

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



2027 List of Covered Drugs (Drug List or Formulary)

HMSA Akamai Advantage Dual Care (PPO D-SNP)

2027 List of Covered Drugs (Formulary) Formulary ID 00027154, version 6

This Drug List was updated on 10/01/2026. For more recent information or other questions, please contact HMSA at (808) 948-6000, option 6, or 1 (800) 660-4672 toll-free. TTY users, call 711. Telephone hours are 7:45 a.m. to 8 p.m., seven days a week or visit hmsa.com/advantage.



MedicareRx
Prescription Drug Coverage

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Introduction

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

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A. Disclaimers

This is a list of drugs that members can get in HMSA Akamai Advantage® Dual Care (PPO D-SNP).

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

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

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

Discrimination is against the law

HMSA complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. 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) 440-0640 toll-free or TTY 1 (877) 447-5990 toll-free.

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 toll-free
- TTY: 1 (877) 447-5990 toll-free
- Email: GA_Help@hmsa.com
- Fax: (808) 952-7546
- Mail: HMSA QUEST
Attn: Grievance Coordinator
P.O. Box 860
Honolulu, HI 96808-0860

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

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

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

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

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



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QUEST

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 kanimong 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信息，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

ເຊີນຊາບ: ຖ້າທ່ານບໍ່ເວົ້າພາສາອັງກິດແມ່ນມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍພ້ອມໃຫ້ທ່ານ. ນອກຈາກນັ້ນກໍ່ຍັງມີການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການເສີມເພື່ອໃຫ້ຂໍ້ມູນແກ່ທ່ານໃນຮູບແບບທີ່ເຂົາເຈົ້າໄດ້ໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ສະມາຊິກ QUEST ແມ່ນໂທບໍລິການໄດ້ທີ 1 (800) 440-0640, TTY 1 (877) 447-5990 ຫຼື ປຶກສາກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ. ສະມາຊິກແຜນປະກັນ Medicare Advantage ແລະ ຊັ້ນທຸລະກິດ, ໂທ 1 (800) 776-4672 ຫຼື TDD/TTY 1 (877) 447-5990.

Kajin Majōl

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-lgilisi, 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 inisiaua 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 โปรดโทรไปที่หมายเลขโทรศัพท์ที่หมายเลข 1 (800) 440-0640, TTY 1 (877) 447-5990 หรือพูดคุยกับผู้ให้บริการของคุณ สำหรับสมาชิก Medicare Advantage และแผนเชิงพาณิชย์ โปรดโทรไปที่หมายเลข 1 (800) 776-4672 หรือ TDD/TTY 1 (877) 447-5990

Tonga

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

Foosun Chuuk

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

Tiếng Việt

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

B. Frequently Asked Questions (FAQ)

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

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

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

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

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

B2. Does the *Drug List* ever change?

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

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

- Decide to require or not require prior authorization for a drug. (Prior authorization is permission from HMSA before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).

- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we’ll cover another drug.)

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

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

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

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

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

B3. What happens when there’s a change to the *Drug List*?

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

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

If you have questions, please call HMSA at (808) 948-6000 or 1 (800) 660-4672 toll-free. TTY users, call 711, 7:45 a.m. to 8 p.m., seven days a week. The call is free. For more information, visit hmsa.com/advantage.

Last updated: 10/01/2026

- We can make these changes only if the drug we're adding:
 - is a new generic version of a brand name drug, or
 - is a certain new biosimilar version of original biological products on the *Drug List* (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).
 - Some of these drug types may be new to you. For more information, refer to Section B14.
- You or your provider can ask for an exception from these changes. We'll send you a notice with the steps you can take to ask for an exception. Please refer to questions B10-B12 for more information on exceptions.
- **Remove unsafe drugs and other drugs that are taken off the market.** Sometimes a drug may be found unsafe or taken off the market for another reason. If this happens, we may immediately take it off the *Drug List*. If you're taking the drug, we'll send you a notice after we make the change. Please contact your prescriber for more information or your doctor for medical advice.

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

- the FDA provides new guidance or there are new clinical guidelines about a drug.
- we remove a brand name drug from the *Drug List* when adding a generic drug that isn't new to the market, or
- we remove an original biological product when adding a biosimilar, or
- we change the coverage rules or limits for the brand name drug.

When these changes happen, we'll:

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

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

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

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

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

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

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

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

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

The table in the section titled, "List of Drugs by Medical Condition" has a column labeled "Necessary actions, restrictions, or limits on use."

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

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

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

There are two ways to find a drug:

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

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

To search by medical condition, find section C1 labeled "List of Drugs by Medical Condition."

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

B8. What if the drug I want to take isn't on the *Drug List*?

If you don't find your drug on the *Drug List*, call Customer Relations at the numbers listed at the bottom of this page and ask about it. If you learn

that HMSA won't cover the drug, you can do one of these things:

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

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

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

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

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

- you're taking a drug that isn't on our *Drug List*, **or**
- our plan rules don't let you get the amount ordered by your prescriber, **or**
- the drug requires prior authorization by HMSA, **or**
- you're taking a drug that's part of a step therapy restriction.

If you're in a nursing home or other long-term care facility and need a drug that isn't on the *Drug List* or if you can't easily get the drug you need, we can help. If you've been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

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

If you have questions, please call HMSA at (808) 948-6000 or 1 (800) 660-4672 toll-free. TTY users, call 711, 7:45 a.m. to 8 p.m., seven days a week. The call is free. For more information, visit hmsa.com/advantage.

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This is in addition to the temporary supply during the first 90 days you're a member of HMSA Aka-mai Advantage Dual Care (PPO D-SNP).

Transition policy

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

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

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

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

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

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

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

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

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

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

Yes. You can ask HMSA to make an exception to cover a drug that isn't on the *Drug List*.

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

- For example, HMSA may limit the amount of a drug we'll cover. If your drug has a limit, you can ask us to change the limit and cover more.

- Other examples: You can ask us to drop step therapy restrictions or prior authorization requirements.

B11. How can I ask for an exception?

To ask for an exception, call us at the number listed on the bottom of this page, and we'll work with you and your provider to help you ask for an exception. You can also read Chapter 9, Section 7, of the *Evidence of Coverage* to learn more about exceptions.

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

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

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

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

B13. What are generic drugs?

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

HMSA covers both brand name drugs and generic drugs.

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

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

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

B15. What are OTC drugs?

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

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

B16. Does HMSA cover non-drug OTC products?

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

Examples of non-drug OTC products include

- Adhesive bandages
- Gauze pads
- Peak flow meters

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

If you have questions, please call HMSA at (808) 948-6000 or 1 (800) 660-4672 toll-free. TTY users, call 711, 7:45 a.m. to 8 p.m., seven days a week. The call is free. For more information, visit hmsa.com/advantage.

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

- Mail-Order Programs. We offer a mail-order program that allows you to get up to a 100-day supply of your drugs sent directly to your home. A 100-day supply has the same copay as a one-month supply.
- 100-Day Retail Pharmacy Programs. Some retail pharmacies may also offer up to a 100-day supply of covered drugs. A 100-day supply has the same copay as a one-month supply.

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

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

B19. What's my copay?

HMSA Akamai Advantage Dual Care (PPO D-SNP) members have a \$0 copay for prescriptions and OTC drugs and non-drug products as long as the member follows the plan's rules. Refer to questions B15 and B16 for more information about OTC drugs and non-drug products.

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

C. Overview of the *List of Covered Drugs*

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

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

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

C1. List of Drugs by Medical Condition

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

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

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

QL – