tab 5 mg	1	NM; OC, SC
everolimus tab 7.5 mg	1	NM; OC, SC
everolimus tab 10 mg	1	NM; OC, SC
everolimus tab for oral susp 2 mg	1	NM; OC, SC
everolimus tab for oral susp 3 mg	1	NM; OC, SC
everolimus tab for oral susp 5 mg	1	NM; OC, SC
FOTIVDA CAP 0.89MG	3	NM; LD, OC
FOTIVDA CAP 1.34MG	3	NM; LD, OC
GAVRETO CAP 100MG	3	NM; LD, OC, SC
GLEEVEC TAB 100MG	3	NM; OC, SC
GLEEVEC TAB 400MG	3	NM; OC, SC
GOMEKLI CAP 1MG	3	PA, NM; LD, OC
GOMEKLI CAP 2MG	3	PA, NM; LD, OC
GOMEKLI TAB 1MG	3	PA, NM; LD, OC
HYRNUO TAB 10MG	3	NM; LD, OC
IBRANCE CAP 75MG	2	NM; OC, SC
IBRANCE CAP 100MG	2	NM; OC, SC
IBRANCE CAP 125MG	2	NM; OC, SC
IBRANCE TAB 75MG	2	NM; OC, SC
IBRANCE TAB 100MG	2	NM; OC, SC
IBRANCE TAB 125MG	2	NM; OC, SC
IBTROZI CAP 200MG	3	NM; LD, OC

Drug Name	Drug Tier	Requirements/Limits
ICLUSIG TAB 10MG	3	NM; LD, OC
ICLUSIG TAB 15MG	3	NM; LD, OC
ICLUSIG TAB 30MG	3	NM; LD, OC
ICLUSIG TAB 45MG	3	NM; LD, OC
IDHIFA TAB 50MG	3	NM; OC, SC
IDHIFA TAB 100MG	3	NM; OC, SC
imatinib mesylate tab 100 mg (base equivalent)	1	NM; OC, SC
imatinib mesylate tab 400 mg (base equivalent)	1	NM; OC, SC
IMBRUVICA CAP 70MG	3	NM; LD, OC
IMBRUVICA CAP 140MG	3	NM; LD, OC
IMBRUVICA SUS 70MG/ML	3	NM; LD, OC
IMBRUVICA TAB 140MG	3	NM; LD, OC
IMBRUVICA TAB 280MG	3	NM; LD, OC
IMBRUVICA TAB 420MG	3	NM; LD, OC
IMKELDI SOL 80MG/ML	3	NM; LD, OC, SC
INREBIC CAP 100MG	3	PA, NM; OC, SC
ITOVEBI TAB 3MG	3	NM; OC, SC
ITOVEBI TAB 9MG	3	NM; OC, SC
JAKAFI TAB 5MG	3	PA, NM; OC, SC
JAKAFI TAB 10MG	3	PA, NM; OC, SC
JAKAFI TAB 15MG	3	PA, NM; OC, SC
JAKAFI TAB 20MG	3	PA, NM; OC, SC
JAKAFI TAB 25MG	3	PA, NM; OC, SC
JAKAFI XR TAB 11MG	3	PA, NM; OC, SC
JAKAFI XR TAB 22MG	3	PA, NM; OC, SC
JAKAFI XR TAB 33MG	3	PA, NM; OC, SC
JAKAFI XR TAB 44MG	3	PA, NM; OC, SC
JAKAFI XR TAB 55MG	3	PA, NM; OC, SC
JAYPIRCA TAB 50MG	3	NM; OC, SC
JAYPIRCA TAB 100MG	3	NM; OC, SC
KISQALI TAB 200DOSE	2	NM; OC, SC
KISQALI TAB 400DOSE	2	NM; OC, SC
KISQALI TAB 600DOSE	2	NM; OC, SC
KOSELUGO CAP 5MG	3	PA, NM; LD, OC
KOSELUGO CAP 7.5MG	3	PA, NM; LD, OC
KOSELUGO CAP 10MG	3	PA, NM; LD, OC
KOSELUGO CAP 25MG	3	PA, NM; LD, OC
KRAZATI TAB 200MG	3	NM; LD, OC
lapatinib ditosylate tab 250 mg (base equiv)	1	NM; OC, SC
LORBRENA TAB 25MG	3	NM; OC, SC
LORBRENA TAB 100MG	3	NM; OC, SC
LUMAKRAS TAB 120MG	3	NM; OC, SC

Drug Name	Drug Tier	Requirements/Limits
LUMAKRAS TAB 240MG	3	NM; OC, SC
LUMAKRAS TAB 320MG	3	NM; OC, SC
LYNPARZA TAB 100MG	3	NM; OC, SC
LYNPARZA TAB 150MG	3	NM; OC, SC
LYTGOBI TAB 4MG	3	NM; LD, OC
MEKINIST SOL 0.05/ML	3	NM; OC, SC
MEKINIST TAB 0.5MG	3	NM; OC, SC
MEKINIST TAB 2MG	3	NM; OC, SC
MEKTOVI TAB 15MG	3	NM; OC, SC
NERLYNX TAB 40MG	3	NM; OC, SC
NEXAVAR TAB 200MG	3	NM; OC, SC
NILOTINB TAR CAP 50MG	3	NM; OC
NILOTINB TAR CAP 150MG	3	NM; OC
NILOTINB TAR CAP 200MG	3	NM; OC
nilotinib hcl cap 50 mg (base equivalent)	1	NM; OC, SC
nilotinib hcl cap 150 mg (base equivalent)	1	NM; OC, SC
nilotinib hcl cap 200 mg (base equivalent)	1	NM; OC, SC
NINLARO CAP 2.3MG	3	NM; OC, SC
NINLARO CAP 3MG	3	NM; OC, SC
NINLARO CAP 4MG	3	NM; OC, SC
OGSIVEO TAB 50MG	3	NM; LD, OC
OGSIVEO TAB 100MG	3	NM; LD, OC
OGSIVEO TAB 150MG	3	NM; LD, OC
OJEMDA SUS 25MG/ML	3	NM; LD, OC
OJEMDA TAB 100MG	3	NM; LD, OC
OJJAARA TAB 100MG	3	PA, NM; LD, OC
OJJAARA TAB 150MG	3	PA, NM; LD, OC
OJJAARA TAB 200MG	3	PA, NM; LD, OC
pazopanib hcl tab 200 mg (base equiv)	1	NM; OC, SC
pazopanib hcl tab 400 mg (base equiv)	1	NM; OC, SC
PEMAZYRE TAB 4.5MG	3	PA, NM; LD, OC
PEMAZYRE TAB 9MG	3	PA, NM; LD, OC
PEMAZYRE TAB 13.5MG	3	PA, NM; LD, OC
PHYRAGO TAB 20MG	3	NM; LD, OC, SC
PHYRAGO TAB 50MG	3	NM; LD, OC, SC
PHYRAGO TAB 70MG	3	NM; LD, OC, SC
PHYRAGO TAB 80MG	3	NM; LD, OC, SC
PHYRAGO TAB 100MG	3	NM; LD, OC, SC
PHYRAGO TAB 140MG	3	NM; LD, OC, SC
PIQRAY 200MG TAB DOSE	3	NM; LD, OC, SC
PIQRAY 250MG TAB DOSE	3	NM; LD, OC, SC
PIQRAY 300MG TAB DOSE	3	NM; LD, OC, SC

Drug Name	Drug Tier	Requirements/Limits
QINLOCK TAB 50MG	3	NM; LD, OC
RETEVMO CAP 40MG	3	PA, NM; OC, SC
RETEVMO CAP 80MG	3	PA, NM; OC, SC
RETEVMO TAB 40MG	3	PA, NM; OC, SC
RETEVMO TAB 80MG	3	PA, NM; OC, SC
RETEVMO TAB 120MG	3	PA, NM; OC, SC
RETEVMO TAB 160MG	3	PA, NM; OC, SC
REZLIDHIA CAP 150MG	3	NM; LD, OC
ROMVIMZA CAP 14MG	3	PA, NM; LD, OC
ROMVIMZA CAP 20MG	3	PA, NM; LD, OC
ROMVIMZA CAP 30MG	3	PA, NM; LD, OC
ROZLYTREK CAP 100MG	3	PA, NM; OC, SC
ROZLYTREK CAP 200MG	3	PA, NM; OC, SC
ROZLYTREK PAK 50MG	3	PA, NM; OC, SC
RUBRACA TAB 200MG	3	NM; OC, SC
RUBRACA TAB 250MG	3	NM; OC, SC
RUBRACA TAB 300MG	3	NM; OC, SC
RYDAPT CAP 25MG	3	NM; OC, SC
SCEMBLIX TAB 20MG	3	NM; LD, OC, SC
SCEMBLIX TAB 40MG	3	NM; LD, OC, SC
SCEMBLIX TAB 100MG	3	NM; LD, OC, SC
sorafenib tosylate tab 200 mg (base equivalent)	1	NM; OC, SC
SPRYCEL TAB 20MG	3	NM; OC, SC
SPRYCEL TAB 50MG	3	NM; OC, SC
SPRYCEL TAB 70MG	3	NM; OC, SC
SPRYCEL TAB 80MG	3	NM; OC, SC
SPRYCEL TAB 100MG	3	NM; OC, SC
SPRYCEL TAB 140MG	3	NM; OC, SC
STIVARGA TAB 40MG	3	NM; OC, SC
sunitinib malate cap 12.5 mg (base equivalent)	1	NM; OC, SC
sunitinib malate cap 25 mg (base equivalent)	1	NM; OC, SC
sunitinib malate cap 37.5 mg (base equivalent)	1	NM; OC, SC
sunitinib malate cap 50 mg (base equivalent)	1	NM; OC, SC
SUTENT CAP 12.5MG	3	NM; OC, SC
SUTENT CAP 25MG	3	NM; OC, SC
SUTENT CAP 37.5MG	3	NM; OC, SC
SUTENT CAP 50MG	3	NM; OC, SC
TABRECTA TAB 150MG	3	PA, NM; OC, SC
TABRECTA TAB 200MG	3	PA, NM; OC, SC
TAFINLAR CAP 50MG	3	NM; OC, SC
TAFINLAR CAP 75MG	3	NM; OC, SC
TAFINLAR TAB 10MG	3	NM; OC, SC

Drug Name	Drug Tier	Requirements/Limits
TALZENNA CAP 0.1MG	3	NM; OC, SC
TALZENNA CAP 0.5MG	3	NM; OC, SC
TALZENNA CAP 0.25MG	3	NM; OC, SC
TALZENNA CAP 0.35MG	3	NM; OC, SC
TALZENNA CAP 0.75MG	3	NM; OC, SC
TALZENNA CAP 1MG	3	NM; OC, SC
TASIGNA CAP 50MG	3	NM; OC, SC
TASIGNA CAP 150MG	3	NM; OC, SC
TASIGNA CAP 200MG	3	NM; OC, SC
TEPMETKO TAB 225MG	3	NM; LD, OC
TIBSOVO TAB 250MG	3	PA, NM; LD, OC
torpenz tab 2.5mg	1	NM; LD, OC, SC
torpenz tab 5mg	1	NM; LD, OC, SC
torpenz tab 7.5mg	1	NM; LD, OC, SC
torpenz tab 10mg	1	NM; LD, OC, SC
TRUQAP PAK 160MG	3	NM; LD, OC
TRUQAP PAK 200MG	3	NM; LD, OC
TRUQAP TAB 160MG	3	NM; LD, OC
TRUQAP TAB 200MG	3	NM; LD, OC
TURALIO CAP 125MG	3	PA, NM; LD, OC
TYKERB TAB 250MG	3	NM; OC, SC
VANFLYTA TAB 17.7MG	3	NM; LD, OC
VANFLYTA TAB 26.5MG	3	NM; LD, OC
VERZENIO TAB 50MG	3	NM; OC, SC
VERZENIO TAB 100MG	3	NM; OC, SC
VERZENIO TAB 150MG	3	NM; OC, SC
VERZENIO TAB 200MG	3	NM; OC, SC
VITRAKVI CAP 25MG	3	PA, NM; OC, SC
VITRAKVI CAP 100MG	3	PA, NM; OC, SC
VITRAKVI SOL 20MG/ML	3	PA, NM; OC, SC
VONJO CAP 100MG	3	PA, NM; LD, OC
VORANIGO TAB 10MG	3	NM; LD, OC
VORANIGO TAB 40MG	3	NM; LD, OC
VOTRIENT TAB 200MG	3	NM; OC, SC
XALKORI CAP 20MG	3	NM; OC, SC
XALKORI CAP 50MG	3	NM; OC, SC
XALKORI CAP 150MG	3	NM; OC, SC
XALKORI CAP 200MG	3	NM; OC, SC
XALKORI CAP 250MG	3	NM; OC, SC
XOSPATA TAB 40MG	3	PA, NM; OC, SC
ZEJULA TAB 100MG	3	NM; OC, SC
ZEJULA TAB 200MG	3	NM; OC, SC

Drug Name	Drug Tier	Requirements/Limits
ZEJULA TAB 300MG	3	NM; OC, SC
ZELBORAF TAB 240MG	3	NM; OC, SC
ZOLINZA CAP 100MG	3	PA, NM; OC, SC
ZYDELIG TAB 100MG	3	NM; OC, SC
ZYDELIG TAB 150MG	3	NM; OC, SC
ZYKADIA TAB 150MG	3	NM; OC, SC
ANTINEOPLASTIC ENZYMES		
ONCASPAR INJ 750/ML	3	NM; LD
ANTINEOPLASTICS MISC.		
ACTIMMUNE INJ 2MU/0.5	3	SP
BESREMI PEN INJ 500MCG	3	LD
BESREMI SOL 500MCG	3	LD
bexarotene cap 75 mg	1	NM; OC, SC
HYDREA CAP 500MG	3	NM; OC
hydroxyurea cap 500 mg	1	NM; OC
MATULANE CAP 50MG	2	NM; LD, OC
TARGRETIN CAP 75MG	3	NM; OC, SC
tretinoin cap 10 mg	1	NM; OC
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
IWILFIN TAB 192MG	3	LD, OC
leucovorin calcium inj 100 mg/10ml (10 mg/ml)	1	NM
leucovorin calcium inj 500 mg/50ml (10 mg/ml)	1	NM
leucovorin calcium tab 5 mg	1	NM; OC
leucovorin calcium tab 10 mg	1	NM; OC
leucovorin calcium tab 15 mg	1	NM; OC
leucovorin calcium tab 25 mg	1	NM; OC
leucovorin tab 5mg	1	NM; OC
mesna tab 400 mg	1	NM; OC
MESNEX TAB 400MG	3	NM; OC
MITOTIC INHIBITORS		
etoposide cap 50 mg	1	NM; OC
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAP 0.25MG	3	NM; OC, SC
HYCAMTIN CAP 1MG	3	NM; OC, SC
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
carbidopa tab 25 mg	1	
LODOSYN TAB 25MG	3	
NOURIANZ TAB 20MG	3	
NOURIANZ TAB 40MG	3	

Drug Name	Drug Tier	Requirements/Limits
ANTIPARKINSON ANTICHOLINERGICS		
benztropine mesylate tab 0.5 mg	1	
benztropine mesylate tab 1 mg	1	
benztropine mesylate tab 2 mg	1	
trihexyphenidyl hcl oral soln 0.4 mg/ml	1	
trihexyphenidyl hcl tab 2 mg	1	
trihexyphenidyl hcl tab 5 mg	1	
ANTIPARKINSON COMT INHIBITORS		
entacapone tab 200 mg	1	
ONGENTYS CAP 25MG	3	
ONGENTYS CAP 50MG	3	
TASMAR TAB 100MG	3	
tolcapone tab 100 mg	1	
ANTIPARKINSON DOPAMINERGICS		
amantadine hcl cap 100 mg	1	
amantadine hcl soln 50 mg/5ml	1	
amantadine hcl tab 100 mg	1	
APOKYN INJ 10MG/ML	3	SP, PA, NM
apomorphine hcl soln cartridge 30 mg/3ml	1	PA, NM
bromocriptine mesylate tab 2.5 mg (base equivalent)	1	
carbidopa & levodopa cap er 23.75-95 mg	1	
carbidopa & levodopa cap er 36.25-145 mg	1	
carbidopa & levodopa cap er 48.75-195 mg	1	
carbidopa & levodopa cap er 61.25-245 mg	1	
carbidopa & levodopa orally disintegrating tab 10-100 mg	1	
carbidopa & levodopa orally disintegrating tab 25-100 mg	1	
carbidopa & levodopa orally disintegrating tab 25-250 mg	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	

Drug Name	Drug Tier	Requirements/Limits
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	
CREXONT CAP 35-140MG	3	
CREXONT CAP 52.5-210	3	
CREXONT CAP 70-280MG	3	
CREXONT CAP 87.5-350	3	
DHIVY TAB 25-100MG	3	
DUOPA SUS 4.63-20	3	
INBRIJA CAP 42MG	3	SP; LD
MIRAPEX ER TAB 0.75MG	3	
MIRAPEX ER TAB 0.375MG	3	
MIRAPEX ER TAB 2.25MG	3	
MIRAPEX ER TAB 3.75MG	3	
MIRAPEX ER TAB 3MG	3	
NEUPRO DIS 1MG/24HR	3	
NEUPRO DIS 2MG/24HR	3	
NEUPRO DIS 3MG/24HR	3	
NEUPRO DIS 4MG/24HR	3	
NEUPRO DIS 6MG/24HR	3	
NEUPRO DIS 8MG/24HR	3	
ONAPGO INJ 98/20ML	3	SP, PA, NM
PARLODEL TAB 2.5MG	3	
pramipexole dihydrochloride tab 0.5 mg	1	
pramipexole dihydrochloride tab 0.25 mg	1	
pramipexole dihydrochloride tab 0.75 mg	1	
pramipexole dihydrochloride tab 0.125 mg	1	
pramipexole dihydrochloride tab 1 mg	1	
pramipexole dihydrochloride tab 1.5 mg	1	
pramipexole dihydrochloride tab er 24hr 0.75 mg	1	
pramipexole dihydrochloride tab er 24hr 0.375 mg	1	
pramipexole dihydrochloride tab er 24hr 1.5 mg	1	
pramipexole dihydrochloride tab er 24hr 2.25 mg	1	
pramipexole dihydrochloride tab er 24hr 3 mg	1	
pramipexole dihydrochloride tab er 24hr 3.75 mg	1	

Drug Name	Drug Tier	Requirements/Limits
pramipexole dihydrochloride tab er 24hr 4.5 mg	1	
ropinirole hydrochloride tab 0.5 mg	1	
ropinirole hydrochloride tab 0.25 mg	1	
ropinirole hydrochloride tab 1 mg	1	
ropinirole hydrochloride tab 2 mg	1	
ropinirole hydrochloride tab 3 mg	1	
ropinirole hydrochloride tab 4 mg	1	
ropinirole hydrochloride tab 5 mg	1	
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)	1	
ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)	1	
ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)	1	
ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)	1	
ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)	1	
RYTARY CAP 95MG	3	
RYTARY CAP 145MG	3	
RYTARY CAP 195MG	3	
RYTARY CAP 245MG	3	
SINEMET TAB 10-100MG	3	
SINEMET TAB 25-100MG	3	
VYALEV INJ 12-240MG	3	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
AZILECT TAB 0.5MG	3	
AZILECT TAB 1MG	3	
rasagiline mesylate tab 0.5 mg (base equiv)	1	
rasagiline mesylate tab 1 mg (base equiv)	1	
selegiline hcl cap 5 mg	1	
selegiline hcl tab 5 mg	1	
XADAGO TAB 50MG	3	
XADAGO TAB 100MG	3	
ZELAPAR ODT TAB 1.25MG	3	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
lithium carbonate cap 150 mg	1	
lithium carbonate cap 300 mg	1	
lithium carbonate cap 600 mg	1	
lithium carbonate tab 300 mg	1	
lithium carbonate tab er 300 mg	1	

Drug Name	Drug Tier	Requirements/Limits
lithium carbonate tab er 450 mg	1	
lithium oral solution 8 meq/5ml	1	
LITHOBID TAB 300MG	3	
ANTIPSYCHOTICS - MISC.		
CAPLYTA CAP 10.5MG	3	
CAPLYTA CAP 21MG	3	
CAPLYTA CAP 42MG	3	
EQUETRO CAP 100MG	3	
EQUETRO CAP 200MG	3	
EQUETRO CAP 300MG	3	
LATUDA TAB 20MG	3	
LATUDA TAB 40MG	3	
LATUDA TAB 60MG	3	
LATUDA TAB 80MG	3	
LATUDA TAB 120MG	3	
lurasidone hcl tab 20 mg	1	
lurasidone hcl tab 40 mg	1	
lurasidone hcl tab 60 mg	1	
lurasidone hcl tab 80 mg	1	
lurasidone hcl tab 120 mg	1	
VRAYLAR CAP 0.5MG	2	
VRAYLAR CAP 0.75MG	2	
VRAYLAR CAP 1.5MG	2	
VRAYLAR CAP 3MG	2	
VRAYLAR CAP 4.5MG	2	
VRAYLAR CAP 6MG	2	
ziprasidone hcl cap 20 mg	1	
ziprasidone hcl cap 40 mg	1	
ziprasidone hcl cap 60 mg	1	
ziprasidone hcl cap 80 mg	1	
BENZISOXAZOLES		
INVEGA TAB 3MG	3	
INVEGA TAB 6MG	3	
INVEGA TAB 9MG	3	
paliperidone tab er 24hr 1.5 mg	1	
paliperidone tab er 24hr 3 mg	1	
paliperidone tab er 24hr 6 mg	1	
paliperidone tab er 24hr 9 mg	1	
RISPERDAL SOL 1MG/ML	3	
RISPERDAL TAB 0.5MG	3	
RISPERDAL TAB 1MG	3	
RISPERDAL TAB 2MG	3	

Drug Name	Drug Tier	Requirements/Limits
RISPERDAL TAB 3MG	3	
RISPERDAL TAB 4MG	3	
risperidone orally disintegrating tab 0.5 mg	1	
risperidone orally disintegrating tab 0.25 mg	1	
risperidone orally disintegrating tab 1 mg	1	
risperidone orally disintegrating tab 2 mg	1	
risperidone orally disintegrating tab 3 mg	1	
risperidone orally disintegrating tab 4 mg	1	
risperidone soln 1 mg/ml	1	
risperidone tab 0.5 mg	1	
risperidone tab 0.25 mg	1	
risperidone tab 1 mg	1	
risperidone tab 2 mg	1	
risperidone tab 3 mg	1	
risperidone tab 4 mg	1	
BUTYROPHENONES		
haloperidol decanoate im soln 50 mg/ml	1	NM
haloperidol decanoate im soln 100 mg/ml	1	NM
haloperidol lactate inj 5 mg/ml	1	NM
haloperidol lactate oral conc 2 mg/ml	1	
haloperidol tab 0.5 mg	1	
haloperidol tab 1 mg	1	
haloperidol tab 2 mg	1	
haloperidol tab 5 mg	1	
haloperidol tab 10 mg	1	
haloperidol tab 20 mg	1	
DIBENZAPINES		
asenapine maleate sl tab 2.5 mg (base equiv)	1	
asenapine maleate sl tab 5 mg (base equiv)	1	
asenapine maleate sl tab 10 mg (base equiv)	1	
clozapine orally disintegrating tab 12.5 mg	1	NM
clozapine orally disintegrating tab 25 mg	1	NM
clozapine orally disintegrating tab 100 mg	1	NM
clozapine orally disintegrating tab 150 mg	1	NM
clozapine orally disintegrating tab 200 mg	1	NM
clozapine tab 25 mg	1	NM
clozapine tab 50 mg	1	NM
clozapine tab 100 mg	1	NM
clozapine tab 200 mg	1	NM
CLOZARIL TAB 25MG	3	NM
CLOZARIL TAB 100MG	3	NM
loxapine succinate cap 5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
loxapine succinate cap 10 mg	1	
loxapine succinate cap 25 mg	1	
loxapine succinate cap 50 mg	1	
olanzapine for im inj 10 mg	1	NM
olanzapine orally disintegrating tab 5 mg	1	
olanzapine orally disintegrating tab 10 mg	1	
olanzapine orally disintegrating tab 15 mg	1	
olanzapine orally disintegrating tab 20 mg	1	
olanzapine tab 2.5 mg	1	
olanzapine tab 5 mg	1	
olanzapine tab 7.5 mg	1	
olanzapine tab 10 mg	1	
olanzapine tab 15 mg	1	
olanzapine tab 20 mg	1	
quetiapine fumarate tab 25 mg	1	
quetiapine fumarate tab 50 mg	1	
quetiapine fumarate tab 100 mg	1	
quetiapine fumarate tab 150 mg	1	
quetiapine fumarate tab 200 mg	1	
quetiapine fumarate tab 300 mg	1	
quetiapine fumarate tab 400 mg	1	
quetiapine fumarate tab er 24hr 50 mg	1	
quetiapine fumarate tab er 24hr 150 mg	1	
quetiapine fumarate tab er 24hr 200 mg	1	
quetiapine fumarate tab er 24hr 300 mg	1	
quetiapine fumarate tab er 24hr 400 mg	1	
SAPHRIS SUB 2.5MG	3	
SAPHRIS SUB 5MG	3	
SAPHRIS SUB 10MG	3	
SEROQUEL TAB 25MG	3	
SEROQUEL TAB 50MG	3	
SEROQUEL TAB 100MG	3	
SEROQUEL TAB 200MG	3	
SEROQUEL TAB 300MG	3	
SEROQUEL TAB 400MG	3	
SEROQUEL XR TAB 50MG	3	
SEROQUEL XR TAB 150MG	3	
SEROQUEL XR TAB 200MG	3	
SEROQUEL XR TAB 300MG	3	
SEROQUEL XR TAB 400MG	3	
VERSACLOZ SUS 50MG/ML	3	NM
ZYPREXA INJ 10MG	3	NM

Drug Name	Drug Tier	Requirements/Limits
ZYPREXA TAB 2.5MG	3	
ZYPREXA TAB 5MG	3	
ZYPREXA TAB 7.5MG	3	
ZYPREXA TAB 10MG	3	
ZYPREXA TAB 15MG	3	
ZYPREXA TAB 20MG	3	
ZYPREXA ZYDI TAB 5MG	3	
ZYPREXA ZYDI TAB 10MG	3	
ZYPREXA ZYDI TAB 15MG	3	
ZYPREXA ZYDI TAB 20MG	3	
MUSCARINIC AGENTS		
COBENFY CAP 50-20MG	3	NM
COBENFY CAP 100-20MG	3	
COBENFY CAP 125-30MG	3	
COBENFY STRT CAP PACK	3	NM
PHENOTHIAZINES		
chlorpromazine hcl tab 10 mg	1	
compro sup 25mg	1	NM
fluphenazine hcl elixir 2.5 mg/5ml	1	
fluphenazine hcl oral conc 5 mg/ml	1	
fluphenazine hcl tab 1 mg	1	
fluphenazine hcl tab 2.5 mg	1	
fluphenazine hcl tab 5 mg	1	
fluphenazine hcl tab 10 mg	1	
perphenazine tab 2 mg	1	
perphenazine tab 4 mg	1	
perphenazine tab 8 mg	1	
perphenazine tab 16 mg	1	
prochlorperazine maleate tab 5 mg (base equivalent)	1	
prochlorperazine maleate tab 10 mg (base equivalent)	1	
prochlorperazine suppos 25 mg	1	NM
thioridazine hcl tab 10 mg	1	
thioridazine hcl tab 25 mg	1	
thioridazine hcl tab 50 mg	1	
thioridazine hcl tab 100 mg	1	
trifluoperazine hcl tab 1 mg (base equivalent)	1	
trifluoperazine hcl tab 2 mg (base equivalent)	1	
trifluoperazine hcl tab 5 mg (base equivalent)	1	
trifluoperazine hcl tab 10 mg (base equivalent)	1	

Drug Name	Drug Tier	Requirements/Limits
QUINOLINONE DERIVATIVES		
ABILIFY TAB 2MG	3	
ABILIFY TAB 5MG	3	
ABILIFY TAB 10MG	3	
ABILIFY TAB 15MG	3	
ABILIFY TAB 20MG	3	
ABILIFY TAB 30MG	3	
aripiprazole oral solution 1 mg/ml	1	
aripiprazole orally disintegrating tab 10 mg	1	
aripiprazole orally disintegrating tab 15 mg	1	
aripiprazole tab 2 mg	1	
aripiprazole tab 5 mg	1	
aripiprazole tab 10 mg	1	
aripiprazole tab 15 mg	1	
aripiprazole tab 20 mg	1	
aripiprazole tab 30 mg	1	
REXULTI TAB 0.5MG	3	
REXULTI TAB 0.25MG	3	
REXULTI TAB 1MG	3	
REXULTI TAB 2MG	3	
REXULTI TAB 3MG	3	
REXULTI TAB 4MG	3	
THIOXANTHENES		
thiothixene cap 1 mg	1	
thiothixene cap 2 mg	1	
thiothixene cap 5 mg	1	
thiothixene cap 10 mg	1	
ANTIVIRALS		
ANTIRETROVIRALS		
abacavir sulfate soln 20 mg/ml (base equiv)	1	SC
abacavir sulfate tab 300 mg (base equiv)	1	SC
abacavir sulfate-lamivudine tab 600-300 mg	1	SC
APTIVUS CAP 250MG	2	SC
atazanavir sulfate cap 150 mg (base equiv)	1	SC
atazanavir sulfate cap 200 mg (base equiv)	1	SC
atazanavir sulfate cap 300 mg (base equiv)	1	SC
BIKTARVY TAB	2	SC
CABENUVA SUS 400-600	2	NM; SC
CABENUVA SUS 600-900	2	NM; SC
CIMDUO TAB 300-300	2	SC
COMPLERA TAB	3	SC

Drug Name	Drug Tier	Requirements/Limits
darunavir tab 600 mg	1	SC
darunavir tab 800 mg	1	SC
DELSTRIGO TAB	3	SC
DESCOVY TAB 120-15MG	2	SC
DESCOVY TAB 200/25MG	2	SC
DOVATO TAB 50-300MG	2	SC
EDURANT PED TAB 2.5MG	2	SC
EDURANT TAB 25MG	3	SC
efavirenz tab 600 mg	1	SC
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	1	SC
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	1	SC
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	1	SC
emtricitabine caps 200 mg	1	SC
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	1	SC
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	1	SC
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	1	SC
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	1	SC
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	1	SC
EMTRIVA CAP 200MG	2	SC
EMTRIVA SOL 10MG/ML	2	SC
EPIVIR SOL 10MG/ML	3	SC
EPIVIR TAB 150MG	3	SC
EPIVIR TAB 300MG	3	SC
etravirine tab 100 mg	1	SC
etravirine tab 200 mg	1	SC
EVOTAZ TAB 300-150	3	SC
fosamprenavir calcium tab 700 mg (base equiv)	1	SC
FUZEON INJ 90MG	2	SC
GENVOYA TAB	2	SC
INTELENCE TAB 25MG	3	SC
INTELENCE TAB 100MG	3	SC
INTELENCE TAB 200MG	3	SC
ISENTRESS CHW 25MG	2	SC
ISENTRESS CHW 100MG	2	SC

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS HD TAB 600MG	2	SC
ISENTRESS POW 100MG	2	SC
ISENTRESS TAB 400MG	2	SC
JULUCA TAB 50-25MG	3	SC
KALETRA SOL	3	SC
KALETRA TAB 100-25MG	3	SC
KALETRA TAB 200-50MG	3	SC
lamivudine oral soln 10 mg/ml	1	SC
lamivudine tab 150 mg	1	SC
lamivudine tab 300 mg	1	SC
lamivudine-zidovudine tab 150-300 mg	1	SC
lopinavir-ritonavir tab 100-25 mg	1	SC
lopinavir-ritonavir tab 200-50 mg	1	SC
maraviroc tab 150 mg	1	SC
maraviroc tab 300 mg	1	SC
nevirapine susp 50 mg/5ml	1	SC
nevirapine tab 200 mg	1	SC
nevirapine tab er 24hr 400 mg	1	SC
NORVIR POW 100MG	2	SC
NORVIR TAB 100MG	2	SC
ODEFSEY TAB	2	SC
PIFELTRO TAB 100MG	3	SC
PREZCOBIX TAB 675/150	3	SC
PREZCOBIX TAB 800-150	3	SC
PREZISTA SUS 100MG/ML	2	SC
PREZISTA TAB 75MG	2	SC
PREZISTA TAB 150MG	2	SC
PREZISTA TAB 600MG	3	SC
PREZISTA TAB 800MG	3	SC
RETROVIR CAP 100MG	3	SC
RETROVIR SYP 50MG/5ML	3	SC
REYATAZ CAP 200MG	3	SC
REYATAZ CAP 300MG	3	SC
REYATAZ POW 50MG	3	SC
rilpivirine hcl tab 25 mg (base equivalent)	1	SC
ritonavir tab 100 mg	1	SC
RUKOBIA TAB 600MG ER	3	SC
SELZENTRY SOL 20MG/ML	2	SC
SELZENTRY TAB 150MG	2	SC
SELZENTRY TAB 300MG	2	SC
STRIBILD TAB	2	SC
SUNLENCA TAB 300MG	3	NM; SC

Drug Name	Drug Tier	Requirements/Limits
SYMFI LO TAB	3	SC
SYMFI TAB	3	SC
SYMTUZA TAB	2	SC
tenofovir disoproxil fumarate tab 300 mg	1	SC
TIVICAY PD TAB 5MG	3	SC
TIVICAY TAB 50MG	3	SC
TRIUMEQ PD TAB	2	SC
TRIUMEQ TAB	2	SC
TYBOST TAB 150MG	3	SC
VIRACEPT TAB 250MG	2	SC
VIRACEPT TAB 625MG	2	SC
VIREAD POW 40MG/GM	2	SC
VIREAD TAB 150MG	2	SC
VIREAD TAB 200MG	2	SC
VIREAD TAB 250MG	2	SC
VIREAD TAB 300MG	2	SC
YEZTUGO TAB 300MG	3	NM; SC
ZIAGEN SOL 20MG/ML	3	SC
zidovudine cap 100 mg	1	SC
zidovudine syrup 10 mg/ml	1	SC
zidovudine tab 300 mg	1	SC
ANTIVIRAL COMBINATIONS		
PAXLOVID PAK	3	QL (22 ea every 30 days), NM
PAXLOVID TAB 150-100	3	QL (40 ea every 30 days), NM
PAXLOVID TAB 300-100	3	QL (60 ea every 30 days), NM
CMV AGENTS		
LIVTENCITY TAB 200MG	3	LD
PREVYMIS PAK 20MG	3	
PREVYMIS PAK 120MG	3	
PREVYMIS TAB 240MG	3	
PREVYMIS TAB 480MG	3	
valganciclovir hcl for soln 50 mg/ml (base equiv)	1	
valganciclovir hcl tab 450 mg (base equivalent)	1	
HEPATITIS AGENTS		
adefovir dipivoxil tab 10 mg	1	SP
BARACLUDE SOL	3	SP
BARACLUDE TAB 0.5MG	3	SP
BARACLUDE TAB 1MG	3	SP

Drug Name	Drug Tier	Requirements/Limits
entecavir tab 0.5 mg	1	SP
entecavir tab 1 mg	1	SP
EPCLUSA PAK 150-37.5	2	SP, PA, NM
EPCLUSA PAK 200-50MG	2	SP, PA, NM
EPCLUSA TAB 200-50MG	2	PA, NM
EPCLUSA TAB 400-100	2	SP, PA, NM
HARVONI PAK	2	SP, PA, NM
HARVONI PAK 45-200MG	2	SP, PA, NM
HARVONI TAB 45-200MG	2	PA, NM
HARVONI TAB 90-400MG	2	SP, PA, NM
lamivudine tab 100 mg (hbv)	1	SP
LEDIP-SOFOSB TAB 90-400MG	2	SP, PA, NM
MAVYRET PAK 50-20MG	2	SP, PA, NM
MAVYRET TAB 100-40MG	2	SP, PA, NM
PEGASYS INJ	2	SP, PA, NM
PEGASYS INJ 180MCG/M	2	SP, PA, NM
ribavirin cap 200 mg	1	SP, PA, NM
ribavirin tab 200 mg	1	PA, NM
SOVALDI PAK 150MG	3	SP, PA, NM
SOVALDI PAK 200MG	3	SP, PA, NM
SOVALDI TAB 200MG	3	PA, NM
SOVALDI TAB 400MG	3	SP, PA, NM
VEMLIDY TAB 25MG	3	SP
VOSEVI TAB	2	SP, PA, NM
HERPES AGENTS		
acyclovir cap 200 mg	1	NM
acyclovir susp 200 mg/5ml	1	NM
acyclovir tab 400 mg	1	NM
acyclovir tab 800 mg	1	NM
famciclovir tab 125 mg	1	NM
famciclovir tab 250 mg	1	NM
famciclovir tab 500 mg	1	NM
valacyclovir hcl tab 1 gm	1	NM
valacyclovir hcl tab 500 mg	1	NM
VALTREX TAB 1GM	3	NM
VALTREX TAB 500MG	3	NM
INFLUENZA AGENTS		
oseltamivir phosphate cap 30 mg (base equiv)	1	QL (21 caps every 180 days), NM
oseltamivir phosphate cap 45 mg (base equiv)	1	QL (21 caps every 180 days), NM

Drug Name	Drug Tier	Requirements/Limits
oseltamivir phosphate cap 75 mg (base equiv)	1	QL (21 caps every 180 days), NM
oseltamivir phosphate for susp 6 mg/ml (base equiv)	1	QL (180 mL every 180 days), NM
RELENZA MIS DISKHALE	3	QL (1 inhaler every 180 days), NM
rimantadine hydrochloride tab 100 mg	1	NM
TAMIFLU CAP 30MG	3	QL (21 caps every 180 days), NM
TAMIFLU CAP 45MG	3	QL (21 caps every 180 days), NM
TAMIFLU CAP 75MG	3	QL (21 caps every 180 days), NM
TAMIFLU SUS 6MG/ML	3	QL (180 mL every 180 days), NM
XOFLUZA TAB 40MG	3	QL (2 tabs every 180 days), NM
XOFLUZA TAB 80MG	3	QL (2 tabs every 180 days), NM
MISC. ANTIVIRALS		
TEMBEXA SUS 10MG/ML	3	NM
TEMBEXA TAB 100MG	3	NM
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
carvedilol phosphate cap er 24hr 10 mg	1	
carvedilol phosphate cap er 24hr 20 mg	1	
carvedilol phosphate cap er 24hr 40 mg	1	
carvedilol phosphate cap er 24hr 80 mg	1	
carvedilol tab 3.125 mg	1	
carvedilol tab 6.25 mg	1	
carvedilol tab 12.5 mg	1	
carvedilol tab 25 mg	1	
COREG CR CAP 10MG	3	
COREG CR CAP 20MG	3	
COREG CR CAP 40MG	3	
COREG CR CAP 80MG	3	
labetalol hcl tab 100 mg	1	
labetalol hcl tab 200 mg	1	
labetalol hcl tab 300 mg	1	
BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol hcl cap 200 mg	1	
acebutolol hcl cap 400 mg	1	

Drug Name	Drug Tier	Requirements/Limits
atenolol tab 25 mg	1	
atenolol tab 50 mg	1	
atenolol tab 100 mg	1	
betaxolol hcl tab 10 mg	1	
betaxolol hcl tab 20 mg	1	
bisoprolol fumarate tab 5 mg	1	
bisoprolol fumarate tab 10 mg	1	
BYSTOLIC TAB 2.5MG	3	
BYSTOLIC TAB 5MG	3	
BYSTOLIC TAB 10MG	3	
BYSTOLIC TAB 20MG	3	
LOPRESSOR TAB 50MG	3	
LOPRESSOR TAB 100MG	3	
metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 200 mg (tartrate equiv)	1	
metoprolol tartrate tab 25 mg	1	
metoprolol tartrate tab 37.5 mg	1	
metoprolol tartrate tab 50 mg	1	
metoprolol tartrate tab 75 mg	1	
metoprolol tartrate tab 100 mg	1	
nebivolol hcl tab 2.5 mg (base equivalent)	1	
nebivolol hcl tab 5 mg (base equivalent)	1	
nebivolol hcl tab 10 mg (base equivalent)	1	
nebivolol hcl tab 20 mg (base equivalent)	1	
TOPROL XL TAB 25MG	3	
TOPROL XL TAB 50MG	3	
TOPROL XL TAB 100MG	3	
TOPROL XL TAB 200MG	3	
BETA BLOCKERS NON-SELECTIVE		
BETAPACE AF TAB 80MG	3	
BETAPACE AF TAB 120MG	3	
BETAPACE AF TAB 160MG	3	
BETAPACE TAB 80MG	3	
BETAPACE TAB 120MG	3	
BETAPACE TAB 160MG	3	
nadolol tab 20 mg	1	

Drug Name	Drug Tier	Requirements/Limits
nadolol tab 40 mg	1	
nadolol tab 80 mg	1	
pindolol tab 5 mg	1	
pindolol tab 10 mg	1	
propranolol hcl cap er 24hr 60 mg	1	
propranolol hcl cap er 24hr 80 mg	1	
propranolol hcl cap er 24hr 120 mg	1	
propranolol hcl cap er 24hr 160 mg	1	
propranolol hcl oral soln 20 mg/5ml	1	
propranolol hcl oral soln 40 mg/5ml	1	
propranolol hcl tab 10 mg	1	
propranolol hcl tab 20 mg	1	
propranolol hcl tab 40 mg	1	
propranolol hcl tab 60 mg	1	
propranolol hcl tab 80 mg	1	
sotalol hcl (afib/afl) tab 80 mg	1	
sotalol hcl (afib/afl) tab 120 mg	1	
sotalol hcl (afib/afl) tab 160 mg	1	
sotalol hcl tab 80 mg	1	
sotalol hcl tab 120 mg	1	
sotalol hcl tab 160 mg	1	
sotalol hcl tab 240 mg	1	
SOTYLIZE SOL 5MG/ML	3	
timolol maleate tab 5 mg	1	
timolol maleate tab 10 mg	1	
timolol maleate tab 20 mg	1	

CALCIUM CHANNEL BLOCKERS

CALCIUM CHANNEL BLOCKERS

amlodipine besylate tab 2.5 mg (base equivalent)	1	
amlodipine besylate tab 5 mg (base equivalent)	1	
amlodipine besylate tab 10 mg (base equivalent)	1	
CARDIZEM CD CAP 120MG/24	3	
CARDIZEM CD CAP 180MG/24	3	
CARDIZEM CD CAP 240MG/24	3	
CARDIZEM CD CAP 300MG/24	3	
CARDIZEM LA TAB 120MG	3	
CARDIZEM LA TAB 180MG	3	
CARDIZEM LA TAB 240MG	3	
CARDIZEM LA TAB 300MG/24	3	
CARDIZEM LA TAB 360MG	3	

Drug Name	Drug Tier	Requirements/Limits
CARDIZEM LA TAB 420MG/24	3	
cartia xt cap 120/24hr	1	
cartia xt cap 180/24hr	1	
cartia xt cap 240/24hr	1	
cartia xt cap 300/24hr	1	
dilt-xr cap 120mg	1	
dilt-xr cap 180mg	1	
dilt-xr cap 240mg	1	
diltiazem hcl cap er 12hr 60 mg	1	
diltiazem hcl cap er 12hr 90 mg	1	
diltiazem hcl cap er 12hr 120 mg	1	
diltiazem hcl cap er 24hr 120 mg	1	
diltiazem hcl cap er 24hr 180 mg	1	
diltiazem hcl cap er 24hr 240 mg	1	
diltiazem hcl coated beads cap er 24hr 120 mg	1	
diltiazem hcl coated beads cap er 24hr 180 mg	1	
diltiazem hcl coated beads cap er 24hr 240 mg	1	
diltiazem hcl coated beads cap er 24hr 300 mg	1	
diltiazem hcl coated beads cap er 24hr 360 mg	1	
diltiazem hcl extended release beads cap er 24hr 120 mg	1	
diltiazem hcl extended release beads cap er 24hr 180 mg	1	
diltiazem hcl extended release beads cap er 24hr 240 mg	1	
diltiazem hcl extended release beads cap er 24hr 300 mg	1	
diltiazem hcl extended release beads cap er 24hr 360 mg	1	
diltiazem hcl extended release beads cap er 24hr 420 mg	1	
diltiazem hcl tab 30 mg	1	
diltiazem hcl tab 60 mg	1	
diltiazem hcl tab 90 mg	1	
diltiazem hcl tab 120 mg	1	
diltiazem hcl tab er 24hr 120 mg	1	
diltiazem hcl tab er 24hr 180 mg	1	
diltiazem hcl tab er 24hr 240 mg	1	
diltiazem hcl tab er 24hr 300 mg	1	
diltiazem hcl tab er 24hr 360 mg	1	
diltiazem hcl tab er 24hr 420 mg	1	
felodipine tab er 24hr 2.5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
felodipine tab er 24hr 5 mg	1	
felodipine tab er 24hr 10 mg	1	
isradipine cap 2.5 mg	1	
isradipine cap 5 mg	1	
KATERZIA SUS 1MG/ML	3	
matzim la tab 180mg/24	1	
matzim la tab 240mg/24	1	
matzim la tab 300mg/24	1	
matzim la tab 360mg/24	1	
matzim la tab 420mg/24	1	
nicardipine hcl cap 20 mg	1	
nicardipine hcl cap 30 mg	1	
nifedipine cap 10 mg	1	
nifedipine cap 20 mg	1	
nifedipine tab er 24hr 30 mg	1	
nifedipine tab er 24hr 60 mg	1	
nifedipine tab er 24hr 90 mg	1	
nifedipine tab er 24hr osmotic release 30 mg	1	
nifedipine tab er 24hr osmotic release 60 mg	1	
nifedipine tab er 24hr osmotic release 90 mg	1	
nimodipine cap 30 mg	1	NM
nimodipine oral soln 60 mg/20ml (3 mg/ml)	1	NM
nisoldipine tab er 24hr 8.5 mg	1	
nisoldipine tab er 24hr 17 mg	1	
nisoldipine tab er 24hr 20 mg	1	
nisoldipine tab er 24hr 25.5 mg	1	
nisoldipine tab er 24hr 30 mg	1	
nisoldipine tab er 24hr 34 mg	1	
nisoldipine tab er 24hr 40 mg	1	
NORLIQVA SOL 1MG/ML	3	
NORVASC TAB 2.5MG	3	
NORVASC TAB 5MG	3	
NORVASC TAB 10MG	3	
PROCARDIA XL TAB 30MG	3	
PROCARDIA XL TAB 60MG	3	
PROCARDIA XL TAB 90MG	3	
SULAR TAB 8.5MG ER	3	
SULAR TAB 17MG ER	3	
SULAR TAB 34MG ER	3	
tiadylt cap 120mg/24	1	
tiadylt cap 180mg/24	1	
tiadylt cap 240mg/24	1	

Drug Name	Drug Tier	Requirements/Limits
tiadylt cap 300mg/24	1	
tiadylt cap 360mg/24	1	
tiadylt cap 420mg/24	1	
TIAZAC CAP 120MG/24	3	
TIAZAC CAP 180MG/24	3	
TIAZAC CAP 240MG/24	3	
TIAZAC CAP 300MG/24	3	
TIAZAC CAP 360MG/24	3	
TIAZAC CAP 420MG/24	3	
VERAPAMIL CAP 100MG ER	3	
verapamil hcl cap er 24hr 100 mg	1	
verapamil hcl cap er 24hr 120 mg	1	
verapamil hcl cap er 24hr 180 mg	1	
verapamil hcl cap er 24hr 200 mg	1	
verapamil hcl cap er 24hr 240 mg	1	
verapamil hcl cap er 24hr 300 mg	1	
verapamil hcl cap er 24hr 360 mg	1	
verapamil hcl tab 40 mg	1	
verapamil hcl tab 80 mg	1	
verapamil hcl tab 120 mg	1	
verapamil hcl tab er 120 mg	1	
verapamil hcl tab er 180 mg	1	
verapamil hcl tab er 240 mg	1	
VERELAN CAP 120MG SR	3	
VERELAN CAP 180MG SR	3	
VERELAN CAP 240MG SR	3	
VERELAN CAP 360MG SR	3	
VERELAN PM CAP 100MG ER	3	
VERELAN PM CAP 200MG ER	3	
VERELAN PM CAP 300MG ER	3	

CARDIOTONICS

CARDIAC GLYCOSIDES

digoxin inj 0.25 mg/ml	1	NM
digoxin oral soln 0.05 mg/ml	1	
digoxin tab 125 mcg (0.125 mg)	1	
digoxin tab 250 mcg (0.25 mg)	1	

CARDIOVASCULAR AGENTS - MISC.

CARDIAC MYOSIN INHIBITORS

CAMZYOS CAP 2.5MG	3	PA, QL (30 caps every 30 days); SC
CAMZYOS CAP 5MG	3	PA, QL (30 caps every 30 days); SC

Drug Name	Drug Tier	Requirements/Limits
CAMZYOS CAP 10MG	3	PA, QL (30 caps every 30 days); SC
CAMZYOS CAP 15MG	3	PA, QL (30 caps every 30 days); SC
MYQORZO TAB 5MG	3	PA, QL (30 tabs every 30 days); LD
MYQORZO TAB 10MG	3	PA, QL (30 tabs every 30 days); LD
MYQORZO TAB 15MG	3	PA, QL (30 tabs every 30 days); LD
MYQORZO TAB 20MG	3	PA, QL (30 tabs every 30 days); LD
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-80 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-80 mg	1	
BIDIL TAB	3	
CADUET TAB 5-10MG	3	
CADUET TAB 5-20MG	3	
CADUET TAB 5-40MG	3	
CADUET TAB 5-80MG	3	
CADUET TAB 10-10MG	3	
CADUET TAB 10-20MG	3	
CADUET TAB 10-40MG	3	

Drug Name	Drug Tier	Requirements/Limits
CADUET TAB 10-80MG	3	
ENTRESTO CAP 6-6MG	3	
ENTRESTO CAP 15-16MG	3	
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg	1	
OPSYNVI TAB 10-20MG	3	SP, PA
OPSYNVI TAB 10-40MG	3	SP, PA
sacubitril-valsartan tab 24-26 mg	1	
sacubitril-valsartan tab 49-51 mg	1	
sacubitril-valsartan tab 97-103 mg	1	
CARDIOVASCULAR ANTI-INFLAMMATORY/IMMUNE MODULATORS		
LODOCO TAB 0.5MG	3	
IMPOTENCE AGENTS		
CAVERJECT IM KIT 10MCG	3	QL (6 each every 30 days), NM
CAVERJECT IM KIT 20MCG	3	QL (6 kits every 30 days), NM
CAVERJECT INJ 20MCG	3	QL (6 vials every 30 days), NM
CAVERJECT INJ 40MCG	3	QL (6 vials every 30 days), NM
EDEX 2-CRTDG KIT 10MCG	3	QL (6 each every 30 days), NM
EDEX 2-CRTDG KIT 20MCG	3	QL (6 kits every 30 days), NM
EDEX 2-CRTDG KIT 40MCG	3	QL (6 kits every 30 days), NM
EDEX 6-CRTDG KIT 10MCG	3	QL (6 each every 30 days), NM
EDEX 6-CRTDG KIT 20MCG	3	QL (6 kits every 30 days), NM
EDEX 6-CRTDG KIT 40MCG	3	QL (6 kits every 30 days), NM
sildenafil citrate tab 25 mg	1	QL (4 tabs every 30 days), NM
sildenafil citrate tab 50 mg	1	QL (4 tabs every 30 days), NM
sildenafil citrate tab 100 mg	1	QL (4 tabs every 30 days), NM
tadalafil tab 2.5 mg	1	PA, QL (4 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
tadalafil tab 5 mg	1	PA, QL (4 tabs every 30 days)
tadalafil tab 10 mg	1	QL (4 tabs every 30 days), NM
tadalafil tab 20 mg	1	QL (4 tabs every 30 days), NM
vardenafil hcl orally disintegrating tab 10 mg	1	QL (4 tabs every 30 days), NM
vardenafil hcl tab 2.5 mg	1	QL (4 tabs every 30 days), NM
vardenafil hcl tab 5 mg	1	QL (4 tabs every 30 days), NM
vardenafil hcl tab 10 mg	1	QL (4 tabs every 30 days), NM
vardenafil hcl tab 20 mg	1	QL (4 tabs every 30 days), NM
PROSTAGLANDIN VASODILATORS		
ORENITRAM TAB 0.25MG	3	SP, PA
ORENITRAM TAB 0.125MG	3	SP, PA
ORENITRAM TAB 1MG	3	SP, PA
ORENITRAM TAB 2.5MG	3	SP, PA
ORENITRAM TAB 5MG	3	SP, PA
ORENITRAM TAB MONTH 1	3	SP, PA
ORENITRAM TAB MONTH 2	3	SP, PA
ORENITRAM TAB MONTH 3	3	SP, PA
TYVASO DPI POW 16-32-48	3	SP, PA, NM
TYVASO DPI POW 16MCG	3	SP, PA
TYVASO DPI POW 32MCG	3	SP, PA
TYVASO DPI POW 48-80MCG	3	SP, PA
TYVASO DPI POW 48MCG	3	SP, PA
TYVASO DPI POW 64MCG	3	SP, PA
TYVASO DPI POW 80MCG	3	SP, PA
TYVASO DPI POW INST KIT	3	SP, PA
TYVASO DPI POW MAIN KIT	3	SP, PA
TYVASO RF KT SOL 0.6MG/ML	3	SP, PA
TYVASO SOL 0.6MG/ML	3	SP, PA
TYVASO ST KT SOL 0.6MG/ML	3	SP, PA
VENTAVIS SOL 10MCG/ML	3	SP, PA
VENTAVIS SOL 20MCG/ML	3	SP, PA
YUTREPIA CAP 26.5MCG	3	SP, PA; LD
YUTREPIA CAP 53MCG	3	SP, PA; LD
YUTREPIA CAP 79.5MCG	3	SP, PA; LD

Drug Name	Drug Tier	Requirements/Limits
YUTREPIA CAP 106MCG	3	SP, PA; LD
PULMONARY HYPERTENSION - ACTIVIN SIGNALING INHIBITOR		
WINREVAIR INJ 45MG	3	SP, PA, NM
WINREVAIR INJ 60MG	3	SP, PA, NM
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
ambrisentan tab 5 mg	1	SP, PA
ambrisentan tab 10 mg	1	SP, PA
bosentan tab 62.5 mg	1	SP, PA
bosentan tab 125 mg	1	SP, PA
bosentan tab for oral susp 32 mg	1	SP, PA
LETAIRIS TAB 5MG	3	SP, PA
LETAIRIS TAB 10MG	3	SP, PA
macitentan tab 10 mg	1	SP, PA
OPSUMIT TAB 10MG	3	SP, PA
TRACLEER TAB 32MG	3	SP, PA
TRACLEER TAB 62.5MG	3	SP, PA
TRACLEER TAB 125MG	3	SP, PA
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
ADCIRCA TAB 20MG	3	SP, PA
alyq tab 20mg	1	SP, PA
REVATIO TAB 20MG	3	SP, PA
sildenafil citrate for suspension 10 mg/ml	1	SP, PA
sildenafil citrate tab 20 mg	1	SP, PA
tadalafil tab 20 mg (pah)	1	SP, PA
TADLIQ SUS 20MG/5ML	3	SP, PA
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI PACK TAB 200/800	3	SP, PA, NM
UPTRAVI TAB 100MCG	3	SP, PA
UPTRAVI TAB 150MCG	3	SP, PA
UPTRAVI TAB 200MCG	3	SP, PA
UPTRAVI TAB 400MCG	3	SP, PA
UPTRAVI TAB 600MCG	3	SP, PA
UPTRAVI TAB 800MCG	3	SP, PA
UPTRAVI TAB 1000MCG	3	SP, PA
UPTRAVI TAB 1200MCG	3	SP, PA
UPTRAVI TAB 1400MCG	3	SP, PA
UPTRAVI TAB 1600MCG	3	SP, PA
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TAB 0.5MG	3	SP, PA
ADEMPAS TAB 1.5MG	3	SP, PA
ADEMPAS TAB 1MG	3	SP, PA

Drug Name	Drug Tier	Requirements/Limits
ADEMPAS TAB 2.5MG	3	SP, PA
ADEMPAS TAB 2MG	3	SP, PA
SINUS NODE INHIBITORS		
CORLANOR SOL 5MG/5ML	3	
CORLANOR TAB 5MG	3	
CORLANOR TAB 7.5MG	3	
ivabradine hcl tab 5 mg (base equiv)	1	
ivabradine hcl tab 7.5 mg (base equiv)	1	
TRANSTHYRETIN STABILIZERS		
ATTRUBY PAK 356MG	3	PA; LD
VYNDAMAX CAP 61MG	3	SP, PA
VYNDAQEL CAP 20MG	3	SP, PA
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO TAB 2.5MG	3	
VERQUVO TAB 5MG	3	
VERQUVO TAB 10MG	3	
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil cap 500 mg	1	NM
cefadroxil for susp 250 mg/5ml	1	NM
cefadroxil for susp 500 mg/5ml	1	NM
cefadroxil tab 1 gm	1	NM
cefazolin sodium for inj 1 gm	1	NM
cefazolin sodium for inj 2 gm	1	NM
cefazolin sodium for inj 3 gm	1	NM
cefazolin sodium for inj 10 gm	1	NM
cefazolin sodium for inj 500 mg	1	NM
cephalexin cap 250 mg	1	NM
cephalexin cap 500 mg	1	NM
cephalexin cap 750 mg	1	NM
cephalexin for susp 125 mg/5ml	1	NM
cephalexin for susp 250 mg/5ml	1	NM
CEPHALOSPORINS - 2ND GENERATION		
cefaclor cap 250 mg	1	NM
cefaclor cap 500 mg	1	NM
CEFACLOR ER TAB 500MG	2	NM
cefaclor for susp 250 mg/5ml	1	NM
cefprozil for susp 125 mg/5ml	1	NM
cefprozil for susp 250 mg/5ml	1	NM
cefprozil tab 250 mg	1	NM
cefprozil tab 500 mg	1	NM

Drug Name	Drug Tier	Requirements/Limits
cefuroxime axetil tab 250 mg	1	NM
cefuroxime axetil tab 500 mg	1	NM
CEPHALOSPORINS - 3RD GENERATION		
cefdinir cap 300 mg	1	NM
cefdinir for susp 125 mg/5ml	1	NM
cefdinir for susp 250 mg/5ml	1	NM
cefixime cap 400 mg	1	NM
cefixime for susp 100 mg/5ml	1	NM
cefixime for susp 200 mg/5ml	1	NM
cefpodoxime proxetil for susp 50 mg/5ml	1	NM
cefpodoxime proxetil for susp 100 mg/5ml	1	NM
cefpodoxime proxetil tab 100 mg	1	NM
cefpodoxime proxetil tab 200 mg	1	NM
ceftazidime for inj 1 gm	1	NM
ceftazidime for inj 6 gm	1	NM
ceftriaxone sodium for inj 1 gm	1	PA, NM
ceftriaxone sodium for inj 2 gm	1	PA, NM
ceftriaxone sodium for inj 250 mg	1	QL (4 vials every 23 days), NM
ceftriaxone sodium for inj 500 mg	1	QL (8 vials every 23 days), NM
tazicef inj 1gm	1	NM
CEPHALOSPORINS - 4TH GENERATION		
cefepime hcl for inj 1 gm	1	NM
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
afirmelle tab 0.1-0.02	1	
altavera tab	1	
alyacen tab 1/35	1	
alyacen tab 7/7/7	1	
amethyst tab 90-20mcg	1	
apri tab	1	
aranelle tab	1	
ashlyna tab	1	
aubra eq tab 0.1-0.02	1	
aurovela 24 tab fe 1/20	1	
aurovela fe tab 1.5/30	1	
aurovela fe tab 1/20	1	
aurovela tab 1.5/30	1	
aurovela tab 1/20	1	
AVERI TAB	3	

Drug Name	Drug Tier	Requirements/Limits
aviane tab	1	
ayuna tab	1	
azurette tab	1	
balziva tab	1	
BEYAZ TAB	3	
blisovi 24 tab fe 1/20	1	
blisovi fe tab 1.5/30	1	
blisovi fe tab 1/20	1	
briellyn tab	1	
camrese lo tab	1	
camrese tab	1	
charlotte 24 chw fe 1/20	1	
chateal eq tab 0.15/30	1	
cryselle tab	1	
cryselle-28 tab 28 tabs	1	
cyred eq tab	1	
dasetta tab 1/35	1	
dasetta tab 7/7/7	1	
daysee tab	1	
delyla tab 0.1-0.02	1	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	1	
dolishale tab 90-20mcg	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 tab	1	
enpresse-28 tab	1	
enskyce tab	1	
estarylla tab 0.25-35	1	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	1	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	1	
falmina tab	1	
feirza tab 1.5/30	1	
feirza tab 1/20	1	
FEMLYV TAB 1/0.02MG	3	
finzala chw fe 1/20	1	

Drug Name	Drug Tier	Requirements/Limits
galbriela chw	1	
gemmily cap 1/20	1	
hailey 24 tab fe	1	
hailey fe tab 1.5/30	1	
hailey fe tab 1/20	1	
hailey tab 1.5/30	1	
iclevia tab	1	
introvale tab	1	
isibloom tab	1	
jaimiess tab	1	
jasmiel tab 3-0.02mg	1	
jolessa tab	1	
juleber tab	1	
junel 1.5/30 tab	1	
junel 1/20 tab	1	
junel fe 24 tab 1/20	1	
junel fe tab 1.5/30	1	
junel fe tab 1/20	1	
kaitlib fe chw	1	
kalliga tab	1	
kariva tab 28 day	1	
kelnor 1/50 tab	1	
kelnor tab 1/35	1	
kurvelo tab 0.15/30	1	
larin 24 tab fe 1/20	1	
larin fe tab 1.5/30	1	
larin fe tab 1/20	1	
larin tab 1.5/30	1	
larin tab 1/20	1	
layolis fe chw	1	
leena tab	1	
lessina tab	1	
levonest tab	1	
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg	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	

Drug Name	Drug Tier	Requirements/Limits
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-28 tab 0.15/30	1	
LO LOESTRIN TAB 1-10-10	2	
lo-zumandimi tab 3-0.02mg	1	
loestrin 21 tab 1.5/30	1	
loestrin fe tab 1.5/30	1	
loestrin fe tab 1/20	1	
loestrin tab 1/20-21	1	
lojaimiess tab	1	
loryna tab 3-0.02mg	1	
low-ogestrel tab	1	
luizza 1/20 tab	1	
luizza tab 1.5/30	1	
lutera tab	1	
marlissa tab 0.15/30	1	
merzee cap 1/20	1	
mibelas 24 chw fe	1	
microgestin tab 1.5/30	1	
microgestin tab 1/20	1	
microgestin tab fe1.5/30	1	
microgestin tab fe 1/20	1	
mili tab 0.25/35	1	
mono-linyah tab 0.25-35	1	
NATAZIA TAB	3	
necon tab 0.5/35	1	
NEXTSTELLIS TAB 3-14.2MG	3	
nikki tab 3-0.02mg	1	
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	1	
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	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	

Drug Name	Drug Tier	Requirements/Limits
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	1	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	1	
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	1	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	1	
norethindrone ace-ethinyl estradiol-fe cap 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	
nortrel tab 0.5/35	1	
nortrel tab 1/35	1	
nortrel tab 7/7/7	1	
nylia tab 1/35	1	
nylia tab 7/7/7	1	
ocella tab 3-0.03mg	1	
philith tab 0.4-35	1	
pimtrea tab	1	
portia-28 tab	1	
reclipsen tab	1	
rivelsa tab	1	
rosyrah tab	1	
SAFYRAL TAB	3	
setlakin tab	1	
simliya tab 28 day	1	
simpesse tab	1	
sprintec 28 tab 28 day	1	
sronyx tab	1	
syeda tab 3-0.03mg	1	
tarina 24 fe tab	1	
tarina fe tab 1/20 eq	1	
taysofy cap 1/20	1	
TAYTULLA CAP 1MG/20MC	3	
tilia fe tab	1	
tri-estaryll tab	1	
tri-legest tab fe	1	

Drug Name	Drug Tier	Requirements/Limits
tri-linyah tab	1	
tri-lo tab estaryll	1	
tri-lo- tab marzia	1	
tri-lo- tab sprintec	1	
tri-lo-mili tab	1	
tri-mili tab	1	
tri-sprintec tab	1	
tri-vylibra tab	1	
tri-vylibra tab lo	1	
trivora-28 tab	1	
turqoz tab	1	
tydemy tab	1	
valtya 1/35 tab	1	
valtya 1/50 tab	1	
velivet pak	1	
vestura tab 3-0.02mg	1	
vienva tab 0.1-20	1	
viorele tab	1	
volnea tab	1	
vyfemla tab 0.4-35	1	
vylibra tab 0.25-35	1	
wera tab 0.5/35	1	
wymzya fe chw 0.4mg-35	1	
xarah fe tab	1	
xelria fe chw 0.4mg-35	1	
YASMIN 28 TAB 3-0.03MG	3	
YAZ TAB 3-0.02MG	3	
zovia 1/35 tab	1	
zumandimine tab 3-0.03mg	1	
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
GWYN LO DIS 220-20	3	
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	1	
TWIRLA DIS 120-30	3	
xulane dis 150-35	1	
zafemy dis 150/35	1	
COMBINATION CONTRACEPTIVES - VAGINAL		
eluryng mis	1	
enilloring mis	1	
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	1	
haloette mis	1	

Drug Name	Drug Tier	Requirements/Limits
NUVARING MIS	3	
EMERGENCY CONTRACEPTIVES		
ELLA TAB 30MG	3	NM
levonorgestrel tab 1.5 mg	1	OTC, NM
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA INJ 150MG/ML	3	QL (4 injections every 300 days), NM
DEPO-SQ PROV INJ 104	3	QL (4 injections every 300 days), NM
medroxyprogesterone acetate im susp 150 mg/ml	1	QL (4 injections every 300 days), NM
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	1	QL (4 injections every 300 days), NM
PROGESTIN CONTRACEPTIVES - ORAL		
camila tab 0.35mg	1	
deblitane tab 0.35mg	1	
emzahh tab 0.35mg	1	
errin tab 0.35mg	1	
heather tab 0.35mg	1	
incassia tab 0.35mg	1	
jencycla tab 0.35mg	1	
lyleq tab 0.35mg	1	
lyza tab 0.35mg	1	
meleya tab 0.35mg	1	
nora-be tab 0.35mg	1	
norethindrone tab 0.35 mg	1	
norlyroc tab 0.35mg	1	
OPILL TAB 0.075MG	2	OTC
orquidea tab 0.35mg	1	
sharobel tab 0.35mg	1	
SLYND TAB 4MG	3	
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
AGAMREE SUS 40MG/ML	3	PA, NM
budesonide delayed release particles cap 3 mg	1	NM
budesonide tab er 24hr 9 mg	1	NM
CORTEF TAB 5MG	3	NM
CORTEF TAB 10MG	3	NM
CORTEF TAB 20MG	3	NM
deflazacort susp 22.75 mg/ml	1	SP, PA, NM
deflazacort tab 6 mg	1	SP, PA, NM

Drug Name	Drug Tier	Requirements/Limits
deflazacort tab 18 mg	1	SP, PA, NM
deflazacort tab 30 mg	1	SP, PA, NM
deflazacort tab 36 mg	1	SP, PA, NM
DEXAMETHASON CON 1MG/ML	1	NM
dexamethasone elixir 0.5 mg/5ml	1	NM
dexamethasone sodium phosphate inj 10 mg/ml	1	NM
dexamethasone soln 0.5 mg/5ml	1	NM
dexamethasone tab 0.5 mg	1	NM
dexamethasone tab 0.75 mg	1	NM
dexamethasone tab 1 mg	1	NM
dexamethasone tab 1.5 mg	1	NM
dexamethasone tab 2 mg	1	NM
dexamethasone tab 4 mg	1	NM
dexamethasone tab 6 mg	1	NM
EMFLAZA SUS 22.75/ML	3	PA, NM; LD
EMFLAZA TAB 6MG	3	SP, PA, NM; LD
EMFLAZA TAB 18MG	3	SP, PA, NM; LD
EMFLAZA TAB 30MG	3	SP, PA, NM; LD
EMFLAZA TAB 36MG	3	SP, PA, NM; LD
EOHILIA SUS 2MG/10ML	3	NM
hydrocortisone sodium succinate pf for inj 100 mg	1	NM
hydrocortisone tab 5 mg	1	NM
hydrocortisone tab 10 mg	1	NM
hydrocortisone tab 20 mg	1	NM
KHINDIVI SOL 1MG/ML	3	NM
MEDROL TAB 2MG	3	NM
MEDROL TAB 4MG	3	NM
MEDROL TAB 8MG	3	NM
MEDROL TAB 16MG	3	NM
methylprednisolone sod succ for inj 500 mg (base equiv)	1	NM
methylprednisolone tab 4 mg	1	NM
methylprednisolone tab 8 mg	1	NM
methylprednisolone tab 16 mg	1	NM
methylprednisolone tab 32 mg	1	NM
methylprednisolone tab therapy pack 4 mg (21)	1	NM
prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)	1	NM
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	1	NM

Drug Name	Drug Tier	Requirements/Limits
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	1	NM
prednisolone soln 15 mg/5ml	1	NM
prednisolone tab 5 mg	1	NM
prednisone oral soln 5 mg/5ml	1	NM
prednisone tab 1 mg	1	NM
prednisone tab 2.5 mg	1	NM
prednisone tab 5 mg	1	NM
prednisone tab 10 mg	1	NM
prednisone tab 20 mg	1	NM
prednisone tab 50 mg	1	NM
prednisone tab therapy pack 5 mg (21)	1	NM
prednisone tab therapy pack 5 mg (48)	1	NM
prednisone tab therapy pack 10 mg (21)	1	NM
prednisone tab therapy pack 10 mg (48)	1	NM
pyquvi sus 22.75mg	1	PA, NM
SOLU-CORTEF INJ 100MG	3	NM
SOLU-CORTEF INJ 250MG	3	NM
SOLU-CORTEF INJ 500MG	3	NM
SOLU-CORTEF INJ 1000MG	3	NM
SOLU-MEDROL INJ 1GM	3	NM
SOLU-MEDROL INJ 2GM	3	NM
SOLU-MEDROL INJ 40MG	3	NM
SOLU-MEDROL INJ 125MG	3	NM
SOLU-MEDROL INJ 500MG	3	NM
SOLU-MEDROL INJ 1000MG	3	NM
UCERIS TAB 9MG	3	NM
MINERALOCORTICOIDS		
fludrocortisone acetate tab 0.1 mg	1	
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
benzonatate cap 100 mg	1	NM
benzonatate cap 200 mg	1	NM
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml	1	NM
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg	1	NM
hydromet syp 5-1.5/5	1	NM
COUGH/COLD/ALLERGY COMBINATIONS		
guaifenesin-codeine soln 100-10 mg/5ml	1	OTC, NM
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	1	NM

Drug Name	Drug Tier	Requirements/Limits
prometh vc syp 6.25-5/5	1	NM
promethazine & phenylephrine syrup 6.25-5 mg/5ml	1	NM
promethazine w/ codeine syrup 6.25-10 mg/5ml	1	NM
promethazine-dm syrup 6.25-15 mg/5ml	1	NM
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	1	NM
TUXARIN ER TAB 54.3-8MG	3	NM
MISC. RESPIRATORY INHALANTS		
sodium chloride soln nebu 0.9%	1	NM
MUCOLYTICS		
acetylcysteine inhal soln 10%	1	NM
acetylcysteine inhal soln 20%	1	NM
DERMATOLOGICALS		
ACNE PRODUCTS		
accutane cap 10mg	1	NM
accutane cap 20mg	1	NM
accutane cap 30mg	1	NM
accutane cap 40mg	1	NM
adapalene cream 0.1%	1	NM
adapalene gel 0.1%	1	NM
adapalene gel 0.3%	1	NM
adapalene-benzoyl peroxide gel 0.1-2.5%	1	NM
amnesteem cap 10mg	1	NM
amnesteem cap 20mg	1	NM
amnesteem cap 30mg	1	NM
amnesteem cap 40mg	1	NM
benzoyl peroxide-erythromycin gel 5-3%	1	NM
bp 10-1 emu	1	NM
claravis cap 10mg	1	NM
claravis cap 20mg	1	NM
claravis cap 30mg	1	NM
claravis cap 40mg	1	NM
CLEOCIN-T LOT 1%	3	NM
clindacin mis etz 1%	1	NM
clindacin-p pad 1%	1	NM
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	1	NM
clindamycin phosphate gel 1% (twice-daily)	1	NM
clindamycin phosphate lotion 1%	1	NM
clindamycin phosphate soln 1%	1	NM

Drug Name	Drug Tier	Requirements/Limits
clindamycin phosphate swab 1%	1	NM
clindamycin phosphate-benzoyl peroxide gel 1-5%	1	NM
dapsone gel 5%	1	NM
ery pad 2%	1	NM
erythromycin gel 2%	1	NM
erythromycin soln 2%	1	NM
isotretinoin cap 10 mg	1	NM
isotretinoin cap 20 mg	1	NM
isotretinoin cap 25 mg	1	NM
isotretinoin cap 30 mg	1	NM
isotretinoin cap 35 mg	1	NM
isotretinoin cap 40 mg	1	NM
KLARON LOT 10%	3	NM
SOD SUL/SULF EMU 10-5%	3	NM
sulfacetamide sodium lotion 10% (acne)	1	NM
sulfacetamide sodium w/ sulfur cleanser 9-4%	1	NM
sulfacetamide sodium w/ sulfur cleanser 9-4.5%	1	NM
sulfacetamide sodium w/ sulfur cleanser 9.8-4.8%	1	NM
sulfacetamide sodium w/ sulfur cleanser 10-2%	1	NM
sulfacetamide sodium w/ sulfur cleanser 10-5%	1	NM
sulfacetamide sodium w/ sulfur cream 9.8-4.8%	1	NM
sulfacetamide sodium w/ sulfur cream 10-2%	1	NM
sulfacetamide sodium w/ sulfur cream 10-5%	1	NM
sulfacetamide sodium w/ sulfur emulsion 10-1%	1	NM
sulfacetamide sodium w/ sulfur lotion 9.8-4.8%	1	NM
sulfacetamide sodium w/ sulfur lotion 10-5%	1	NM
sulfacetamide sodium w/ sulfur susp 8-4%	1	NM
tretinoin cream 0.1%	1	NM
tretinoin cream 0.05%	1	NM
tretinoin cream 0.025%	1	NM
tretinoin gel 0.01%	1	NM
tretinoin gel 0.05%	1	NM
tretinoin gel 0.025%	1	NM
WINLEVI CRE 1%	3	NM
zenatane cap 10mg	1	NM
zenatane cap 20mg	1	NM
zenatane cap 30mg	1	NM
zenatane cap 40mg	1	NM

Drug Name	Drug Tier	Requirements/Limits
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN OIN 15%	3	NM
ANTI-INFLAMMATORY AGENTS - TOPICAL		
diclofenac epolamine patch 1.3%	1	NM
diclofenac sodium gel 1% (1.16% diethylamine equiv)	1	NM
diclofenac sodium soln 1.5%	1	NM
diclofenac sodium soln 2%	1	NM
FLECTOR DIS 1.3%	3	NM
ANTIBIOTICS - TOPICAL		
gentamicin sulfate oint 0.1%	1	NM
mupirocin oint 2%	1	NM
ANTIFUNGALS - TOPICAL		
ciclodan sol 8%	1	QL (19.8 mL every year), NM
ciclopirox gel 0.77%	1	NM
ciclopirox olamine cream 0.77% (base equiv)	1	NM
ciclopirox olamine susp 0.77% (base equiv)	1	NM
ciclopirox shampoo 1%	1	NM
ciclopirox solution 8%	1	QL (19.8 mL every year), NM
clotrimazole w/ betamethasone cream 1-0.05%	1	NM
clotrimazole w/ betamethasone lotion 1-0.05%	1	NM
econazole nitrate cream 1%	1	NM
EXELDERM CRE 1%	3	NM
EXELDERM SOL 1%	3	NM
JUBLIA SOL 10%	3	PA, NM
ketoconazole cream 2%	1	QL (120 gm every 30 days), NM
ketoconazole shampoo 2%	1	NM
klayesta pow 100000	1	NM
luliconazole cream 1%	1	NM
LUZU CRE 1%	3	NM
naftifine hcl cream 1%	1	NM
naftifine hcl cream 2%	1	NM
naftifine hcl gel 2%	1	NM
NAFTIN GEL 2%	3	NM
nyamyc pow 100000	1	NM
nystatin cream 100000 unit/gm	1	NM
nystatin oint 100000 unit/gm	1	NM
nystatin topical powder 100000 unit/gm	1	NM

Drug Name	Drug Tier	Requirements/Limits
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	1	NM
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	1	NM
nystop pow 100000	1	NM
sulconazole nitrate cream 1%	1	NM
sulconazole nitrate solution 1%	1	NM
tavaborole soln 5%	1	PA, NM
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
bexarotene gel 1%	1	NM; SC
diclofenac sodium (actinic keratoses) gel 3%	1	QL (100 gm every 365 days), NM
EFUDEX CRE 5%	3	NM
fluorouracil cream 0.5%	1	NM
fluorouracil cream 5%	1	NM
fluorouracil soln 2%	1	NM
fluorouracil soln 5%	1	NM
PANRETIN GEL 0.1%	2	NM
TARGRETIN GEL 1%	3	NM; SC
TOLAK CRE 4%	3	NM
VALCHLOR GEL 0.016%	3	PA, NM; LD
ANTIPRURITICS - TOPICAL		
doxepin hcl cream 5%	1	QL (45 gm every 365 days), NM
PRUDOXIN CRE 5%	3	QL (45 gm every 365 days), NM
ZONALON CRE 5%	3	QL (45 gm every 365 days), NM
ANTIPSORIATICS		
acitretin cap 10 mg	1	NM
acitretin cap 17.5 mg	1	NM
acitretin cap 25 mg	1	NM
calcipotriene cream 0.005%	1	QL (60 gm every 30 days), NM
calcipotriene oint 0.005%	1	QL (60 gm every 30 days), NM
calcipotriene soln 0.005% (50 mcg/ml)	1	QL (60 mL every 30 days), NM
calcitrene oin 0.005%	1	QL (60 gm every 30 days), NM
calcitriol oint 3 mcg/gm	1	NM

Drug Name	Drug Tier	Requirements/Limits
COSENTYX INJ 75MG/0.5	2	SP, PA, QL (1 syringe every 28 days)
COSENTYX INJ 150MG/ML	2	SP, PA, QL (1 syringe every 28 days)
COSENTYX INJ 300DOSE	2	SP, PA, QL (2 syringes every 28 days)
COSENTYX PEN INJ 150MG/ML	2	SP, PA, QL (1 pen every 28 days)
COSENTYX PEN INJ 300DOSE	2	SP, PA, QL (2 pens every 28 days)
COSENTYX UNO INJ 300/2ML	2	SP, PA, QL (1 pen every 28 days)
methoxsalen rapid cap 10 mg	1	NM
PELLIX SOL 0.005%	1	NM
PYZCHIVA INJ 45/0.5ML	2	SP, PA
PYZCHIVA INJ 90MG/ML	2	SP, PA
SKYRIZI INJ 55/0.37	2	SP, PA
SKYRIZI INJ 150MG/ML	2	SP, PA, QL (1 syringe every 84 days)
SKYRIZI PEN INJ 150MG/ML	2	SP, PA, QL (1 pen every 84 days)
STELARA INJ 45/0.5ML	2	SP, PA, QL (1 syringe every 84 days)
STELARA INJ 45/0.5ML	2	SP, PA, QL (1 vial every 84 days)
STELARA INJ 90MG/ML	2	SP, PA, QL (1 syringe every 56 days)
tazarotene cream 0.1%	1	NM
tazarotene cream 0.05%	1	NM
tazarotene gel 0.1%	1	NM
tazarotene gel 0.05%	1	NM
TAZORAC CRE 0.1%	3	NM
TAZORAC CRE 0.05%	3	NM
TAZORAC GEL 0.1%	3	NM
TAZORAC GEL 0.05%	3	NM
TREMFYA INJ 100MG/ML	2	SP, PA, QL (1 pen every 56 days)
TREMFYA INJ 100MG/ML	2	SP, PA, QL (1 syringe every 56 days)
trilitas gel 0.1%	1	NM
YESINTEK INJ 45/0.5ML	2	SP, PA
YESINTEK INJ 90MG/ML	2	SP, PA

Drug Name	Drug Tier	Requirements/Limits
ANTISEBORRHEIC PRODUCTS		
selenium sulfide lotion 2.5%	1	NM
selenium sulfide shampoo 2.3%	1	NM
selenium sulfide shampoo 2.25%	1	NM
sulfacetamide sodium cleansing gel 10%	1	NM
sulfacetamide sodium liquid 10%	1	NM
sulfacetamide sodium shampoo 10%	1	NM
ANTIVIRALS - TOPICAL		
acyclovir oint 5%	1	NM
DENAVIR CRE 1%	3	NM
penciclovir cream 1%	1	NM
ZELSUVMI GEL 10.3%	3	NM
ZOVIRAX OIN 5%	3	NM
BURN PRODUCTS		
mafenide acetate packet for topical soln 5% (50 gm)	1	NM
SILVADENE CRE 1%	3	NM
silver sulfadiazine cream 1%	1	NM
ssd cre 1%	1	NM
SULFAMYLON CRE 85MG/GM	3	NM
CORTICOSTEROIDS - TOPICAL		
alclometasone dipropionate cream 0.05%	1	NM
alclometasone dipropionate oint 0.05%	1	NM
betamethasone dipropionate augmented cream 0.05%	1	NM
betamethasone dipropionate augmented gel 0.05%	1	NM
betamethasone dipropionate augmented lotion 0.05%	1	NM
betamethasone dipropionate augmented oint 0.05%	1	NM
betamethasone dipropionate cream 0.05%	1	NM
betamethasone dipropionate lotion 0.05%	1	NM
betamethasone dipropionate oint 0.05%	1	NM
betamethasone valerate aerosol foam 0.12%	1	NM
betamethasone valerate cream 0.1% (base equivalent)	1	NM
betamethasone valerate lotion 0.1% (base equivalent)	1	NM
betamethasone valerate oint 0.1% (base equivalent)	1	NM
clobetasol e cre 0.05%	1	NM

Drug Name	Drug Tier	Requirements/Limits
clobetasol propionate cream 0.05%	1	NM
clobetasol propionate emollient base cream 0.05%	1	NM
clobetasol propionate gel 0.05%	1	NM
clobetasol propionate lotion 0.05%	1	NM
clobetasol propionate oint 0.05%	1	QL (120 gm every 30 days), NM
clobetasol propionate soln 0.05%	1	NM
DERMA-SMOOTH OIL /FS BODY	3	NM
DERMA-SMOOTH OIL /FS SCLP	3	NM
desonide cream 0.05%	1	NM
desonide lotion 0.05%	1	NM
desonide oint 0.05%	1	NM
DESOWEN CRE 0.05%	3	NM
desoximetasone cream 0.05%	1	NM
desoximetasone cream 0.25%	1	NM
desoximetasone gel 0.05%	1	NM
desoximetasone spray 0.25%	1	NM
diflorasone diacetate oint 0.05%	1	QL (60 gm every 30 days), NM
DIPROLENE OIN 0.05%	3	NM
EPIFOAM AER 1%	3	NM
fluocinolone acetonide cream 0.01%	1	NM
fluocinolone acetonide cream 0.025%	1	NM
fluocinolone acetonide oil 0.01% (body oil)	1	NM
fluocinolone acetonide oil 0.01% (scalp oil)	1	NM
fluocinolone acetonide oint 0.025%	1	NM
fluocinolone acetonide soln 0.01%	1	NM
fluocinonide cream 0.05%	1	NM
fluocinonide emulsified base cream 0.05%	1	NM
fluocinonide gel 0.05%	1	NM
fluocinonide oint 0.05%	1	NM
fluocinonide soln 0.05%	1	NM
flurandrenolide cream 0.05%	1	QL (60 gm every 30 days), NM
flurandrenolide lotion 0.05%	1	QL (120 mL every 30 days), NM
fluticasone propionate cream 0.05%	1	NM
fluticasone propionate lotion 0.05%	1	NM
fluticasone propionate oint 0.005%	1	NM
halobetasol propionate cream 0.05%	1	NM
halobetasol propionate oint 0.05%	1	NM

Drug Name	Drug Tier	Requirements/Limits
hydrocortisone butyrate cream 0.1%	1	NM
hydrocortisone butyrate oint 0.1%	1	NM
hydrocortisone butyrate soln 0.1%	1	NM
hydrocortisone cream 2.5%	1	NM
hydrocortisone lotion 2.5%	1	NM
hydrocortisone oint 2.5%	1	NM
hydrocortisone valerate cream 0.2%	1	NM
hydrocortisone valerate oint 0.2%	1	NM
mometasone furoate cream 0.1%	1	NM
mometasone furoate oint 0.1%	1	NM
mometasone furoate solution 0.1% (lotion)	1	NM
PRAMOSONE CRE 1-1%	3	NM
PRAMOSONE LOT 1-1%	3	NM
PRAMOSONE OIN 1-1%	3	NM
texacort sol 2.5%	3	NM
triamcinolone acetonide aerosol soln 0.147 mg/gm	1	NM
triamcinolone acetonide cream 0.1%	1	NM
triamcinolone acetonide cream 0.5%	1	NM
triamcinolone acetonide cream 0.025%	1	NM
triamcinolone acetonide lotion 0.1%	1	NM
triamcinolone acetonide lotion 0.025%	1	NM
triamcinolone acetonide oint 0.1%	1	NM
triamcinolone acetonide oint 0.5%	1	NM
triamcinolone acetonide oint 0.025%	1	NM
triderm cre 0.5%	1	NM
ECZEMA AGENTS		
DUPIXENT INJ 200/1.14	2	SP, PA, QL (2 syringes every 28 days)
DUPIXENT INJ 200MG	2	SP, PA, QL (2 pens every 28 days)
DUPIXENT INJ 300/2ML	2	SP, PA, QL (4 pens every 28 days)
DUPIXENT INJ 300/2ML	2	SP, PA, QL (4 syringes every 28 days)
EBGLYSS INJ 250/2ML	2	PA
EMOLLIENT/KERATOLYTIC AGENTS		
CEM-UREA SOL 45%	2	NM
HYDRO 40 AER FOAM	3	NM
umecta mouss aer 40%	1	NM
urea cream 39%	1	NM
urea cream 40%	1	NM

Drug Name	Drug Tier	Requirements/Limits
urea cream 41%	1	NM
urea cream 45%	1	NM
urea cream 47%	1	NM
urea lotion 40%	1	NM
urea nail gel 45%	1	NM
ENZYMES - TOPICAL		
SANTYL OIN 250/GM	3	NM
HAIR GROWTH AGENTS		
LITFULO CAP 50MG	3	SP, PA, NM
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod cream 5%	1	NM
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
ELIDEL CRE 1%	3	NM
HYFTOR GEL 0.2%	3	NM; LD
pimecrolimus cream 1%	1	NM
tacrolimus oint 0.1%	1	NM
tacrolimus oint 0.03%	1	NM
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS		
CONDYLOX GEL 0.5%	3	NM
PODOCON-25 SOL	3	NM
podofilox gel 0.5%	1	NM
podofilox soln 0.5%	1	NM
PYROGALL ACD OIN	2	NM
salicylic acid er film-forming soln 28.5%	1	NM
LOCAL ANESTHETICS - TOPICAL		
glydo gel 2%	1	NM
lidocaine hcl cream 3%	1	NM
lidocaine hcl lotion 3%	1	NM
lidocaine hcl soln 4%	1	NM
lidocaine hcl urethral/mucosal gel 2%	1	NM
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	1	NM
lidocaine oint 5%	1	NM
lidocaine patch 5%	1	NM
lidocaine-prilocaine cream 2.5-2.5%	1	NM
lidocan dis 5% patch	1	NM
LIDODERM DIS 5% PATCH	3	NM
tridacaine dis 5% patch	1	NM
MISC. TOPICAL		
DRYSOL SOL 20%	3	NM
QBREXZA PAD 2.4%	3	NM

Drug Name	Drug Tier	Requirements/Limits
SOFDRA GEL 12.45%	3	NM
XERAC-AC SOL 6.25%	3	NM
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OIN 2%	2	NM
ZORYVE CRE 0.3%	3	NM
ZORYVE CRE 0.05%	3	NM
ZORYVE CRE 0.15%	3	NM
ZORYVE MIS 0.3%	3	NM
ROSACEA AGENTS		
azelaic acid gel 15%	1	NM
brimonidine tartrate gel 0.33% (base equivalent)	1	NM
doxycycline (rosacea) cap delayed release 40 mg	1	QL (120 caps every 365 days), NM
FINACEA AER 15%	2	NM
ivermectin cream 1%	1	NM
METROCREAM CRE 0.75%	3	NM
METROGEL GEL 1%	3	NM
METROLOTION LOT 0.75%	3	NM
metronidazole cream 0.75%	1	NM
metronidazole gel 0.75%	1	NM
metronidazole gel 1%	1	NM
metronidazole lotion 0.75%	1	NM
ORACEA CAP 40MG	3	QL (120 caps every 365 days), NM
oxymetazoline hcl cream 1%	1	NM
RHOFADE CRE 1%	3	NM
SOOLANTRA CRE 1%	2	NM
SCABICIDES & PEDICULICIDES		
crotan lot 10%	1	NM
malathion lotion 0.5%	1	NM
NATROBA SUS 0.9%	3	NM
OVIDE LOT 0.5%	3	NM
permethrin cream 5%	1	NM
pruradik lot 10%	1	NM
spinosad susp 0.9%	1	NM
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS		
ACCU-CHEK TES AVIVA PL	2	QL (200 strips every 30 days), OTC, NM; DC
ACCU-CHEK TES GUIDE	2	QL (200 strips every 30 days), OTC, NM; DC

Drug Name	Drug Tier	Requirements/Limits
ACCU-CHEK TES SMART	2	QL (200 strips every 30 days), OTC, NM; DC
ACCUTREND TES GLUCOSE	2	QL (200 strips every 30 days), OTC, NM; DC
CHEMSTRIP K TES	3	OTC, NM
CHEMSTRIP TES UGK	3	OTC, NM
CVS KETONE TES CARE	3	OTC, NM
DIASTIX TES REAGENT	3	OTC, NM
DIASTIX TES STRIPS	3	OTC, NM
FORA GTEL TES KETONE	3	OTC, NM
FORA TEST GO TES ADV VOIC	3	OTC, NM
FREESTYLE TES	2	QL (200 strips every 30 days), OTC, NM; DC
FREESTYLE TES INSULINX	2	QL (200 strips every 30 days), OTC, NM; DC
FREESTYLE TES LITE	2	QL (200 strips every 30 days), OTC, NM; DC
FREESTYLE TES PREC NEO	2	QL (200 strips every 30 days), OTC, NM; DC
GOJJI BLOOD TES KETONE	3	OTC, NM
KETO-DIASTIX TES	3	OTC, NM
KETONE TES	3	OTC, NM
KETONE TEST TES	3	OTC, NM
KETOSTIX TES STRIP	3	OTC, NM
NOVA MAX PLS TES KETONE	3	OTC, NM
RELION TES KETONE	3	OTC, NM

DIGESTIVE AIDS

DIGESTIVE ENZYMES

CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
PANCREAZE CAP 2600UNIT	3	
PANCREAZE CAP 4200UNIT	3	
PANCREAZE CAP 10500UNT	3	
PANCREAZE CAP 16800UNT	3	
PANCREAZE CAP 21000UNT	3	
PANCREAZE CAP 37000	3	
PERTZYE CAP 4000UNIT	3	
PERTZYE CAP 8000UNIT	3	
PERTZYE CAP 16000U	3	

Drug Name	Drug Tier	Requirements/Limits
PERTZYE CAP 24000U	3	
SUCRAID SOL 8500/ML	3	SP; LD
VIOKACE TAB 10440	3	
VIOKACE TAB 20880	3	
ZENPEP CAP 3000UNIT	2	
ZENPEP CAP 5000UNIT	2	
ZENPEP CAP 10000UNT	2	
ZENPEP CAP 15000UNT	2	
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000UNT	2	
ZENPEP CAP 40000UNT	2	
ZENPEP CAP 60000UNT	2	
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide cap er 12hr 500 mg	1	
acetazolamide sodium for inj 500 mg	1	NM
acetazolamide tab 125 mg	1	
acetazolamide tab 250 mg	1	
methazolamide tab 25 mg	1	
methazolamide tab 50 mg	1	
DIURETIC COMBINATIONS		
amiloride & hydrochlorothiazide tab 5-50 mg	1	
spironolactone & hydrochlorothiazide tab 25-25 mg	1	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 75-50 mg	1	
LOOP DIURETICS		
bumetanide tab 0.5 mg	1	
bumetanide tab 1 mg	1	
bumetanide tab 2 mg	1	
ENBUMYST SOL 0.5/0.1	3	NM
ethacrynic acid tab 25 mg	1	
FUROSCIX INJ 80MG/ML	3	NM
furosemide inj 10 mg/ml	1	NM
furosemide oral soln 8 mg/ml	1	
furosemide oral soln 10 mg/ml	1	
furosemide tab 20 mg	1	
furosemide tab 40 mg	1	

Drug Name	Drug Tier	Requirements/Limits
furosemide tab 80 mg	1	
LASIX TAB 20MG	3	
LASIX TAB 40MG	3	
LASIX TAB 80MG	3	
torsemide tab 5 mg	1	
torsemide tab 10 mg	1	
torsemide tab 20 mg	1	
torsemide tab 100 mg	1	
POTASSIUM SPARING DIURETICS		
ALDACTONE TAB 25MG	3	
ALDACTONE TAB 50MG	3	
ALDACTONE TAB 100MG	3	
amiloride hcl tab 5 mg	1	
spironolactone tab 25 mg	1	
spironolactone tab 50 mg	1	
spironolactone tab 100 mg	1	
triamterene cap 50 mg	1	
triamterene cap 100 mg	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorthalidone tab 25 mg	1	
chlorthalidone tab 50 mg	1	
DIURIL SUS 250/5ML	3	
hydrochlorothiazide cap 12.5 mg	1	
hydrochlorothiazide tab 12.5 mg	1	
hydrochlorothiazide tab 25 mg	1	
hydrochlorothiazide tab 50 mg	1	
indapamide tab 1.25 mg	1	
indapamide tab 2.5 mg	1	
INZIRQO SUS 10MG/ML	3	
metolazone tab 2.5 mg	1	
metolazone tab 5 mg	1	
metolazone tab 10 mg	1	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
ADRENAL STEROID INHIBITORS		
ISTURISA TAB 1MG	3	SP; LD
ISTURISA TAB 5MG	3	SP; LD
RECORLEV TAB 150MG	3	LD
BONE DENSITY REGULATORS		
ACTONEL TAB 35MG	3	
ACTONEL TAB 150MG	3	
alendronate sodium oral soln 70 mg/75ml	1	

Drug Name	Drug Tier	Requirements/Limits
alendronate sodium tab 10 mg	1	
alendronate sodium tab 35 mg	1	
alendronate sodium tab 70 mg	1	
ATELVIA TAB	3	
BINOSTO TAB 70MG	3	
BONSITY INJ 560/2.24	2	
calcitonin (salmon) nasal soln 200 unit/act	1	
FORTEO INJ 560/2.24	2	SP
FOSAMAX + D TAB 70-2800	3	
FOSAMAX + D TAB 70-5600	3	
FOSAMAX TAB 70MG	3	
ibandronate sodium tab 150 mg (base equivalent)	1	
risedronate sodium tab 5 mg	1	
risedronate sodium tab 30 mg	1	NM
risedronate sodium tab 35 mg	1	
risedronate sodium tab 150 mg	1	
risedronate sodium tab delayed release 35 mg	1	
TERIPARATIDE INJ 560/2.24	2	SP
teriparatide soln pen-inj 560 mcg/2.24ml	1	
TYMLOS INJ	2	SP
CORTICOTROPIN		
ACTHAR INJ GEL	3	SP, PA, NM
CORTICOTROPIN-RELEASING FACTOR (CRF) RECEPTOR ANTAGONISTS		
CRENESSITY CAP 25MG	3	PA; LD
CRENESSITY CAP 50MG	3	PA; LD
CRENESSITY CAP 100MG	3	PA; LD
CRENESSITY SOL 50MG/ML	3	PA; LD
FERTILITY REGULATORS		
CHOR GONADOT INJ 10000UNT	3	SP, QL (9 cycles per lifetime), NM
clomid tab 50mg	1	QL (30 tabs every 30 days), NM
clomiphene citrate tab 50 mg	1	QL (30 tabs every 30 days), NM
FOLLISTIM AQ INJ 300UNIT	2	SP, QL (9 cycles per lifetime), NM
FOLLISTIM AQ INJ 600UNIT	2	SP, QL (9 cycles per lifetime), NM
FOLLISTIM AQ INJ 900UNIT	2	SP, QL (9 cycles per lifetime), NM

Drug Name	Drug Tier	Requirements/Limits
MENOPUR INJ 75UNIT	2	SP, QL (9 cycles per lifetime), NM
milophene tab 50mg	1	QL (30 tabs every 30 days), NM
NOVAREL INJ 5000UNIT	3	SP, QL (9 cycles per lifetime), NM
OVIDREL INJ	3	SP, QL (9 cycles per lifetime), NM
PREGNYL INJ 10000UNT	3	SP, QL (9 cycles per lifetime), NM
GNRH/LHRH ANTAGONISTS		
cetrorelix acetate for inj kit 0.25 mg	1	SP, QL (9 cycles per lifetime), NM
CETROTIDE KIT 0.25MG	3	SP, QL (9 cycles per lifetime), NM
fyremadel sol 250/0.5	1	SP, QL (9 cycles per lifetime), NM
GANIRELIX AC INJ 250/0.5	3	SP, QL (9 cycles per lifetime), NM
ganirelix acetate soln prefilled syringe 250 mcg/0.5ml	1	SP, QL (9 cycles per lifetime), NM
ORILISSA TAB 150MG	2	NM
ORILISSA TAB 200MG	2	NM
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT INJ 10MG	2	SP
SOMAVERT INJ 15MG	2	SP
SOMAVERT INJ 20MG	2	SP
SOMAVERT INJ 25MG	2	SP
SOMAVERT INJ 30MG	2	SP
GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA SV INJ 2MG	3	
EGRIFTA WR KIT 11.6MG	3	
GROWTH HORMONES		
HUMATROPE INJ 6MG	2	SP, PA
HUMATROPE INJ 12MG	2	SP, PA
HUMATROPE INJ 24MG	2	SP, PA
NORDITROPIN INJ 5/1.5ML	2	SP, PA
NORDITROPIN INJ 10/1.5ML	2	SP, PA
NORDITROPIN INJ 15/1.5ML	2	SP, PA
NORDITROPIN INJ 30/3ML	2	SP, PA
OMNITROPE INJ 5/1.5ML	2	SP, PA; LD
OMNITROPE INJ 10/1.5ML	2	SP, PA; LD

Drug Name	Drug Tier	Requirements/Limits
SAIZEN INJ 5MG	3	SP, PA; LD
SEROSTIM INJ 4MG	3	SP, PA
SEROSTIM INJ 5MG	3	SP, PA
SEROSTIM INJ 6MG	3	SP, PA
SOGROYA INJ 5MG/1.5	2	SP, PA
SOGROYA INJ 10MG/1.5	2	SP, PA
SOGROYA INJ 15MG/1.5	2	SP, PA
HORMONE RECEPTOR MODULATORS		
EVISTA TAB 60MG	3	
OSPHENA TAB 60MG	3	
raloxifene hcl tab 60 mg	1	AGE
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ 40MG/4ML	3	PA; LD
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL SOL 2MG/ML	2	NM
MENOPAUSAL SYMPTOMS SUPPRESSANTS		
LYNKUET CAP 60MG	3	PA, QL (60 caps every 30 days)
METABOLIC MODIFIERS		
calcitriol cap 0.5 mcg	1	
calcitriol cap 0.25 mcg	1	
calcitriol oral soln 1 mcg/ml	1	
CARBAGLU TAB 200MG	3	SP, PA; LD
carglumic acid soluble tab 200 mg	1	SP, PA; LD
CARNITOR SF SOL 1GM/10ML	3	
CARNITOR SOL 1GM/10ML	3	
CARNITOR TAB 330MG	3	
cinacalcet hcl tab 30 mg (base equiv)	1	SP
cinacalcet hcl tab 60 mg (base equiv)	1	SP
cinacalcet hcl tab 90 mg (base equiv)	1	SP
doxercalciferol cap 0.5 mcg	1	
doxercalciferol cap 1 mcg	1	
doxercalciferol cap 2.5 mcg	1	
FORZINITY INJ 280/3.5	3	PA; LD
GALAFOLD CAP 123MG	3	SP, PA; LD
glycerol phenylbutyrate liquid 1.1 gm/ml	1	SP, PA
HARLIKU TAB 2MG	3	PA; LD
IMCIVREE INJ 10MG/ML	3	PA; LD
javygtor pak 100mg	1	PA; LD
javygtor pow 500mg	1	PA; LD
javygtor tab 100mg	1	PA; LD

Drug Name	Drug Tier	Requirements/Limits
KUVAN POW 100MG	3	PA
KUVAN POW 500MG	3	PA
KUVAN TAB 100MG	3	PA
levocarnitine oral soln 1 gm/10ml (10%)	1	
levocarnitine tab 330 mg	1	
MYALEPT INJ 11.3MG	3	SP, PA; LD
nitisinone cap 2 mg	1	PA
nitisinone cap 5 mg	1	PA
nitisinone cap 10 mg	1	PA
nitisinone cap 20 mg	1	SP, PA
NITYR TAB 2MG	3	SP, PA; LD
NITYR TAB 5MG	3	SP, PA; LD
NITYR TAB 10MG	3	SP, PA; LD
OLPRUVA PAK 2GM	3	LD
OLPRUVA PAK 3GM	3	LD
OLPRUVA PAK 4 GM	3	LD
OLPRUVA PAK 5GM	3	LD
OLPRUVA PAK 6.67GM	3	LD
OLPRUVA PAK 6GM	3	LD
OPFOLDA CAP 65MG	3	SP, PA, NM
ORFADIN CAP 2MG	3	SP, PA; LD
ORFADIN CAP 5MG	3	SP, PA; LD
ORFADIN CAP 10MG	3	SP, PA; LD
ORFADIN CAP 20MG	3	SP, PA; LD
ORFADIN SUS 4MG/ML	3	SP, PA; LD
PALYNZIQ INJ 2.5/0.5	3	SP, PA
PALYNZIQ INJ 10/0.5ML	3	SP, PA
PALYNZIQ INJ 20MG/ML	3	SP, PA
paricalcitol cap 1 mcg	1	
paricalcitol cap 2 mcg	1	
paricalcitol cap 4 mcg	1	
PHEBURANE MIS 483/GM	3	SP, PA
RAVICTI LIQ 1.1GM/ML	3	SP, PA
RAYALDEE CAP 30MCG	3	
sapropterin dihydrochloride powder packet 100 mg	1	PA
sapropterin dihydrochloride powder packet 500 mg	1	PA
sapropterin dihydrochloride tab 100 mg	1	PA
SENSIPAR TAB 30MG	3	SP
SENSIPAR TAB 60MG	3	SP
SENSIPAR TAB 90MG	3	SP

Drug Name	Drug Tier	Requirements/Limits
SEPHIENCE POW 250MG	3	PA; LD
SEPHIENCE POW 1000MG	3	PA; LD
sodium phenylbutyrate oral powder 3 gm/teaspoonful	1	SP
sodium phenylbutyrate tab 500 mg	1	SP
STRENSIQ INJ 18/0.45	3	SP, PA; LD
STRENSIQ INJ 28/0.7ML	3	SP, PA; LD
STRENSIQ INJ 40MG/ML	3	SP, PA; LD
STRENSIQ INJ 80/0.8ML	3	SP, PA; LD
TRYNGOLZA INJ 50MG/0.8	3	PA; LD
TRYNGOLZA INJ 80MG/0.8	3	PA; LD
VYKAT XR TAB 25MG	3	PA; LD
VYKAT XR TAB 75MG	3	PA; LD
VYKAT XR TAB 150MG	3	PA; LD
XURIDEN POW 2GM	3	SP, PA; LD
YORVIPATH INJ 168/0.56	3	PA; LD
YORVIPATH INJ 294/0.98	3	PA; LD
YORVIPATH INJ 420/1.4	3	PA; LD
zelvysia pow 100mg	1	PA
zelvysia pow 500mg	1	PA
ZEMPLAR CAP 1MCG	3	
ZEMPLAR CAP 2MCG	3	
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TAB 10MG	3	
KERENDIA TAB 20MG	3	
KERENDIA TAB 40MG	3	
NATRIURETIC PEPTIDES		
VOXZOGO INJ 0.4MG	3	SP, PA
VOXZOGO INJ 0.56MG	3	SP, PA
VOXZOGO INJ 1.2MG	3	SP, PA
POSTERIOR PITUITARY HORMONES		
DDAVP INJ 4MCG/ML	3	NM
DDAVP TAB 0.1MG	3	
DDAVP TAB 0.2MG	3	
desmopressin acetate inj 4 mcg/ml	1	NM
desmopressin acetate nasal spray soln 0.01%	1	
desmopressin acetate nasal spray soln 0.01% (refrigerated)	1	
desmopressin acetate preservative free (pf) inj 4 mcg/ml	1	NM
desmopressin acetate tab 0.1 mg	1	
desmopressin acetate tab 0.2 mg	1	

Drug Name	Drug Tier	Requirements/Limits
DESMOPRESSIN SOL 1.5MG/ML	2	LD
PROGESTERONE RECEPTOR ANTAGONISTS		
mifepristone tab 200 mg	1	NM
PROLACTIN INHIBITORS		
cabergoline tab 0.5 mg	1	NM
SOMATOSTATIC AGENTS		
BYNFEZIA PEN INJ 2500MCG	3	
lanreotide acetate extended release inj 120 mg/0.5ml	1	SP, NM
LANREOTIDE INJ 120/.5ML	3	SP, NM
MYCAPSSA CAP 20MG	3	SP; LD
SIGNIFOR INJ 0.3MG/ML	3	SP, PA; LD
SIGNIFOR INJ 0.6MG/ML	3	SP, PA; LD
SIGNIFOR INJ 0.9MG/ML	3	SP, PA; LD
SOMATULINE INJ 60/0.2ML	3	SP, NM
SOMATULINE INJ 90/0.3ML	3	SP, NM
SOMATULINE INJ 120/.5ML	3	SP, NM
VASOPRESSIN RECEPTOR ANTAGONISTS		
JYNARQUE PAK 15MG	3	PA, NM; LD, SC
JYNARQUE PAK 30-15MG	3	PA, NM; LD, SC
JYNARQUE PAK 45-15MG	3	PA, NM; LD, SC
JYNARQUE PAK 60-30MG	3	PA, NM; LD, SC
JYNARQUE PAK 90-30MG	3	PA, NM; LD, SC
JYNARQUE TAB 15MG	3	PA, NM; LD, SC
JYNARQUE TAB 30MG	3	PA, NM; LD, SC
SAMSCA TAB 15MG	3	QL (60 tabs every 180 days), NM; LD, SC
SAMSCA TAB 30MG	3	QL (60 tabs every 180 days), NM; LD, SC
tolvaptan (autosomal dominant polycystic kidney disease) tab 15 mg	1	PA, NM; LD, SC
tolvaptan (autosomal dominant polycystic kidney disease) tab 30 mg	1	PA, NM; LD, SC
tolvaptan (autosomal dominant polycystic kidney disease) tab therapy pack 15 mg	1	PA, NM; LD, SC
tolvaptan (autosomal dominant polycystic kidney disease) tab therapy pack 30 & 15 mg	1	PA, NM; LD, SC
tolvaptan (autosomal dominant polycystic kidney disease) tab therapy pack 45 & 15 mg	1	PA, NM; LD, SC
tolvaptan (autosomal dominant polycystic kidney disease) tab therapy pack 60 & 30 mg	1	PA, NM; LD, SC

Drug Name	Drug Tier	Requirements/Limits
tolvaptan (autosomal dominant polycystic kidney disease) tab therapy pack 90 & 30 mg	1	PA, NM; LD, SC
tolvaptan (hyponatremia) tab 15 mg	1	QL (60 tabs every 180 days), NM; LD, SC
tolvaptan (hyponatremia) tab 30 mg	1	QL (60 tabs every 180 days), NM; LD, SC
ESTROGENS		
ESTROGEN COMBINATIONS		
abigale lo tab 0.5-0.1	1	
abigale tab 1-0.5mg	1	
ACTIVELLA TAB 1-0.5MG	3	
ANGELIQ TAB 0.5-1MG	3	
ANGELIQ TAB 0.25-0.5	3	
BIJUVA CAP 0.5-100	3	
BIJUVA CAP 1-100MG	3	
CLIMARA PRO DIS WEEKLY	2	
COMBIPATCH DIS	3	
DUAVEE TAB 0.45-20	3	
estradiol & norethindrone acetate tab 0.5-0.1 mg	1	
estradiol & norethindrone acetate tab 1-0.5 mg	1	
fyavolv tab 0.5-2.5	1	
fyavolv tab 1-5	1	
jinteli tab 1mg-5mcg	1	
mimvey tab 1-0.5mg	1	
MYFEMBREE TAB	2	NM
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	1	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	1	
ORIAHNN CAP	2	NM
PREMPHASE TAB	2	
PREMPRO TAB	2	
PREMPRO TAB 0.3-1.5	2	
PREMPRO TAB 0.45-1.5	2	
PREMPRO TAB 0.625-5	2	
ESTROGENS		
CLIMARA DIS 0.1MG	3	
CLIMARA DIS 0.05MG	3	
CLIMARA DIS 0.06MG	3	
CLIMARA DIS 0.025MG	3	
CLIMARA DIS 0.075MG	3	

Drug Name	Drug Tier	Requirements/Limits
CLIMARA DIS 0.0375MG	3	
DEPO-ESTRADI INJ 5MG/ML	3	NM
DIVIGEL GEL 0.5MG	3	
DIVIGEL GEL 0.25MG	3	
DIVIGEL GEL 0.75MG	3	
DIVIGEL GEL 1.25MG	3	
DIVIGEL GEL 1MG/GM	3	
dotti dis 0.1mg	1	
dotti dis 0.05mg	1	
dotti dis 0.025mg	1	
dotti dis 0.075mg	1	
dotti dis 0.0375mg	1	
ELESTRIN GEL 0.06%	3	
ESTRACE TAB 0.5MG	3	
ESTRACE TAB 1MG	3	
ESTRACE TAB 2MG	3	
estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)	1	
estradiol tab 0.5 mg	1	
estradiol tab 1 mg	1	
estradiol tab 2 mg	1	
estradiol td gel 0.5 mg/0.5gm (0.1%)	1	
estradiol td gel 0.25 mg/0.25gm (0.1%)	1	
estradiol td gel 0.75 mg/0.75gm (0.1%)	1	
estradiol td gel 1 mg/gm (0.1%)	1	
estradiol td gel 1.25 mg/1.25gm (0.1%)	1	
estradiol td patch twice weekly 0.1 mg/24hr	1	
estradiol td patch twice weekly 0.05 mg/24hr	1	
estradiol td patch twice weekly 0.025 mg/24hr	1	
estradiol td patch twice weekly 0.075 mg/24hr	1	
estradiol td patch twice weekly 0.0375 mg/24hr	1	
estradiol td patch weekly 0.1 mg/24hr	1	
estradiol td patch weekly 0.05 mg/24hr	1	
estradiol td patch weekly 0.06 mg/24hr	1	
estradiol td patch weekly 0.025 mg/24hr	1	
estradiol td patch weekly 0.075 mg/24hr	1	
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	1	
estradiol valerate im in oil 20 mg/ml	1	NM
estradiol valerate im in oil 40 mg/ml	1	NM
ESTROGEL GEL 0.06%	3	
estrogens, conjugated tab 0.3 mg	1	

Drug Name	Drug Tier	Requirements/Limits
estrogens, conjugated tab 0.9 mg	1	
estrogens, conjugated tab 0.45 mg	1	
estrogens, conjugated tab 0.625 mg	1	
estrogens, conjugated tab 1.25 mg	1	
EVAMIST SPR 1.53MG	3	
lyllana dis 0.1mg	1	
lyllana dis 0.05mg	1	
lyllana dis 0.025mg	1	
lyllana dis 0.075mg	1	
lyllana dis 0.0375mg	1	
MENEST TAB 0.3MG	3	
MENEST TAB 0.625MG	3	
MENEST TAB 1.25MG	3	
MENEST TAB 2.5MG	3	
MENOSTAR DIS 14MCG	3	
MINIVELLE DIS 0.1MG	3	
MINIVELLE DIS 0.05MG	3	
MINIVELLE DIS 0.025MG	3	
MINIVELLE DIS 0.075MG	3	
MINIVELLE DIS 0.0375MG	3	
PREMARIN TAB 0.3MG	3	
PREMARIN TAB 0.9MG	3	
PREMARIN TAB 0.45MG	3	
PREMARIN TAB 0.625MG	3	
PREMARIN TAB 1.25MG	3	
VIVELLE-DOT DIS 0.1MG	3	
VIVELLE-DOT DIS 0.05MG	3	
VIVELLE-DOT DIS 0.025MG	3	
VIVELLE-DOT DIS 0.075MG	3	
VIVELLE-DOT DIS 0.0375MG	3	
FLUOROQUINOLONES		
FLUOROQUINOLONES		
BAXDELA TAB 450MG	3	NM
CIPRO (5%) SUS 250MG/5	3	NM
CIPRO (10%) SUS 500MG/5	3	NM
ciprofloxacin hcl tab 250 mg (base equiv)	1	NM
ciprofloxacin hcl tab 500 mg (base equiv)	1	NM
ciprofloxacin hcl tab 750 mg (base equiv)	1	NM
levofloxacin oral soln 25 mg/ml	1	NM
levofloxacin tab 250 mg	1	NM
levofloxacin tab 500 mg	1	NM
levofloxacin tab 750 mg	1	NM

Drug Name	Drug Tier	Requirements/Limits
moxifloxacin hcl tab 400 mg (base equiv)	1	NM
ofloxacin tab 300 mg	1	NM
ofloxacin tab 400 mg	1	NM
GASTROINTESTINAL AGENTS - MISC.		
5-HT4 RECEPTOR AGONISTS		
MOTEGRITY TAB 1MG	3	
MOTEGRITY TAB 2MG	3	
prucalopride succinate tab 1 mg (base equivalent)	1	
prucalopride succinate tab 2 mg (base equivalent)	1	
AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)		
TRULANCE TAB 3MG	3	
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM CAP 50MG	3	SP, PA; LD
CHOLBAM CAP 250MG	3	SP, PA; LD
CTEXLI TAB 250MG	3	LD
FARNESOID X RECEPTOR (FXR) AGONISTS		
OCALIVA TAB 5MG	3	SP, PA
OCALIVA TAB 10MG	3	SP, PA
GALLSTONE SOLUBILIZING AGENTS		
URSO FORTE TAB 500MG	3	
ursodiol cap 300 mg	1	
ursodiol tab 250 mg	1	
ursodiol tab 500 mg	1	
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn sodium oral conc 100 mg/5ml	1	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
lubiprostone cap 8 mcg	1	
lubiprostone cap 24 mcg	1	
GASTROINTESTINAL STIMULANTS		
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	1	NM
metoclopramide hcl tab 5 mg (base equivalent)	1	NM
metoclopramide hcl tab 10 mg (base equivalent)	1	NM
HEPATOTROPICS		
REZDIFFRA TAB 60MG	3	PA
REZDIFFRA TAB 80MG	3	PA
REZDIFFRA TAB 100MG	3	PA

Drug Name	Drug Tier	Requirements/Limits
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS		
BYLVAY CAP 200MCG	3	PA; LD
BYLVAY CAP 400MCG	3	PA; LD
BYLVAY CAP 600MCG	3	PA; LD
BYLVAY CAP 1200MCG	3	PA; LD
LIVMARLI SOL 9.5MG/ML	3	PA; LD
LIVMARLI SOL 19MG/ML	3	PA; LD
LIVMARLI TAB 10MG	3	PA; LD
LIVMARLI TAB 15MG	3	PA; LD
LIVMARLI TAB 20MG	3	PA; LD
LIVMARLI TAB 30MG	3	PA; LD
INFLAMMATORY BOWEL AGENTS		
APRISO CAP 0.375GM	3	
AZULFIDINE TAB 500MG	3	
AZULFIDINE TAB 500MG EN	3	
balsalazide disodium cap 750 mg	1	NM
CANASA SUP 1000MG	3	NM
COLAZAL CAP 750MG	3	NM
ENTYVIO PEN INJ 108/0.68	3	PA, NM
mesalamine cap dr 400 mg	1	
mesalamine cap er 24hr 0.375 gm	1	
mesalamine cap er 250 mg	1	
mesalamine cap er 500 mg	1	
mesalamine enema 4 gm	1	NM
mesalamine suppos 1000 mg	1	NM
mesalamine tab delayed release 1.2 gm	1	
mesalamine tab delayed release 800 mg	1	NM
PENTASA CAP 250MG CR	2	
PENTASA CAP 500MG CR	2	
ROWASA KIT 4GM	3	NM
SKYRIZI INJ 180/1.2	2	SP, PA, QL (1 cartridge every 56 days)
SKYRIZI INJ 360/2.4	2	SP, PA, QL (1 cartridge every 56 days)
sulfasalazine tab 500 mg	1	
sulfasalazine tab delayed release 500 mg	1	
TREMFYA INJ 200/2ML	2	SP, PA, QL (1 pen every 28 days)
TREMFYA INJ 200/2ML	2	SP, PA, QL (1 syringe every 28 days)
VELSIPITY TAB 2MG	2	PA

Drug Name	Drug Tier	Requirements/Limits
INTESTINAL ACIDIFIERS		
enulose sol 10gm/15	1	
generlac sol 10/15ml	1	
generlac sol 10gm/15	1	
lactulose (encephalopathy) solution 10 gm/15ml	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
alosetron hcl tab 0.5 mg (base equiv)	1	PA
alosetron hcl tab 1 mg (base equiv)	1	PA
LINZESS CAP 72MCG	2	
LINZESS CAP 145MCG	2	
LINZESS CAP 290MCG	2	
LOTRONEX TAB 0.5MG	3	PA
LOTRONEX TAB 1MG	3	PA
VIBERZI TAB 75MG	3	PA
VIBERZI TAB 100MG	3	PA
LIVE FECAL MICROBIOTA		
VOWST CAP	3	PA, QL (12 caps every 30 days), NM; LD
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK TAB 12.5MG	2	NM
MOVANTIK TAB 25MG	2	NM
SYMPROIC TAB 0.2MG	3	NM
PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR(PPAR) AGONISTS		
LIVDELZI CAP 10MG	3	PA; LD
PHOSPHATE BINDER AGENTS		
AURYXIA TAB 210MG	3	
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	1	
calcium acetate (phosphate binder) tab 667 mg	1	
ferric citrate tab 1 gm (210 mg ferric iron)	1	
FOSRENOL CHW 500MG	3	
FOSRENOL CHW 750MG	3	
FOSRENOL CHW 1000MG	3	
FOSRENOL POW 750MG	3	
FOSRENOL POW 1000MG	3	
lanthanum carbonate chew tab 500 mg (elemental)	1	
lanthanum carbonate chew tab 750 mg (elemental)	1	
lanthanum carbonate chew tab 1000 mg (elemental)	1	

Drug Name	Drug Tier	Requirements/Limits
RENVELA POW 0.8GM	3	
RENVELA POW 2.4GM	3	
RENVELA TAB 800MG	3	
sevelamer carbonate packet 0.8 gm	1	
sevelamer carbonate packet 2.4 gm	1	
sevelamer carbonate tab 800 mg	1	
sevelamer hcl tab 400 mg	1	
sevelamer hcl tab 800 mg	1	
VELPHORO CHW 500MG	2	
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX KIT 5MG	3	SP, PA
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO TAB 250MG	3	LD
GENITOURINARY AGENTS - MISCELLANEOUS		
ACIDIFIERS		
K-PHOS TAB NO 2	2	NM
ALKALINIZERS		
ORACIT SOL	2	NM
ORAL CITRATE SOL	2	NM
potassium citrate tab er 5 meq (540 mg)	1	NM
potassium citrate tab er 10 meq (1080 mg)	1	NM
potassium citrate tab er 15 meq (1620 mg)	1	NM
CYSTINOSIS AGENTS		
CYSTAGON CAP 50MG	2	SP
CYSTAGON CAP 150MG	2	SP
PROCYSBI CAP 25MG	3	SP, PA; LD
PROCYSBI CAP 75MG	3	SP, PA; LD
PROCYSBI GRA 75MG	3	PA; LD
PROCYSBI GRA 300MG	3	PA; LD
GENITOURINARY IRRIGANTS		
RENACIDIN SOL	3	NM
sodium chloride irrigation soln 0.9%	1	NM
HYPEROXALURIA AGENTS		
RIVFLOZA INJ 128/0.8	3	PA
RIVFLOZA INJ 160MG/ML	3	PA
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAP 100MG	3	NM
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl tab er 24hr 10 mg	1	
AVODART CAP 0.5MG	3	
CARDURA XL TAB 4MG	3	

Drug Name	Drug Tier	Requirements/Limits
CARDURA XL TAB 8MG	3	
dutasteride cap 0.5 mg	1	
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	1	
ENTADFI CAP 5-5MG	3	NM
finasteride tab 5 mg	1	
FLOMAX CAP 0.4MG	3	
JALYN CAP 0.5-0.4	3	
PROSCAR TAB 5MG	3	
RAPAFLO CAP 4MG	3	
RAPAFLO CAP 8MG	3	
silodosin cap 4 mg	1	
silodosin cap 8 mg	1	
tamsulosin hcl cap 0.4 mg	1	
UROXATRAL TAB 10MG	3	
URINARY ANALGESICS		
phenazo tab 200mg	1	NM
phenazopyridine hcl tab 100 mg	1	NM
phenazopyridine hcl tab 200 mg	1	NM
PYRIDIUM TAB 100MG	3	NM
PYRIDIUM TAB 200MG	3	NM
URINARY STONE AGENTS		
THIOLA EC TAB 100MG	3	SP; LD
THIOLA EC TAB 300MG	3	SP; LD
THIOLA TAB 100MG	3	SP; LD
tiopronin tab 100 mg	1	SP; LD
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine w/ probenecid tab 0.5-500 mg	1	
GOUT AGENTS		
allopurinol tab 100 mg	1	
allopurinol tab 300 mg	1	
colchicine cap 0.6 mg	1	QL (60 caps every 30 days), NM
colchicine tab 0.6 mg	1	QL (60 tabs every 30 days), NM
febuxostat tab 40 mg	1	
febuxostat tab 80 mg	1	
GLOPERBA SOL 0.6/5ML	3	QL (300 mL every 30 days), NM
MITIGARE CAP 0.6MG	3	QL (60 caps every 30 days), NM

Drug Name	Drug Tier	Requirements/Limits
ULORIC TAB 40MG	3	PA
ULORIC TAB 80MG	3	PA
URICOSURICS		
probenecid tab 500 mg	1	
HEMATOLOGICAL AGENTS - MISC.		
AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA		
GIVLAARI INJ 189MG/ML	3	SP, PA, NM
BRADYKININ B2 RECEPTOR ANTAGONISTS		
FIRAZYR INJ 30MG/3ML	3	SP, PA, NM
icatibant acetate subcutaneous soln pref syr 30 mg/3ml	1	SP, PA, NM
sajazir inj 30mg/3ml	1	PA, NM; LD
COMPLEMENT INHIBITORS		
EMPAVELI INJ 1080MG	3	PA, NM; LD
HAEGARDA INJ 2000UNIT	3	SP, PA, NM
HAEGARDA INJ 3000UNIT	3	SP, PA, NM
TAVNEOS CAP 10MG	3	LD
ZILBRYSQ INJ 16.6MG	3	PA; LD
ZILBRYSQ INJ 23MG	3	PA; LD
ZILBRYSQ INJ 32.4MG	3	PA; LD
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE TAB 100MG	3	SP, PA; LD
TAVALISSE TAB 150MG	3	SP, PA; LD
HEMATORHEOLOGIC AGENTS		
pentoxifylline tab er 400 mg	1	
PLASMA FACTOR XIIA INHIBITORS		
ANDEMBRY INJ 200/1.2	3	SP, PA
PLASMA KALLIKREIN INHIBITORS		
EKTERLY TAB 300MG	3	SP, PA, NM
TAKHZYRO INJ 150MG/ML	3	SP, PA
TAKHZYRO INJ 300/2ML	3	SP, PA
PLATELET AGGREGATION INHIBITORS		
AGRYLIN CAP 0.5MG	3	
anagrelide hcl cap 0.5 mg	1	
anagrelide hcl cap 1 mg	1	
aspirin-dipyridamole cap er 12hr 25-200 mg	1	
cilostazol tab 50 mg	1	
cilostazol tab 100 mg	1	
clopidogrel bisulfate tab 75 mg (base equiv)	1	
clopidogrel bisulfate tab 300 mg (base equiv)	1	NM
dipyridamole tab 25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
dipyridamole tab 50 mg	1	
dipyridamole tab 75 mg	1	
EFFIENT TAB 5MG	3	
EFFIENT TAB 10MG	3	
PLAVIX TAB 75MG	3	
prasugrel hcl tab 5 mg (base equiv)	1	
prasugrel hcl tab 10 mg (base equiv)	1	
ticagrelor tab 60 mg	1	
ticagrelor tab 90 mg	1	
ZONTIVITY TAB 2.08MG	3	
PYRUVATE KINASE ACTIVATORS		
AQVESME TAB 100MG	3	PA, QL (60 tabs every 30 days); LD
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA CAP 84MG	3	SP, PA
miglustat cap 100 mg	1	SP, PA; LD
yargesa cap 100mg	1	SP, PA; LD
ZAVESCA CAP 100MG	3	SP, PA; LD
AGENTS FOR SICKLE CELL DISEASE		
DROXIA CAP 200MG	2	
DROXIA CAP 300MG	2	
DROXIA CAP 400MG	2	
ENDARI POW 5GM	3	SP, NM; LD
glutamine (sickle cell) powd pack 5 gm	1	NM
XROMI SOL 100MG/ML	3	
COBALAMINS		
cyanocobalamin inj 1000 mcg/ml	1	NM
dodex inj	1	NM
FOLIC ACID/FOLATES		
folic acid cap 0.8 mg	1	AGE, OTC
folic acid tab 1 mg	1	
folic acid tab 400 mcg	1	AGE, OTC, NM
folic acid tab 800 mcg	1	AGE, OTC
HEMATOPOIETIC GROWTH FACTORS		
ARANESP INJ 10MCG	3	NM; SC
ARANESP INJ 25MCG	3	NM; SC
ARANESP INJ 40MCG	3	NM; SC
ARANESP INJ 60MCG	3	NM; SC
ARANESP INJ 100MCG	3	NM; SC
ARANESP INJ 150MCG	3	NM; SC

Drug Name	Drug Tier	Requirements/Limits
ARANESP INJ 200MCG	3	NM; SC
ARANESP INJ 300MCG	3	NM; SC
ARANESP INJ 500MCG	3	NM; SC
ARMLUPEG INJ 6/0.6ML	3	NM; SC
DOPTELET SPR CAP 10MG	3	SP, PA, NM
DOPTELET TAB 20MG	3	SP, PA, NM
eltrombopag olamine powder pack for susp 12.5 mg (base eq)	1	SP
eltrombopag olamine powder pack for susp 25 mg (base equiv)	1	SP
eltrombopag olamine tab 12.5 mg (base equiv)	1	SP
eltrombopag olamine tab 25 mg (base equiv)	1	SP
eltrombopag olamine tab 50 mg (base equiv)	1	SP
eltrombopag olamine tab 75 mg (base equiv)	1	SP
EPOGEN INJ 2000/ML	3	NM; SC
EPOGEN INJ 3000/ML	3	NM; SC
EPOGEN INJ 4000/ML	3	NM; SC
EPOGEN INJ 10000/ML	3	NM; SC
EPOGEN INJ 20000/ML	3	NM; SC
FULPHILA INJ 6/0.6ML	3	NM; SC
FYLNETRA INJ 6MG/0.6	3	NM; SC
JESDUVROQ TAB 1MG	3	
JESDUVROQ TAB 2MG	3	
JESDUVROQ TAB 4MG	3	
JESDUVROQ TAB 6MG	3	
JESDUVROQ TAB 8MG	3	
LEUKINE INJ 250MCG	3	NM; SC
MIRCERA INJ 30MCG	3	NM; LD
MIRCERA INJ 50MCG	3	NM; LD
MIRCERA INJ 75MCG	3	NM; LD
MIRCERA INJ 100MCG	3	NM; LD
MIRCERA INJ 120MCG	3	NM; LD
MIRCERA INJ 150MCG	3	NM; LD
MIRCERA INJ 200MCG	3	NM; LD
MULPLETA TAB 3MG	3	PA, NM
NEULASTA INJ 6/0.6ML	3	NM; SC
NEUPOGEN INJ 300/0.5	3	NM; SC
NEUPOGEN INJ 300MCG	3	NM; SC
NEUPOGEN INJ 480/0.8	3	NM; SC
NEUPOGEN INJ 480MCG	3	NM; SC
NIVESTYM INJ 300/0.5	2	NM; SC
NIVESTYM INJ 300MCG	2	NM; SC

Drug Name	Drug Tier	Requirements/Limits
NIVESTYM INJ 480/0.8	2	NM; SC
NIVESTYM INJ 480MCG	2	NM; SC
NYVEPRIA INJ 6/0.6ML	3	NM; SC
PROCRIT INJ 2000/ML	3	NM; SC
PROCRIT INJ 3000/ML	3	NM; SC
PROCRIT INJ 4000/ML	3	NM; SC
PROCRIT INJ 10000/ML	3	NM; SC
PROCRIT INJ 20000/ML	3	NM; SC
PROCRIT INJ 40000/ML	3	NM; SC
PROMACTA POW 12.5MG	3	SP
PROMACTA POW 25MG	3	SP
PROMACTA TAB 12.5MG	3	SP
PROMACTA TAB 25MG	3	SP
PROMACTA TAB 50MG	3	SP
PROMACTA TAB 75MG	3	SP
RELEUKO INJ 300MCG	3	NM; SC
RELEUKO INJ 480MCG	3	NM; SC
RETACRIT INJ 2000UNIT	2	NM; SC
RETACRIT INJ 3000UNIT	2	NM; SC
RETACRIT INJ 4000UNIT	2	NM; SC
RETACRIT INJ 10000UNT	2	NM; SC
RETACRIT INJ 20000UNI	2	NM; SC
RETACRIT INJ 40000UNT	2	NM; SC
STIMUFEND INJ 6/0.6ML	3	NM; SC
UDENYCA INJ 6MG/0.6	2	NM; SC
UDENYCA INJ 6MG/.6ML	2	NM; SC
VAFSEO TAB 150MG	3	
VAFSEO TAB 300MG	3	
ZARXIO INJ 300/0.5	3	NM; SC
ZARXIO INJ 480/0.8	3	NM; SC
ZIEXTENZO INJ 6/0.6ML	3	NM; SC
STEM CELL MOBILIZERS		
MOZOBIL INJ	3	SP, NM
plerixafor subcutaneous inj 24 mg/1.2ml (20 mg/ml)	1	SP, NM
XOLREMDI CAP 100MG	3	SP, PA; LD
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
aminocaproic acid oral soln 0.25 gm/ml	1	NM
aminocaproic acid tab 500 mg	1	NM
aminocaproic acid tab 1000 mg	1	NM
tranexamic acid tab 650 mg	1	NM

Drug Name	Drug Tier	Requirements/Limits
HEMOSTATICS - TOPICAL		
MONSELS FERR SOL SUBSULF	2	NM
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BARBITURATE HYPNOTICS		
phenobarbital elixir 20 mg/5ml	1	
phenobarbital tab 15 mg	1	
phenobarbital tab 16.2 mg	1	
phenobarbital tab 30 mg	1	
phenobarbital tab 32.4 mg	1	
phenobarbital tab 60 mg	1	
phenobarbital tab 64.8 mg	1	
phenobarbital tab 97.2 mg	1	
phenobarbital tab 100 mg	1	
HYPNOTICS - TRICYCLIC AGENTS		
doxepin hcl (sleep) tab 3 mg (base equiv)	1	QL (30 tabs every 30 days), NM
doxepin hcl (sleep) tab 6 mg (base equiv)	1	QL (30 tabs every 30 days), NM
NON-BARBITURATE HYPNOTICS		
DORAL TAB 15MG	3	QL (30 tabs every 30 days), NM
estazolam tab 1 mg	1	QL (30 tabs every 30 days), NM
estazolam tab 2 mg	1	QL (30 tabs every 30 days), NM
eszopiclone tab 1 mg	1	QL (30 tabs every 30 days), NM
eszopiclone tab 2 mg	1	QL (30 tabs every 30 days), NM
eszopiclone tab 3 mg	1	QL (30 tabs every 30 days), NM
flurazepam hcl cap 15 mg	1	QL (30 caps every 30 days), NM
flurazepam hcl cap 30 mg	1	QL (30 caps every 30 days), NM
HALCION TAB 0.25MG	3	QL (30 tabs every 30 days), NM
RESTORIL CAP 7.5MG	3	QL (30 caps every 30 days), NM
RESTORIL CAP 15MG	3	QL (30 caps every 30 days), NM

Drug Name	Drug Tier	Requirements/Limits
RESTORIL CAP 30MG	3	QL (30 caps every 30 days), NM
temazepam cap 7.5 mg	1	QL (30 caps every 30 days), NM
temazepam cap 15 mg	1	QL (30 caps every 30 days), NM
temazepam cap 30 mg	1	QL (30 caps every 30 days), NM
triazolam tab 0.25 mg	1	QL (30 tabs every 30 days), NM
triazolam tab 0.125 mg	1	QL (30 tabs every 30 days), NM
zaleplon cap 5 mg	1	QL (30 caps every 30 days), NM
zaleplon cap 10 mg	1	QL (30 caps every 30 days), NM
zolpidem tartrate tab 5 mg	1	QL (30 tabs every 30 days), NM
zolpidem tartrate tab 10 mg	1	QL (30 tabs every 30 days), NM
zolpidem tartrate tab er 6.25 mg	1	QL (30 tabs every 30 days), NM
zolpidem tartrate tab er 12.5 mg	1	QL (30 tabs every 30 days), NM
SELECTIVE MELATONIN RECEPTOR AGONISTS		
HETLIOZ CAP 20MG	3	SP, PA; LD
HETLIOZ LQ SUS 4MG/ML	3	SP, PA; LD
ramelteon tab 8 mg	1	QL (30 tabs every 30 days), NM
tasimelteon capsule 20 mg	1	SP, PA; LD
LAXATIVES		
LAXATIVE COMBINATIONS		
gavilyte-c sol	1	NM
gavilyte-g sol	1	NM
gavilyte-n sol flav pk	1	NM
GOLYTELY SOL	3	NM
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	1	NM
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	NM
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	1	AGE, NM
SUPREP BOWEL SOL PREP KIT	3	NM

Drug Name	Drug Tier	Requirements/Limits
SUTAB TAB	3	AGE, NM
LAXATIVES - MISCELLANEOUS		
constulose sol 10/15ml	1	
lactulose solution 10 gm/15ml	1	
MACROLIDES		
AZITHROMYCIN		
azithromycin for susp 100 mg/5ml	1	NM
azithromycin for susp 200 mg/5ml	1	NM
azithromycin powd pack for susp 1 gm	1	NM
azithromycin tab 250 mg	1	NM
azithromycin tab 500 mg	1	NM
azithromycin tab 600 mg	1	NM
ZITHROMAX POW 1GM PAK	3	NM
ZITHROMAX SUS 200/5ML	3	NM
ZITHROMAX TAB 250MG	3	NM
ZITHROMAX TAB 500MG	3	NM
ZITHROMAX TAB TRI-PAK	3	NM
ZITHROMAX TAB Z-PAK	3	NM
CLARITHROMYCIN		
clarithromycin for susp 125 mg/5ml	1	NM
clarithromycin for susp 250 mg/5ml	1	NM
clarithromycin tab 250 mg	1	NM
clarithromycin tab 500 mg	1	NM
clarithromycin tab er 24hr 500 mg	1	NM
ERYTHROMYCINS		
e.e.s. 400 tab 400mg	1	NM
E.E.S. GRAN SUS 200/5ML	3	NM
ery-tab tab 250mg ec	1	NM
ery-tab tab 333mg ec	1	NM
ery-tab tab 500mg ec	1	NM
ERYPED SUS 200/5ML	3	NM
ERYPED SUS 400/5ML	3	NM
erythromycin ethylsuccinate for susp 200 mg/5ml	1	NM
erythromycin ethylsuccinate for susp 400 mg/5ml	1	NM
erythromycin ethylsuccinate tab 400 mg	1	NM
erythromycin tab 250 mg	1	NM
erythromycin tab 500 mg	1	NM
erythromycin tab delayed release 250 mg	1	NM
erythromycin tab delayed release 333 mg	1	NM

Drug Name	Drug Tier	Requirements/Limits
erythromycin tab delayed release 500 mg	1	NM
FIDAXOMICIN		
DIFICID SUS	3	NM
DIFICID TAB 200MG	3	NM
fidaxomicin tab 200 mg	1	NM
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
AIMSCO MIS LUBRICAT	3	OTC, NM
CAYA DPR	3	NM
COLOR CONDOM MIS + LUBE	3	OTC, NM
CONDOMS MIS	3	OTC, NM
DUREX EXTRA MIS SENSITIV	3	OTC, NM
DUREX MIS REALFEEL	3	OTC, NM
DUREX MIS TROPICAL	3	OTC, NM
FANTASY LUBR MIS	3	OTC, NM
FANTASY LUBR MIS COLORS	3	OTC, NM
FANTASY LUBR MIS SPERMICI	3	OTC, NM
FANTASY MIS LUBRICAT	3	OTC, NM
FC2 FEMALE MIS CONDOM	3	OTC, NM
FEMCAP MIS 22MM	3	NM
FEMCAP MIS 26MM	3	NM
FEMCAP MIS 30MM	3	NM
KAMELEON LUB MIS COLORS	3	OTC, NM
KAMELEON MIS TRI-COLR	3	OTC, NM
KIMONO COLOR MIS	3	OTC, NM
KIMONO MAXX MIS LG FLARE	3	OTC, NM
KIMONO MICRO MIS THIN	3	OTC, NM
KIMONO MICRO MIS THIN +	3	OTC, NM
KIMONO MICRO MIS THIN PLS	3	OTC, NM
KIMONO MIS LUBRICAT	3	OTC, NM
KIMONO MIS SENSATIO	3	OTC, NM
KIMONO PLUS MIS LUBRICAT	3	OTC, NM
KIMONO PLUS MIS SPERMICI	3	OTC, NM
KIMONO PS MIS LUBRICAT	3	OTC, NM
KIMONO PS MIS PLUS	3	OTC, NM
KIMONO SENSA MIS PLUS	3	OTC, NM
KIMONO SPEC MIS	3	OTC, NM
MAXX MIS LUBRICAT	3	OTC, NM
MAXX PLUS MIS SPERMICI	3	OTC, NM
NATURAL COND MIS + LUBE	3	OTC, NM
OMNIFLEX DPR	3	NM
REALITY MIS LUBRICAT	3	OTC, NM

Drug Name	Drug Tier	Requirements/Limits
REALITY ULTR MIS TEXTURED	3	OTC, NM
REALITY ULTR MIS THIN	3	OTC, NM
TROJAN MAGN MIS	3	OTC, NM
TROJAN MIS BARESKIN	3	OTC, NM
TROJAN MIS ENZ	3	OTC, NM
TROJAN ULTRA MIS RIBBED	3	OTC, NM
TROJAN ULTRA MIS THIN	3	OTC, NM
TROJAN-ENZ MIS LUBRICAT	3	OTC, NM
TROJAN-ENZ MIS W/SPERMI	3	OTC, NM
TRUE COVER MIS CONDOM	3	OTC, NM
TRUSTEX LUBR MIS ASSORTED	3	OTC, NM
TRUSTEX LUBR MIS BANANA	3	OTC, NM
TRUSTEX LUBR MIS CHOC	3	OTC, NM
TRUSTEX LUBR MIS COLA	3	OTC, NM
TRUSTEX LUBR MIS COLORS	3	OTC, NM
TRUSTEX LUBR MIS EX LARGE	3	OTC, NM
TRUSTEX LUBR MIS EX STR	3	OTC, NM
TRUSTEX LUBR MIS GRAPE	3	OTC, NM
TRUSTEX LUBR MIS MINT	3	OTC, NM
TRUSTEX LUBR MIS RIB/STUD	3	OTC, NM
TRUSTEX LUBR MIS SPERMICI	3	OTC, NM
TRUSTEX LUBR MIS STRWBRY	3	OTC, NM
TRUSTEX LUBR MIS VANILLA	3	OTC, NM
TRUSTEX MIS BANANA	3	OTC, NM
TRUSTEX MIS CHOCOLAT	3	OTC, NM
TRUSTEX MIS FLAVORS	3	OTC, NM
TRUSTEX MIS MINT	3	OTC, NM
TRUSTEX MIS STRWBRY	3	OTC, NM
TRUSTEX MIS VANILLA	3	OTC, NM
TRUSTEX/RIA MIS LUBRICAT	3	OTC, NM
TRUSTEX/RIA MIS NON-LUB	3	OTC, NM
TRUSTEX/RIA MIS SPERMICI	3	OTC, NM
TRUSTX NON-9 MIS RIB/STUD	3	OTC, NM
WIDE-SEAL DPR KIT 60	3	NM
WIDE-SEAL DPR KIT 65	3	NM
WIDE-SEAL DPR KIT 70	3	NM
WIDE-SEAL DPR KIT 75	3	NM
WIDE-SEAL DPR KIT 80	3	NM
WIDE-SEAL DPR KIT 85	3	NM
WIDE-SEAL DPR KIT 90	3	NM
WIDE-SEAL DPR KIT 95	3	NM

Drug Name	Drug Tier	Requirements/Limits
DIABETIC SUPPLIES		
ACCU-CHEK KIT AVIVA PL	2	QL (1 kit every 365 days), OTC, NM; DC
ACCU-CHEK KIT FASTCLIX	3	OTC, NM
ACCU-CHEK KIT GUIDE	2	QL (1 kit every 365 days), OTC, NM; DC
ACCU-CHEK KIT GUIDE ME	2	QL (1 kit every 365 days), OTC, NM; DC
ACCU-CHEK KIT NANO	2	QL (1 kit every 365 days), OTC, NM; DC
ACCU-CHEK KIT SOFTCLIX	3	OTC, NM
ACCU-CHEK LIQ GUIDE	3	OTC, NM
ACCU-CHEK LIQ SMART	3	OTC, NM
ACCU-CHEK SOL	3	OTC, NM
ACCUTREND SOL GLUCOSE	3	OTC, NM
ACTI-LANCE MIS 28G	3	OTC, NM
ACTI-LANCE MIS LITE 28G	3	OTC, NM
ACTI-LANCE MIS SPEC 17G	3	OTC, NM
ACTI-LANCE MIS UNIV 23G	3	OTC, NM
ADV LANCING MIS DEVICE	3	OTC, NM
ADVANCE LIQ CONTROL	3	OTC, NM
ADVANCE LIQ INTUITIO	3	OTC, NM
ADVANCE NORM LIQ CONTROL	3	OTC, NM
ADVANTAGE MIS LANC 28G	3	OTC, NM
ADVCATE SAFE MIS LANC 21G	3	OTC, NM
ADVCATE SAFE MIS LANC 23G	3	OTC, NM
ADVCATE SAFE MIS LANC 26G	3	OTC, NM
ADVCATE SAFE MIS LANC 28G	3	OTC, NM
ADVOCATE LIQ HIGH	3	OTC, NM
ADVOCATE LIQ LOW	3	OTC, NM
ADVOCATE MIS LANC 30G	3	OTC, NM
ADVOCATE MIS LANC DEV	3	OTC, NM
ADVOCATE MIS LANCETS	3	OTC, NM
ADVOCATE+ SOL REDI-COD	3	OTC, NM
AGAMATRIX MIS 33G	3	OTC, NM
AGAMATRIX SOL HIGH	3	OTC, NM
AGAMATRIX SOL LEVEL 2	3	OTC, NM
AGAMATRIX SOL LEVEL 4	3	OTC, NM
AGAMATRIX SOL NORM/HGH	3	OTC, NM
AGAMATRIX SOL NORMAL	3	OTC, NM
AIMSCO TWIST MIS 32G	3	OTC, NM
AIMSCO TWIST MIS 33G	3	OTC, NM

Drug Name	Drug Tier	Requirements/Limits
AQUALANCE MIS 30G	3	OTC, NM
ASSURE 3 LIQ CONTROL	3	OTC, NM
ASSURE 4 LIQ LEVEL1/2	3	OTC, NM
ASSURE CMFRT MIS 28G	3	OTC, NM
ASSURE DOSE SOL NORM/HGH	3	OTC, NM
ASSURE DOSE SOL NORMAL	3	OTC, NM
ASSURE II LIQ LEVEL1/2	3	OTC, NM
ASSURE II LIQ LEVEL 1	3	OTC, NM
ASSURE LANCE MIS 21G	3	OTC, NM
ASSURE LANCE MIS 28G	3	OTC, NM
ASSURE LANCE MIS LOW FLOW	3	OTC, NM
ASSURE LANCE MIS MICRO	3	OTC, NM
ASSURE LANCE MIS SAFE 25G	3	OTC, NM
ASSURE LANCE MIS SAFE 30G	3	OTC, NM
ASSURE PRISM SOL LEVEL1/2	3	OTC, NM
ASSURE PRO LIQ LEVEL1/2	3	OTC, NM
AURORA LANCE MIS 30G	3	OTC, NM
AURORA LANCE MIS THIN 23G	3	OTC, NM
AUTO LANCET MIS	3	OTC, NM
AUTO-LANCET MIS	3	OTC, NM
AUTO-LANCET MIS MINI	3	OTC, NM
AUTOLET II KIT CLINISAF	3	OTC, NM
AUTOLET LANC MIS DEVICE	3	OTC, NM
AUTOLET LITE KIT	3	OTC, NM
AUTOLET LITE KIT CLINISAF	3	OTC, NM
AUTOLET LITE KIT STARTER	3	OTC, NM
AUTOLET LITE MIS LANCING	3	OTC, NM
AUTOLET MINI MIS	3	OTC, NM
AUTOLET PLAT MIS 1.8MM	3	OTC, NM
AUTOLET PLAT MIS 2.4MM	3	OTC, NM
AUTOLET PLAT MIS 3.0MM	3	OTC, NM
AUTOLET PLUS MIS	3	OTC, NM
BD MICROTAIN MIS LANCETS	3	NM
BD MICROTAIN MIS LANCETS	3	OTC, NM
BLULINK LIQ HIGH/LOW	3	OTC, NM
CARDIOCOM MIS LANCING	3	OTC, NM
CAREONE ADV MIS LANCING	3	OTC, NM
CAREONE LANC MIS 30G	3	OTC, NM
CAREONE LANC MIS THIN 23G	3	OTC, NM
CARESENS 30G MIS LANCETS	3	OTC, NM
CARESENS S LIQ CON A/B	3	OTC, NM
CARESENS SOL CONTROL	3	OTC, NM

Drug Name	Drug Tier	Requirements/Limits
CARETOUCH MIS EJECTOR	3	OTC, NM
CARETOUCH MIS LANC 26G	3	OTC, NM
CARETOUCH MIS LANC 28G	3	OTC, NM
CARETOUCH MIS LANC 30G	3	OTC, NM
CARETOUCH MIS TWIST 28	3	OTC, NM
CARETOUCH MIS TWIST 30	3	OTC, NM
CARETOUCH MIS TWIST 33	3	OTC, NM
CARTRIDGE MIS 3.15ML	3	NM
CHOSEN MIS 30G	3	OTC, NM
CHOSEN MIS LANCING	3	OTC, NM
CHOSEN MIS SAFE 28G	3	OTC, NM
CLEANLET 28G MIS LANCETS	3	OTC, NM
CLEVER CHECK MIS	3	OTC, NM
CLEVER CHECK MIS 30G	3	OTC, NM
CLEVR CHOICE LIQ HIGH	3	OTC, NM
CLEVR CHOICE LIQ LOW	3	OTC, NM
COAGUCHEK MIS LANCETS	3	OTC, NM
COMFORT ASSU MIS LANC 28G	3	OTC, NM
COMFORT ASSU MIS LANC 33G	3	OTC, NM
COMFORT EZ MIS 21G	3	OTC, NM
COMFORT EZ MIS 23G	3	OTC, NM
COMFORT EZ MIS 28G	3	OTC, NM
COMFORT TCH MIS LANC 28G	3	OTC, NM
COMFORT TCH MIS LANC 30G	3	OTC, NM
COMFORT TCH MIS LANC 31G	3	OTC, NM
COMFORTOUCH MIS LANCET	3	OTC, NM
CONTOUR HIGH LIQ CONTROL	3	OTC, NM
CONTOUR LOW LIQ CONTROL	3	OTC, NM
CONTOUR NEXT SOL LEVEL 1	3	OTC, NM
CONTOUR NEXT SOL LEVEL 2	3	OTC, NM
CONTOUR NORM LIQ CONTROL	3	OTC, NM
CONTOUR PLUS LIQ LEVEL 1	3	OTC, NM
CONTOUR PLUS LIQ LEVEL 2	3	OTC, NM
CONTROL HIGH SOL UNISTRIP	3	OTC, NM
CONTROL LOW SOL UNISTRIP	3	OTC, NM
CONTROL MIS SOLUTION	3	OTC, NM
CONTROL NORM SOL EASY STP	3	OTC, NM
CONTROL SOL LIQ HIGH/LOW	3	OTC, NM
CONTROL SOL LIQ LEVEL 2	3	OTC, NM
CONTROL SOL LIQ LVL 2/3	3	OTC, NM
COOL CONTROL SOL A	3	OTC, NM
COOL CONTROL SOL B	3	OTC, NM

Drug Name	Drug Tier	Requirements/Limits
CVS LANCETS MIS ORIGINAL	3	OTC, NM
CVS LANCETS MIS THIN 26G	3	OTC, NM
CVS LANCING MIS DEVICE	3	OTC, NM
DEXCOM G6 MIS RECEIVER	2	ST, QL (1 Receiver every 365 days), NM; DC
DEXCOM G6 MIS SENSOR	2	ST, QL (1 Sensor every 10 days), NM; DC
DEXCOM G6 MIS TRANSMIT	2	ST, QL (1 Transmitter every 90 days), NM; DC
DEXCOM G7 MIS RECEIVER	2	ST, QL (1 Receiver every 365 days), NM; DC
DEXCOM G7 MIS SENSOR	2	ST, QL (1 Sensor every 10 days), NM; DC
DIASCREEN 3 MIS	3	OTC, NM
DIASCREEN 5 MIS	3	OTC, NM
DIASCREEN 6 MIS	3	OTC, NM
DIASCREEN 7 MIS	3	OTC, NM
DIASCREEN 8 MIS	3	OTC, NM
DIASCREEN 9 MIS	3	OTC, NM
DIASCREEN 10 MIS	3	OTC, NM
DIASCREEN MIS 1B	3	OTC, NM
DIASCREEN MIS 1G	3	OTC, NM
DIASCREEN MIS 1K	3	OTC, NM
DIASCREEN MIS 2GK	3	OTC, NM
DIASCREEN MIS 2GP	3	OTC, NM
DIASCREEN MIS 4NL	3	OTC, NM
DIASCREEN MIS 4OBL	3	OTC, NM
DIASCREEN MIS 4PH	3	OTC, NM
DIASCREEN MIS CONTROL	3	OTC, NM
DIATHRIVE LIQ CONTROL	3	OTC, NM
DIATHRIVE MIS LANCETS	3	OTC, NM
DIATHRIVE MIS LANCING	3	OTC, NM
DIATHRIVE MIS UT 30G	3	OTC, NM
DROPLET GENT MIS LANCING	3	OTC, NM
DROPLET LANC MIS 30G	3	OTC, NM
DROPLET LANC MIS DEVICE	3	OTC, NM
DROPLET PERS MIS LANC 30G	3	OTC, NM
DROPSAFE MIS LANC 23G	3	OTC, NM
DROPSAFE MIS LANC 30G	3	OTC, NM
DUO-CARE LIQ LEVEL1/2	3	OTC, NM
EASY COMFORT MIS 30G	3	OTC, NM
EASY COMFORT MIS LANC 30G	3	OTC, NM

Drug Name	Drug Tier	Requirements/Limits
EASY COMFORT MIS LANC/30G	3	OTC, NM
EASY COMFORT MIS TWIST	3	OTC, NM
EASY MINI MIS	3	OTC, NM
EASY MINI MIS EJECT	3	OTC, NM
EASY PLUS II SOL HIGH	3	OTC, NM
EASY PLUS II SOL LOW	3	OTC, NM
EASY TALK PL SOL HIGH	3	OTC, NM
EASY TALK PL SOL LOW	3	OTC, NM
EASY TALK SOL HIGH	3	OTC, NM
EASY TALK SOL LOW	3	OTC, NM
EASY TALK SOL NORMAL	3	OTC, NM
EASY TOUCH LIQ HEALTHPR	3	OTC, NM
EASY TOUCH LIQ HIGH/LOW	3	OTC, NM
EASY TOUCH MIS	3	OTC, NM
EASY TOUCH MIS /EJECTOR	3	OTC, NM
EASY TOUCH MIS LANC/21G	3	OTC, NM
EASY TOUCH MIS LANC/23G	3	OTC, NM
EASY TOUCH MIS LANC/26G	3	OTC, NM
EASY TOUCH MIS LANC/28G	3	OTC, NM
EASY TOUCH MIS LANC/30G	3	OTC, NM
EASY TOUCH MIS LANC/32G	3	OTC, NM
EASY TOUCH MIS P-AC/21G	3	OTC, NM
EASY TOUCH MIS P-AC/23G	3	OTC, NM
EASY TOUCH MIS P-AC/26G	3	OTC, NM
EASY TOUCH MIS P-AC/28G	3	OTC, NM
EASY TOUCH MIS P-AC/30G	3	OTC, NM
EASY TOUCH MIS TWST/28G	3	OTC, NM
EASY TOUCH MIS TWST/30G	3	OTC, NM
EASY TOUCH MIS TWST/32G	3	OTC, NM
EASY TOUCH MIS TWST/33G	3	OTC, NM
EASY TOUCH SOL CONTROL	3	OTC, NM
EASY TOUCH SOL HIGH/LOW	3	OTC, NM
EASY TRAK II LIQ NORMAL	3	OTC, NM
EASY TRAK SOL HIGH	3	OTC, NM
EASY TRAK SOL LOW	3	OTC, NM
EASY TRAK SOL NORMAL	3	OTC, NM
EASYMAX 15 LIQ LEVEL2-3	3	OTC, NM
EASYMAX 15 SOL LEVEL 2	3	OTC, NM
EASYMAX LIQ NORM/HIG	3	OTC, NM
EASYMAX SOL NORMAL	3	OTC, NM
EASYSTEP HGH SOL CONTROL	3	OTC, NM
EASYSTEP LOW SOL CONTROL	3	OTC, NM

Drug Name	Drug Tier	Requirements/Limits
ELEMENT CONT LIQ NORMAL	3	OTC, NM
ELEMENT LIQ HIGH	3	OTC, NM
ELEMENT LIQ LOW	3	OTC, NM
ELEMNT COMPA SOL LEVEL 2	3	OTC, NM
ELEMNT COMPA SOL LEVEL 3	3	OTC, NM
EMBRACE CNTR LIQ HIGH	3	OTC, NM
EMBRACE EVO LIQ LEVEL 1	3	OTC, NM
EMBRACE LANC MIS 21G	3	OTC, NM
EMBRACE LANC MIS 28G	3	OTC, NM
EMBRACE LANC MIS /EJECTOR	3	OTC, NM
EMBRACE LANC MIS THIN 30G	3	OTC, NM
EMBRACE PRO LIQ GLUCOSE	3	OTC, NM
EMBRACE SOL LOW	3	OTC, NM
EMBRACE TALK SOL HIGH/L2	3	OTC, NM
EMBRACE TALK SOL LOW/L1	3	OTC, NM
ENLITE MIS SERTER	3	NM
EVOLUTION SOL NORMAL	3	OTC, NM
EX RESERVOIR MIS 3ML	3	NM
FASTCLIX MIS LANCETS	3	OTC, NM
FIFTY50 SAFE MIS LANCETS	3	OTC, NM
FINGERSTIX MIS LANCETS	3	OTC, NM
FORA CONTROL SOL HIGH	3	OTC, NM
FORA CONTROL SOL LOW	3	OTC, NM
FORA CONTROL SOL NORMAL	3	OTC, NM
FORA LANCETS MIS 30G	3	OTC, NM
FORA MIS LANCETS	3	OTC, NM
FORA MIS LANCING	3	OTC, NM
FORACARE GDH SOL HIGH	3	OTC, NM
FORACARE GDH SOL LOW	3	OTC, NM
FORACARE GDH SOL NORMAL	3	OTC, NM
FREESTYLE KIT FREE LIT	2	QL (1 kit every 365 days), OTC, NM; DC
FREESTYLE KIT LITE	2	QL (1 kit every 365 days), OTC, NM; DC
FREESTYLE KIT PREC NEO	2	QL (1 kit every 365 days), OTC, NM; DC
FREESTYLE LB KIT 2/SENSOR	2	ST, QL (1 Sensor every 14 days), NM; DC
FREESTYLE LB KIT 3/SENSOR	2	ST, QL (1 Sensor every 14 days), NM; DC
FREESTYLE LB KIT 14D/SEN	2	ST, QL (1 Sensor every 14 days), NM; DC

Drug Name	Drug Tier	Requirements/Limits
FREESTYLE LB MIS 2/READER	2	ST, QL (1 Receiver every 365 days), NM; DC
FREESTYLE LB MIS 3/READER	2	ST, QL (1 Receiver every 365 days), NM; DC
FREESTYLE LB MIS 14D/RDR	2	ST, QL (1 Receiver every 365 days), NM; DC
FREESTYLE LIQ CONTROL	3	OTC, NM
FREESTYLE MIS LANCETS	3	OTC, NM
FREESTYLE MIS LITE	2	QL (1 kit every 365 days), OTC, NM; DC
FREESTYLE MIS UNISTICK	3	OTC, NM
GE100 CONTRL SOL NORMAL	3	OTC, NM
GENTEEL LANC KIT BLUE	3	OTC, NM
GENTEEL MIS LANCETS	3	OTC, NM
GENTEEL MIS NOZZLES	3	OTC, NM
GENTEEL PLUS MIS BLACK	3	OTC, NM
GENTEEL PLUS MIS BLUE	3	OTC, NM
GENTEEL PLUS MIS PINK	3	OTC, NM
GENTEEL PLUS MIS PURPLE	3	OTC, NM
GENTEEL PLUS MIS WHITE	3	OTC, NM
GENTEEL TIPS MIS BLUE	3	OTC, NM
GENTEEL TIPS MIS CLEAR	3	OTC, NM
GENTEEL TIPS MIS GREEN	3	OTC, NM
GENTEEL TIPS MIS ORANGE	3	OTC, NM
GENTEEL TIPS MIS RAINBOW	3	OTC, NM
GENTEEL TIPS MIS VIOLET	3	OTC, NM
GENTEEL TIPS MIS YELLOW	3	OTC, NM
GLOBAL 28G MIS LANCETS	3	OTC, NM
GLOBAL 30G MIS LANCETS	3	OTC, NM
GLOBAL LANC MIS DEVICE	3	OTC, NM
GLUCOCARD 01 LIQ NORM/HGH	3	OTC, NM
GLUCOCARD 01 SOL NORMAL	3	OTC, NM
GLUCOCARD LIQ LEVEL 1	3	OTC, NM
GLUCOCARD SOL NORMAL	3	OTC, NM
GLUCOCARD SOL SHINE	3	OTC, NM
GLUCOCOM MIS 28G	3	OTC, NM
GLUCOCOM MIS 30G	3	OTC, NM
GLUCOCOM MIS 33G	3	OTC, NM
GLUCOCOM TES HIGH CON	3	OTC, NM
GLUCOCOM TES NORM CON	3	OTC, NM
GLUCOPRO SYR MIS RES 3ML	3	NM
GNP LANCETS MIS 28G	3	OTC, NM

Drug Name	Drug Tier	Requirements/Limits
GNP LANCETS MIS 30G	3	OTC, NM
GNP LANCETS MIS 33G	3	OTC, NM
GNP LANCING MIS DEVICE	3	OTC, NM
GOJJI CNTRL SOL NORMAL	3	OTC, NM
GOJJI LANCET MIS 30G	3	OTC, NM
GOJJI MIS LANC DEV	3	OTC, NM
HAEMOLANCE MIS HIGH FLO	3	OTC, NM
HAEMOLANCE MIS LOW FLOW	3	OTC, NM
HAEMOLANCE MIS PLUS	3	OTC, NM
HAEMOLANCE MIS PLUS LOW	3	OTC, NM
HAEMOLANCE MIS PLUS MAX	3	OTC, NM
HAEMOLANCE MIS PLUS PED	3	OTC, NM
HAEMOLANCE MIS RETRACT	3	OTC, NM
HYPOLANCE KIT LANCING	3	OTC, NM
IHEALTH LANC MIS DEVICE	3	OTC, NM
IHEALTH LIQ CONTROL	3	OTC, NM
ILET CONTACT MIS 23" 6MM	3	NM
ILET FLEX MIS 23" 6MM	3	NM
ILET INSET MIS 23" 6MM	3	NM
ILET INSET MIS 32" 6MM	3	NM
ILET STARTER MIS 23" 6MM	3	NM
ILET STARTER MIS 32" 6MM	3	NM
ILET STARTER MIS CONTACT	3	NM
IN TOUCH LAN MIS 30G	3	OTC, NM
IN TOUCH LAN MIS DEVICE	3	OTC, NM
IN TOUCH SOL GLUCOSE	3	OTC, NM
INCONTROL MIS LANC 28G	3	OTC, NM
INCONTROL MIS LANC 30G	3	OTC, NM
INCONTROL MIS LANC 33G	3	OTC, NM
INCONTROL MIS LANC DEV	3	OTC, NM
INFINITY SOL HIGH CON	3	OTC, NM
INFINITY SOL LOW CON	3	OTC, NM
INFINITY SOL NORM CON	3	OTC, NM
INFNTY VOICE LIQ LEVEL 2	3	OTC, NM
INFUSION SET MIS 23"/6MM	3	NM
INFUSION SET MIS 23"/9MM	3	NM
INFUSION SET MIS 24"	3	NM
INFUSION SET MIS 31"	3	NM
INFUSION SET MIS 32"/6MM	3	NM
INFUSION SET MIS 32"/9MM	3	NM
INFUSION SET MIS 43"/6MM	3	NM
INFUSION SET MIS 43"/9MM	3	NM

Drug Name	Drug Tier	Requirements/Limits
KINNEY MIS LANCETS	3	OTC, NM
KINNEY THIN MIS LANCETS	3	OTC, NM
KROGER LANCE MIS	3	OTC, NM
KROGER LANCE MIS 26G	3	OTC, NM
KROGER LANCE MIS THIN	3	OTC, NM
KROGER LANCE MIS THIN 30G	3	OTC, NM
LANCET DEVIC MIS 30G	3	OTC, NM
LANCET DEVIC MIS ADJUST	3	OTC, NM
LANCET SUPER MIS THIN 30G	3	OTC, NM
LANCET ULTRA MIS THIN 30G	3	OTC, NM
LANCET WITH MIS EJECTOR	3	OTC, NM
LANCETS MICR MIS THIN 33G	3	OTC, NM
LANCETS MIS	3	OTC, NM
LANCETS MIS 21G	3	OTC, NM
LANCETS MIS 26G	3	OTC, NM
LANCETS MIS 28G	3	OTC, NM
LANCETS MIS 28G THIN	3	OTC, NM
LANCETS MIS 30G	3	OTC, NM
LANCETS MIS 33G	3	OTC, NM
LANCETS MIS ORIGINAL	3	OTC, NM
LANCETS MIS THIN	3	OTC, NM
LANCETS SUPR MIS THIN 28G	3	OTC, NM
LANCETS ULTR MIS THIN	3	OTC, NM
LANCETS ULTR MIS THIN 31G	3	OTC, NM
LANCING DEVI MIS	3	OTC, NM
LANCING DEVI MIS 25G	3	OTC, NM
LANCING DEVI MIS 30G	3	OTC, NM
LANCING MIS DEVICE	3	OTC, NM
LANZO MIS LANCING	3	OTC, NM
LITE TOUCH MIS LANC PEN	3	OTC, NM
LITE TOUCH MIS LANCETS	3	OTC, NM
LITETOUCH MIS LANCETS	3	OTC, NM
MEDICHOICE MIS LANCET	3	OTC, NM
MEDISENSE LIQ GLUC-KET	3	OTC, NM
MEDLANCE MIS 30G PLUS	3	OTC, NM
MEDLANCE MIS PLUS 30G	3	OTC, NM
MEDLANCE PLS MIS 0.8MM	3	OTC, NM
MEDLANCE PLS MIS EXTR 21G	3	OTC, NM
MEDLANCE PLS MIS LITE 25G	3	OTC, NM
MEDLANCE PLS MIS UNIV 21G	3	OTC, NM
MEIJER LANCE MIS COLOR	3	OTC, NM
MEIJER LANCE MIS UNIV 21G	3	OTC, NM

Drug Name	Drug Tier	Requirements/Limits
MEIJER LANCE MIS UNIV 30G	3	OTC, NM
MEIJER MIS LANCETS	3	OTC, NM
MICRODOT CON SOL HIGH/LOW	3	OTC, NM
MICROLET MIS LANCETS	3	OTC, NM
MICROLET MIS NEXT	3	OTC, NM
MINI LANCING MIS DEVICE	3	OTC, NM
MINIMED MIO MIS 23"/6MM	3	NM
MINIMED MIO MIS 23"/9MM	3	NM
MINIMED MIO MIS 43"/6MM	3	NM
MINIMED MIO MIS 43"/9MM	3	NM
MINIMED PUMP MIS RES 3ML	3	NM
MINIMED QUIC MIS 18"/6MM	3	NM
MINIMED QUIC MIS 23"/6MM	3	NM
MINIMED QUIC MIS 23"/9MM	3	NM
MINIMED QUIC MIS 32"/6MM	3	NM
MINIMED QUIC MIS 32"/9MM	3	NM
MINIMED QUIC MIS 43"/6MM	3	NM
MINIMED QUIC MIS 43"/9MM	3	NM
MINIMED QUIC MIS SERTER	3	OTC, NM
MINIMED RESE MIS 1.8ML	3	NM
MINIMED RESE MIS 3ML	3	NM
MINIMED SILH MIS 32"/13MM	3	NM
MINIMED SILH MIS 32"/17MM	3	NM
MINIMED SILH MIS 43"/13MM	3	NM
MM LANCING MIS DEVICE	3	OTC, NM
MM TWIST MIS LANCETS	3	OTC, NM
MOBILE LANCE MIS 30G	3	OTC, NM
MONOLET MIS LANCETS	3	OTC, NM
MONOLET OPD MIS LANCETS	3	OTC, NM
MONOLETTOR MIS LANCETS	3	OTC, NM
MULTI-LANCET KIT DEVICE	3	OTC, NM
MULTI-LANCET MIS DEVICE	3	OTC, NM
MYGLUCOHEALT MIS LANC 30G	3	OTC, NM
MYGLUCOHEALT SOL LO/NL/HI	3	OTC, NM
NEUTEK 2TEK SOL CONTROL	3	OTC, NM
NOVA MAX GLU LIQ /KET CON	3	OTC, NM
NOVA SAFETY MIS LANC 23G	3	OTC, NM
NOVA SAFETY MIS LANC 28G	3	OTC, NM
NOVA SURE MIS LANCETS	3	OTC, NM
NOVA SUREFLX MIS LANC DEV	3	OTC, NM
OMNIPOD5 LIB KIT INTRO	2	QL (1 kit every 365 days), NM; DC

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD5 LIB MIS PODS	2	NM; DC
OMNIPOD 5 DX KIT INT G7G6	2	QL (1 kit every 365 days), NM; DC
OMNIPOD 5 DX MIS POD G7G6	2	NM; DC
OMNIPOD DASH KIT INTRO	2	QL (1 kit every 365 days), NM; DC
OMNIPOD DASH KIT PDM	2	QL (1 kit every 365 days), NM; DC
OMNIPOD DASH MIS PODS	2	NM; DC
ON-THE-GO MIS LANC 30G	3	OTC, NM
ONETOUCH DEL MIS LANC DEV	3	OTC, NM
ONETOUCH DEL MIS PLUS 30G	3	OTC, NM
ONETOUCH DEL MIS PLUS 33G	3	OTC, NM
ONETOUCH LIQ ULT CONT	3	OTC, NM
ONETOUCH LIQ ULTRA	3	OTC, NM
ONETOUCH LIQ VERIO	3	OTC, NM
ONETOUCH LIQ VERIO 4	3	OTC, NM
ONETOUCH US MIS 2 30G	3	OTC, NM
PERFECT 28G MIS LANCETS	3	OTC, NM
PERFECT 30G MIS LANCETS	3	OTC, NM
PERFECT POIN MIS LANC 28G	3	OTC, NM
PERFECT POIN MIS LANC 30G	3	OTC, NM
PIP CONTROL LIQ	3	OTC, NM
PIP LANCETS MIS 28G	3	OTC, NM
PIP LANCETS MIS 30G	3	OTC, NM
POCKETCHEM SOL EZ	3	OTC, NM
PRECISION LIQ GLUC/KET	3	OTC, NM
PRO COMFORT MIS 31G	3	OTC, NM
PRO COMFORT MIS LANC 30G	3	OTC, NM
PRO COMFORT MIS LANCETS	3	OTC, NM
PRODIGY MIS 26G	3	OTC, NM
PRODIGY MIS 28G	3	OTC, NM
PRODIGY MIS LANC DEV	3	OTC, NM
PRODIGY SOL HIGH	3	OTC, NM
PRODIGY SOL LOW	3	OTC, NM
PURE COMFORT MIS 30G LAN	3	OTC, NM
PX LANCETS MIS 28G	3	OTC, NM
PX LANCETS MIS 33G	3	OTC, NM
QC LANCETS MIS 28G	3	OTC, NM
QC LANCETS MIS 30G	3	OTC, NM
QC LANCING MIS DEVICE	3	OTC, NM
QUICK-SERTER MIS INS DEV	3	OTC, NM

