請閱讀：本文件包含此計劃所承保的藥物資料。

2025藥物名冊

HMSA Akamai Advantage

Dual Care (PPO D-SNP)

2025 年承保藥物清單（藥物清單）

藥物名冊編號 00025219，第 16 版

此藥物名冊於 09/01/2025 更新。有關更多近期的資料或其他疑問，請聯絡 HMSA，電話為 (808) 948-6000 或 1 (800) 660-4672 免費專線。聽障熱線 (TTY) 用戶請致電 711。電話每週七天，上午 7 時 45 分至晚上 8 時有人接聽，或瀏覽 hmsa.com/advantage。

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H3832_8700_1055968_R6M057_25_C

簡介

本文件稱為承保藥物清單（又名藥物清單）。它告訴您哪些處方藥、非處方（OTC）藥物和非藥物產品和項目由 HMSA 承保。藥物清單還告訴您 HMSA 涵蓋的任何藥物是否有限制藥物承保的規則。關鍵術語及其定義列於*承保範圍證明的最後一章*。

目錄

A. 免責聲明

這是會員可在 HMSA 取得的藥物清單。

HMSA Akamai Advantage Dual Care 是一項與 Medicare 和 Hawaii Medicaid Program 簽約的 PPO D-SNP 計劃。是否投保 HMSA Akamai Advantage Dual Care 需視合約續約情況而定。藥物名冊可隨時更改。如有需要，您將收到通知。

- 您可隨時上網查看 HMSA 最新的承保藥物清單，網址：hmsa.com/advantage，或撥打本頁底部列出的號碼。此為免費熱線。
- 您可以免費獲取本文件其他格式的版本，例如大字體印刷版、凸字版或語音版。致電本頁底部列出的電話號碼。此為免費熱線。
- 本文件免費提供伊洛卡諾文、越南文、中文和韓文版本。
- 除非您另有要求，否則您要求的無障礙格式或該語言的文件版本將會長期適用。

CVS Caremark® 是一家代表 HMSA 提供藥房福利管理服務的獨立公司。

Discrimination is against the law

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

Services HMSA provides

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

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

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

How to file a grievance or complaint

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

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

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

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

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

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

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

(continued on next page)

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

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

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

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

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

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

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

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

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

(continued on next page)

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

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

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

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

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

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

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

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

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

B. 常見問題（FAQ）

在此處尋找您對本承保藥物清單問題的解答。您可以閱讀所有常見問題以了解更多資訊，或尋找個別問題和答案。

B1. 承保藥物清單上有哪些處方藥？（我們稱承保藥物清單為簡稱「藥物清單」。）

從 C1 部份開始的承保藥物清單上的藥物是 HMSA 承保的藥物。這些藥品可在我們網絡內的藥房取得。如果我們與某家藥房達成協議，同意與我們合作並為您提供服務，則該藥房就屬於我們的網絡。我們稱這些藥房為「網絡藥房」。

- HMSA 將在下列情況下承保藥品清單中所有醫療所必需的藥物：
  - 您的醫生或其他開立處方者表示您需要這些藥物才能好轉或保持健康，
  - HMSA 同意該藥物對您而言為醫療上所必需，及
  - 您在 HMSA 網絡藥房領取處方藥。
- 在某些情況下，您必須先做些事，才能獲得藥物。如需更多資訊，請參閱問題 B4。

您也可以在我們的網站 hmsa.com/advantage 找到我們承保的最新藥物清單，或致電本頁底部所列號碼聯絡 HMSA。

B2. 藥物清單是否會變更？

是的，HMSA 在進行變更時必須遵循 Medicare 和 Medicaid 規定。我們可能會在年度內新增或移除藥品清單上的藥品。

我們也可能改變我們對藥物的規定。例如，我們可以：

- 決定要求或不要求藥物的事先授權。（事先授權是在您取得藥物之前獲得 HMSA 的許可。）
- 新增或變更您可取得的藥物數量（稱為數量限制）。
- 新增或變更藥物的階段療法限制。（階段療法是指在我們承保另一種藥物之前，您必須試用一種藥物。）

有關這些藥物規則的更多資訊，請參閱問題 B4。

如果您正在服用年初承保的藥物，我們通常不會在該年度剩餘時間內移除或變更該藥物的承保，除非：

- 一種較便宜的新藥物上市，且其作用與藥物清單上的藥物相同，或
- 我們得知某種藥物不安全，或
- 藥物從市場下架。

以下的問題 B3 和 B6 提供了更多有關藥物清單變更時情況的資訊。

- 您可隨時上網查看 HMSA 的最新藥物清單，網址：hmsa.com/advantage。藥物清單的更新每月都會公佈在網站上。
- 您也可以致電本頁底部的電話號碼以聯絡顧客關係部，查看目前的藥物清單。

B3. 藥物清單變更時會發生甚麼事？

藥物清單的某些變是即時生效的。例如：

- 以新版本替代特定藥物。如果我們以新版本的該藥物取代，我們可能會立即從藥物清單中移除該藥物，但您的新藥物費用將維持為 $0。當我們增加新版本的藥品時，我們可能也會決定將原廠藥或原廠生物產品保留在清單上，但會變更其承保規定或限制。
  - 在我們進行此變更之前，我們可能不會告知您，但是一旦發生變更，我們將向您發送有關我們做出的具體變更的資訊。

- 只有在新增的藥物符合下列條件時，我們才會進行這些變更：
  - 是原廠藥的新副廠藥，或
  - 是藥物清單上原始生物製藥的特定新生物相似藥（例如，新增可互換生物相似藥，無需新處方即可取代原始生物製藥）。
  - 對於您而言，其中一些藥物類型可能是新的。如需更多資訊，請參閱 B14 部份。
- 您或您的提供者可以要求對這些變更進行例外處理。我們會寄給您通知，說明您可以採取哪些步驟來要求例外處理。有關例外處理的更多資訊，請參閱問題 B10 至 B12。

- 藥物被下架。如果美國食品藥物管理局 (FDA) 表示您正在服用的藥物不安全或無效，或者藥物製造商將藥物下架，我們可能會立即將其從藥物清單中撤出。如果您正在服用該藥物，我們將在做出變更後向您發送通知。如需更多資訊，請聯絡您的處方醫生，或聯絡您的醫生尋求醫療建議。

我們可能會做出其他影響您服用的藥物的變更。我們將提前告知您有關藥物清單的其他變更。如果出現以下情況，可能會發生這些變更：

- FDA 提供新的指引，或有關於某藥物的新臨床指引。
- 在新增非新上市的副廠藥時，我們從藥物清單中移除原廠藥，或
- 我們在添加生物相似藥時移除原始生物製藥，或
- 我們變更原廠藥的承保規則或限制。

當這些變更發生時，我們將：

- 在我們變更藥物清單前至少 30 天告知您，或
- 在您要求續配藥物之後讓您知道並給您 60 天的藥量。

這將讓您有時間與您的醫生或其他開立處方者討論。他們可以幫助您決定：

- 藥物清單上是否有類似的藥物，可供您改用，或
- 是否針對這些變更要求例外處理。有關例外處理的更多資訊，請參閱問題 B10 至 B12。

B4. 若要取得特定藥物，藥物承保是否受限，或是否需進行任何必要行動？

是，有些藥物有承保規定或數量限制。在某些情況下，您或您的醫生或其他開立處方者必須先做一些事情，您才能取得藥物。例如：

- 事先授權：對於某些藥物，您或您的醫生或其他處方開立者必須先取得 HMSA 的授權，您才能領取處方藥。事先授權與轉介不同。如果您未取得事先授權，HMSA 可能不會承保該藥物。
- 數量限制：有時 HMSA 會限制您可取得的藥物量。
- 逐步治療：有時 HMSA 會要求您進行階段療法。這表示您必須以特定順序嘗試治療您醫療狀況的藥物。在我們承保另一種藥物之前，您可能必須試用一種藥物。如果您的處方開立者認為第一種藥物對您無效，我們方會承保第二種藥物。

您可在藥物名冊 C1 部份查看您的藥物是否有任何額外要求或限制。您也可以造訪我們的網站 hmsa.com/advantage 以取得更多資訊。我們已在網上刊載文件，當中解釋了我們的事先授權和逐步療法規限。您亦可要求我們寄送一份副本給您。

您可以要求這些限制的例外處理。這將讓您有時間與您的醫生或其他開立處方者討論。他們可以幫助您決定藥物清單上是否有類似藥物可以改用，或是否要求例外處理。有關例外處理的更多資訊，請參閱問題 B10 至 B12。

B5. 我如何知道我想要的藥物是否有限制或是否需要採取行動才能獲得該藥物？

依醫療狀況排列的藥品清單中的表格有標示要求／限制的欄位。

B6. 如果 HMSA 改變其承保某些藥物的規定（例如事先授權、數量限制和／或階段療法限制），會發生甚麼事？

在某些情況下，如果我們新增或變更某藥物的事先授權、數量限制和／或階段療法限制，我們會提前告訴您。請參閱問題 B3 以了解更多有關此預先通知的資訊，以及當我們的藥物清單上的藥物規則變更時，我們無法提前告知您的情況。

B7. 我如何在藥物清單上找到藥物？

有兩種方法可以找到藥物：

- 您可以按字母順序搜尋，或
- 您可以依醫療狀況進行搜尋。

若要按字母順序搜尋，請在承保藥物索引部分尋找您的藥物。您可以在本文件的 D 部分找到。承保藥物索引按字母順序列出藥物清單中的所有藥物。索引同時列出原廠藥和仿製藥。

要按醫療狀況搜尋，請查找標記為「按醫療狀況排序的藥物清單」的 C1 部分。本部份的藥物按其用以治療的醫療病況類別分組。例如，如果您有心臟問題，您應該查看「心血管」。您可在此找到治療心臟問題的藥物。

B8. 如果我想服用的藥物不在藥物清單上怎麼辦？

如果您在藥物清單上找不到您的藥物，請致電本頁下方列出的電話號碼以聯絡顧客關係部，詢問該藥物的事宜。如果您得知 HMSA 不會承保該藥物，您可以採取以下措施之一：

- 請向顧客關係部索取一份與您想服用的藥物類似藥物的清單。然後向您的醫生或其他開立處方者出示該清單。他們可以在藥物清單上開立與您想要使用的藥物類似的藥物。或
- 您可以要求 HMSA 進行例外處理，以承保您的藥物。有關例外處理的更多資訊，請參閱問題 B10 至 B12。

B9. 如果我是 HMSA 的新會員，但在藥物清單上找不到我的藥物，或無法取得我的藥物，該怎麼辦 ？

我們可以提供協助。在您成為 HMSA Akamai Advantage Dual Care 會員的最初 90 天內，我們可能會為您的藥物承保 30 天的臨時藥量。這將讓您有時間與您的醫生或其他開立處方者討論。他們可以幫助您決定藥物清單上是否有類似藥物可以改用，或是否要求例外處理。

如果您的處方時間較短，我們將允許多次配藥，最多可提供總共 30 天的藥物。

若有下列情況，我們將承保 30 天藥量：

- 您正在服用未列於我們藥物清單上的藥物，或
- 我們的計劃規定不允許您取得開立處方者所開立的藥量，或
- 該藥物需要 HMSA 的事先授權，或
- 您正在服用屬於階段療法限制一部分的藥物。

如果您住在療養院或其他長期照護機構，且需要未列於藥物清單上的藥物，或者您無法輕易取得所需藥物，我們可以提供協助。對於已參與計劃 90 天以上且居住在長期護理機構且立即需要藥物提供的會員：