Drug Name	Drug Tier	Requirements/Limits
QUICKTEK LIQ SOLUTION	3	OTC, NM
QUINTET CONT SOL HGH/NORM	3	OTC, NM
RAPID-SAFE MIS LANCING	3	OTC, NM
READYLANCE MIS 21G	3	OTC, NM
READYLANCE MIS 23G	3	OTC, NM
READYLANCE MIS 26G	3	OTC, NM
READYLANCE MIS 28G	3	OTC, NM
READYLANCE MIS 30G	3	OTC, NM
REALITY MIS LANCETS	3	OTC, NM
REALITY TRIG MIS LANCETS	3	OTC, NM
REFUAH PLUS SOL CONTROL	3	OTC, NM
RELION LANCE MIS THIN 26G	3	OTC, NM
RELION LANCE MIS THIN 30G	3	OTC, NM
RELION LANCI MIS DEVICE	3	OTC, NM
RELION MICRO MIS THIN 33G	3	OTC, NM
RELION ULTRA MIS THIN 30G	3	OTC, NM
RIGHTEST ALT MIS ADAPTOR	3	OTC, NM
RIGHTEST LIQ HIGH CON	3	OTC, NM
RIGHTEST LIQ NORM CON	3	OTC, NM
RIGHTEST MIS GD500	3	OTC, NM
RIGHTEST MIS GL300	3	OTC, NM
SAFE-T-PRO MIS LANCETS	3	OTC, NM
SAFE-T-PRO MIS PLUS	3	OTC, NM
SAFETY 21G MIS LANCETS	3	OTC, NM
SAFETY 23G MIS LANCETS	3	OTC, NM
SAFETY 28G MIS LANCETS	3	OTC, NM
SAFETY 30G MIS LANCETS	3	OTC, NM
SAFETY MIS LANCETS	3	OTC, NM
SAPS HEALTH MIS TWIST	3	OTC, NM
SAPS TWIST MIS 30G	3	OTC, NM
SAPSCARE MIS TWIST	3	OTC, NM
SB LANCETS MIS THIN	3	OTC, NM
SB LANCETS MIS ULTR THN	3	OTC, NM
SELECT-LITE KIT DEV/LANC	3	OTC, NM
SELECT-LITE MIS LANC DEV	3	OTC, NM
SEN-SERTER MIS	3	OTC, NM
SENSILANCE MIS 21G	3	OTC, NM
SENSILANCE MIS 26G	3	OTC, NM
SENSILANCE MIS 28G	3	OTC, NM
SIL-SERTER MIS INS DEV	3	OTC, NM
SILHOUETTE MIS 18"/13MM	3	NM
SILHOUETTE MIS 23"/13MM	3	NM

Drug Name	Drug Tier	Requirements/Limits
SILHOUETTE MIS 23"/17MM	3	NM
SILHOUETTE MIS 43"/17MM	3	NM
SILHOUETTE MIS COMBO	3	NM
SIMPLE DIAG MIS LANCING	3	OTC, NM
SINGLE-LET MIS 23G	3	OTC, NM
SMARTEST MIS LANCETS	3	OTC, NM
SMARTEST SOL CONTROL	3	OTC, NM
SOFTCLIX MIS LANCETS	3	OTC, NM
SOLUS V2 MIS LANC 28G	3	OTC, NM
SOLUS V2 MIS LANC 30G	3	OTC, NM
SOLUS V2 MIS LANC DEV	3	OTC, NM
SOLUS V2 SOL HIGH	3	OTC, NM
SOLUS V2 SOL LOW	3	OTC, NM
STERILANCE MIS TL 28G	3	OTC, NM
STERILANCE MIS TL 30G	3	OTC, NM
STERILANCE MIS TL 32G	3	OTC, NM
SUPER THIN MIS LANCETS	3	OTC, NM
SUPREME II LIQ HIGH/LOW	3	OTC, NM
SURE COMFORT MIS LANC 18G	3	OTC, NM
SURE COMFORT MIS LANC 21G	3	OTC, NM
SURE COMFORT MIS LANC 23G	3	OTC, NM
SURE COMFORT MIS LANC 30G	3	OTC, NM
SURE COMFORT MIS LANC PEN	3	OTC, NM
SURE COMFORT MIS LANCETS	3	OTC, NM
SURE T MIS 18"/6MM	3	NM
SURE T MIS 23"/6MM	3	NM
SURE T MIS 23"/8MM	3	NM
SURE T MIS 23"/10MM	3	NM
SURE T MIS 32"/6MM	3	NM
SURE T MIS 32"/8MM	3	NM
SURE T MIS 32"/10MM	3	NM
SUREFLEX MIS LANCETS	3	OTC, NM
SURELITE MIS LANCETS	3	OTC, NM
TAI DOC SOL NORM CON	3	OTC, NM
TANDEM MOBI MIS ASFT 30	3	NM
TANDEM MOBI MIS ASFT XC	3	NM
TANDEM MOBI MIS TRUSTEEL	3	NM
TANDEM TSLIM MIS ASFT 30	3	NM
TANDEM TSLIM MIS ASFT XC	3	NM
TANDEM TSLIM MIS TRUSTEEL	3	NM
TECHLITE AST MIS LANCETS	3	OTC, NM
TECHLITE MIS LANC 26G	3	OTC, NM

Drug Name	Drug Tier	Requirements/Limits
TECHLITE MIS LANCETS	3	OTC, NM
TRAVEL LANCE MIS ADV 28G	3	OTC, NM
TRUE COM LAN MIS SAFE 30G	3	OTC, NM
TRUE COM LAN MIS TWST 30G	3	OTC, NM
TRUE METRIX SOL LEVEL 1	3	OTC, NM
TRUE METRIX SOL LEVEL 2	3	OTC, NM
TRUE METRIX SOL LEVEL 3	3	OTC, NM
TRUEDRAW MIS LANC DEV	3	OTC, NM
TRUPLUS LANC MIS 26G	3	OTC, NM
TRUPLUS LANC MIS 28G	3	OTC, NM
TRUPLUS LANC MIS 30G	3	OTC, NM
TRUPLUS LANC MIS 33G	3	OTC, NM
TWIIST KIT REFILL	2	NM; DC
TWIIST KIT STARTER	2	QL (1 kit every 365 days), NM; DC
TWIIST REFIL KIT INFUSION	2	NM; DC
TWIST LANCET MIS 30G	3	OTC, NM
TWIST LANCET MIS 30G MULT	3	OTC, NM
ULTI-LANCE MIS CLR TIP	3	OTC, NM
ULTILET MIS 26G	3	OTC, NM
ULTILET MIS 28G	3	OTC, NM
ULTILET MIS 30G	3	OTC, NM
ULTILET MIS 33G	3	OTC, NM
ULTILET MIS LANCETS	3	OTC, NM
ULTILET MIS SAFETY	3	OTC, NM
ULTILET SAFE MIS 21G	3	OTC, NM
ULTRA THIN MIS 28G	3	OTC, NM
ULTRA THIN MIS 30G	3	OTC, NM
ULTRA THIN MIS 31G	3	OTC, NM
ULTRA THIN MIS 33G	3	OTC, NM
ULTRA THIN MIS LAN 31G	3	OTC, NM
ULTRA THIN MIS LANC 28G	3	OTC, NM
ULTRA THIN MIS LANC 30G	3	OTC, NM
ULTRA THIN MIS LANCETS	3	OTC, NM
ULTRAFLEX MIS 24"/6MM	3	NM
ULTRAFLEX MIS 24"/8MM	3	NM
ULTRAFLEX MIS 24"/10MM	3	NM
ULTRAFLEX MIS 31"/6MM	3	NM
ULTRAFLEX MIS 31"/8MM	3	NM
ULTRAFLEX MIS 31"/10MM	3	NM
ULTRAFLEX MIS 43"/8MM	3	NM
ULTRAFLEX MIS 43"/10MM	3	NM

Drug Name	Drug Tier	Requirements/Limits
UNILET EX II MIS 28G	3	OTC, NM
UNILET EXCEL MIS 23G	3	OTC, NM
UNILET G.P MIS SUPR 23G	3	OTC, NM
UNILET G.P. MIS 21G	3	OTC, NM
UNILET GP 28 MIS ULT THIN	3	OTC, NM
UNILET LANC MIS 33G	3	OTC, NM
UNILET LANCE MIS 21G	3	OTC, NM
UNILET LANCE MIS 28G	3	OTC, NM
UNILET LANCE MIS 33G	3	OTC, NM
UNILET LANCT MIS 28G	3	OTC, NM
UNILET LANCT MIS 30G	3	OTC, NM
UNILET LANCT MIS 33G	3	OTC, NM
UNILET MICRO MIS 33G	3	OTC, NM
UNILET MIS 21G	3	OTC, NM
UNILET SUPER MIS 23G	3	OTC, NM
UNILET SUPER MIS G.P. 23G	3	OTC, NM
UNISTIK 1 MIS 2.4MM	3	OTC, NM
UNISTIK 1 MIS 3.0MM	3	OTC, NM
UNISTIK 2 MIS	3	OTC, NM
UNISTIK 2 MIS 1.8MM	3	OTC, NM
UNISTIK 2 MIS 2.4MM	3	OTC, NM
UNISTIK 2 MIS COMFORT	3	OTC, NM
UNISTIK 2 MIS EXTRA	3	OTC, NM
UNISTIK 2 MIS NEONATAL	3	OTC, NM
UNISTIK 2 MIS NORMAL	3	OTC, NM
UNISTIK 2 MIS SUPER	3	OTC, NM
UNISTIK 3 MIS 1.8MM	3	OTC, NM
UNISTIK 3 MIS COMFORT	3	OTC, NM
UNISTIK 3 MIS EXTRA	3	OTC, NM
UNISTIK 3 MIS GENT 30G	3	OTC, NM
UNISTIK 3 MIS NEONATAL	3	OTC, NM
UNISTIK 3 MIS NORMAL	3	OTC, NM
UNISTIK 23G MIS NORMAL	3	OTC, NM
UNISTIK CZT MIS COMFORT	3	OTC, NM
UNISTIK CZT MIS NORMAL	3	OTC, NM
UNISTIK PRO MIS LANC 21G	3	OTC, NM
UNISTIK PRO MIS LANC 28G	3	OTC, NM
UNISTIK SAFE MIS LANC 28G	3	OTC, NM
UNISTIK SAFE MIS LANC 30G	3	OTC, NM
UNISTIK TOUC MIS LANC 21G	3	OTC, NM
UNISTIK TOUC MIS LANC 23G	3	OTC, NM
UNISTIK TOUC MIS LANC 28G	3	OTC, NM

Drug Name	Drug Tier	Requirements/Limits
UNISTIK TOUC MIS LANC 30G	3	OTC, NM
UNITSTIK PRO MIS LANC 25G	3	OTC, NM
V-GO 20 KIT	2	NM; DC
V-GO 30 KIT	2	NM; DC
V-GO 40 KIT	2	NM; DC
VANTAGE LANC MIS DEVICE	3	OTC, NM
VERASENS LIQ LEVEL 1	3	OTC, NM
VERIFINE LAN MIS MINI 21G	3	OTC, NM
VERIFINE LAN MIS MINI 23G	3	OTC, NM
VERIFINE LAN MIS MINI 28G	3	OTC, NM
VERIFINE LAN MIS MINI 30G	3	OTC, NM
VERIFINE MIS UNIV 28G	3	OTC, NM
VERIFINE MIS UNIV 30G	3	OTC, NM
VERIFINE MIS UNIV 33G	3	OTC, NM
VIVAGUARD LIQ CONTROL	3	OTC, NM
VIVAGUARD MIS 28G	3	OTC, NM
VIVAGUARD MIS 30G	3	OTC, NM
VIVAGUARD MIS LANCING	3	OTC, NM
ZEVRX TWIST MIS LANC 30G	3	OTC, NM
GI-GU OSTOMY & IRRIGATION SUPPLIES		
ADAPT CERARI MIS 2"	3	OTC, NM
ADAPT CONVEX MIS RING	3	OTC, NM
ADAPT LUBRIC LIQ DEODORNT	3	OTC, NM
ADAPT MEDIC LIQ ADHESIVE	3	OTC, NM
ADAPT MIS BARRIER	3	OTC, NM
ADAPT PST	3	OTC, NM
ADAPT RING MIS 1-3/16"	3	OTC, NM
ADAPT RING MIS 1-9/16"	3	OTC, NM
ADAPT STOMA POW	3	OTC, NM
ADH REMOVER AER MEDICAL	3	OTC, NM
ADH/BARRIER MIS REMOVER	3	OTC, NM
ALFRED MIS ALERT	3	OTC, NM
ALFRED MIS SMARTBAG	3	OTC, NM
ALFRED MIS SMARTHUB	3	OTC, NM
ALFRED POST- KIT OPERATIV	3	OTC, NM
ALFRED SMART KIT 30 DAY	3	OTC, NM
ALFRED SMART WAF WAF/BASE	3	OTC, NM
ALLKARE ADHE MIS WIPES	3	OTC, NM
ALLKARE BARR MIS WIPES	3	OTC, NM
ANCHOR DEVIC MIS LARGE	3	OTC, NM
BANISH II LIQ DEODORNT	3	OTC, NM
CERAPLUS URO MIS 19MM	3	OTC, NM

Drug Name	Drug Tier	Requirements/Limits
CERAPLUS URO MIS 25MM	3	OTC, NM
CERAPLUS URO MIS 38MM	3	OTC, NM
CERAPLUS URO MIS 55MM	3	OTC, NM
CERAPLUS URO MIS 70MM	3	OTC, NM
CLOSED MINI MIS 1"	3	OTC, NM
CLOSED MINI MIS 1-1/2"	3	OTC, NM
CLOSED MINI MIS 1-1/4"	3	OTC, NM
CLOSED MINI MIS 1-3/4"	3	OTC, NM
CLOSED MINI MIS 2"	3	OTC, NM
CLOSED POUCH MIS 1"	3	OTC, NM
CLOSED POUCH MIS 1-1/2"	3	OTC, NM
CLOSED POUCH MIS 1-1/4"	3	OTC, NM
CLOSED POUCH MIS 1-1/8"	3	OTC, NM
CLOSED POUCH MIS 1-3/4"	3	OTC, NM
CLOSED POUCH MIS 1-3/8"	3	OTC, NM
CLOSED POUCH MIS 2"	3	OTC, NM
CLOSED POUCH MIS 2-1/2"	3	OTC, NM
CLOSED POUCH MIS 2-1/4"	3	OTC, NM
CLOSED POUCH MIS 2-3/4"	3	OTC, NM
CLOSED POUCH MIS 3"	3	OTC, NM
CLOSED POUCH MIS 7/8"	3	OTC, NM
CLOSED POUCH MIS 8"	3	OTC, NM
CLOSED POUCH MIS 25MM	3	OTC, NM
CLOSED POUCH MIS 30MM	3	OTC, NM
CLOSED POUCH MIS 35MM	3	OTC, NM
CLOSED POUCH MIS 55MM	3	OTC, NM
CLOSED POUCH MIS MINI	3	OTC, NM
CLOSED POUCH MIS TO 2-1/2	3	OTC, NM
COLOST POUCH MIS EXTRA #1	3	OTC, NM
COLOST POUCH MIS EXTRA #2	3	OTC, NM
COLOST POUCH MIS EXTRA #3	3	OTC, NM
COLOST POUCH MIS REG #1	3	OTC, NM
COLOST POUCH MIS REG #2	3	OTC, NM
COLOST POUCH MIS REG #3	3	OTC, NM
COLOST POUCH MIS REG #4	3	OTC, NM
COLOST/ILEO KIT 2-1/2"	3	OTC, NM
COLOSTOMY KIT 1-3/4"	3	OTC, NM
COLOSTOMY KIT 2-3/4"	3	OTC, NM
COLOSTOMY MIS DRESSING	3	OTC, NM
CONE/TUBE KIT IRRIGATE	3	OTC, NM
CONVEX INSRT MIS 1"	3	OTC, NM
CONVEX INSRT MIS 1-1/2"	3	OTC, NM

Drug Name	Drug Tier	Requirements/Limits
CONVEX INSRT MIS 1-1/4"	3	OTC, NM
CONVEX INSRT MIS 1-1/8"	3	OTC, NM
CONVEX INSRT MIS 1-3/8"	3	OTC, NM
CONVEX INSRT MIS 1-5/8"	3	OTC, NM
CONVEX INSRT MIS 3/4"	3	OTC, NM
CONVEX INSRT MIS 19MM	3	OTC, NM
CONVEX INSRT MIS 22MM	3	OTC, NM
CONVEX INSRT MIS 25MM	3	OTC, NM
CONVEX INSRT MIS 29MM	3	OTC, NM
CONVEX INSRT MIS 32MM	3	OTC, NM
CONVEX INSRT MIS 35MM	3	OTC, NM
CONVEX INSRT MIS 38MM	3	OTC, NM
CONVEX INSRT MIS 41MM	3	OTC, NM
DRAIN MINI MIS 1-3/4"	3	OTC, NM
DRAIN MINI MIS 2-3/4"	3	OTC, NM
DRAIN MINI MIS 25MM	3	OTC, NM
DRAIN MINI MIS 30MM	3	OTC, NM
DRAIN MINI MIS 35MM	3	OTC, NM
DRAIN MINI MIS 40MM	3	OTC, NM
DRAIN MINI MIS 44MM	3	OTC, NM
DRAIN MINI MIS 55MM	3	OTC, NM
DRAIN MINI MIS 57MM	3	OTC, NM
DRAIN MINI MIS 70MM	3	OTC, NM
DRAIN MINI- MIS PCH1-1/2	3	OTC, NM
DRAIN MINI- MIS PCH1-1/4	3	OTC, NM
DRAIN MINI- MIS PCH1-3/4	3	OTC, NM
DRAIN MINI- MIS PCH 3/4"	3	OTC, NM
DRAIN MINI- MIS POUCH	3	OTC, NM
DRAIN MINI- MIS POUCH 1"	3	OTC, NM
DRAIN MINI- MIS POUCH 2"	3	OTC, NM
DRAIN POUCH KIT 57MM	3	OTC, NM
DRAIN POUCH KIT 70MM	3	OTC, NM
DRAIN POUCH KIT 102MM	3	OTC, NM
DRAIN POUCH MIS 1"	3	OTC, NM
DRAIN POUCH MIS 1-1/2"	3	OTC, NM
DRAIN POUCH MIS 1-1/4"	3	OTC, NM
DRAIN POUCH MIS 1-1/8"	3	OTC, NM
DRAIN POUCH MIS 1-3/4"	3	OTC, NM
DRAIN POUCH MIS 1-3/8"	3	OTC, NM
DRAIN POUCH MIS 1-5/8"	3	OTC, NM
DRAIN POUCH MIS 2"	3	OTC, NM
DRAIN POUCH MIS 2" PED	3	OTC, NM

Drug Name	Drug Tier	Requirements/Limits
DRAIN POUCH MIS 2-1/2"	3	OTC, NM
DRAIN POUCH MIS 2-1/4"	3	OTC, NM
DRAIN POUCH MIS 2-1/8"	3	OTC, NM
DRAIN POUCH MIS 2-3/4"	3	OTC, NM
DRAIN POUCH MIS 3"	3	OTC, NM
DRAIN POUCH MIS 3"X2.5"	3	OTC, NM
DRAIN POUCH MIS 3/4"	3	OTC, NM
DRAIN POUCH MIS 4"	3	OTC, NM
DRAIN POUCH MIS 7/8"	3	OTC, NM
DRAIN POUCH MIS 19-64MM	3	OTC, NM
DRAIN POUCH MIS 19MM	3	OTC, NM
DRAIN POUCH MIS 19MMX12"	3	OTC, NM
DRAIN POUCH MIS 22MM	3	OTC, NM
DRAIN POUCH MIS 25MM	3	OTC, NM
DRAIN POUCH MIS 25MMX12"	3	OTC, NM
DRAIN POUCH MIS 28MM	3	OTC, NM
DRAIN POUCH MIS 29MM	3	OTC, NM
DRAIN POUCH MIS 30MM	3	OTC, NM
DRAIN POUCH MIS 32MM	3	OTC, NM
DRAIN POUCH MIS 32MMX12"	3	OTC, NM
DRAIN POUCH MIS 35MM	3	OTC, NM
DRAIN POUCH MIS 38MM	3	OTC, NM
DRAIN POUCH MIS 38MMX12"	3	OTC, NM
DRAIN POUCH MIS 40MM	3	OTC, NM
DRAIN POUCH MIS 44MM	3	OTC, NM
DRAIN POUCH MIS 45MM	3	OTC, NM
DRAIN POUCH MIS 45MMX12"	3	OTC, NM
DRAIN POUCH MIS 50MM	3	OTC, NM
DRAIN POUCH MIS 50MMX12"	3	OTC, NM
DRAIN POUCH MIS 51MM	3	OTC, NM
DRAIN POUCH MIS 55MM	3	OTC, NM
DRAIN POUCH MIS 57MM	3	OTC, NM
DRAIN POUCH MIS 64MM	3	OTC, NM
DRAIN POUCH MIS 64MMX12"	3	OTC, NM
DRAIN POUCH MIS 65X75MM	3	OTC, NM
DRAIN POUCH MIS 70MM	3	OTC, NM
DRAIN POUCH MIS 102MM	3	OTC, NM
DRAIN POUCH MIS 110MM	3	OTC, NM
DRAIN POUCH MIS CLAMP	3	OTC, NM
DRAIN POUCH MIS CLEAR	3	OTC, NM
DRAIN POUCH MIS CLOSURE	3	OTC, NM
DRAIN POUCH MIS MINI 38M	3	OTC, NM

Drug Name	Drug Tier	Requirements/Limits
DRAIN POUCH MIS MINI 45M	3	OTC, NM
DRAIN POUCH MIS OPAQUE	3	OTC, NM
DRAIN POUCH MIS PED	3	OTC, NM
DRAIN POUCH MIS TO 2"	3	OTC, NM
DRAIN POUCH MIS TO 2-1/2	3	OTC, NM
DRAIN POUCH MIS TO 4"	3	OTC, NM
DRAIN TUBE MIS ADAPTER	3	OTC, NM
DRAIN TUBE MIS POUCHKIN	3	OTC, NM
DRAIN/TUBE MIS ATT DEVC	3	OTC, NM
DRAINABLE KIT TO 2-1/2	3	OTC, NM
DURAHESIVE WAF 6"X6"	3	OTC, NM
DURAHESIVE WAF 32MM 4X4	3	OTC, NM
DURAHESIVE WAF 38MM 4X4	3	OTC, NM
DURAHESIVE WAF 45MM	3	OTC, NM
DURAHESIVE WAF 45MM 4X4	3	OTC, NM
DURAHESIVE WAF 57MM	3	OTC, NM
DURAHESIVE WAF 57MM 4X4	3	OTC, NM
DURAHESIVE WAF 57MM 5X5	3	OTC, NM
DURAHESIVE WAF 70MM	3	OTC, NM
DURAHESIVE WAF 70MM 5X5	3	OTC, NM
DURAHESIVE WAF LARGE	3	OTC, NM
DURAHESIVE WAF MEDIUM	3	OTC, NM
DURAHESIVE WAF SMALL	3	OTC, NM
EAKIN COHES WAF LARGE	3	OTC, NM
EAKIN COHES WAF SLIMS	3	OTC, NM
EAKIN COHES WAF SMALL	3	OTC, NM
EAKIN COHESV MIS SEAL	3	OTC, NM
EAKIN COHESV MIS SEALS 2"	3	OTC, NM
EAKIN COHESV MIS SEALS 4"	3	OTC, NM
EAKIN FISTUL MIS WOUND	3	OTC, NM
ESTEEM MIS 19-64 MM	3	OTC, NM
ESTEEM SYNER MIS SHORT	3	OTC, NM
ESTEEM SYNER MIS STANDARD	3	OTC, NM
ESTEEM SYNG+ MIS 1-7/8"	3	OTC, NM
ESTEEM SYNR+ MIS 1-3/8"	3	OTC, NM
ESTEEM SYNR+ MIS 1-7/8"	3	OTC, NM
ESTEEM SYNR+ MIS 2-3/8"	3	OTC, NM
ESTEEM SYNRG WAF LARGE	3	OTC, NM
ESTEEM SYNRG WAF STOMAHSV	3	OTC, NM
ESTEEM+ CLOS MIS 1"	3	OTC, NM
ESTEEM+ CLOS MIS 1-3/8"	3	OTC, NM
ESTEEM+ CLOS MIS 1-3/16"	3	OTC, NM

Drug Name	Drug Tier	Requirements/Limits
ESTEEM+ CLOS MIS 1-9/16"	3	OTC, NM
ESTEEM+ CLOS MIS 2"	3	OTC, NM
ESTEEM+ CLOS MIS 20-30MM	3	OTC, NM
ESTEEM+ CLSD MIS STOMAHES	3	OTC, NM
ESTEEM+ POUC MIS 1 9/16-2	3	OTC, NM
ESTEEM+ POUC MIS 1"	3	OTC, NM
ESTEEM+ POUC MIS 1-1/2"	3	OTC, NM
ESTEEM+ POUC MIS 1-1/4"	3	OTC, NM
ESTEEM+ POUC MIS 1-1/8"	3	OTC, NM
ESTEEM+ POUC MIS 1-3/8"	3	OTC, NM
ESTEEM+ POUC MIS 1-3/16"	3	OTC, NM
ESTEEM+ POUC MIS 1-9/16"	3	OTC, NM
ESTEEM+ POUC MIS 3/4"	3	OTC, NM
ESTEEM+ POUC MIS 7/8"	3	OTC, NM
ESTEEM+ POUC MIS 8-100MM	3	OTC, NM
ESTEEM+ POUC MIS 19-64MM	3	OTC, NM
ESTEEM+ POUC MIS 20-30MM	3	OTC, NM
ESTEEM+ POUC MIS 20-70MM	3	OTC, NM
ESTEEM+ POUC MIS 30-40MM	3	OTC, NM
ESTEEM+DRAIN MIS 30-40MM	3	OTC, NM
FEATHER-LITE MIS	3	OTC, NM
FISTULA POUC MIS 3"X11"	3	OTC, NM
FLANGE CAP MIS 1-3/4"	3	OTC, NM
FLEXTEND MIS 1 1/2"	3	OTC, NM
FLEXTEND MIS 1 1/4"	3	OTC, NM
FLEXTEND MIS 1 1/8"	3	OTC, NM
FLEXTEND MIS 1"	3	OTC, NM
FLEXTEND MIS 2 1/2"	3	OTC, NM
FLEXTEND MIS 2 1/8"	3	OTC, NM
FLEXTEND MIS 2"	3	OTC, NM
FLEXTEND MIS 7/8"	3	OTC, NM
FLEXTEND MIS POUCH	3	OTC, NM
FLEXWEAR MIS 2 1/2"	3	OTC, NM
FRESHNET LIQ SCENTED	3	OTC, NM
HIGH OUTPUT MIS 1-3/4"	3	OTC, NM
HIGH OUTPUT MIS 2-1/4"	3	OTC, NM
HIGH OUTPUT MIS 2-3/4"	3	OTC, NM
ILE-SORB MIS	3	OTC, NM
ILEO B MINI MIS PLAIN	3	OTC, NM
ILEO B POUCH MIS PLAIN	3	OTC, NM
ILEO B POUCH MIS WIDE OPN	3	OTC, NM
IRR FACEPLAT MIS 1-3/4"	3	OTC, NM

Drug Name	Drug Tier	Requirements/Limits
IRR FACEPLAT MIS 2-3/4"	3	OTC, NM
IRR SLEEVES MIS	3	OTC, NM
IRRIG DRAIN MIS 1-1/2"	3	OTC, NM
IRRIG DRAIN MIS 1-3/4"	3	OTC, NM
IRRIG DRAIN MIS 2"	3	OTC, NM
IRRIG DRAIN MIS 2-1/4"	3	OTC, NM
IRRIG DRAIN MIS 2-3/4"	3	OTC, NM
IRRIG DRAIN MIS 3"	3	OTC, NM
IRRIG DRAIN MIS 4"	3	OTC, NM
IRRIG SLEEVE MIS 1-1/2"	3	OTC, NM
IRRIG SLEEVE MIS 1-3/4"	3	OTC, NM
IRRIG SLEEVE MIS 2-1/4"	3	OTC, NM
IRRIG SLEEVE MIS 2-3/4"	3	OTC, NM
IRRIG SLEEVE MIS 44MM	3	OTC, NM
IRRIG SLEEVE MIS 57MM	3	OTC, NM
IRRIG SLEEVE MIS 70MM	3	OTC, NM
IRRIG SLEEVE MIS CLOSURE	3	OTC, NM
IRRIGAITON MIS SLEEVE	3	OTC, NM
KANGAROO KIT 12FR/0.8	3	NM
KANGAROO KIT 12FR/1.2	3	NM
KANGAROO KIT 12FR/1.5	3	NM
KANGAROO KIT 12FR/1.7	3	NM
KANGAROO KIT 12FR/1CM	3	NM
KANGAROO KIT 12FR/2.3	3	NM
KANGAROO KIT 12FR/2.5	3	NM
KANGAROO KIT 12FR/2.7	3	NM
KANGAROO KIT 12FR/2CM	3	NM
KANGAROO KIT 12FR/3.5	3	NM
KANGAROO KIT 12FR/3CM	3	NM
KANGAROO KIT 12FR/4.5	3	NM
KANGAROO KIT 12FR/4CM	3	NM
KANGAROO KIT 12FR/5CM	3	NM
KANGAROO KIT 14FR/0.8	3	NM
KANGAROO KIT 14FR/1.2	3	NM
KANGAROO KIT 14FR/1.5	3	NM
KANGAROO KIT 14FR/1.7	3	NM
KANGAROO KIT 14FR/1CM	3	NM
KANGAROO KIT 14FR/2.3	3	NM
KANGAROO KIT 14FR/2.5	3	NM
KANGAROO KIT 14FR/2.7	3	NM
KANGAROO KIT 14FR/2CM	3	NM
KANGAROO KIT 14FR/3.5	3	NM

Drug Name	Drug Tier	Requirements/Limits
KANGAROO KIT 14FR/3CM	3	NM
KANGAROO KIT 14FR/4.5	3	NM
KANGAROO KIT 14FR/4CM	3	NM
KANGAROO KIT 14FR/5CM	3	NM
KANGAROO KIT 16FR/0.8	3	NM
KANGAROO KIT 16FR/1.2	3	NM
KANGAROO KIT 16FR/1.5	3	NM
KANGAROO KIT 16FR/1.7	3	NM
KANGAROO KIT 16FR/1CM	3	NM
KANGAROO KIT 16FR/2.3	3	NM
KANGAROO KIT 16FR/2.5	3	NM
KANGAROO KIT 16FR/2.7	3	NM
KANGAROO KIT 16FR/2CM	3	NM
KANGAROO KIT 16FR/3.5	3	NM
KANGAROO KIT 16FR/3CM	3	NM
KANGAROO KIT 16FR/4.5	3	NM
KANGAROO KIT 16FR/4CM	3	NM
KANGAROO KIT 16FR/5CM	3	NM
KANGAROO KIT 18FR/0.8	3	NM
KANGAROO KIT 18FR/1	3	NM
KANGAROO KIT 18FR/1.2	3	NM
KANGAROO KIT 18FR/1.5	3	NM
KANGAROO KIT 18FR/1.7	3	NM
KANGAROO KIT 18FR/2.3	3	NM
KANGAROO KIT 18FR/2.5	3	NM
KANGAROO KIT 18FR/2.7	3	NM
KANGAROO KIT 18FR/2CM	3	NM
KANGAROO KIT 18FR/3.5	3	NM
KANGAROO KIT 18FR/3CM	3	NM
KANGAROO KIT 18FR/4.5	3	NM
KANGAROO KIT 18FR/4CM	3	NM
KANGAROO KIT 18FR/5CM	3	NM
KANGAROO KIT 20FR/0.8	3	NM
KANGAROO KIT 20FR/1.2	3	NM
KANGAROO KIT 20FR/1.5	3	NM
KANGAROO KIT 20FR/1.7	3	NM
KANGAROO KIT 20FR/1CM	3	NM
KANGAROO KIT 20FR/2.3	3	NM
KANGAROO KIT 20FR/2CM	3	NM
KARAYA PST	3	OTC, NM
LITTLE ONES MIS 1-1/4"	3	OTC, NM
LITTLE ONES MIS 1-3/4"	3	OTC, NM

Drug Name	Drug Tier	Requirements/Limits
LITTLE ONES MIS POUCH	3	OTC, NM
LOOP OSTOMY MIS BRIDGE	3	OTC, NM
M9 CLEANER LIQ DECRYSTA	3	OTC, NM
M9 ODOR ELIM LIQ	3	OTC, NM
M9 ODOR ELIM LIQ SCENTED	3	OTC, NM
M9 ODOR ELIM LIQ UNSCENTD	3	OTC, NM
MICRODERM MIS 1"	3	OTC, NM
MICRODERM MIS 1-1/2"	3	OTC, NM
MICRODERM MIS 1-1/4"	3	OTC, NM
MICRODERM MIS 1-1/8"	3	OTC, NM
MICRODERM MIS 1-3/8"	3	OTC, NM
MICRODERM MIS 7/8"	3	OTC, NM
MICRODERM PL MIS 1"	3	OTC, NM
MICRODERM PL MIS 1-1/2"	3	OTC, NM
MICRODERM PL MIS 1-1/4"	3	OTC, NM
MICRODERM PL MIS 1-1/8"	3	OTC, NM
MICRODERM PL MIS 1-3/8"	3	OTC, NM
MICRODERM PL MIS 7/8"	3	OTC, NM
MICROHESIVE PST STOMA	3	OTC, NM
MINI-POUCH MIS 25MM	3	OTC, NM
MINI-POUCH MIS 30MM	3	OTC, NM
MINI-POUCH MIS 35MM	3	OTC, NM
MINI-POUCH MIS 55MM	3	OTC, NM
MOISTURE BAR OIN SKIN	3	OTC, NM
NATURA DRAIN MIS 1-3/4"	3	OTC, NM
NATURA DRAIN MIS 2-1/4"	3	OTC, NM
NATURA DRAIN MIS 2-3/4"	3	OTC, NM
NATURA DURA WAF 45MM	3	OTC, NM
NATURA DURA WAF 57MM	3	OTC, NM
NATURA DURA WAF 70MM	3	OTC, NM
NATURA STOMA WAF 45MM	3	OTC, NM
NATURA STOMA WAF 57MM	3	OTC, NM
NATURA STOMA WAF 70MM	3	OTC, NM
NATURA WAFER WAF 6"X6"	3	OTC, NM
NATURA+ CLOS MIS 1-1/2"	3	OTC, NM
NATURA+ CLOS MIS 1-3/4"	3	OTC, NM
NATURA+ CLOS MIS 2-1/4"	3	OTC, NM
NATURA+ CLOS MIS 2-3/4"	3	OTC, NM
NATURA+ POUC MIS 1-1/2"	3	OTC, NM
NATURA+ POUC MIS 1-3/4"	3	OTC, NM
NATURA+ POUC MIS 2-1/4"	3	OTC, NM
NATURA+ POUC MIS 2-3/4"	3	OTC, NM

Drug Name	Drug Tier	Requirements/Limits
NATURA+ POUC MIS 4"	3	OTC, NM
NEW IMAGE SK WAF 44-25MM	3	OTC, NM
NEW IMAGE SK WAF 44-32MM	3	OTC, NM
NEW IMAGE SK WAF 57-35MM	3	OTC, NM
NEW IMAGE SK WAF 57-38MM	3	OTC, NM
NEW IMAGE WAF 1 3/4-1"	3	OTC, NM
NEW IMAGE WAF 1-3/4"	3	OTC, NM
NEW IMAGE WAF 2 3/4-2"	3	OTC, NM
NEW IMAGE WAF 2-1/4"	3	OTC, NM
NEW IMAGE WAF 4"	3	OTC, NM
NEW IMAGE WAF 57-38MM	3	OTC, NM
NEWBORN OSTO MIS	3	OTC, NM
NIGHT DRAIN KIT SYSTEM	3	OTC, NM
NIGHT DRAIN MIS ADAPTER	3	OTC, NM
NIGHT DRAIN MIS TUBING	3	OTC, NM
NUTRIPORT KIT 16FR/2.5	3	OTC, NM
NUTRIPORT KIT 20FR/2.5	3	NM
NUTRIPORT KIT 20FR/2.7	3	NM
NUTRIPORT KIT 20FR/3.5	3	NM
NUTRIPORT KIT 20FR/3CM	3	OTC, NM
NUTRIPORT KIT 20FR/4.5	3	NM
NUTRIPORT KIT 20FR/4CM	3	NM
NUTRIPORT KIT 20FR/5CM	3	NM
NUTRIPORT KIT 24FR/0.8	3	NM
NUTRIPORT KIT 24FR/1.2	3	NM
NUTRIPORT KIT 24FR/1.5	3	NM
NUTRIPORT KIT 24FR/1.7	3	NM
NUTRIPORT KIT 24FR/1CM	3	NM
NUTRIPORT KIT 24FR/2.3	3	NM
NUTRIPORT KIT 24FR/2.5	3	NM
NUTRIPORT KIT 24FR/2.7	3	NM
NUTRIPORT KIT 24FR/2CM	3	NM
NUTRIPORT KIT 24FR/3.5	3	NM
NUTRIPORT KIT 24FR/3CM	3	NM
NUTRIPORT KIT 24FR/4.5	3	NM
NUTRIPORT KIT 24FR/4CM	3	NM
NUTRIPORT KIT 24FR/5CM	3	OTC, NM
ODOR SPR	3	OTC, NM
OP END DRAIN MIS LARGE	3	OTC, NM
OP END DRAIN MIS MEDIUM	3	OTC, NM
OSTOMY BELT MIS 26"-49"	3	OTC, NM
OSTOMY BELT MIS ADJUSTAB	3	OTC, NM

Drug Name	Drug Tier	Requirements/Limits
OSTOMY BELT MIS LARGE	3	OTC, NM
OSTOMY BELT MIS MEDIUM	3	OTC, NM
OSTOMY BELT MIS PED	3	OTC, NM
OSTOMY DRO DEODORAN	3	OTC, NM
OSTOMY MINI MIS 1-1/2"	3	OTC, NM
OSTOMY MINI MIS 1-3/4"	3	OTC, NM
OSTOMY MINI MIS 2-1/4"	3	OTC, NM
OSTOMY MINI MIS 2-3/4"	3	OTC, NM
2-PC BARRIER MIS 1"	3	OTC, NM
2-PC BARRIER MIS 1-1/2"	3	OTC, NM
2-PC BARRIER MIS 1-1/4"	3	OTC, NM
2-PC BARRIER MIS 1-1/8"	3	OTC, NM
2-PC BARRIER MIS 1-3/4"	3	OTC, NM
2-PC BARRIER MIS 1-3/8"	3	OTC, NM
2-PC BARRIER MIS 1-5/8"	3	OTC, NM
2-PC BARRIER MIS 1/2"	3	OTC, NM
2-PC BARRIER MIS 2"	3	OTC, NM
2-PC BARRIER MIS 2-1/4"	3	OTC, NM
2-PC BARRIER MIS 2-3/4"	3	OTC, NM
2-PC BARRIER MIS 3-1/2"	3	OTC, NM
2-PC BARRIER MIS 3/4"	3	OTC, NM
2-PC BARRIER MIS 4"	3	OTC, NM
2-PC BARRIER MIS 5/8"	3	OTC, NM
2-PC BARRIER MIS 7/8"	3	OTC, NM
PED UROSTOMY MIS TO 1-1/2	3	OTC, NM
PREMIE OSTOM MIS TO 5/8"	3	OTC, NM
PREMIER CER MIS 1 1/2"	3	OTC, NM
PREMIER CER MIS 1 3/16"	3	OTC, NM
PREMIER CER MIS 2 1/2"	3	OTC, NM
PREMIER CER MIS 2"	3	OTC, NM
PREMIER CERA MIS 1 1/2"	3	OTC, NM
PREMIER CERA MIS 1 1/8"	3	OTC, NM
PREMIER CERA MIS 1 3/8"	3	OTC, NM
PREMIER CERA MIS 1 9/16"	3	OTC, NM
PREMIER CERA MIS 1"	3	OTC, NM
PREMIER CERA MIS 2 1/2"	3	OTC, NM
PREMIER CERA MIS 2 1/8"	3	OTC, NM
PREMIER CERA MIS 3/4	3	OTC, NM
PREMIER CERA MIS 3/4"	3	OTC, NM
PREMIER CERA MIS 7/8"	3	OTC, NM
PREMIER DRAI MIS 65X75MM	3	OTC, NM
PREMIER MIS 1"	3	OTC, NM