無論您是否為 HMSA Akamai Advantage Dual Care 的新會員，我們都將承保一次您所需藥物 31 天的藥量（除非您的處方天數較短）。

這獨立於您成為 HMSA Akamai Advantage Dual Care 會員前 90 天期間的臨時藥量之外。

過渡政策

我們計劃的新成員可能使用不在我們藥物名冊上的藥物，或受某些規限而定，例如事先授權。現有成員可能受本年至明年我們的藥物名冊的不時變更所影響。

成員應與其醫生商量，以決定其是否轉換至我們承保的不同藥物，或申請藥物名冊例外情況，以獲取藥物的承保。請參閱「我如何申請例外處理？」一節。以了解如何申請例外情況。如果您的藥物並不在我們的藥物名冊上或受某些規限而定（例如事先授權），以及您需要轉換至我們承保的不同藥物或申請藥物名冊例外情況，請聯絡顧客關係部。

在成員與其醫生商量以決定行動時，如果成員在成為我們計劃新成員的首 90 天期間需要藥物的補充，我們可能提供暫時的非藥物名冊藥物供應。

如果您是受本年至明年的藥物名冊變更影響的現有成員，我們將為您提供機會以事先申請明年的藥物名冊例外情況。

當成員前往網絡藥房，而我們暫時提供非藥物名冊上的藥物供應，或其具有承保規限或限制（但卻被喻為 D 部分藥物），我們將承保 30 天的供應（附非處方的天數較少）。我們承保 30 天的暫時供應後，我們一般將不會再以我們的過渡政策一部分來支付此等藥物。在我們承保您的暫時供應後，我們將為您提供書面通知。此告示將解釋您可申請例外情況的步驟，以及如何與您的醫生合作以決定您是否應轉換至另一種我們承保的合適藥物。

如果新成員為長期護理設施的院友（如護老院），我們亦將承保 31 天的暫時過渡供應（附非處方的天數較少）。如需要，我們將在新成員加入我們計劃的首 90 天，就此等藥物承保多於一次的補充。如果院友已加入我們計劃超過 90 天，並需要一種並非在我們藥物名冊上的藥物，或受其他規限（如劑量限制）而定，我們將在新成員申請藥物名冊例外情況時，就該藥物承保 31 天的暫時緊急供應（除非處方的天數較少）。

在某些條件下，現有成員亦合資格獲取過渡性補充。如果現有成員進入長期護理設施或正在 LTC 設施，以及需要非藥物名冊藥物的緊急供應，我們將承保 31 天的暫時過渡性供應（除非處方的天數較少）。我們將於首 90 天為此等成員承保此等藥物多於一次的補充。

成員可能在住院設施或專業護理機構內的護理水平出現轉變，而導致之前獲 Medicare D 部分承部的藥物不獲承保。至於護理水平出現轉變的現有成員，我們亦將如上所述承保 31 天的暫時過渡性供應。

請注意，我們的過渡政策只適用於 D 部分並於網絡藥房購買的藥物。過渡政策不可用以購買非 D 部分藥物或網絡以外的藥物，除非您合資格獲取網絡以外藥物。

B10. 我可以要求例外處理來承保我的藥物嗎？

可以。您可以要求 HMSA 進行例外處理，以承保未列於藥物清單上的藥品。

您也可以要求我們變更您藥物的規定。

- 例如，HMSA 可能會限制我們將承保的藥物數量。如果您的藥物有限制，您可以要求我們變更限制以承保更多藥物。
- 其他範例：您可以要求我們放棄階段療法限制或事先授權要求。

B11. 我如何申請例外處理？

如欲申請例外處理，請致電我們，我們將與您和您的提供者合作，以協助您申請例外處理。您也可以參閱*承保證書第 9 章第 7 節*，以深入了解例外處理。

B12. 取得例外處理需要多長時間？

在我們收到您的處方開立者證實您例外處理要求的聲明後，我們將在 72 小時內決定。您、您的開立處方者或您的授權代表可以要求我們以口頭或書面方式做出承保決定。如需申請承保判定，或有關申請流程或狀態的更多資訊，請致電 HMSA 的藥房福利經理，電話：1 (855) 479-3659 免費熱線。聽障熱線使用者請致電 711。

您也可以透過我們的網站 hmsa.com/help-center/forms/medicare-drug-review/ 查看承保決定流程。

如果您或您的處方開立者認為，為決定等待 72 小時可能會導致您的健康受到傷害，您可以要求快速例外處理。這是更快的決定。如果您的處方開立者支持您的要求，我們將在獲得處方開立者的支持聲明後 24 小時內給您決定。

B13. 甚麼是仿製藥?

仿製藥由與原廠藥相同的活性成分組成。一般來說，仿製藥的作用與原廠藥一樣，而且通常價錢較低。它們通常並不知名。仿製藥經食品及藥物管理局 (FDA) 批准。許多原廠藥都有仿製藥。在藥房仿製藥通常可以不用新處方即可取代原廠藥，情況視州法律而定。

HMSA 同時承保原廠藥和仿製藥。

B14. 甚麼是生物製藥，它們與生物相似藥有何關聯？

當我們提到藥物時，這可能意味著藥物或生物製藥。生物製品是比一般藥物更複雜的藥物。由於生物製劑比一般藥物更複雜，因此它們的形式不是仿製葯，而是被稱為生物相似藥。一般來說，生物相似藥與原本的生物製藥同樣有效，且更為便宜。有些生物製藥有生物相似藥的替代選擇。有些生物相似藥是可互換的生物相似藥，而且根據州法律，可以在藥局取代原本的生物製藥，而不需要新的處方，就像仿製藥可以取代原廠藥一樣。

有關藥物類型的更多資訊，請參閱*承保證明第 5 章*。

B15. 甚麼是 OTC 藥物？

OTC是指「非處方」。HMSA QUEST (Medicaid) 承保某些由您的醫療服務提供者開立處方的 OTC 藥物。

您可以閱讀 HMSA 藥物清單，了解哪些 OTC 藥物屬於承保範圍。

B16. HMSA 是否承保非藥物 OTC 產品？

HMSA 承保某些非藥物 OTC 產品，前提是您的醫療服務提供者為這些產品開立處方。

非藥物 OTC 產品的例子包括

- 膠布
- 紗布墊
- 峰值流量計

您可以閱讀 HMSA 藥物清單，了解哪些非藥物 OTC 產品屬於承保範圍。

B17. HMSA 是否承保處方藥的長期供應？

- 郵購方案。我們提供郵購方案，讓您取得最多 100 天藥量的處方藥，直接送到您府上。100 天用量與一個月用量的共付額相同。
- 100 天零售藥房計劃。某些零售藥房也可能提供最多 100 天藥量的承保處方藥。100 天用量與一個月用量的共付額相同。

B18. 我可以請當地的藥房將處方藥送到我家嗎？

可透過 HMSA 的郵購藥房 CVS Caremark，將處方藥寄送至您的家中。在藥房收到訂單後，郵購藥房訂單通常會在 14 天內送達。如果您的藥物並未在此時間範圍內送達，請致電 1 (855) 479-3659 免費熱線，該電話每週 7 天，每天 24 小時有人接聽；聽障熱線 (TTY) 使用者可致電 711。您亦可選擇致電這些號碼，登記我們的可選性自動送藥計劃。

B19. 我的共付額是多少？

若會員遵守計劃規定，HMSA 會員對於處方、OTC 藥物和非藥物產品的共付額為 $0。請參考問題 B15 和 B16，了解有關 OTC 藥物和非藥物的更多資訊產品。

- 第一級仿製藥共付額為 $0。
- 第一級原廠藥共付額為 $0。
- OTC 共付額為 $0。

如果您有疑問，請致電本頁底部的電話號碼以聯絡顧客關係部。

C. 承保藥物清單概覽

承保藥物清單為您提供 HMSA 承保藥物的相關資訊。如果您在清單中找不到您的藥物，請參閱 D 部分開始的承保藥物索引。該索引按字母順序列出 HMSA 承保的所有藥物。