Drug Name	Drug Tier	Requirements/Limits
PREMIER UROS KIT KIT 64MM	3	OTC, NM
PREMIER UROS MIS 1 3/4"	3	OTC, NM
PREMIER UROS MIS 1"/25MM	3	OTC, NM
PREMIER UROS MIS 2"/51MM	3	OTC, NM
REPL FILTERS MIS	3	OTC, NM
RESTORE CRE BARRIER	3	OTC, NM
RESTORE WOUN LIQ CLEANSER	3	OTC, NM
SECU-RINGS MIS 32MM	3	OTC, NM
SECU-RINGS MIS 38MM	3	OTC, NM
SECU-RINGS MIS 45MM	3	OTC, NM
SECU-RINGS MIS 57MM	3	OTC, NM
SECU-RINGS MIS 70MM	3	OTC, NM
SECUR POUCH MIS PLAIN	3	OTC, NM
SECUR POUCH MIS WIDE OPN	3	OTC, NM
SECURI-T 1PC MIS CLOSED	3	OTC, NM
SECURI-T 1PC MIS DRAINABL	3	OTC, NM
SECURI-T 1PC MIS UROSTOMY	3	OTC, NM
SECURI-T 2PC MIS CLOSED	3	OTC, NM
SECURI-T 2PC MIS UROSTOMY	3	OTC, NM
SECURI-T 2PC WAF CONVEXIT	3	OTC, NM
SECURI-T MIS 32MMX6"	3	OTC, NM
SECURI-T MIS 32MMX10"	3	OTC, NM
SECURI-T MIS 32MMX12"	3	OTC, NM
SECURI-T MIS 38MMX10"	3	OTC, NM
SECURI-T MIS 38MMX12"	3	OTC, NM
SECURI-T MIS 45MMX6"	3	OTC, NM
SECURI-T MIS 45MMX10"	3	OTC, NM
SECURI-T MIS 45MMX12"	3	OTC, NM
SECURI-T MIS 57MMX10"	3	OTC, NM
SECURI-T MIS 57MMX12"	3	OTC, NM
SECURI-T MIS 70MMX10"	3	OTC, NM
SECURI-T MIS 70MMX12"	3	OTC, NM
SECURI-T MIS BARRIER	3	OTC, NM
SECURI-T MIS SEALS	3	OTC, NM
SECURI-T MIS WIPE	3	OTC, NM
SECURI-T PST STOMA	3	OTC, NM
SECURI-T WAF 4X4 32MM	3	OTC, NM
SECURI-T WAF 4X4 38MM	3	OTC, NM
SECURI-T WAF 4X4 45MM	3	OTC, NM
SECURI-T WAF 4X4 57MM	3	OTC, NM
SECURI-T WAF 5X5 57MM	3	OTC, NM
SECURI-T WAF 5X5 70MM	3	OTC, NM

Drug Name	Drug Tier	Requirements/Limits
SKIN BARRIER MIS 1"	3	OTC, NM
SKIN BARRIER MIS 1-1/2"	3	OTC, NM
SKIN BARRIER MIS 1-1/4"	3	OTC, NM
SKIN BARRIER MIS 1-1/8"	3	OTC, NM
SKIN BARRIER MIS 1-3/4"	3	OTC, NM
SKIN BARRIER MIS 1-3/8"	3	OTC, NM
SKIN BARRIER MIS 1-3/16"	3	OTC, NM
SKIN BARRIER MIS 1-15/16"	3	OTC, NM
SKIN BARRIER MIS 1/2"	3	OTC, NM
SKIN BARRIER MIS 2"	3	OTC, NM
SKIN BARRIER MIS 2-1/4"	3	OTC, NM
SKIN BARRIER MIS 2-3/4"	3	OTC, NM
SKIN BARRIER MIS 3/4"	3	OTC, NM
SKIN BARRIER MIS 4" X 4"	3	OTC, NM
SKIN BARRIER MIS 5/8"	3	OTC, NM
SKIN BARRIER MIS 7/8"	3	OTC, NM
SKIN BARRIER MIS 8" X 8"	3	OTC, NM
SKIN BARRIER MIS 13/16"	3	OTC, NM
SKIN BARRIER WAF	3	OTC, NM
SKIN BARRIER WAF 1-3/4"	3	OTC, NM
SKIN BARRIER WAF 2-1/4"	3	OTC, NM
SKIN BARRIER WAF 2-3/4"	3	OTC, NM
SKIN BARRIER WAF 4" X 4"	3	OTC, NM
SKIN BARRIER WAF 4"X4"	3	OTC, NM
SKIN BARRIER WAF 8" X 8"	3	OTC, NM
SKIN BARRIER WAF 31MM	3	OTC, NM
SKIN BARRIER WAF 44MM	3	OTC, NM
SKIN BARRIER WAF 57MM	3	OTC, NM
SKIN BARRIER WAF 70MM	3	OTC, NM
SKIN BARRIER WAF PEDIATRC	3	OTC, NM
SKIN CLEANS LIQ	3	OTC, NM
SKIN CONDIT CRE	3	OTC, NM
SKIN GEL PAD WIPES	3	OTC, NM
SKIN PREP MIS SPRAY	3	OTC, NM
SKIN PREP MIS WIPES	3	OTC, NM
SKIN TAC ADH MIS WIPE	3	OTC, NM
SKN/FLNG/TP MIS 1 3/4"	3	OTC, NM
SKN/FLNG/TP MIS 1-3/4"	3	OTC, NM
SKN/FLNG/TP MIS 1.75"X1"	3	OTC, NM
SKN/FLNG/TP MIS 2 1/4"	3	OTC, NM
SKN/FLNG/TP MIS 2 3/4"	3	OTC, NM
SKN/FLNG/TP MIS 44X22MM	3	OTC, NM

Drug Name	Drug Tier	Requirements/Limits
SKN/FLNG/TP MIS 57X29MM	3	OTC, NM
SKN/FLNG/TP MIS 57X32MM	3	OTC, NM
STOMA BAG MIS MEDIUM	3	OTC, NM
STOMA BAG MIS PED	3	OTC, NM
STOMA BAG MIS POST-OP	3	OTC, NM
STOMA CAP MIS 1-1/2"	3	OTC, NM
STOMA CAP MIS 1-3/4"	3	OTC, NM
STOMA CAP MIS 1-15/16"	3	OTC, NM
STOMA CAP MIS 2"	3	OTC, NM
STOMA CAP MIS 2-1/4"	3	OTC, NM
STOMA CAP MIS 2-3/4"	3	OTC, NM
STOMA CAP MIS 3"	3	OTC, NM
STOMA CAP MIS 19-50MM	3	OTC, NM
STOMA CAP MIS 50MM	3	OTC, NM
STOMA CONE KIT IRRIGATO	3	OTC, NM
STOMA CONE MIS	3	OTC, NM
STOMA CONE MIS /CONNECT	3	OTC, NM
STOMA LUBRIC LIQ	3	OTC, NM
STOMA WAFER WAF 1-1/2"	3	OTC, NM
STOMA WAFER WAF 1-3/4"	3	OTC, NM
STOMA WAFER WAF 2-1/4"	3	OTC, NM
STOMA WAFER WAF 2-3/4"	3	OTC, NM
STOMAHESIVE MIS MOLDABLE	3	OTC, NM
STOMAHESIVE POW	3	OTC, NM
STOMAHESIVE PST	3	OTC, NM
STOMAHESIVE WAF 3"X3"	3	OTC, NM
STOMAHESIVE WAF 4 X 4	3	OTC, NM
STOMAHESIVE WAF 4"X4"	3	OTC, NM
STOMAHESIVE WAF 16MM	3	OTC, NM
STOMAHESIVE WAF 19MM	3	OTC, NM
STOMAHESIVE WAF 22MM	3	OTC, NM
STOMAHESIVE WAF 25MM	3	OTC, NM
STOMAHESIVE WAF 28MM	3	OTC, NM
STOMAHESIVE WAF 32MM	3	OTC, NM
STOMAHESIVE WAF 35MM	3	OTC, NM
STOMAHESIVE WAF 38MM	3	OTC, NM
STOMAHESIVE WAF 41MM	3	OTC, NM
STOMAHESIVE WAF 45MM	3	OTC, NM
STOMAHESIVE WAF 57MM	3	OTC, NM
STOMAHESIVE WAF 70MM	3	OTC, NM
STOMAHESIVE WAF LARGE	3	OTC, NM
STOMAHESIVE WAF MEDIUM	3	OTC, NM

Drug Name	Drug Tier	Requirements/Limits
STOMAHESIVE WAF SMALL	3	OTC, NM
SUR-FIT NATU MIS MOLDABLE	3	OTC, NM
SUR-FIT NATU WAF 1-1/4"	3	OTC, NM
SUR-FIT NATU WAF 4"X4"	3	OTC, NM
SUR-FIT NATU WAF 5"X5"	3	OTC, NM
SUR-FIT NATU WAF STOMAHES	3	OTC, NM
TAIL CLOSURE MIS	3	OTC, NM
TAIL CLOSURE MIS CURVED	3	OTC, NM
TORBOT BOND LIQ CEMENT	3	OTC, NM
TWO-PIECE MIS ADHESIVE	3	OTC, NM
UROST POUCH KIT 44MM	3	OTC, NM
UROST POUCH KIT 57MM	3	OTC, NM
UROST POUCH MIS	3	OTC, NM
UROST POUCH MIS 1"	3	OTC, NM
UROST POUCH MIS 1"/25MM	3	OTC, NM
UROST POUCH MIS 1-1/2"	3	OTC, NM
UROST POUCH MIS 1-1/4"	3	OTC, NM
UROST POUCH MIS 1-1/8"	3	OTC, NM
UROST POUCH MIS 1-3/4"	3	OTC, NM
UROST POUCH MIS 1-3/8"	3	OTC, NM
UROST POUCH MIS 1/2"	3	OTC, NM
UROST POUCH MIS 2 1/4"	3	OTC, NM
UROST POUCH MIS 2"	3	OTC, NM
UROST POUCH MIS 2-1/2"	3	OTC, NM
UROST POUCH MIS 2-1/4"	3	OTC, NM
UROST POUCH MIS 2-3/4"	3	OTC, NM
UROST POUCH MIS 3/4"	3	OTC, NM
UROST POUCH MIS 5/8"	3	OTC, NM
UROST POUCH MIS 7/8"	3	OTC, NM
UROST POUCH MIS 13MM	3	OTC, NM
UROST POUCH MIS 16MM	3	OTC, NM
UROST POUCH MIS 19-45MM	3	OTC, NM
UROST POUCH MIS 19MM	3	OTC, NM
UROST POUCH MIS 22MM	3	OTC, NM
UROST POUCH MIS 25MM	3	OTC, NM
UROST POUCH MIS 28MM	3	OTC, NM
UROST POUCH MIS 32MM	3	OTC, NM
UROST POUCH MIS 35MM	3	OTC, NM
UROST POUCH MIS 38MM	3	OTC, NM
UROST POUCH MIS TO 2-1/2	3	OTC, NM
UROSTOMY KIT 70MM	3	OTC, NM
UROSTOMY KIT TO 2-1/2	3	OTC, NM

Drug Name	Drug Tier	Requirements/Limits
UROSTOMY MIS 19MM	3	OTC, NM
UROSTOMY MIS 22MM	3	OTC, NM
UROSTOMY MIS 25MM	3	OTC, NM
UROSTOMY MIS 28MM	3	OTC, NM
UROSTOMY MIS 32MM	3	OTC, NM
UROSTOMY MIS 38MM	3	OTC, NM
VISI-FLOW IR MIS STOMA	3	OTC, NM
WEBCOL ADH MIS REMOVER	3	OTC, NM
WEBCOL SKIN MIS WIPES	3	OTC, NM
MISC. DEVICES		
ALCOH-WIPE MIS 12"X12"	3	NM
ALCOHOL PAD	3	OTC, NM
ALCOHOL PAD 70%	3	OTC, NM
ALCOHOL PAD PREP	3	OTC, NM
ALCOHOL PADS PAD 70%	3	OTC, NM
ALCOHOL PREP PAD	3	OTC, NM
ALCOHOL PREP PAD 70%	3	OTC, NM
ALCOHOL PREP PAD MED 70%	3	OTC, NM
ALCOHOL PREP PAD PADS 70%	3	OTC, NM
ALCOHOL SWAB PAD	3	OTC, NM
ALCOHOL SWAB PAD 70%	3	OTC, NM
ALCOHOL SWAB PAD EX-THICK	3	OTC, NM
AUM ALCOHOL PAD PREP 70%	3	OTC, NM
BD SWAB REG PAD SNGL USE	3	OTC, NM
CARETOUCH PAD ALCOHOL	3	OTC, NM
COMFRT TOUCH PAD ALC PREP	3	OTC, NM
CURITY PREP PAD ALCOHOL	3	OTC, NM
EASY COMFORT PAD ALCOHOL	3	OTC, NM
ESSENTRA MIS 9X9"	3	NM
FIFTY50 PREP PAD PADS	3	OTC, NM
GLOBAL PREP PAD PADS	3	OTC, NM
GNP ALCOHOL PAD SWABS	3	OTC, NM
INCONTROL PAD ALCOHOL	3	OTC, NM
PREP PADS PAD	3	OTC, NM
PRO COMFORT PAD ALCOHOL	3	OTC, NM
PURE COMFORT PAD	3	OTC, NM
QC ALCOHOL PAD SWABS	3	OTC, NM
REALITY SWAB PAD	3	OTC, NM
SAPS CARE PAD ALCOHOL	3	OTC, NM
SAPS HEALTH PAD ALCOHOL	3	OTC, NM
SB ALCOHOL PAD PREP	3	OTC, NM
TRUE COMFORT PAD PRO	3	OTC, NM

Drug Name	Drug Tier	Requirements/Limits
ULTICARE PAD ALCOHOL	3	OTC, NM
ULTILET PAD ALCOHOL	3	OTC, NM
WEBCOL PREP PAD LARGE	3	OTC, NM
WEBCOL PREP PAD MEDIUM	3	OTC, NM
ZEVRX STERIL PAD ALCHOL	3	OTC, NM
PARENTERAL THERAPY SUPPLIES		
AQINJECT PEN MIS 31GX3/16	3	NM
AQINJECT PEN MIS 32GX5/32	3	NM
ASSURE ID MIS 30GX5/16	3	OTC, NM
ASSURE ID MIS 30GX5MM	3	OTC, NM
ASSURE ID MIS 31GX5MM	3	OTC, NM
AUM MINI PEN MIS 32GX4MM	3	OTC, NM
AUM MINI PEN MIS 32GX5MM	3	OTC, NM
AUM MINI PEN MIS 32GX6MM	3	OTC, NM
AUM MINI PEN MIS 32GX8MM	3	OTC, NM
AUM MINI PEN MIS 33GX4MM	3	OTC, NM
AUM MINI PEN MIS 33GX5MM	3	OTC, NM
AUM MINI PEN MIS 33GX6MM	3	OTC, NM
AUM READYGRD MIS 32GX4MM	3	OTC, NM
AUM SAFETY MIS 31GX4MM	3	OTC, NM
AUM SAFETY MIS 31GX5MM	3	OTC, NM
AUTOSHIELD MIS 30GX5MM	3	OTC, NM
BD PEN NEEDL MIS 29GX12.7	3	OTC, NM
BD PEN NEEDL MIS 31GX5MM	3	OTC, NM
BD PEN NEEDL MIS 31GX8MM	3	OTC, NM
BD PEN NEEDL MIS 32GX4MM	3	OTC, NM
BD PEN NEEDL MIS 32GX6MM	3	OTC, NM
CAREFINE MIS 31GX8MM	3	OTC, NM
CAREFINE MIS 32GX4MM	3	OTC, NM
CAREFINE MIS 32GX5MM	3	OTC, NM
CAREFINE MIS 32GX6MM	3	OTC, NM
CARETOUCH MIS 31GX5MM	3	OTC, NM
CARETOUCH MIS 31GX6MM	3	OTC, NM
CARETOUCH MIS 31GX8MM	3	OTC, NM
CARETOUCH MIS 32GX4MM	3	OTC, NM
CARETOUCH MIS 32GX5MM	3	OTC, NM
COMFORT EZ MIS 29GX12MM	3	OTC, NM
COMFORT EZ MIS 30GX8MM	3	OTC, NM
COMFORT EZ MIS 31GX4MM	3	OTC, NM
COMFORT EZ MIS 31GX5/16	3	OTC, NM
COMFORT EZ MIS 31GX5MM	3	OTC, NM
COMFORT EZ MIS 31GX6MM	3	OTC, NM

Drug Name	Drug Tier	Requirements/Limits
COMFORT EZ MIS 31GX8MM	3	OTC, NM
COMFORT EZ MIS 32GX4MM	3	OTC, NM
COMFORT EZ MIS 32GX5MM	3	OTC, NM
COMFORT EZ MIS 32GX6MM	3	OTC, NM
COMFORT EZ MIS 32GX8MM	3	OTC, NM
COMFORT EZ MIS 33GX4MM	3	OTC, NM
COMFORT EZ MIS 33GX5MM	3	OTC, NM
COMFORT EZ MIS 33GX6MM	3	OTC, NM
COMFORT EZ MIS 33GX8MM	3	OTC, NM
COMFORT TOUC MIS 31GX4MM	3	OTC, NM
COMFORT TOUC MIS 31GX5MM	3	OTC, NM
COMFORT TOUC MIS 31GX6MM	3	OTC, NM
COMFORT TOUC MIS 31GX8MM	3	OTC, NM
COMFORT TOUC MIS 32GX4MM	3	OTC, NM
COMFORT TOUC MIS 32GX5MM	3	OTC, NM
COMFORT TOUC MIS 32GX6MM	3	OTC, NM
COMFORT TOUC MIS 32GX8MM	3	OTC, NM
COMFORT TOUC MIS 33GX1/4"	3	OTC, NM
COMFORT TOUC MIS 33GX3/16	3	OTC, NM
COMFORT TOUC MIS 33GX5/32	3	OTC, NM
DIATHRIVE MIS 31GX5MM	3	OTC, NM
DIATHRIVE MIS 31GX6MM	3	OTC, NM
DIATHRIVE MIS 31GX8MM	3	OTC, NM
DIATHRIVE MIS 32GX4MM	3	OTC, NM
DROPLET MICR MIS 34GX9/64	3	OTC, NM
DROPSAFE MIS 31GX4MM	3	OTC, NM
DROPSAFE MIS 31GX5MM	3	OTC, NM
DROPSAFE MIS 31GX8MM	3	OTC, NM
EASY COMFORT MIS 29GX4MM	3	OTC, NM
EASY COMFORT MIS 29GX5MM	3	OTC, NM
EASY COMFORT MIS 31GX1/4"	3	OTC, NM
EASY COMFORT MIS 31GX3/16	3	OTC, NM
EASY COMFORT MIS 31GX5/16	3	OTC, NM
EASY COMFORT MIS 31GX5MM	3	OTC, NM
EASY COMFORT MIS 31GX6MM	3	OTC, NM
EASY COMFORT MIS 32GX4MM	3	OTC, NM
EASY COMFORT MIS 32GX5/32	3	OTC, NM
EASY TOUCH MIS 29GX1/2"	3	OTC, NM
EASY TOUCH MIS 29GX5MM	3	OTC, NM
EASY TOUCH MIS 29GX8MM	3	OTC, NM
EASY TOUCH MIS 30G	3	OTC, NM
EASY TOUCH MIS 31GX1/4"	3	OTC, NM

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH MIS 31GX3/16	3	OTC, NM
EASY TOUCH MIS 31GX5/16	3	OTC, NM
EASY TOUCH MIS 32GX1/4"	3	OTC, NM
EASY TOUCH MIS 32GX3/16	3	OTC, NM
EASY TOUCH MIS 32GX5/32	3	OTC, NM
EASY TOUCH MIS 32GX5MM	3	OTC, NM
EASY TOUCH MIS 32GX6MM	3	OTC, NM
EMBECTA AUTO MIS DUO	3	OTC, NM
EMBECTA NANO MIS 32GX4MM	3	OTC, NM
EMBECTA UF MIS 29GX12.7	3	OTC, NM
EMBECTA UF MIS 31GX5MM	3	OTC, NM
EMBECTA UF MIS 31GX8MM	3	OTC, NM
EMBECTA UF MIS 32GX6MM	3	OTC, NM
FIFTY50 MIS 31GX3/16	3	OTC, NM
FIFTY50 MIS 31GX5/16	3	OTC, NM
FIFTY50 MIS 31GX5MM	3	OTC, NM
FIFTY50 PEN MIS 31GX8MM	3	OTC, NM
FIFTY50 PEN MIS 32GX4MM	3	OTC, NM
FIFTY50 PEN MIS 32GX6MM	3	OTC, NM
GNP PEN NEED MIS 31GX5MM	3	OTC, NM
GNP PEN NEED MIS 31GX8MM	3	OTC, NM
GNP PEN NEED MIS 32GX4MM	3	OTC, NM
GNP PEN NEED MIS 32GX6MM	3	OTC, NM
GNP ULTICARE MIS 31GX5/16	3	OTC, NM
GNP ULTICARE MIS 31GX5MM	3	OTC, NM
GNP ULTICARE MIS 32GX1/4"	3	OTC, NM
GNP ULTICARE MIS 32GX5/32	3	OTC, NM
HM INSULIN S MIS 0.3/31G	3	OTC, NM
HM INSULIN S MIS 1ML/30G	3	OTC, NM
HM ULTICARE MIS 31GX8MM	3	OTC, NM
IN CONTROL MIS 31GX3/16	3	OTC, NM
IN CONTROL MIS 31GX5MM	3	OTC, NM
IN CONTROL MIS 31GX6MM	3	OTC, NM
IN CONTROL MIS 31GX8MM	3	OTC, NM
INCONTROL MIS 29GX12MM	3	OTC, NM
INCONTROL MIS 31GX6MM	3	OTC, NM
INCONTROL MIS 31GX8MM	3	OTC, NM
INCONTROL MIS 32GX4MM	3	OTC, NM
INS SY 0.3ML MIS 31GX5/16	3	OTC, NM
INS SY 0.5ML MIS 30GX1/2"	3	OTC, NM
INS SY 0.5ML MIS 30GX5/16	3	OTC, NM
INS SY 1/2ML MIS 30GX1/2"	3	OTC, NM

Drug Name	Drug Tier	Requirements/Limits
INS SYR 1ML MIS 30GX1/2"	3	OTC, NM
INS SYR 1ML MIS 30GX5/16	3	OTC, NM
INS SYR 1ML MIS 31GX5/16	3	OTC, NM
INS SYR U500 MIS 0.5/31G	3	NM
INS SYR U500 MIS 31GX6MM	3	NM
INSULIN SRYG MIS 1ML/32G	3	OTC, NM
INSULIN SYR MIS BARR 1ML	3	OTC, NM
INSULIN SYRG MIS 0.3/29G	3	NM
INSULIN SYRG MIS 0.3/29G	3	OTC, NM
INSULIN SYRG MIS 0.3/30G	3	NM
INSULIN SYRG MIS 0.3/30G	3	OTC, NM
INSULIN SYRG MIS 0.3/31G	3	NM
INSULIN SYRG MIS 0.3/31G	3	OTC, NM
INSULIN SYRG MIS 0.3ML/31	3	OTC, NM
INSULIN SYRG MIS 0.5/27G	3	OTC, NM
INSULIN SYRG MIS 0.5/28G	3	NM
INSULIN SYRG MIS 0.5/28G	3	OTC, NM
INSULIN SYRG MIS 0.5/29G	3	OTC, NM
INSULIN SYRG MIS 0.5/30G	3	NM
INSULIN SYRG MIS 0.5/30G	3	OTC, NM
INSULIN SYRG MIS 0.5/31G	3	NM
INSULIN SYRG MIS 0.5/31G	3	OTC, NM
INSULIN SYRG MIS 0.5/32G	3	OTC, NM
INSULIN SYRG MIS 1/2ML/30	3	OTC, NM
INSULIN SYRG MIS 1/2ML/31	3	OTC, NM
INSULIN SYRG MIS 1ML	3	NM
INSULIN SYRG MIS 1ML	3	OTC, NM
INSULIN SYRG MIS 1ML/25G	3	OTC, NM
INSULIN SYRG MIS 1ML/27G	3	NM
INSULIN SYRG MIS 1ML/27G	3	OTC, NM
INSULIN SYRG MIS 1ML/28G	3	NM
INSULIN SYRG MIS 1ML/28G	3	OTC, NM
INSULIN SYRG MIS 1ML/29G	3	NM
INSULIN SYRG MIS 1ML/29G	3	OTC, NM
INSULIN SYRG MIS 1ML/30G	3	NM
INSULIN SYRG MIS 1ML/30G	3	OTC, NM
INSULIN SYRG MIS 1ML/31G	3	OTC, NM
INSULIN SYRG MIS 1ML/32G	3	OTC, NM
INSULIN SYRG MIS 2/27.5G	3	OTC, NM
INSULIN SYRG MIS 27GX1/2"	3	NM
INSULIN SYRG MIS 27GX1/2"	3	OTC, NM
INSULIN SYRG MIS 28GX1/2"	3	NM

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRG MIS 28GX1/2"	3	OTC, NM
INSULIN SYRG MIS 28GX12MM	3	OTC, NM
INSULIN SYRG MIS 29GX1/2"	3	NM
INSULIN SYRG MIS 29GX1/2"	3	OTC, NM
INSULIN SYRG MIS 29GX12MM	3	OTC, NM
INSULIN SYRG MIS 30GX1/2"	3	NM
INSULIN SYRG MIS 30GX1/2"	3	OTC, NM
INSULIN SYRG MIS 30GX5/16	3	NM
INSULIN SYRG MIS 30GX5/16	3	OTC, NM
INSULIN SYRG MIS 30GX8MM	3	OTC, NM
INSULIN SYRG MIS 30GX12MM	3	OTC, NM
INSULIN SYRG MIS 31GX5/16	3	NM
INSULIN SYRG MIS 31GX5/16	3	OTC, NM
INSULIN SYRG MIS 31GX8MM	3	OTC, NM
INSULIN SYRI MIS 0.3/31G	3	OTC, NM
INSUPEN32G MIS 32GX6MM	3	OTC, NM
INSUPEN MIS 29GX12MM	3	OTC, NM
INSUPEN MIS 31GX5MM	3	OTC, NM
INSUPEN MIS 31GX8MM	3	OTC, NM
INSUPEN MIS 32GX4MM	3	OTC, NM
LITETOUCH MIS 29GX12.7	3	OTC, NM
LITETOUCH MIS 31GX8MM	3	OTC, NM
MAXICOMFORT MIS 27GX1/2	3	OTC, NM
MAXICOMFORT MIS 27GX1/2"	3	OTC, NM
MAXICOMFORT MIS 31GX1/4"	3	OTC, NM
MM PENTIPS MIS 29GX12MM	3	NM
MM PENTIPS MIS 31GX5MM	3	NM
MM PENTIPS MIS 31GX8MM	3	NM
MM PENTIPS MIS 32GX4MM	3	NM
NOVOFINE MIS 32GX6MM	3	OTC, NM
NOVOFINE PLS MIS 32GX4MM	3	OTC, NM
PEN NEEDLE MIS 29GX1/2"	3	OTC, NM
PEN NEEDLE MIS 29GX3/16	3	OTC, NM
PEN NEEDLE MIS 29GX5/16	3	OTC, NM
PEN NEEDLE MIS 31GX3/16	3	OTC, NM
PEN NEEDLE MIS 31GX4MM	3	OTC, NM
PEN NEEDLE MIS 31GX5/16	3	OTC, NM
PEN NEEDLE MIS 31GX5MM	3	OTC, NM
PEN NEEDLE MIS 31GX6MM	3	OTC, NM
PEN NEEDLE MIS 31GX8MM	3	OTC, NM
PEN NEEDLE MIS 32GX1/4"	3	OTC, NM
PEN NEEDLE MIS 32GX4MM	3	OTC, NM

Drug Name	Drug Tier	Requirements/Limits
PEN NEEDLE MIS 32GX5/32	3	OTC, NM
PEN NEEDLE MIS 32GX5MM	3	OTC, NM
PEN NEEDLE MIS 32GX6MM	3	OTC, NM
PEN NEEDLE MIS 33GX4MM	3	OTC, NM
PEN NEEDLE MIS 33GX5/32	3	OTC, NM
PEN NEEDLE MIS 33GX5MM	3	OTC, NM
PEN NEEDLE MIS 33GX6MM	3	OTC, NM
PEN NEEDLES MIS 29GX1/2"	3	OTC, NM
PEN NEEDLES MIS 29GX10MM	3	OTC, NM
PEN NEEDLES MIS 29GX12.7	3	OTC, NM
PEN NEEDLES MIS 29GX12MM	3	OTC, NM
PEN NEEDLES MIS 30GX3/16	3	OTC, NM
PEN NEEDLES MIS 30GX5/16	3	OTC, NM
PEN NEEDLES MIS 30GX5MM	3	NM
PEN NEEDLES MIS 30GX5MM	3	OTC, NM
PEN NEEDLES MIS 30GX8MM	3	OTC, NM
PEN NEEDLES MIS 31GX1/4"	3	OTC, NM
PEN NEEDLES MIS 31GX3/16	3	OTC, NM
PEN NEEDLES MIS 31GX5/16	3	OTC, NM
PEN NEEDLES MIS 31GX5MM	3	NM
PEN NEEDLES MIS 31GX5MM	3	OTC, NM
PEN NEEDLES MIS 31GX6MM	3	OTC, NM
PEN NEEDLES MIS 31GX8MM	3	NM
PEN NEEDLES MIS 31GX8MM	3	OTC, NM
PEN NEEDLES MIS 32GX1/4	3	OTC, NM
PEN NEEDLES MIS 32GX1/4"	3	OTC, NM
PEN NEEDLES MIS 32GX3/16	3	OTC, NM
PEN NEEDLES MIS 32GX4MM	3	NM
PEN NEEDLES MIS 32GX4MM	3	OTC, NM
PEN NEEDLES MIS 32GX5/16	3	OTC, NM
PEN NEEDLES MIS 32GX5/32	3	OTC, NM
PEN NEEDLES MIS 32GX5MM	3	OTC, NM
PEN NEEDLES MIS 32GX6MM	3	OTC, NM
PEN NEEDLES MIS 32GX8MM	3	OTC, NM
PEN NEEDLES MIS 33GX4MM	3	OTC, NM
PEN NEEDLES MIS 33GX5/32	3	OTC, NM
PEN NEEDLES MIS 33GX5MM	3	OTC, NM
PEN NEEDLES MIS 33GX6MM	3	OTC, NM
PENTIPS MIS 29GX12MM	3	NM
PENTIPS MIS 29GX12MM	3	OTC, NM
PENTIPS MIS 31GX5MM	3	NM
PENTIPS MIS 31GX5MM	3	OTC, NM

Drug Name	Drug Tier	Requirements/Limits
PENTIPS MIS 31GX6MM	3	OTC, NM
PENTIPS MIS 31GX8MM	3	NM
PENTIPS MIS 31GX8MM	3	OTC, NM
PENTIPS MIS 32GX4MM	3	NM
PENTIPS MIS 32GX4MM	3	OTC, NM
PENTIPS MIS 32GX6MM	3	OTC, NM
PIP PEN NEED MIS 32GX4MM	3	OTC, NM
PREVENT DROP MIS 31GX1/4"	3	OTC, NM
PREVENT DROP MIS 31GX5/16	3	OTC, NM
PREVENT SAFE MIS 31GX1/4"	3	OTC, NM
PREVENT SAFE MIS 31GX5/16	3	OTC, NM
PRO COMFORT MIS 0.5/30G	3	OTC, NM
PRO COMFORT MIS 0.5/31G	3	OTC, NM
PRO COMFORT MIS 1ML/30G	3	OTC, NM
PRO COMFORT MIS 1ML/31G	3	OTC, NM
PRO COMFORT MIS 32GX4MM	3	NM
PRO COMFORT MIS 32GX5MM	3	NM
PRO COMFORT MIS 32GX6MM	3	OTC, NM
PRO COMFORT MIS 32GX8MM	3	OTC, NM
PURE COMFORT MIS 31GX5MM	3	OTC, NM
PURE COMFORT MIS 31GX6MM	3	OTC, NM
PURE COMFORT MIS 32GX4MM	3	OTC, NM
PURE COMFORT MIS 32GX5MM	3	OTC, NM
PURE COMFORT MIS 32GX6MM	3	OTC, NM
PURE COMFORT MIS 32GX8MM	3	OTC, NM
QUICK TOUCH MIS 29GX12.7	3	OTC, NM
QUICK TOUCH MIS 31GX4MM	3	OTC, NM
QUICK TOUCH MIS 31GX5MM	3	OTC, NM
QUICK TOUCH MIS 31GX6MM	3	OTC, NM
QUICK TOUCH MIS 31GX8MM	3	OTC, NM
QUICK TOUCH MIS 32GX4MM	3	OTC, NM
QUICK TOUCH MIS 32GX5MM	3	OTC, NM
QUICK TOUCH MIS 32GX6MM	3	OTC, NM
QUICK TOUCH MIS 32GX8MM	3	OTC, NM
QUICK TOUCH MIS 33GX4MM	3	OTC, NM
QUICK TOUCH MIS 33GX5MM	3	OTC, NM
QUICK TOUCH MIS 33GX6MM	3	OTC, NM
QUICK TOUCH MIS 33GX8MM	3	OTC, NM
RAYA SURE MIS 29GX12MM	3	OTC, NM
RAYA SURE MIS 31GX4MM	3	OTC, NM
RAYA SURE MIS 31GX5MM	3	OTC, NM
RAYA SURE MIS 31GX6MM	3	OTC, NM

Drug Name	Drug Tier	Requirements/Limits
RAYA SURE MIS 31GX8MM	3	OTC, NM
RELION PEN MIS 31GX5/16	3	OTC, NM
RELION PEN MIS 31GX6MM	3	OTC, NM
RELION PEN MIS 31GX8MM	3	OTC, NM
RELION PEN MIS 32GX4MM	3	OTC, NM
SECURESAFE MIS 29GX1/2"	3	OTC, NM
SECURESAFE MIS 30GX5/16	3	OTC, NM
SURE COMFORT MIS 29GX1/2"	3	OTC, NM
SURE COMFORT MIS 30GX5/16	3	OTC, NM
SURE COMFORT MIS 31GX1/4	3	NM
SURE COMFORT MIS 31GX3/16	3	OTC, NM
SURE COMFORT MIS 31GX5/16	3	OTC, NM
SURE COMFORT MIS 32GX5/32	3	NM
SURE COMFORT MIS 32GX5/32	3	OTC, NM
SURE COMFORT MIS 32GX6MM	3	OTC, NM
SYRG/NEEDLE MIS 29GX12.5	3	NM
SYRG/NEEDLE MIS 31GX8MM	3	NM
SYRINGE MIS 0.5/30G	3	OTC, NM
1ML SYRINGE MIS 29G	3	OTC, NM
1ML SYRINGE MIS 30G	3	OTC, NM
1ST TIER UNI MIS 29GX12MM	3	OTC, NM
1ST TIER UNI MIS 31GX5MM	3	OTC, NM
1ST TIER UNI MIS 31GX6MM	3	OTC, NM
1ST TIER UNI MIS 31GX8MM	3	OTC, NM
1ST TIER UNI MIS 32GX4MM	3	OTC, NM
TIER UNI PLS MIS 31GX8MM	3	OTC, NM
TRUE COMFORT MIS 32GX4MM	3	OTC, NM
ULTICARE MIC MIS 32GX4MM	3	OTC, NM
ULTICARE MIS 30GX3/16	3	OTC, NM
ULTICARE MIS 30GX5/16	3	OTC, NM
ULTICARE PEN MIS 31GX5MM	3	OTC, NM
ULTICARE PEN MIS 31GX6MM	3	OTC, NM
ULTICARE PEN MIS 31GX8MM	3	OTC, NM
ULTIGUARD MIS 31GX5MM	3	OTC, NM
ULTIGUARD MIS 31GX6MM	3	OTC, NM
ULTIGUARD MIS 31GX8MM	3	OTC, NM
ULTIGUARD MIS 32GX4MM	3	OTC, NM
ULTIGUARD MIS 32GX6MM	3	OTC, NM
ULTILET PEN MIS 29GX12.7	3	OTC, NM
ULTILET PEN MIS 31GX5MM	3	OTC, NM
ULTILET PEN MIS 31GX8MM	3	OTC, NM
ULTILET PEN MIS 32GX4MM	3	OTC, NM

Drug Name	Drug Tier	Requirements/Limits
ULTRA FLO MIS 31GX5MM	3	OTC, NM
ULTRA FLO MIS 31GX8MM	3	OTC, NM
ULTRA FLO MIS PEN NEED	3	OTC, NM
UNIFINE PLUS MIS 31GX1/4"	3	OTC, NM
UNIFINE PLUS MIS 31GX3/16	3	OTC, NM
UNIFINE PLUS MIS 31GX5/16	3	OTC, NM
UNIFINE PLUS MIS 32GX5/32	3	OTC, NM
UNIFINE PLUS MIS 33GX5/32	3	OTC, NM
UNIFINE PNTP MIS 29GX12MM	3	OTC, NM
UNIFINE PNTP MIS 30GX3/16	3	OTC, NM
UNIFINE PNTP MIS 31GX3/16	3	OTC, NM
UNIFINE PNTP MIS 31GX5/16	3	OTC, NM
UNIFINE PNTP MIS 31GX5MM	3	OTC, NM
UNIFINE PNTP MIS 31GX6MM	3	OTC, NM
UNIFINE PNTP MIS 31GX8MM	3	OTC, NM
UNIFINE PNTP MIS 32GX4MM	3	OTC, NM
UNIFINE PNTP MIS 32GX5/32	3	OTC, NM
UNIFINE PNTP MIS 32GX6MM	3	OTC, NM
UNIFINE PNTP MIS 33GX4MM	3	OTC, NM
UNIFINE PROT MIS 30GX5MM	3	OTC, NM
UNIFINE PROT MIS 30GX8MM	3	OTC, NM
UNIFINE PROT MIS 32GX4MM	3	OTC, NM
UNIFINE SAFE MIS 31GX5MM	3	OTC, NM
UNIFINE SAFE MIS 31GX6MM	3	OTC, NM
UNIFINE SAFE MIS 31GX8MM	3	OTC, NM
UNIFINE SAFE MIS 32GX4MM	3	OTC, NM
UNIFINE ULTR MIS 31GX5MM	3	OTC, NM
UNIFINE ULTR MIS 31GX6MM	3	OTC, NM
UNIFINE ULTR MIS 31GX8MM	3	OTC, NM
UNIFINE ULTR MIS 32GX4MM	3	OTC, NM
VERIFINE PEN MIS 29GX12MM	3	OTC, NM
VERIFINE PEN MIS 31GX5MM	3	OTC, NM
VERIFINE PEN MIS 31GX8MM	3	OTC, NM
VERIFINE PEN MIS 32GX4MM	3	OTC, NM
VERIFINE PEN MIS 32GX6MM	3	OTC, NM
ZEVRX MIS 31GX5MM	3	OTC, NM
ZEVRX MIS 31GX6MM	3	OTC, NM
ZEVRX MIS 31GX8MM	3	OTC, NM
ZEVRX MIS 32GX4MM	3	OTC, NM
RESPIRATORY THERAPY SUPPLIES		
ACE AERO CLD MIS ENHANCER	3	NM
ACTIVITY PCH MIS	3	NM

Drug Name	Drug Tier	Requirements/Limits
ADULT DISPOS MIS MOUTHPIE	3	OTC, NM
ADULT MASK MIS	3	NM
ADULT MASK MIS LARGE	3	NM
AE EZ TWIST MIS TUBING	3	NM
AE MASK MIS LARGE	3	OTC, NM
AE MASK MIS MEDIUM	3	OTC, NM
AE MASK MIS SMALL	3	OTC, NM
AERCHMBR PLS MIS INTERMED	2	NM
AERCHMBR PLS MIS LRG MASK	2	NM
AERCHMBR PLS MIS MED MASK	2	NM
AERCHMBR PLS MIS SM MASK	2	NM
AERCHMBR Z- MIS STAT PLS	2	NM
AERIVA MIS CON/NEB	3	OTC, NM
AEROBIKA KIT MANOMETR	3	NM
AEROBIKA MIS	3	NM
AEROCHAMBER MIS 2GO	2	NM
AEROCHAMBER MIS CHAMBER	2	NM
AEROCHAMBER MIS HOLDING	2	NM
AEROCHAMBER MIS MTHPIECE	2	NM
AEROCHAMBER MIS MV	2	NM
AEROCHAMBER MIS PLUS	2	NM
AEROECLIPSE MIS II	3	NM
AEROECLIPSE MIS II NEB	3	NM
AEROECLIPSE MIS II TUBE	3	NM
AEROECLIPSE MIS XL	3	NM
AEROSOL MASK MIS ADULT	3	OTC, NM
AEROTRC PLUS MIS	3	NM
AEROVENT MIS PLUS	2	NM
AIR TUBE MIS /PLUGS	3	NM
AIRS DISPOSA KIT NEBULIZR	3	NM
AIRS DISPOSA MIS NEBULIZR	3	OTC, NM
AIRS PEDIATR MIS MASK	3	NM
AIRZONE PEAK MIS FLOW MTR	3	OTC, NM
ALTERA MIS NEBULIZE	3	NM
ALTERA NEB MIS HANDSET	3	NM
ASSESS METER MIS FULL	3	OTC, NM
ASSESS METER MIS LOW	3	OTC, NM
AURA MIS PORTANEB	3	NM
BENTLEY THE MIS BEAR	3	NM
BREATHE EASE MIS LG MASK	2	NM
BREATHE EASE MIS MED MASK	2	NM
BREATHE EASE MIS METER	3	OTC, NM

Drug Name	Drug Tier	Requirements/Limits
BREATHE EASE MIS SM MASK	2	NM
BREATHERITE MIS MDI CHMB	2	NM
CAPTAIN MIS EAGLE	3	NM
CARETOUCH MIS CPAP	3	NM
CLEVER CHOIC MIS NEBULIZR	3	NM
CO MONITOR KIT	3	NM
CO MONITOR MIS	3	NM
CO MONITOR MIS T PIECES	3	NM
COMFORTSEAL MIS MASK LRG	3	NM
COMFORTSEAL MIS MASK MED	3	NM
COMFORTSEAL MIS MASK SML	3	NM
COMP A-I-R MIS NEBULIZE	3	NM
COMP AIR MIS COMP/NEB	3	NM
COMPACT SPAC MIS CHAMBER	2	NM
COMPACT SPAC MIS LG MASK	2	NM
COMPACT SPAC MIS MD MASK	2	NM
COMPACT SPAC MIS SM MASK	2	NM
COMPMIST MIS NEBULIZE	3	OTC, NM
COMPR/NEBUL KIT CLAWDIA	3	NM
COMPR/NEBUL KIT DEXTER	3	NM
COMPRESSOR MIS NEBULIZE	3	NM
COMPRESSOR MIS NEBULIZR	3	OTC, NM
CONVERSION MIS BABY SZ1	3	NM
CONVERSION MIS BABY SZ2	3	NM
CONVERSION MIS BABY SZ3	3	NM
CPAP & BIPAP MIS HOSE	3	NM
2 CPAP HOSE MIS HANGER	3	NM
CPAP MASK MIS WIPES	3	NM
CPAP NEURAL MIS PRE-WASH	3	NM
DISPOSABLE MIS MTHPIECE	3	OTC, NM
EASIVENT MIS	2	NM
EASIVENT MIS MASK LG	2	NM
EASIVENT MIS MASK MED	2	NM
EASIVENT MIS MASK SM	2	NM
EASY AIR COM MIS NEBULIZE	3	OTC, NM
EASY AIR MIS FILTERS	3	OTC, NM
EASY FLOW MIS 300MM	3	OTC, NM
EASY FLOW MIS 400MM	3	OTC, NM
EASY FLOW MIS AIR NOZZ	3	OTC, NM
EASY FLOW MIS BLCK/BLU	3	OTC, NM
EASY FLOW MIS BLCK/ORG	3	OTC, NM
EASY FLOW MIS BLCK/RED	3	OTC, NM

Drug Name	Drug Tier	Requirements/Limits
EASY FLOW MIS BLCK/WHT	3	OTC, NM
EASY FLOW MIS BLCK/YEL	3	OTC, NM
EASY FLOW MIS HEPA FIL	3	OTC, NM
EASY FLOW MIS WHT/BLUE	3	OTC, NM
EASY FLOW MIS WHT/GREE	3	OTC, NM
EASY FLOW MIS WHT/PINK	3	OTC, NM
EASY FLOW MIS WHT/WHT	3	OTC, NM
EASY FLOW MIS WHT/YELL	3	OTC, NM
EASY NEB MIS	3	OTC, NM
EASY NEB MIS FILTERS	3	OTC, NM
EBASE CONTRO MIS KIT	3	NM
ELITE COMPRS MIS NEBULIZR	3	OTC, NM
ERAPID MIS NEBULIZE	3	NM
ERAPID NEB MIS HANDSET	3	NM
EXPIRATORY MIS MTHPIECE	3	OTC, NM
FILTER AIR MIS PP	3	NM
FLEXICHAMBER MIS	2	NM
FLEXICHAMBER MIS MASK LRG	3	NM
FLEXICHAMBER MIS MASK SM	3	NM
FLYP HYPERSO MIS CARTRIDG	3	OTC, NM
FLYP NEBULZR MIS	3	NM
FLYP NEBULZR MIS POCKET	3	NM
FULL KIT NEB MIS SET	3	NM
HOLD CHAMBER MIS ADLT LG	2	NM
HOLD CHAMBER MIS ADLT LG	2	OTC, NM
HOLD CHAMBER MIS MEDIUM	2	NM
HOLD CHAMBER MIS MEDIUM	2	OTC, NM
HOLD CHAMBER MIS SMALL	2	NM
HOLD CHAMBER MIS SMALL	2	OTC, NM
HOLDING CHAM MIS ADULT	2	OTC, NM
HOLDING CHAM MIS CHILD	2	OTC, NM
HOMENEB MIS SIDESTRE	3	OTC, NM
IN-CHK DIAL MIS TRAINER	3	NM
IN-CHK FLOW MIS METER	3	NM
INNOSPIRE EL MIS NEBULIZE	3	NM
INNOSPIRE ES MIS NEBULIZE	3	NM
INNOSPIRE MIS PORTABLE	3	OTC, NM
INSPIRATORY MIS MTHPIECE	3	OTC, NM
INSPIREASE MIS DD SYST	2	NM
KOKO PEAK PR MIS MOUTHPIE	3	OTC, NM
LITETOUCH MIS MASK LG	3	NM
LITETOUCH MIS MASK MD	3	NM

Drug Name	Drug Tier	Requirements/Limits
LITETOUCH MIS MASK SM	3	NM
LUMINEB II MIS NEBULIZR	3	NM
LUNG PERFM MIS METER	3	OTC, NM
MABIS COMPXP MIS COMP/NEB	3	OTC, NM
MABIS COSMO MIS NEBULIZR	3	NM
MARGO MOO MIS NEBULIZE	3	OTC, NM
MC 300 MIS MOUTHPIE	3	NM
MC 300 MIS TUBING	3	NM
MEDNEB NEBUL MIS DISP NEB	3	NM
MEDNEB NEBUL MIS REUS/BAG	3	OTC, NM
MEDNEB NEBUL MIS REUSE/DI	3	OTC, NM
MICROAIR MIS VIB MESH	3	NM
MICROCHAMBER MIS	2	NM
MICROLIFE MIS PEAK FLO	3	OTC, NM
MICRONEB MIS TABLETOP	3	NM
MICROSPACER MIS	2	NM
MINI COMPRES MIS NEBULIZR	3	NM
MINI WRIGHT MIS PFM	3	OTC, NM
MINI WRIGHT MIS PFM LOW	3	OTC, NM
MINI-MIST MIS PORTABLE	3	OTC, NM
MINIBREEZE MIS NEBULIZE	3	OTC, NM
MINIELITE MIS FILTERS	3	OTC, NM
MOUTHPIECE MIS DISP LOW	3	NM
MOUTHPIECE MIS DISP UNI	3	NM
MOUTHPIECE MIS DISP/PPR	3	OTC, NM
MOUTHPIECE MIS DISPOSAB	3	NM
MOUTHPIECE MIS PED ADAP	3	OTC, NM
NASAL ASPIRA MIS BABY	3	OTC, NM
NEB 200 COMP MIS NEBULIZR	3	NM
NEB MASK ADL MIS /TUBING	3	OTC, NM
NEB MASK PED MIS /TUBING	3	OTC, NM
NEB-RITE4 MIS	3	NM
NEB-RITE4 MIS	3	OTC, NM
NEBULIZER KIT	3	NM
NEBULIZER KIT MASK PED	3	NM
NEBULIZER KIT SAMI	3	NM
NEBULIZER MIS CUP/TUBI	3	OTC, NM
NEBULIZER MIS MASK AD	3	NM
NEBULIZER MIS MASK CH	3	NM
NEBULIZER MIS MASK CHD	3	NM
NEBULIZER MIS MASK INF	3	NM
NEBULIZER MIS PED FROG	3	NM

Drug Name	Drug Tier	Requirements/Limits
NEBULIZER MIS ULTRASON	3	NM
NOSE CLIP MIS	3	OTC, NM
OBBRA TABLE MIS COMPRESS	3	NM
OMBRA COMPR KIT ADULT	3	NM
OMBRA COMPR KIT CHILD	3	NM
OMBRA COMPR MIS AIR FILT	3	OTC, NM
ONE FLOW KIT SPIROMTR	3	NM
ONE FLOW MIS MTHPIECE	3	OTC, NM
ONE FLOW MIS SPIROMTR	3	NM
OPTICHAMBER MIS DIA LG	2	NM
OPTICHAMBER MIS DIA MD	2	NM
OPTICHAMBER MIS DIA SM	2	NM
OPTICHAMBER MIS DIAMOND	2	NM
PANDA MASK MIS LARGE	3	OTC, NM
PANDA MASK MIS MEDIUM	3	OTC, NM
PANDA MASK MIS PEDIATRI	3	OTC, NM
PANDA MASK MIS SMALL	3	OTC, NM
PARI BABY MIS SIZE 0	3	NM
PARI BABY MIS SIZE 1	3	NM
PARI BABY MIS SIZE 2	3	NM
PARI BBY NEB MIS SET	3	NM
PARI BUBBLES MIS PEDIATRC	3	OTC, NM
PARI EXPIRAT MIS FILTER	3	NM
PARI LC MIS SPRINT	3	NM
PARI LC PLUS KIT PED	3	NM
PARI LC PLUS MIS	3	NM
PARI LC PLUS MIS NEBULIZR	3	NM
PARI LC PLUS MIS VIOS PRO	3	NM
PARI LC STAR MIS	3	NM
PARI MANUAL MIS INTERRUP	3	NM
PARI MASK MIS SIZE 3	3	NM
PARI PLASTIC MIS MASK	3	NM
PARI PLASTIC MIS MASK PED	3	NM
PARI SINUS MIS AERO SYS	3	NM
PARI SMRTMSK MIS BABY	3	OTC, NM
PARI TREK S KIT COMBO	3	NM
PARI TREK S KIT POWER	3	NM
PARI TREK S MIS	3	NM
PARI VORTEX MIS ADL MASK	3	OTC, NM
PEAK A-I-R MIS FLW METR	3	OTC, NM
PEAK AIR FLO MIS ADLT/PED	3	OTC, NM
PEAK FLOW MIS METER	3	OTC, NM

Drug Name	Drug Tier	Requirements/Limits
PEAK FLOW MIS MOUTHPIE	3	OTC, NM
PEAK FLW MTR MIS ADULT	3	OTC, NM
PEAK FLW MTR MIS CHILD	3	OTC, NM
PEAK FLW MTR MIS UNIVERSL	3	OTC, NM
PED COMPRESS MIS NEBULIZE	3	NM
PEDIATRIC MIS MOUTHPIE	3	OTC, NM
PERSONAL BES MIS FULL RNG	3	OTC, NM
PFLEX MIS	3	NM
PFT FILTER KIT 1000	3	NM
PFT FILTER KIT 3000	3	NM
PFT FILTER KIT 4000	3	NM
PFT FILTER KIT 5000	3	NM
PFT FILTER KIT 6000	3	NM
PFT FILTER MIS 1000	3	NM
PFT FILTER MIS 2000	3	NM
PFT FILTER MIS 3000	3	NM
PFT FILTER MIS 4000	3	NM
PFT FILTER MIS 5000	3	NM
PFT FILTER MIS 6000	3	NM
PFT FILTER MIS 7000	3	NM
PHARM CHOICE MIS WIPES	3	OTC, NM
PIKO 1 MIS ELECTRON	3	OTC, NM
PILLOW MASK MIS ADULT	3	NM
PILLOW MASK MIS CHILD	3	NM
PILLOW MASK MIS PEDIATRI	3	NM
POCKET CHAMB MIS	2	NM
POCKET PEAK MIS METER	3	OTC, NM
POCKET SPACE MIS	2	NM
POCKETPEAK MIS MTR LOW	3	OTC, NM
PORT COMPRES MIS NEBULIZR	3	OTC, NM
PRO NEB KIT ACCESSOR	3	OTC, NM
PROCARE COMP MIS NEBULIZE	3	OTC, NM
PROCARE MIS ADULT	2	OTC, NM
PROCARE MIS CHILD	2	OTC, NM
PROCHAMBER MIS VHC	2	NM
PRONEB MAX MIS LC PLUS	3	NM
PRONEB MAX MIS LC SPRNT	3	NM
PRONEB TURBO KIT DLX/NEBU	3	OTC, NM
PRONEB ULTRA MIS FILTER	3	OTC, NM
PULMONEB LT MIS NEBULIZE	3	NM
PURE AIR MIN MIS NEBULIZE	3	OTC, NM
PURE COMFORT MIS 3-BALL	3	OTC, NM

Drug Name	Drug Tier	Requirements/Limits
PURE COMFORT MIS SPACER	2	OTC, NM
QUAKE MIS	3	NM
REPLACEMENT KIT DISP NEB	3	OTC, NM
REPLACEMENT MIS FILTER	3	NM
REPLACEMENT MIS FILTERS	3	OTC, NM
RITEFLO MIS	2	NM
SIDESTREAM KIT NEBULIZE	3	OTC, NM
SIDESTREAM MIS MASK	3	NM
SIDESTREAM MIS MASK	3	OTC, NM
SIDESTREAM MIS NEBULIZR	3	NM
SIDESTREAM MIS PED MASK	3	NM
SIDESTREAM MIS PED MASK	3	OTC, NM
SIDESTREAM MIS PLUS	3	NM
SIDESTRM PLS MIS FACE MSK	3	OTC, NM
SILICONE MSK MIS ADULT	3	NM
SILICONE MSK MIS INFANT	3	NM
SILICONE MSK MIS PED	3	NM
SMART NEB MIS COMP NEB	3	OTC, NM
SOOTHE NEB MIS NEBULIZE	3	NM
SOOTHENEB MIS COMP NEB	3	NM
SOOTHENEB MIS MED CUP	3	OTC, NM
SOOTHENEB MIS MESH CAP	3	OTC, NM
SOOTHENEB MIS NBL 100	3	OTC, NM
SPACE CHAMBR MIS ANTI-STA	2	NM
SPACE CHAMBR MIS LARGE	2	NM
SPACE CHAMBR MIS MEDIUM	2	NM
SPACE CHAMBR MIS SMALL	2	NM
SPACER CHAMB MIS ADULT	2	OTC, NM
SPACER CHAMB MIS CHILD	2	OTC, NM
SPACER CHAMB MIS INFANT	2	OTC, NM
SPARKY THE MIS DOG	3	NM
SPIRO PD MIS	3	NM
SPIROMETER KIT	3	NM
THRESHOLD MIS IMT	3	NM
THRESHOLD MIS PEP	3	NM
TRUZONE PEAK MIS FLOW MTR	3	NM
TUBE CLEANIN MIS BRUSH	3	NM
ULTRA NEB MIS ACCESSOR	3	OTC, NM
ULTRASONIC MIS MINI NEB	3	OTC, NM
VERSAPAP MIS	3	NM
VERSAPAP MIS TUBING	3	NM
VIOS LC MIS SPRINT	3	NM

Drug Name	Drug Tier	Requirements/Limits
VIOS LC PLUS MIS	3	NM
VIOS LC PLUS MIS PEDIATRC	3	NM
VIOS MIS SYSTEM	3	NM
VORTEX CHAMB MIS PEDI MAS	2	NM
VORTEX MASK MIS PEDS MED	3	OTC, NM
VORTEX MASK MIS PEDS SML	3	OTC, NM
VORTEX VALVD MIS CHAMBER	2	NM
WHISPER AIRE MIS AER DELI	3	NM
WHISPER AIRE MIS PED AERO	3	NM
WHISPER AIRE MIS PED NEBU	3	NM
WILLIS THE MIS WHALE	3	OTC, NM
WINDMILL MIS TRAINER	3	NM
WING TIP MIS TUBING	3	OTC, NM
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
AIMOVIG INJ 70MG/ML	2	QL (3 pens every 63 days)
AIMOVIG INJ 140MG/ML	2	QL (3 pens every 63 days)
AJOVY INJ 225/1.5	2	QL (3 pens every 63 days)
AJOVY INJ 225/1.5	2	QL (3 syringes every 63 days)
EMGALITY INJ 100MG/ML	2	QL (9 syringes every 63 days)
EMGALITY INJ 120MG/ML	2	QL (3 pens every 63 days)
EMGALITY INJ 120MG/ML	2	QL (3 syringes every 63 days)
NURTEC TAB 75MG ODT	2	QL (16 tabs every 30 days), NM
QULIPTA TAB 10MG	2	QL (30 tabs every 30 days)
QULIPTA TAB 30MG	2	QL (30 tabs every 30 days)
QULIPTA TAB 60MG	2	QL (30 tabs every 30 days)
UBRELVY TAB 50MG	2	QL (16 tabs every 30 days), NM
UBRELVY TAB 100MG	2	QL (16 tabs every 30 days), NM
MIGRAINE COMBINATIONS		
ergotamine w/ caffeine tab 1-100 mg	1	QL (40 tabs every 21 days), NM
MIGRAINE PRODUCTS		
ERGOMAR SUB 2MG	3	NM
MIGRAINE PRODUCTS - NSAIDS		
CAMBIA POW 50MG	3	QL (9 packets every 45 days), NM

Drug Name	Drug Tier	Requirements/Limits
diclofenac potassium (migraine) packet 50 mg	1	QL (9 packets every 45 days), NM
ELYXYB SOL 120/4.8	3	QL (6 bottles every 45 days), NM
SEROTONIN AGONISTS		
almotriptan malate tab 6.25 mg	1	QL (12 tabs every 30 days), NM
almotriptan malate tab 12.5 mg	1	QL (8 tabs every 30 days), NM
eletriptan hydrobromide tab 20 mg (base equivalent)	1	QL (12 tabs every 30 days), NM
eletriptan hydrobromide tab 40 mg (base equivalent)	1	QL (8 tabs every 30 days), NM
frovatriptan succinate tab 2.5 mg (base equivalent)	1	QL (12 tabs every 30 days), NM
naratriptan hcl tab 1 mg (base equiv)	1	QL (18 tabs every 30 days), NM
naratriptan hcl tab 2.5 mg (base equiv)	1	QL (9 tabs every 30 days), NM
REYVOW TAB 50MG	3	QL (4 tabs every 30 days), NM
REYVOW TAB 100MG	3	QL (4 tabs every 30 days), NM
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	1	QL (12 tabs every 30 days), NM
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	1	QL (12 tabs every 30 days), NM
rizatriptan benzoate tab 5 mg (base equivalent)	1	QL (12 tabs every 30 days), NM
rizatriptan benzoate tab 10 mg (base equivalent)	1	QL (12 tabs every 30 days), NM
sumatriptan nasal spray 5 mg/act	1	QL (12 inhalers every 30 days), NM
sumatriptan nasal spray 20 mg/act	1	QL (12 inhalers every 30 days), NM
sumatriptan succinate inj 6 mg/0.5ml	1	QL (8 injections every 30 days), NM
sumatriptan succinate solution auto-injector 4 mg/0.5ml	1	QL (12 injections every 30 days), NM
sumatriptan succinate solution auto-injector 6 mg/0.5ml	1	QL (8 injections every 30 days), NM
sumatriptan succinate solution cartridge 4 mg/0.5ml	1	QL (12 injections every 30 days), NM

Drug Name	Drug Tier	Requirements/Limits
sumatriptan succinate solution cartridge 6 mg/0.5ml	1	QL (8 injections every 30 days), NM
sumatriptan succinate tab 25 mg	1	QL (18 tabs every 30 days), NM
sumatriptan succinate tab 50 mg	1	QL (18 tabs every 30 days), NM
sumatriptan succinate tab 100 mg	1	QL (9 tabs every 30 days), NM
zolmitriptan nasal spray 2.5 mg/spray unit	1	QL (12 doses every 30 days), NM
zolmitriptan nasal spray 5 mg/spray unit	1	QL (12 doses every 30 days), NM
zolmitriptan orally disintegrating tab 2.5 mg	1	QL (12 tabs every 30 days), NM
zolmitriptan orally disintegrating tab 5 mg	1	QL (8 tabs every 30 days), NM
zolmitriptan tab 2.5 mg	1	QL (12 tabs every 30 days), NM
zolmitriptan tab 5 mg	1	QL (8 tabs every 30 days), NM
MINERALS & ELECTROLYTES		
FLUORIDE		
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	1	AGE
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	1	AGE
sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	1	
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	1	AGE
sodium fluoride tab 0.5 mg f (from 1.1 mg naf)	1	AGE
sodium fluoride tab 1 mg f (from 2.2 mg naf)	1	
PHOSPHATE		
K-PHOS TAB	3	
PHOSPHA 250 TAB NEUTRAL	1	
phospho-trin tab 250 neut	1	
phospho-trin tab k500	1	
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	1	
POTASSIUM		
EFFER-K TAB 10MEQ	3	NM
EFFER-K TAB 20MEQ	3	NM

Drug Name	Drug Tier	Requirements/Limits
K-TAB TAB 20MEQ	3	
klor-con 8 tab 8meq er	1	
KLOR-CON 8 TAB 8MEQ ER	3	
klor-con 10 tab 10meq er	1	
KLOR-CON 10 TAB 10MEQ ER	3	
klor-con m10 tab 10meq er	1	
klor-con m15 tab 15meq er	1	
klor-con m20 tab 20meq er	1	
klor-con pak 20meq	1	
POKONZA POW 10MEQ	3	
POKONZA SOL 5%	3	
potassium chloride cap er 8 meq	1	
potassium chloride cap er 10 meq	1	
potassium chloride microencapsulated crys er tab 10 meq	1	
potassium chloride microencapsulated crys er tab 15 meq	1	
potassium chloride microencapsulated crys er tab 20 meq	1	
potassium chloride oral soln 10% (20 meq/15ml)	1	
potassium chloride oral soln 20% (40 meq/15ml)	1	
potassium chloride powder packet 20 meq	1	
potassium chloride tab er 8 meq (600 mg)	1	
potassium chloride tab er 10 meq	1	
potassium chloride tab er 20 meq (1500 mg)	1	
SODIUM		
sodium chloride inj 2.5 meq/ml (14.6%)	1	NM
sodium chloride preservative free (pf) inj 0.9%	1	NM
ZINC		
GALZIN CAP 25MG	2	NM
GALZIN CAP 50MG	2	NM
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
CUPRIMINE CAP 250MG	3	SP, PA, NM
CUVRIOR TAB 300MG	3	PA, NM; LD
DEPEN TITRA TAB 250MG	3	SP, NM
penicillamine cap 250 mg	1	SP, PA, NM
penicillamine tab 250 mg	1	SP, NM
SYPRINE CAP 250MG	3	SP, PA, NM
trientine hcl cap 250 mg	1	SP, PA, NM

Drug Name	Drug Tier	Requirements/Limits
trientine hcl cap 500 mg	1	SP, PA, NM
IMMUNOMODULATORS		
JOENJA TAB 70MG	3	PA; LD
lenalidomide cap 5 mg	1	NM; OC, SC
lenalidomide cap 10 mg	1	NM; OC, SC
lenalidomide cap 15 mg	1	NM; OC, SC
lenalidomide cap 20 mg	1	NM; OC, SC
lenalidomide cap 25 mg	1	NM; OC, SC
lenalidomide caps 2.5 mg	1	NM; OC, SC
REZUROCK TAB 200MG	3	PA; LD
THALOMID CAP 50MG	3	SC
THALOMID CAP 100MG	3	SC
VYVGART INJ HYTRULO	3	SP, PA, NM
IMMUNOSUPPRESSIVE AGENTS		
ASTAGRAF XL CAP 0.5MG	3	SC
ASTAGRAF XL CAP 1MG	3	SC
ASTAGRAF XL CAP 5MG	3	SC
azasan tab 75 mg	1	
azasan tab 100mg	1	
azathioprine tab 50 mg	1	
azathioprine tab 75 mg	1	
azathioprine tab 100 mg	1	
CELLCEPT CAP 250MG	3	SC
CELLCEPT SUS 200MG/ML	3	SC
CELLCEPT TAB 500MG	3	SC
cyclosporine cap 25 mg	1	SC
cyclosporine cap 100 mg	1	SC
cyclosporine modified cap 25 mg	1	SC
cyclosporine modified cap 50 mg	1	SC
cyclosporine modified cap 100 mg	1	SC
cyclosporine modified oral soln 100 mg/ml	1	SC
ENSPRYNG INJ	3	SP, PA
ENVARSUS XR TAB 0.75MG	3	SC
ENVARSUS XR TAB 1MG	3	SC
ENVARSUS XR TAB 4MG	3	SC
everolimus tab 0.5 mg	1	SC
everolimus tab 0.25 mg	1	SC
everolimus tab 0.75 mg	1	SC
everolimus tab 1 mg	1	SC
gengraf cap 25mg	1	SC
gengraf cap 100mg	1	SC
gengraf sol 100mg/ml	1	SC

Drug Name	Drug Tier	Requirements/Limits
IMURAN TAB 50MG	3	
mycophenolate mofetil cap 250 mg	1	SC
mycophenolate mofetil for oral susp 200 mg/ml	1	SC
mycophenolate mofetil tab 500 mg	1	SC
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	1	SC
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	1	SC
MYFORTIC TAB 180MG	3	SC
MYFORTIC TAB 360MG	3	SC
NEORAL CAP 25MG	3	SC
NEORAL CAP 100MG	3	SC
NEORAL SOL 100MG/ML	3	SC
PROGRAF CAP 0.5MG	3	SC
PROGRAF CAP 1MG	3	SC
PROGRAF CAP 5MG	3	SC
PROGRAF GRA 0.2MG	3	SC
PROGRAF GRA 1MG	3	SC
RAPAMUNE TAB 0.5MG	3	SC
RAPAMUNE TAB 1MG	3	SC
SANDIMMUNE CAP 25MG	3	SC
SANDIMMUNE CAP 100MG	3	SC
sirolimus oral soln 1 mg/ml	1	SC
sirolimus tab 0.5 mg	1	SC
sirolimus tab 1 mg	1	SC
sirolimus tab 2 mg	1	SC
tacrolimus cap 0.5 mg	1	SC
tacrolimus cap 1 mg	1	SC
tacrolimus cap 5 mg	1	SC
tacrolimus cap er 24hr 0.5 mg	1	SC
tacrolimus cap er 24hr 1 mg	1	SC
tacrolimus cap er 24hr 5 mg	1	SC
ZORTRESS TAB 0.5MG	3	SC
ZORTRESS TAB 0.25MG	3	SC
ZORTRESS TAB 0.75MG	3	SC
ZORTRESS TAB 1MG	3	SC
IRRIGATION SOLUTIONS		
water for irrigation, sterile irrigation soln	1	NM
PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS		
VIJOICE GRA 50MG	3	PA; LD
VIJOICE TAB 50MG	3	PA; LD
VIJOICE TAB 125MG	3	PA; LD

Drug Name	Drug Tier	Requirements/Limits
VIJOICE TAB 250MG	3	PA; LD
POTASSIUM REMOVING AGENTS		
kionex sus 15gm/60	1	NM
LOKELMA PAK 5GM	3	
LOKELMA PAK 10GM	3	
sodium polystyrene sulfonate powder	1	NM
sodium polystyrene sulfonate susp 15 gm/60ml	1	NM
sps sus 15gm/60	1	NM
sps sus 30gm/120	1	NM
VELTASSA POW 1GM	3	
VELTASSA POW 8.4GM	3	
VELTASSA POW 16.8GM	3	
VELTASSA POW 25.2GM	3	
PROGERIA TREATMENT AGENTS		
ZOKINVY CAP 50MG	3	PA; LD
ZOKINVY CAP 75MG	3	PA; LD
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA INJ 200MG/ML	3	SP
SAPHNELO INJ 120/0.8	3	SP; LD
SAPHNELO PEN INJ 120/0.8	3	SP; LD
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
lidocaine hcl laryngotracheal soln 4%	1	NM
lidocaine hcl viscous soln 2%	1	NM
ANTI-INFECTIVES - THROAT		
clotrimazole troche 10 mg	1	NM
nystatin susp 100000 unit/ml	1	NM
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln 0.12%	1	NM
DEBACTEROL SOL 30-50%	2	NM
periogard sol 0.12%	1	NM
DENTAL PRODUCTS		
CLINPRO 5000 PST 1.1%	1	
denta 5000 cre plus	1	
denta 5000 cre plus 2pk	1	
DENTA 5000 GEL PLUS SEN	3	NM
dentagel gel 1.1%	1	
FLUORID SENS GEL 1.1-5%	3	NM
FLUORIDEX PST 1.1%	1	
FLUORMX 5000 GEL SENSITIV	3	NM
FLUORMX 5000 PST 1.1%	1	

Drug Name	Drug Tier	Requirements/Limits
FRAICHE 5000 GEL 1.1%	1	
JUST RIGHT PST 5000	1	
PREVDNT 5000 CRE 1.1% PLS	3	
PREVDNT 5000 GEL 1.1% DRY	3	
PREVDNT 5000 GEL 1.1-5%	3	NM
PREVDNT 5000 PST 1.1%	3	
PREVDNT 5000 PST 1.1% KID	3	
PREVIDENT GEL 1.1% BER	3	
PREVIDENT GEL 1.1% MIN	3	
PREVIDENT SOL 0.2%	3	
SF 5000 PLUS CRE 1.1%	1	
SF GEL 1.1%	1	
SOD FLUORIDE GEL 1.1-5%	3	NM
sodium fluor cre 5000 ppm	1	
SODIUM FLUOR CRE 5000 PPM	1	
sodium fluor gel 5000 ppm	1	
sodium fluor pst 5000 ppm	1	
SODIUM FLUOR PST 5000 PPM	1	
sodium fluoride cream 1.1%	1	
sodium fluoride gel 1.1% (0.5% f)	1	
sodium fluoride rinse 0.2%	1	
STEROIDS - MOUTH/THROAT/DENTAL		
kourzeq pst 0.1%	1	NM
oralone dent pst 0.1%	1	NM
triamcinolone acetonide dental paste 0.1%	1	NM
THROAT PRODUCTS - MISC.		
cevimeline hcl cap 30 mg	1	
pilocarpine hcl tab 5 mg	1	
pilocarpine hcl tab 7.5 mg	1	
MULTIVITAMINS		
PED MULTI VITAMINS W/FL & FE		
pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml	1	NM
PED MV W/ FLUORIDE		
FLORIVA DRO PLUS	3	NM
pediatric multiple vitamin w/ fluoride susp 0.25 mg/ml	1	NM
pediatric multiple vitamins w/ fluoride chew tab 0.5 mg	1	NM
pediatric multiple vitamins w/ fluoride chew tab 0.25 mg	1	NM

Drug Name	Drug Tier	Requirements/Limits
pediatric multiple vitamins w/ fluoride chew tab 1 mg	1	NM
pediatric multiple vitamins w/ fluoride susp 0.5 mg/ml	1	NM
TRI-VI-FLORO SUS 0.5MG/ML	3	NM
TRI-VI-FLORO SUS 0.25/ML	3	NM
tri-vit/fluo dro 0.5mg	1	NM
tri-vit/fluo dro 0.25mg	1	NM
PRENATAL VITAMINS		
ATABEX EC TAB 29-1MG	3	NM
ATABEX OB TAB 29-1MG	3	NM
C-NATE DHA CAP 28-1-200	3	NM
CITRANATAL CAP HARMONY	3	NM
CITRANATAL MIS 90 DHA	3	NM
CITRANATAL MIS B-CALM	3	NM
CITRANATAL PAK ASSURE	3	NM
CO-NATAL FA TAB 29-1MG	3	NM
COMPLETE NAT PAK DHA	3	NM
COMPLETENATE CHW	3	NM
CONCEPT DHA CAP	3	NM
CONCEPT OB CAP	3	NM
elite-ob tab	1	NM
FOLIVANE-OB CAP	3	NM
INATAL GT TAB	3	NM
JENLIVA CAP	3	NM
KOSHR PRENAT TAB 30-1MG	3	NM
M-NATAL PLUS TAB	3	NM
NEO-VITAL RX TAB	3	NM
NEONATAL PLS TAB 27-1MG	3	NM
NEONATAL TAB COMPLETE	3	NM
NEONATAL TAB COMPLTE	3	NM
NEONATAL TAB PLUS	3	NM
NESTABS DHA PAK	3	NM
NESTABS ONE CAP	3	NM
NESTABS TAB	3	NM
NIVA-PLUS TAB	3	NM
OB COMPLETE TAB	3	NM
OB COMPLETE TAB PREMIER	3	NM
OB COMPLETE/ CAP DHA	3	NM
ONE VITE TAB 1MG PLUS	3	NM
ONENATAL RX TAB	3	NM
PNV 27-CA/FE TAB /FA	3	NM

Drug Name	Drug Tier	Requirements/Limits
pnv-dha cap	1	NM
PNV-DHA CAP DOCUSATE	3	NM
PNV-OMEGA CAP	3	NM
pnv-select tab	1	NM
PRENA1 PEARL CAP	3	NM
PRENA 1 TRUE MIS	3	NM
PRENAISSANCE CAP	3	NM
PRENAISSANCE CAP PLUS	3	NM
PRENATAL 19 CHW 29-1MG	3	NM
PRENATAL 19 CHW TAB	3	NM
PRENATAL 19 TAB 29-1MG	3	NM
PRENATAL PLS MIS MV + DHA	3	NM
PRENATAL PLUS VITAMIN AND	3	NM
PRENATAL TAB 27-1MG	3	NM
PRENATAL-U CAP 106.5-1	3	NM
PRENATVITE TAB COMPLETE	3	NM
PRENATVITE TAB PLUS	3	NM
PRENATVITE TAB RX	3	NM
PROVIDA OB CAP	3	NM
RELNATE DHA CAP	3	NM
SE-NATAL 19 CHW	3	NM
SE-NATAL 19 TAB	3	NM
SELECT-OB CHW	3	NM
SELECT-OB+ PAK DHA	3	NM
TARON-C DHA CAP	3	NM
THRIVITE RX TAB 29-1MG	3	NM
TRICARE TAB PRENATAL	3	NM
TRINATAL RX TAB 1	3	NM
TRINATE TAB	3	NM
VINATE DHA CAP 27-1.13	3	NM
VITAFOL CAP ULTRA	3	NM
VITAFOL CHW GUMMIES	3	NM
VITAFOL FE+ CAP	3	NM
VITAFOL-OB PAK +DHA	3	NM
VITAFOL-OB TAB 65-1MG	3	NM
VITAFOL-ONE CAP	3	NM
VITAMED MD CAP ONE RX	3	NM
VITATHELY TAB	3	NM
VITATRUE MIS	3	NM
WESCAP-C DHA CAP	3	NM
WESCAP-PN CAP DHA	3	NM
WESNATAL DHA PAK COMPLETE	3	NM

Drug Name	Drug Tier	Requirements/Limits
WESNATE DHA CAP	3	NM
WESTAB PLUS TAB 27-1MG	3	NM
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
baclofen oral soln 5 mg/5ml	1	NM
baclofen oral soln 10 mg/5ml	1	NM
baclofen susp 25 mg/5ml	1	NM
baclofen tab 5 mg	1	NM
baclofen tab 10 mg	1	NM
baclofen tab 20 mg	1	NM
carisoprodol tab 250 mg	1	NM
carisoprodol tab 350 mg	1	NM
cyclobenzaprine hcl tab 5 mg	1	NM
cyclobenzaprine hcl tab 7.5 mg	1	NM
cyclobenzaprine hcl tab 10 mg	1	NM
FLEQSUVY SUS 25MG/5ML	3	NM
methocarbamol tab 500 mg	1	NM
methocarbamol tab 750 mg	1	NM
orphenadrine citrate inj 30 mg/ml	1	NM
orphenadrine citrate tab er 12hr 100 mg	1	NM
OZOBAX DS SOL 10MG/5ML	3	NM
tizanidine hcl tab 2 mg (base equivalent)	1	NM
tizanidine hcl tab 4 mg (base equivalent)	1	NM
ZANAFLEX TAB 4MG	3	NM
DIRECT MUSCLE RELAXANTS		
DANTRIUM CAP 25MG	3	NM
dantrolene sodium cap 25 mg	1	NM
dantrolene sodium cap 50 mg	1	NM
dantrolene sodium cap 100 mg	1	NM
FIBRODYSPLASIA OSSIFICANS PROGRESSIVA (FOP) AGENTS		
SOHONOS CAP 1.5MG	3	SP, PA
SOHONOS CAP 1MG	3	SP, PA
SOHONOS CAP 2.5MG	3	SP, PA
SOHONOS CAP 5MG	3	SP, PA
SOHONOS CAP 10MG	3	SP, PA
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act	1	NM
DYMISTA SPR 137-50	3	NM
RYALTRIS SPR 665-25	3	NM

Drug Name	Drug Tier	Requirements/Limits
NASAL ANTIALLERGY		
azelastine hcl nasal spray 0.1% (137 mcg/spray)	1	NM
azelastine hcl nasal spray 0.15% (205.5 mcg/spray)	1	NM
olopatadine hcl nasal soln 0.6%	1	NM
NASAL ANTICHOLINERGICS		
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	1	
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	1	
NASAL STEROIDS		
flunisolide nasal soln 25 mcg/act (0.025%)	1	NM
mometasone furoate nasal susp 50 mcg/act	1	NM
OMNARIS SPR	3	NM
XHANCE MIS 93MCG	3	NM
NEUROMUSCULAR AGENTS		
ALS AGENTS		
RADICAVA ORS SUS 105/5ML	3	SP, PA
RADICAVA ORS SUS STARTER	3	SP, PA
RELYVRIO PAK 3-1GM	3	PA, NM
riluzole tab 50 mg	1	
TEGLUTIK SUS 50/10ML	3	PA; LD
TIGLUTIK SUS 50/10ML	3	PA; LD
FRIEDRICH'S ATAXIA AGENTS		
SKYCLARYS CAP 50MG	3	PA; LD
RETT SYNDROME AGENTS		
DAYBUE SOL 200MG/ML	3	PA; LD
DAYBUE STIX POW 5000MG	3	PA; LD
DAYBUE STIX POW 6000MG	3	PA; LD
DAYBUE STIX POW 8000MG	3	PA; LD
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI SOL	3	SP, PA, QL (240 mL every 30 days); LD
EVRYSDI TAB 5MG	3	SP, PA; LD
NUTRIENTS		
LIPIDS		
DOJOLVI LIQ 100%	3	SP, PA
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPHTHALMIC		
betaxolol hcl ophth soln 0.5%	1	
BETIMOL SOL 0.5% OP	3	

Drug Name	Drug Tier	Requirements/Limits
BETIMOL SOL 0.25% OP	3	
BETOPTIC-S SUS 0.25% OP	3	
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	1	
carteolol hcl ophth soln 1%	1	
COMBIGAN SOL 0.2/0.5%	3	
COSOPT PF SOL 2%-0.5%	3	
COSOPT SOL 2-0.5%OP	3	
DORZOL/TIMOL SOL 2-0.5%OP	3	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	1	
dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%	1	
ISTALOL SOL 0.5% OP	3	
levobunolol hcl ophth soln 0.5%	1	
timolol maleate ophth gel forming soln 0.5%	1	
timolol maleate ophth gel forming soln 0.25%	1	
timolol maleate ophth soln 0.5%	1	
timolol maleate ophth soln 0.5% (once-daily)	1	
timolol maleate ophth soln 0.25%	1	
timolol ophth soln 0.5%	1	
CHOLINERGIC AGONISTS		
TYRVAYA SOL 0.03MG	3	
CYCLOPLEGIC MYDRIATICS		
ATROPINE SUL SOL 1% OP	3	
atropine sulfate ophth soln 1%	1	
CYCLOGYL SOL 0.5% OP	3	
CYCLOGYL SOL 1% OP	3	
CYCLOGYL SOL 2% OP	3	
cyclopentolate hcl ophth soln 1%	1	
tropicamide ophth soln 0.5%	1	
tropicamide ophth soln 1%	1	
MIOTICS		
PHOSPHOLINE SOL 0.125%OP	2	
pilocarpine hcl ophth soln 1%	1	
pilocarpine hcl ophth soln 1.25%	1	
pilocarpine hcl ophth soln 2%	1	
pilocarpine hcl ophth soln 4%	1	
QLOSI SOL 0.4%	3	
VIZZ SOL 1.44% OP	3	
VUITY SOL 1.25% OP	3	

Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P SOL 0.1% OP	2	
ALPHAGAN P SOL 0.15% OP	2	
apraclonidine hcl ophth soln 0.5% (base equivalent)	1	NM
brimonidine tartrate ophth soln 0.1%	1	
brimonidine tartrate ophth soln 0.2%	1	
brimonidine tartrate ophth soln 0.15%	1	
IOPIDINE SOL 1% OP	3	NM
SIMBRINZA SUS 1-0.2%	3	
OPHTHALMIC ANTI-INFECTIVES		
AZASITE SOL 1%	3	NM
bacitracin ophth oint 500 unit/gm	1	NM
bacitracin-polymyxin b ophth oint	1	NM
besifloxacin hcl ophth susp 0.6% (base equiv)	1	NM
BESIVANCE SUS 0.6%	3	NM
CILOXAN OIN 0.3% OP	3	NM
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	1	NM
erythromycin ophth oint 5 mg/gm	1	NM
gatifloxacin ophth soln 0.5%	1	NM
gentamicin sulfate ophth soln 0.3%	1	NM
KLARITY-A DRO 1%	3	NM
levofloxacin ophth soln 0.5%	1	NM
moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)	1	NM
moxifloxacin hcl ophth soln 0.5% (base equiv)	1	NM
NATACYN SUS 5% OP	3	NM
neo-polycin oin op	1	NM
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	1	NM
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	1	NM
OCUFLOX DRO 0.3% OP	3	NM
ofloxacin ophth soln 0.3%	1	NM
polycin oin op	1	NM
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	NM
sulfacetamide sodium ophth oint 10%	1	NM
sulfacetamide sodium ophth soln 10%	1	NM
tobramycin ophth soln 0.3%	1	NM
TOBREX OIN 0.3% OP	3	NM

Drug Name	Drug Tier	Requirements/Limits
trifluridine ophth soln 1%	1	NM
VIGAMOX DRO 0.5%	3	NM
XDEMVY DRO 0.25%	3	NM
ZIRGAN GEL 0.15%	3	NM
OPHTHALMIC IMMUNOMODULATORS		
CEQUA SOL 0.09%	3	
cyclosporine (ophth) emulsion 0.05% (pf)	1	
RESTASIS EMU 0.05% OP	2	
RESTASIS MUL EMU 0.05% OP	2	
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA DRO 5%	2	
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA SOL 0.02%	2	
ROCKLATAN DRO	2	
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE SOL 20MCG/ML	3	SP, PA, NM; LD
OPHTHALMIC STEROIDS		
ALREX SUS 0.2%	3	NM
bacitracin-polymyxin-neomycin-hc ophth oint 1%	1	NM
dexamethasone sodium phosphate ophth soln 0.1%	1	NM
difluprednate ophth emulsion 0.05%	1	NM
DUREZOL EMU 0.05%	3	NM
EYSUVIS DRO 0.25%	3	NM
FLAREX SUS 0.1% OP	3	NM
fluorometholone ophth susp 0.1%	1	NM
FML FORTE SUS 0.25% OP	3	NM
INVELTYS SUS 1%	3	NM
LOTEMAX GEL 0.5%	2	NM
LOTEMAX OIN 0.5%	2	NM
LOTEMAX SM GEL 0.38%	2	NM
LOTEMAX SUS 0.5%	3	NM
loteprednol etabonate ophth gel 0.5%	1	NM
loteprednol etabonate ophth susp 0.2%	1	NM
loteprednol etabonate ophth susp 0.5%	1	NM
loteprednol etabonate-tobramycin ophth susp 0.5-0.3%	1	NM
MAXIDEX SUS 0.1% OP	3	NM
MAXITROL OIN 0.1% OP	3	NM
MAXITROL SUS 0.1% OP	3	NM