注意：藥物清單中標示為非 D 部分藥物的藥物，其上訴規則不同。

- 上訴是一種當您認為我們作出了錯誤後，要求我們審查和變更我們已作出的承保決定的正式方式。
- 例如，我們可能決定您想要的藥物不屬於承保範圍，或不再屬於 Medicare 或州政府的承保範圍。
- 如果您或您的處方開立者不同意我們的決定，您可以提出上訴。如果您有任何問題，請致電打本頁下方列出的號碼以聯絡顧客關係部。
- 您也可以閱讀*承保證書第 9 章*，了解如何對決定提出上訴。

C1. 依醫療狀況排列的藥物清單

本部份的藥物按其用以治療的醫療病況類別分組。例如，如果您有心臟問題，您應該查看「心血管」類別。您可在此找到治療心臟問題的藥物。

以下是「必要的操作、限制或使用限制」欄中所使用的代碼的含義：

PA - 事先授權 (Prior Authorization)：需要您或您的醫生獲取 HMSA Akamai Advantage Dual Care 的批准，我們才會承保您的處方。

QL - 數量限制 (Quantity Limits)：HMSA Akamai Advantage Dual Care 承保藥物的數量限制。

ST - 逐步療法 (Step Therapy)：需要您先嘗試某些藥物以治療您的醫療病況，我們才將就該病況承保另一種藥物。

NM - 郵購訂單並不適用 (Not Available at Mail Order)：此等藥物並不適用於 HMSA 的郵購藥房 CVS Caremark。

B/D - B 或 D：視乎情況而定，藥物可能在 Medicare B 部分或 D 部分下承保。可能需要提交描述使用藥物和藥物使用狀況的資料以作出決定。有關進一步資料，請致電顧客關係部。

圖表的第一行列出藥物名稱。仿製藥以小寫斜體字列出（例如，*lisinopril*），原廠藥以大寫字母列出（例如，JARDIANCE），OTC 藥物和非藥品則以小寫字母列出（例如，acetaminophen）。「必要的行動、限制或使用限制」欄中的資訊會告訴您 HMSA 是否對您的藥物有任何承保規定。

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

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

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

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

Last Updated: 09/01/25

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

D. 承保藥物索引

在本節中，您可以依字母順序搜尋藥物名稱來尋找藥物。這將告知您可以找到有關的詳細承保資料的頁碼。

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2025 年 Dual Care Supplemental Medicaid 藥物名冊承保藥物清單

生效日期 09/01/2025

身為 HMSA Akamai Advantage Dual Care 會員，您也投保了 QUEST （Medicaid） 計劃，以提供 Medicare 通常不承保的產品承保。補充部分列出您的 QUEST (Medicaid) 計劃承保的其他藥物。

藥物名冊上所使用的縮寫

關鍵字	定義
AGE	年齡限制
小寫	表示仿製藥
OB7	鴉片類和苯二氮平類藥物的初始處方 同時將限制為 7 天的藥量。
OTC	非處方
PA	事先授權
QL	數量限制
SP	專科藥品
ST	逐步療法
大寫	表示原廠藥
＋	表示仿製藥和等效原廠藥均屬於承保範圍，且以書面代碼 1 (DAW 1) 的方式分發。這包括國家規定的藥物類別（HIV 和 AIDS、抗憂鬱藥、抗精神病藥、抗焦慮藥和免疫抑制劑）。

藥物承保資訊

此清單上的藥物狀態為截至本出版品日期的最新狀態。

這份清單是作為我們的提供者和會員選擇產品的指南。清單可能變更。簽約藥局在配取處方藥時擁有最新的藥物名冊資訊。完成 HMSA 審查程序後，如適用，新藥物、強度、型態和／或治療類別將反映在藥物名冊中。

並非所有仿製藥有列出。

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

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

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

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

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

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

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

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

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

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

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

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

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

MINERALS & ELECTROLYTES

CALCIUM

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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HAWAI'I MEDICAL SERVICE ASSOCIATION

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