Drug Name	Drug Tier	Requirements/Limits
neo-polycin oin hc 1%op	1	NM
neomycin-polymyxin-dexamethasone ophth oint 0.1%	1	NM
neomycin-polymyxin-dexamethasone ophth susp 0.1%	1	NM
neomycin-polymyxin-hc ophth susp	1	NM
PRED MILD SUS 0.12% OP	3	NM
PRED SOD PHO SOL 1% OP	3	NM
prednisolone acetate ophth susp 1%	1	NM
PREDNISOLONE SUS 1%	3	NM
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	1	NM
TOBRADEX OIN 0.3-0.1%	3	NM
TOBRADEX ST SUS 0.3-0.05	3	NM
tobramycin-dexamethasone ophth susp 0.3-0.1%	1	NM
ZYLET SUS 0.5-0.3%	3	NM
OPHTHALMICS - MISC.		
ACULAR LS SOL 0.4% OP	3	NM
ACULAR SOL 0.5% OP	3	NM
ACUVAIL SOL 0.45% OP	3	NM
ALOCRIL SOL 2%	3	NM
ALOMIDE SOL 0.1% OP	3	NM
azelastine hcl ophth soln 0.05%	1	NM
bepotastine besilate ophth soln 1.5%	1	NM
BEPREVE DRO 1.5% OP	3	NM
brinzolamide ophth susp 1%	1	
bromfenac sodium ophth soln 0.07% (base equivalent)	1	NM
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	1	NM
bromfenac sodium ophth soln 0.075% (base equivalent)	1	NM
BROMSITE DRO 0.075%OP	3	NM
cromolyn sodium ophth soln 4%	1	NM
CYSTADROPS SOL 0.37%	3	SP, PA; LD
CYSTARAN SOL 0.44%	3	SP, PA; LD
diclofenac sodium ophth soln 0.1%	1	NM
dorzolamide hcl ophth soln 2%	1	
epinastine hcl ophth soln 0.05%	1	NM
flurbiprofen sodium ophth soln 0.03%	1	NM
ILEVRO DRO 0.3% OP	3	NM

Drug Name	Drug Tier	Requirements/Limits
ketorolac tromethamine ophth soln 0.4%	1	NM
ketorolac tromethamine ophth soln 0.5%	1	NM
MIEBO DRO 1.3GM/ML	2	
NEVANAC SUS 0.1% OP	3	NM
olopatadine hcl ophth soln 0.2% (base equivalent)	1	NM
OMLONTI DRO 0.002%	3	
PROLENSA DRO 0.07% OP	3	NM
TRYPTYR SOL 0.003%	3	
UPNEEQ SOL 0.1%	3	
PROSTAGLANDINS - OPHTHALMIC		
bimatoprost ophth soln 0.01%	1	
bimatoprost ophth soln 0.03%	1	
BIMATOPROST SOL 0.01% OP	1	
latanoprost ophth soln 0.005%	1	
LATANOPROST SOL 0.005%	3	
LUMIGAN SOL 0.01% OP	3	
tafluprost preservative free (pf) ophth soln 0.0015%	1	
TRAVATAN Z DRO 0.004%	3	
travoprost ophth soln 0.004% (benzalkonium free) (bak free)	1	
XALATAN SOL 0.005%	3	
XELPROS EMU 0.005%	3	
ZIOPTAN DRO 0.0015%	3	
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid otic soln 2%	1	NM
OTIC ANTI-INFECTIVES		
CETRAXAL SOL 0.2%	3	NM
ciprofloxacin hcl otic soln 0.2% (base equivalent)	1	NM
ofloxacin otic soln 0.3%	1	NM
OTIC COMBINATIONS		
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	1	NM
ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%	1	NM
neomycin-polymyxin-hc otic soln 1%	1	NM
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	1	NM

Drug Name	Drug Tier	Requirements/Limits
OTIC STEROIDS		
DERMOTIC OIL 0.01%	3	NM
flac oil 0.01% ot	1	NM
fluocinolone acetonide (otic) oil 0.01%	1	NM
hydrocortisone w/ acetic acid otic soln 1-2%	1	NM
OXYTOCICS		
OXYTOCICS		
methergine tab 0.2mg	1	QL (28 tabs every year), NM
methylergonovine maleate tab 0.2 mg	1	QL (28 tabs every year), NM
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
HEPAGAM B INJ	2	SP, NM
HYPERHEP B INJ	2	NM
NABI-HB INJ	2	SP, NM
RHOPHYLAC INJ 1500/2ML	2	SP, NM
WINRHO SDF INJ 1500UNIT	2	SP, NM
WINRHO SDF INJ 2500UNIT	2	SP, NM
WINRHO SDF INJ 5000UNIT	2	SP, NM
WINRHO SDF INJ 15000UNT	2	SP, NM
PENICILLINS		
AMIDINOPENICILLINS		
PIVYA TAB 185MG	3	NM; LD
AMINOPENICILLINS		
amoxicillin (trihydrate) cap 250 mg	1	NM
amoxicillin (trihydrate) cap 500 mg	1	NM
amoxicillin (trihydrate) chew tab 125 mg	1	NM
amoxicillin (trihydrate) chew tab 250 mg	1	NM
amoxicillin (trihydrate) for susp 125 mg/5ml	1	NM
amoxicillin (trihydrate) for susp 200 mg/5ml	1	NM
amoxicillin (trihydrate) for susp 250 mg/5ml	1	NM
amoxicillin (trihydrate) for susp 400 mg/5ml	1	NM
amoxicillin (trihydrate) tab 500 mg	1	NM
amoxicillin (trihydrate) tab 875 mg	1	NM
ampicillin cap 500 mg	1	NM
NATURAL PENICILLINS		
penicillin v potassium for soln 125 mg/5ml	1	NM
penicillin v potassium for soln 250 mg/5ml	1	NM
penicillin v potassium tab 250 mg	1	NM
penicillin v potassium tab 500 mg	1	NM

Drug Name	Drug Tier	Requirements/Limits
PENICILLIN COMBINATIONS		
amoxicillin & k clavulanate chew tab 400-57 mg	1	NM
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	1	NM
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	1	NM
amoxicillin & k clavulanate for susp 400-57 mg/5ml	1	NM
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	1	NM
amoxicillin & k clavulanate tab 250-125 mg	1	NM
amoxicillin & k clavulanate tab 500-125 mg	1	NM
amoxicillin & k clavulanate tab 875-125 mg	1	NM
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	1	NM
AUGMENTIN SUS 125/5ML	3	NM
AUGMENTIN SUS ES-600	3	NM
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin sodium cap 250 mg	1	NM
dicloxacillin sodium cap 500 mg	1	NM
PROGESTINS		
PROGESTINS		
gallifrey tab 5mg	1	
medroxyprogesterone acetate tab 2.5 mg	1	
medroxyprogesterone acetate tab 5 mg	1	
medroxyprogesterone acetate tab 10 mg	1	
megestrol acetate susp 625 mg/5ml	1	
norethindrone acetate tab 5 mg	1	
progesterone cap 100 mg	1	
progesterone cap 200 mg	1	
PROMETRIUM CAP 100MG	3	
PROMETRIUM CAP 200MG	3	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
acamprosate calcium tab delayed release 333 mg	1	
disulfiram tab 250 mg	1	
disulfiram tab 500 mg	1	
lofexidine hcl tab 0.18 mg (base equivalent)	1	QL (168 tabs every 180 days), NM
LUCEMYRA TAB 0.18MG	3	QL (168 tabs every 180 days), NM

Drug Name	Drug Tier	Requirements/Limits
ANTI-CATAPLECTIC AGENTS		
sodium oxybate oral solution 500 mg/ml	1	PA, QL (540 mL every 30 days), NM; LD
XYREM SOL 500MG/ML	3	PA, QL (540 mL every 30 days), NM; LD
XYWAV SOL 0.5GM/ML	3	PA, QL (540 mL every 30 days), NM; LD
ANTIDEMENTIA AGENTS		
ADLARITY DIS 5MG/DAY	3	
ADLARITY DIS 10MG/DAY	3	
ARICEPT TAB 5MG	3	
ARICEPT TAB 10MG	3	
ARICEPT TAB 23MG	3	
donepezil hydrochloride orally disintegrating tab 5 mg	1	
donepezil hydrochloride orally disintegrating tab 10 mg	1	
donepezil hydrochloride tab 5 mg	1	
donepezil hydrochloride tab 10 mg	1	
donepezil hydrochloride tab 23 mg	1	
EXELON DIS 4.6MG/24	3	
EXELON DIS 9.5MG/24	3	
EXELON DIS 13.3/24	3	
galantamine hydrobromide cap er 24hr 8 mg	1	
galantamine hydrobromide cap er 24hr 16 mg	1	
galantamine hydrobromide cap er 24hr 24 mg	1	
galantamine hydrobromide oral soln 4 mg/ml	1	
galantamine hydrobromide tab 4 mg	1	
galantamine hydrobromide tab 8 mg	1	
galantamine hydrobromide tab 12 mg	1	
LEQEMBI IQLI INJ 250/1.25	3	PA, NM; LD
LEQEMBI IQLK INJ 360/1.8	3	PA; LD
memantine hcl cap er 24hr 7 mg	1	
memantine hcl cap er 24hr 14 mg	1	
memantine hcl cap er 24hr 21 mg	1	
memantine hcl cap er 24hr 28 mg	1	
memantine hcl oral solution 2 mg/ml	1	
memantine hcl tab 5 mg	1	
memantine hcl tab 10 mg	1	
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	1	NM

Drug Name	Drug Tier	Requirements/Limits
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	
NAMENDA TAB 5-10MG	3	NM
NAMENDA XR CAP 14MG	3	
NAMENDA XR CAP 21MG	3	
NAMENDA XR CAP 28MG	3	
NAMZARIC CAP 7-10MG	3	NM
NAMZARIC CAP 14-10MG	3	NM
NAMZARIC CAP 21-10MG	3	NM
NAMZARIC CAP 28-10MG	3	NM
rivastigmine tartrate cap 1.5 mg (base equivalent)	1	
rivastigmine tartrate cap 3 mg (base equivalent)	1	
rivastigmine tartrate cap 4.5 mg (base equivalent)	1	
rivastigmine tartrate cap 6 mg (base equivalent)	1	
rivastigmine td patch 24hr 4.6 mg/24hr	1	
rivastigmine td patch 24hr 9.5 mg/24hr	1	
rivastigmine td patch 24hr 13.3 mg/24hr	1	
ZUNVEYL TAB 5MG	3	QL (60 tabs every 30 days)
ZUNVEYL TAB 10MG	3	QL (60 tabs every 30 days)
ZUNVEYL TAB 15MG	3	QL (60 tabs every 30 days)
COMBINATION PSYCHOTHERAPEUTICS		
olanzapine-fluoxetine hcl cap 3-25 mg	1	
olanzapine-fluoxetine hcl cap 6-25 mg	1	
olanzapine-fluoxetine hcl cap 6-50 mg	1	
olanzapine-fluoxetine hcl cap 12-25 mg	1	
olanzapine-fluoxetine hcl cap 12-50 mg	1	
SYMBYAX CAP 3-25MG	3	
SYMBYAX CAP 6-25MG	3	
FIBROMYALGIA AGENTS		
milnacipran hcl tab 12.5 mg	1	
milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak	1	NM
milnacipran hcl tab 25 mg	1	
milnacipran hcl tab 50 mg	1	
milnacipran hcl tab 100 mg	1	
SAVELLA MIS TITR PAK	3	NM

Drug Name	Drug Tier	Requirements/Limits
SAVELLA TAB 12.5MG	3	
SAVELLA TAB 25MG	3	
SAVELLA TAB 50MG	3	
SAVELLA TAB 100MG	3	
HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS		
ADDYI TAB 100MG	3	PA
VYLEESI INJ 1.75/0.3	3	PA, NM; LD
MOVEMENT DISORDER DRUG THERAPY		
INGREZZA CAP 40-80MG	3	SP, PA, NM; LD
INGREZZA CAP 40MG	3	SP, PA; LD
INGREZZA CAP 60MG	3	SP, PA; LD
INGREZZA CAP 80MG	3	SP, PA; LD
tetrabenazine tab 12.5 mg	1	SP, PA
tetrabenazine tab 25 mg	1	SP, PA
XENAZINE TAB 12.5MG	3	SP, PA
XENAZINE TAB 25MG	3	SP, PA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA TAB 10MG	3	SP
AVONEX PEN KIT 30MCG	2	SP
AVONEX PREFL KIT 30MCG	2	SP
BAFIERTAM CAP 95MG	2	SP
BETASERON INJ 0.3MG	2	SP
cladribine tab therapy pack 10 mg (4 tabs)	1	SP, PA, NM
cladribine tab therapy pack 10 mg (5 tabs)	1	SP, PA, NM
cladribine tab therapy pack 10 mg (6 tabs)	1	SP, PA, NM
cladribine tab therapy pack 10 mg (7 tabs)	1	SP, PA, NM
cladribine tab therapy pack 10 mg (8 tabs)	1	SP, PA, NM
cladribine tab therapy pack 10 mg (9 tabs)	1	SP, PA, NM
cladribine tab therapy pack 10 mg (10 tabs)	1	SP, PA, NM
COPAXONE INJ 20MG/ML	2	SP
COPAXONE INJ 40MG/ML	2	SP
dalfampridine tab er 12hr 10 mg	1	SP
dimethyl fumarate capsule delayed release 120 mg	1	SP
dimethyl fumarate capsule delayed release 240 mg	1	SP
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	1	NM
fingolimod hcl cap 0.5 mg (base equiv)	1	SP
glatiramer acetate soln prefilled syringe 20 mg/ml	1	SP

Drug Name	Drug Tier	Requirements/Limits
glatiramer acetate soln prefilled syringe 40 mg/ml	1	SP
glatopa inj 20mg/ml	1	SP
glatopa inj 40mg/ml	1	SP
KESIMPTA INJ 20/.4ML	3	SP, PA
MAVENCLAD PAK 10MG(4)	3	SP, PA, NM
MAVENCLAD PAK 10MG(5)	3	SP, PA, NM
MAVENCLAD PAK 10MG(6)	3	SP, PA, NM
MAVENCLAD PAK 10MG(7)	3	SP, PA, NM
MAVENCLAD PAK 10MG(8)	3	SP, PA, NM
MAVENCLAD PAK 10MG(9)	3	SP, PA, NM
MAVENCLAD PAK 10MG(10)	3	SP, PA, NM
MAYZENT PAK STARTER	2	SP, NM
MAYZENT TAB 0.25MG	2	SP
MAYZENT TAB 1MG	2	SP
MAYZENT TAB 2MG	2	SP
PLEGRIDY INJ	2	SP
PLEGRIDY INJ PEN	2	SP
PLEGRIDY INJ STARTER	2	SP, NM
PLEGRIDY PEN INJ STARTER	2	SP
PONVORY TAB 20MG	3	SP, PA
PONVORY TAB STARTER	3	SP, PA, NM
REBIF INJ 22/0.5	2	SP
REBIF INJ 44/0.5	2	SP
REBIF REBIDO INJ 22/0.5	2	SP
REBIF REBIDO INJ 44/0.5	2	SP
REBIF REBIDO INJ TITRATN	2	SP
REBIF TITRTN INJ PACK	2	SP
teriflunomide tab 7 mg	1	SP
teriflunomide tab 14 mg	1	SP
VUMERITY CAP 231MG	2	SP
ZEPOSIA 7DAY CAP STR PACK	3	PA, NM
ZEPOSIA CAP 0.92MG	3	PA
ZEPOSIA CAP STR KIT	3	PA, NM
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
gabapentin (once-daily) tab 300 mg	1	PA
gabapentin (once-daily) tab 450 mg	1	PA
gabapentin (once-daily) tab 600 mg	1	PA
gabapentin (once-daily) tab 750 mg	1	PA
gabapentin (once-daily) tab 900 mg	1	PA
GRALISE TAB 300MG	3	PA
GRALISE TAB 450MG	3	PA

Drug Name	Drug Tier	Requirements/Limits
GRALISE TAB 600MG	3	PA
GRALISE TAB 750MG	3	PA
GRALISE TAB 900MG	3	PA
PSEUDOBULBAR AFFECT (PBA) AGENTS		
dextromethorphan hbr-quinidine sulfate cap 20-10 mg	1	PA
NUEDEXTA CAP 20-10MG	3	PA
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AQNEURSA POW 1GM	3	PA; LD
ergoloid mesylates tab 1 mg	1	
MIPLYFFA CAP 47MG	3	PA; LD
MIPLYFFA CAP 62MG	3	PA; LD
MIPLYFFA CAP 93MG	3	PA; LD
MIPLYFFA CAP 124MG	3	PA; LD
pimozide tab 1 mg	1	
pimozide tab 2 mg	1	
RESTLESS LEG SYNDROME (RLS) AGENTS		
HORIZANT TAB 300MG ER	3	PA
HORIZANT TAB 600MG ER	3	PA
SMOKING DETERRENTS		
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	1	NM; Maximum 168 day supply per calendar year
CHANTIX PAK 1MG	2	NM; Maximum 168 day supply per calendar year
CHANTIX TAB 0.5& 1MG	2	NM; Maximum 168 day supply per calendar year
CHANTIX TAB 0.5MG	2	NM; Maximum 168 day supply per calendar year
CHANTIX TAB 1MG	2	NM; Maximum 168 day supply per calendar year
NICORETTE MINI	3	OTC, NM; Maximum 168 day supply per calendar year
nicotine polacrilex gum 2 mg	1	OTC, NM
nicotine polacrilex gum 4 mg	1	OTC, NM
nicotine polacrilex lozenge 2 mg	1	OTC, NM; Maximum 168 day supply per calendar year
nicotine polacrilex lozenge 4 mg	1	OTC, NM; Maximum 168 day supply per calendar year
NICOTINE SYS KIT TRANSDER	3	OTC, NM

Drug Name	Drug Tier	Requirements/Limits
nicotine td patch 24hr 7 mg/24hr	1	OTC, NM; Maximum 168 day supply per calendar year
nicotine td patch 24hr 14 mg/24hr	1	OTC, NM; Maximum 168 day supply per calendar year
nicotine td patch 24hr 21 mg/24hr	1	OTC, NM; Maximum 168 day supply per calendar year
NICOTROL NS SPR 10MG/ML	3	NM
varenicline tartrate tab 0.5 mg (base equiv)	1	NM; Maximum 168 day supply per calendar year
varenicline tartrate tab 1 mg (base equiv)	1	NM; Maximum 168 day supply per calendar year
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	1	NM; Maximum 168 day supply per calendar year
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
TEGSEDI INJ 284/1.5	3	PA; LD
WAINUA INJ 45/0.8ML	3	PA; LD
VASOMOTOR SYMPTOM AGENTS		
paroxetine mesylate cap 7.5 mg (base equiv)	1	
RESPIRATORY AGENTS - MISC.		
CYSTIC FIBROSIS AGENTS		
ALYFTREK TAB	3	SP, PA
ALYFTREK TAB 4-20-50	3	SP, PA
BRONCHITOL CAP 40MG	3	SP
BRONCHITOL CAP TOL TEST	3	SP
KALYDECO GRA 5.8MG	3	SP, PA; LD
KALYDECO GRA 13.4MG	3	SP, PA; LD
KALYDECO PAK 25MG	3	SP, PA; LD
KALYDECO PAK 50MG	3	SP, PA; LD
KALYDECO PAK 75MG	3	SP, PA; LD
KALYDECO TAB 150MG	3	SP, PA; LD
ORKAMBI GRA 75-94MG	3	SP, PA
ORKAMBI GRA 100-125	3	SP, PA; LD
ORKAMBI GRA 150-188	3	SP, PA; LD
ORKAMBI TAB 100-125	3	SP, PA; LD
ORKAMBI TAB 200-125	3	SP, PA; LD
PULMOZYME SOL 1MG/ML	2	SP, PA
SYMDEKO TAB 50-75MG	3	SP, PA; LD
SYMDEKO TAB 100-150	3	SP, PA; LD
TRIKAFTA PAK 59.5MG	3	SP, PA

Drug Name	Drug Tier	Requirements/Limits
TRIKAFTA PAK 75MG	3	SP, PA
TRIKAFTA TAB	3	SP, PA
PULMONARY FIBROSIS AGENTS		
ESBRIET CAP 267MG	3	SP, PA
ESBRIET TAB 267MG	3	SP, PA
ESBRIET TAB 801MG	3	SP, PA
nintedanib esylate cap 100 mg (base equivalent)	1	SP, PA
nintedanib esylate cap 150 mg (base equivalent)	1	SP, PA
OFEV CAP 100MG	3	SP, PA
OFEV CAP 150MG	3	SP, PA
pirfenidone cap 267 mg	1	SP, PA
pirfenidone tab 267 mg	1	SP, PA
pirfenidone tab 801 mg	1	SP, PA
RESPIRATORY AGENTS - MISC.		
BRINSUPRI TAB 10MG	3	PA; LD
BRINSUPRI TAB 25MG	3	PA; LD
SULFONAMIDES		
SULFONAMIDES		
sulfadiazine tab 500 mg	1	NM
TETRACYCLINES		
AMINOMETHYLCYCLINES		
NUZYRA TAB 150MG	3	NM
TETRACYCLINES		
avidoxy tab 100mg	1	NM
demeclocycline hcl tab 150 mg	1	NM
demeclocycline hcl tab 300 mg	1	NM
doxycycline hyclate cap 50 mg	1	NM
doxycycline hyclate cap 100 mg	1	NM
doxycycline hyclate tab 20 mg	1	NM
doxycycline hyclate tab 100 mg	1	NM
doxycycline hyclate tab delayed release 50 mg	1	NM
doxycycline hyclate tab delayed release 75 mg	1	NM
doxycycline hyclate tab delayed release 100 mg	1	NM
doxycycline hyclate tab delayed release 150 mg	1	NM
doxycycline hyclate tab delayed release 200 mg	1	NM
doxycycline monohydrate cap 50 mg	1	NM
doxycycline monohydrate cap 75 mg	1	NM
doxycycline monohydrate cap 100 mg	1	NM

Drug Name	Drug Tier	Requirements/Limits
doxycycline monohydrate cap 150 mg	1	NM
doxycycline monohydrate for susp 25 mg/5ml	1	NM
doxycycline monohydrate tab 50 mg	1	NM
doxycycline monohydrate tab 75 mg	1	NM
doxycycline monohydrate tab 100 mg	1	NM
doxycycline monohydrate tab 150 mg	1	NM
minocycline hcl cap 50 mg	1	NM
minocycline hcl cap 75 mg	1	NM
minocycline hcl cap 100 mg	1	NM
minocycline hcl tab er 24hr 45 mg	1	QL (84 tabs every 365 days), NM
minocycline hcl tab er 24hr 55 mg	1	QL (84 tabs every 365 days), NM
minocycline hcl tab er 24hr 65 mg	1	QL (84 tabs every 365 days), NM
minocycline hcl tab er 24hr 80 mg	1	QL (84 tabs every 365 days), NM
minocycline hcl tab er 24hr 90 mg	1	QL (84 tabs every 365 days), NM
minocycline hcl tab er 24hr 105 mg	1	QL (84 tabs every 365 days), NM
minocycline hcl tab er 24hr 115 mg	1	QL (84 tabs every 365 days), NM
minocycline hcl tab er 24hr 135 mg	1	QL (84 tabs every 365 days), NM
mondoxyne nl cap 100mg	1	NM
tetracycline hcl cap 250 mg	1	NM
tetracycline hcl cap 500 mg	1	NM
THYROID AGENTS		
ANTITHYROID AGENTS		
methimazole tab 5 mg	1	
methimazole tab 10 mg	1	
propylthiouracil tab 50 mg	1	
THYROID HORMONES		
ARMOUR THYRO TAB 15MG	3	
ARMOUR THYRO TAB 30MG	3	
ARMOUR THYRO TAB 60MG	3	
ARMOUR THYRO TAB 90MG	3	
ARMOUR THYRO TAB 120MG	3	
ARMOUR THYRO TAB 180MG	3	
ARMOUR THYRO TAB 240MG	3	
ARMOUR THYRO TAB 300MG	3	

Drug Name	Drug Tier	Requirements/Limits
CYTOMEL TAB 5MCG	3	
CYTOMEL TAB 25MCG	3	
CYTOMEL TAB 50MCG	3	
ERMEZA SOL 150/5ML	3	
euthyrox tab 25mcg	1	
euthyrox tab 50mcg	1	
euthyrox tab 75mcg	1	
euthyrox tab 88mcg	1	
euthyrox tab 100mcg	1	
euthyrox tab 112mcg	1	
euthyrox tab 125mcg	1	
euthyrox tab 137mcg	1	
euthyrox tab 150mcg	1	
euthyrox tab 175mcg	1	
euthyrox tab 200mcg	1	
EVEXITHROID TAB 15MG	3	
EVEXITHROID TAB 30MG	3	
EVEXITHROID TAB 45MG	3	
EVEXITHROID TAB 60MG	3	
EVEXITHROID TAB 75MG	3	
EVEXITHROID TAB 90MG	3	
EVEXITHROID TAB 120MG	3	
EVEXITHROID TAB 180MG	3	
levo-t tab 25mcg	1	
levo-t tab 50mcg	1	
levo-t tab 75mcg	1	
levo-t tab 88mcg	1	
levo-t tab 100mcg	1	
levo-t tab 112mcg	1	
levo-t tab 125mcg	1	
levo-t tab 137mcg	1	
levo-t tab 150mcg	1	
levo-t tab 175mcg	1	
levo-t tab 200mcg	1	
levo-t tab 300 mcg	1	
levothyroxine sodium cap 13 mcg	1	
levothyroxine sodium cap 25 mcg	1	
levothyroxine sodium cap 50 mcg	1	
levothyroxine sodium cap 75 mcg	1	
levothyroxine sodium cap 88 mcg	1	
levothyroxine sodium cap 100 mcg	1	
levothyroxine sodium cap 112 mcg	1	

Drug Name	Drug Tier	Requirements/Limits
levothyroxine sodium cap 125 mcg	1	
levothyroxine sodium cap 137 mcg	1	
levothyroxine sodium cap 150 mcg	1	
levothyroxine sodium cap 175 mcg	1	
levothyroxine sodium cap 200 mcg	1	
levothyroxine sodium tab 25 mcg	1	
levothyroxine sodium tab 50 mcg	1	
levothyroxine sodium tab 75 mcg	1	
levothyroxine sodium tab 88 mcg	1	
levothyroxine sodium tab 100 mcg	1	
levothyroxine sodium tab 112 mcg	1	
levothyroxine sodium tab 125 mcg	1	
levothyroxine sodium tab 137 mcg	1	
levothyroxine sodium tab 150 mcg	1	
levothyroxine sodium tab 175 mcg	1	
levothyroxine sodium tab 200 mcg	1	
levothyroxine sodium tab 300 mcg	1	
levoxyl tab 25mcg	1	
levoxyl tab 50mcg	1	
levoxyl tab 75mcg	1	
levoxyl tab 88mcg	1	
levoxyl tab 100mcg	1	
levoxyl tab 112mcg	1	
levoxyl tab 125mcg	1	
levoxyl tab 137mcg	1	
levoxyl tab 150mcg	1	
levoxyl tab 175mcg	1	
levoxyl tab 200mcg	1	
liomny tab 5mcg	1	
liomny tab 25mcg	1	
liomny tab 50mcg	1	
liothyronine sodium tab 5 mcg	1	
liothyronine sodium tab 25 mcg	1	
liothyronine sodium tab 50 mcg	1	
NIVA THYROID TAB 15MG	3	
NIVA THYROID TAB 30MG	3	
NIVA THYROID TAB 60MG	3	
NIVA THYROID TAB 90MG	3	
NIVA THYROID TAB 120MG	3	
NP THYROID TAB 15MG	3	
NP THYROID TAB 30MG	3	
NP THYROID TAB 60MG	3	

Drug Name	Drug Tier	Requirements/Limits
NP THYROID TAB 90MG	3	
NP THYROID TAB 120MG	3	
RENTHYROID TAB 15MG	3	
RENTHYROID TAB 30MG	3	
RENTHYROID TAB 45MG	3	
RENTHYROID TAB 60MG	3	
RENTHYROID TAB 75MG	3	
RENTHYROID TAB 90MG	3	
RENTHYROID TAB 120MG	3	
SYNTHROID TAB 25MCG	2	
SYNTHROID TAB 50MCG	2	
SYNTHROID TAB 75MCG	2	
SYNTHROID TAB 88MCG	2	
SYNTHROID TAB 100MCG	2	
SYNTHROID TAB 112MCG	2	
SYNTHROID TAB 125MCG	2	
SYNTHROID TAB 137MCG	2	
SYNTHROID TAB 150MCG	2	
SYNTHROID TAB 175MCG	2	
SYNTHROID TAB 200MCG	2	
SYNTHROID TAB 300MCG	2	
THYQUIDITY SOL 100/5ML	3	
THYQUIDITY SOL 100MCG	3	
THYROID TAB 15MG	3	
THYROID TAB 30MG	3	
THYROID TAB 60MG	3	
THYROID TAB 90MG	3	
THYROID TAB 120MG	3	
TIROSINT CAP 13MCG	3	
TIROSINT CAP 25MCG	3	
TIROSINT CAP 37.5MCG	3	
TIROSINT CAP 44MCG	3	
TIROSINT CAP 50MCG	3	
TIROSINT CAP 62.5MCG	3	
TIROSINT CAP 75MCG	3	
TIROSINT CAP 88MCG	3	
TIROSINT CAP 100MCG	3	
TIROSINT CAP 112MCG	3	
TIROSINT CAP 125MCG	3	
TIROSINT CAP 137MCG	3	
TIROSINT CAP 150MCG	3	
TIROSINT CAP 175MCG	3	

Drug Name	Drug Tier	Requirements/Limits
TIROSINT CAP 200MCG	3	
TIROSINT-SOL SOL 13MCG/ML	3	
TIROSINT-SOL SOL 25MCG/ML	3	
TIROSINT-SOL SOL 37.5/ML	3	
TIROSINT-SOL SOL 44MCG/ML	3	
TIROSINT-SOL SOL 50MCG/ML	3	
TIROSINT-SOL SOL 62.5/ML	3	
TIROSINT-SOL SOL 75MCG/ML	3	
TIROSINT-SOL SOL 88MCG/ML	3	
TIROSINT-SOL SOL 100MCG	3	
TIROSINT-SOL SOL 112MCG	3	
TIROSINT-SOL SOL 125MCG	3	
TIROSINT-SOL SOL 137MCG	3	
TIROSINT-SOL SOL 150MCG	3	
TIROSINT-SOL SOL 175MCG	3	
TIROSINT-SOL SOL 200MCG	3	
unithroid tab 25mcg	1	
unithroid tab 50mcg	1	
unithroid tab 75mcg	1	
unithroid tab 88mcg	1	
unithroid tab 100mcg	1	
unithroid tab 112mcg	1	
unithroid tab 125mcg	1	
unithroid tab 137mcg	1	
unithroid tab 150mcg	1	
unithroid tab 175mcg	1	
unithroid tab 200mcg	1	
unithroid tab 300mcg	1	

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

ANTISPASMODICS

ANASPAZ TAB 0.125MG	3	
CUVPOSA SOL 1MG/5ML	3	
dicyclomine hcl cap 10 mg	1	NM
dicyclomine hcl tab 20 mg	1	NM
GLYCATE TAB 1.5MG	3	NM
GLYCOPYRROLA TAB 1.5MG	3	NM
glycopyrrolate inj 0.2 mg/ml	1	NM
glycopyrrolate inj 0.4 mg/2ml (0.2 mg/ml)	1	NM
glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)	1	NM
glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)	1	NM
glycopyrrolate oral soln 1 mg/5ml	1	
glycopyrrolate tab 1 mg	1	NM

Drug Name	Drug Tier	Requirements/Limits
glycopyrrolate tab 2 mg	1	NM
hyoscyamine sulfate elixir 0.125 mg/5ml	1	
hyoscyamine sulfate inj 0.5 mg/ml	1	NM
hyoscyamine sulfate sl tab 0.125 mg	1	
hyoscyamine sulfate tab 0.125 mg	1	
hyoscyamine sulfate tab disint 0.125 mg	1	
hyoscyamine sulfate tab er 12hr 0.375 mg	1	
LEVBID TAB 0.375 ER	3	
LEVSIN TAB 0.125MG	3	
LEVSIN/SL SUB 0.125MG	3	
methscopolamine bromide tab 2.5 mg	1	NM
methscopolamine bromide tab 5 mg	1	NM
NULEV TAB 0.125MG	1	
OSCIMIN SUB 0.125MG	1	
OSCIMIN TAB 0.125MG	1	
ROBINUL FORT TAB 2MG	3	NM
ROBINUL TAB 1MG	3	NM
H-2 ANTAGONISTS		
cimetidine hcl soln 300 mg/5ml	1	
cimetidine tab 200 mg	1	NM
cimetidine tab 300 mg	1	
cimetidine tab 400 mg	1	
cimetidine tab 800 mg	1	
famotidine for susp 40 mg/5ml	1	
famotidine tab 20 mg	1	
famotidine tab 40 mg	1	
nizatidine cap 150 mg	1	
nizatidine cap 300 mg	1	
PEPCID TAB 20MG	3	
PEPCID TAB 40MG	3	
ranitidine hcl tab 150 mg	1	
ranitidine hcl tab 300 mg	1	
MISC. ANTI-ULCER		
CARAFATE TAB 1GM	3	
sucralfate susp 1 gm/10ml	1	
sucralfate tab 1 gm	1	
PROTON PUMP INHIBITORS		
ACIPHEX TAB 20MG	3	PA, QL (60 tabs every 30 days)
DEXILANT CAP 30MG DR	3	PA, QL (60 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
DEXILANT CAP 60MG DR	3	PA, QL (60 caps every 30 days)
dexlansoprazole cap delayed release 30 mg	1	QL (60 caps every 30 days)
dexlansoprazole cap delayed release 60 mg	1	QL (60 caps every 30 days)
esomeprazole magnesium cap delayed release 20 mg (base eq)	1	QL (60 caps every 30 days)
esomeprazole magnesium cap delayed release 40 mg (base eq)	1	QL (60 caps every 30 days)
esomeprazole magnesium for delayed release susp pack 2.5 mg	1	QL (60 packets every 30 days)
esomeprazole magnesium for delayed release susp packet 5 mg	1	QL (60 packets every 30 days)
esomeprazole magnesium for delayed release susp packet 10 mg	1	QL (60 packets every 30 days)
esomeprazole magnesium for delayed release susp packet 20 mg	1	QL (60 packets every 30 days)
esomeprazole magnesium for delayed release susp packet 40 mg	1	QL (60 packets every 30 days)
FIRST-OMEPRA SUS 2MG/ML	3	AGE; PA Required for those 7 years and older
FIRST-PANTPR SUS 4MG/ML	3	AGE; PA Required for those 7 years and older
lansoprazole cap delayed release 15 mg	1	QL (60 caps every 30 days)
lansoprazole cap delayed release 30 mg	1	QL (60 caps every 30 days)
LANSOPRAZOLE SUS 3MG/ML	3	AGE; PA Required for those 7 years and older
lansoprazole tab delayed release orally disintegrating 15 mg	1	QL (60 tabs every 30 days)
lansoprazole tab delayed release orally disintegrating 30 mg	1	QL (60 tabs every 30 days)
NEXIUM CAP 20MG	3	PA, QL (60 caps every 30 days)
NEXIUM CAP 40MG	3	PA, QL (60 caps every 30 days)
NEXIUM GRA 2.5MG DR	3	PA, QL (60 packets every 30 days)
NEXIUM GRA 5MG DR	3	PA, QL (60 packets every 30 days)

Drug Name	Drug Tier	Requirements/Limits
NEXIUM GRA 10MG DR	3	PA, QL (60 packets every 30 days)
NEXIUM GRA 20MG DR	3	PA, QL (60 packets every 30 days)
NEXIUM GRA 40MG DR	3	PA, QL (60 packets every 30 days)
omeprazole cap delayed release 10 mg	1	
omeprazole cap delayed release 20 mg	1	
omeprazole cap delayed release 40 mg	1	
pantoprazole sodium ec tab 20 mg (base equiv)	1	QL (60 tabs every 30 days)
pantoprazole sodium ec tab 40 mg (base equiv)	1	QL (60 tabs every 30 days)
pantoprazole sodium for delayed release susp packet 40 mg	1	QL (60 packets every 30 days)
PREVACID CAP 30MG DR	3	PA, QL (60 caps every 30 days)
PREVACID TAB 15MG STB	3	QL (60 tabs every 30 days)
PREVACID TAB 30MG STB	3	QL (60 tabs every 30 days)
PRILOSEC POW 2.5MG	3	PA, QL (60 packets every 30 days)
PRILOSEC POW 10MG	3	PA, QL (60 packets every 30 days)
PROTONIX PAK 40MG	3	PA, QL (60 packets every 30 days)
PROTONIX TAB 20MG	3	PA, QL (60 tabs every 30 days)
PROTONIX TAB 40MG	3	PA, QL (60 tabs every 30 days)
RABEPRAZOLE CAP 10MG DR	3	PA, QL (60 caps every 30 days)
rabeprazole sodium ec tab 20 mg	1	QL (60 tabs every 30 days)
VOQUEZNA TAB 10MG	3	PA, NM
VOQUEZNA TAB 20MG	3	PA, NM
ULCER DRUGS - PROSTAGLANDINS		
CYTOTEC TAB 100MCG	3	
CYTOTEC TAB 200MCG	3	
misoprostol tab 100 mcg	1	
misoprostol tab 200 mcg	1	
ULCER THERAPY COMBINATIONS		
amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg	1	NM
bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg	1	NM

Drug Name	Drug Tier	Requirements/Limits
omeprazole-sodium bicarbonate cap 40-1100 mg	1	PA, QL (60 caps every 30 days)
omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg	1	PA
omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg	1	PA
PYLERA CAP	3	NM
TALICIA CAP	3	NM
VOQUEZNA PAK DUAL PAK	3	NM
VOQUEZNA PAK TRIP PK	3	NM
ZEGERID CAP 40-1100	3	PA, QL (60 caps every 30 days)
ZEGERID POW 20-1680	3	PA
ZEGERID POW 40-1680	3	PA
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)	1	
darifenacin hydrobromide tab er 24hr 15 mg (base equiv)	1	
fesoterodine fumarate tab er 24hr 4 mg	1	
fesoterodine fumarate tab er 24hr 8 mg	1	
oxybutynin chloride solution 5 mg/5ml	1	
oxybutynin chloride tab 5 mg	1	
oxybutynin chloride tab er 24hr 5 mg	1	
oxybutynin chloride tab er 24hr 10 mg	1	
oxybutynin chloride tab er 24hr 15 mg	1	
solifenacin succinate tab 5 mg	1	
solifenacin succinate tab 10 mg	1	
tolterodine tartrate cap er 24hr 2 mg	1	
tolterodine tartrate cap er 24hr 4 mg	1	
tolterodine tartrate tab 1 mg	1	
tolterodine tartrate tab 2 mg	1	
TOVIAZ TAB 4MG	3	
TOVIAZ TAB 8MG	3	
trospium chloride cap er 24hr 60 mg	1	
trospium chloride tab 20 mg	1	
VESICARE LS SUS 5MG/5ML	3	
VESICARE TAB 5MG	3	
VESICARE TAB 10MG	3	

Drug Name	Drug Tier	Requirements/Limits
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
mirabegron granules for oral extended release susp 8 mg/ml	1	
mirabegron tab er 24 hr 25 mg	1	
mirabegron tab er 24 hr 50 mg	1	
MYRBETRIQ SUS 8MG/ML	2	
MYRBETRIQ TAB 25MG	2	
MYRBETRIQ TAB 50MG	2	
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol chloride tab 5 mg	1	NM
bethanechol chloride tab 10 mg	1	NM
bethanechol chloride tab 25 mg	1	NM
bethanechol chloride tab 50 mg	1	NM
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
flavoxate hcl tab 100 mg	1	
VAGINAL AND RELATED PRODUCTS		
MISCELLANEOUS VAGINAL PRODUCTS		
INTRAROSA SUP 6.5MG	3	
SPERMICIDES		
ENCARE SUP 100MG	3	OTC, NM
GYNOL II GEL 3%	3	OTC, NM
VAGINAL ANTI-INFECTIVES		
CLEOCIN CRE 2% VAG	3	NM
CLEOCIN SUP 100MG	3	NM
clindamycin phosphate vaginal cream 2%	1	NM
CLINDESSE CRE 2%	3	NM
GYNAZOLE-1 CRE 2%	3	NM
metronidazole vaginal gel 0.75%	1	NM
terconazole vaginal cream 0.4%	1	NM
terconazole vaginal cream 0.8%	1	NM
terconazole vaginal suppos 80 mg	1	NM
VANDAZOLE GEL 0.75%	2	NM
VAGINAL ESTROGENS		
ESTRACE VAG CRE 0.01%	3	
estradiol vaginal cream 0.01%	1	
estradiol vaginal tab 10 mcg	1	
ESTRING MIS 7.5/24HR	2	
FEMRING MIS 0.1MG/24	3	
FEMRING MIS 0.05/24H	3	
PREMARIN VAG CRE 0.625MG	2	
VAGIFEM TAB 10MCG	3	

Drug Name	Drug Tier	Requirements/Limits
yuvafem tab 10mcg	1	
VAGINAL PROGESTINS		
CRINONE GEL 4% VAG	2	NM
CRINONE GEL 8% VAG	2	NM
ENDOMETRIN SUP 100MG	3	NM
progesterone vaginal insert 100 mg	1	NM
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
EPINEPHRINE INJ 0.3MG	2	QL (2 syringes every 30 days), NM
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	1	QL (2 pens every 30 days), NM
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	1	QL (2 pens every 30 days), NM
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	1	QL (2 pens every 30 days), NM
EPIPEN 2-PAK INJ 0.3MG	2	QL (2 pens every 30 days), NM
EPIPEN-JR INJ 0.15MG	2	QL (2 pens every 30 days), NM
NEFFY SPR 1MG	3	NM
NEFFY SPR 2MG	3	NM
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
droxidopa cap 100 mg	1	SP, NM
droxidopa cap 200 mg	1	SP, NM
droxidopa cap 300 mg	1	SP, NM
NORTHERA CAP 100MG	3	SP, NM
NORTHERA CAP 200MG	3	SP, NM
NORTHERA CAP 300MG	3	SP, NM
VASOPRESSORS		
ADRENALIN INJ 1MG/ML	2	NM
ADRENALIN INJ 30/30ML	2	NM
epinephrine inj 1 mg/ml	1	NM
EPINEPHRINE INJ 1MG/ML	3	NM
epinephrine pf inj 1 mg/ml	1	NM
midodrine hcl tab 2.5 mg	1	NM
midodrine hcl tab 5 mg	1	NM
midodrine hcl tab 10 mg	1	NM
VITAMINS		
OIL SOLUBLE VITAMINS		
ergocalciferol cap 1.25 mg (50000 unit)	1	

Drug Name	Drug Tier	Requirements/Limits
phytonadione inj 1 mg/0.5ml (2 mg/ml)	1	NM
phytonadione inj 10 mg/ml	1	NM
phytonadione tab 5 mg	1	NM
WATER SOLUBLE VITAMINS		
pyridoxine hcl inj 100 mg/ml	1	NM

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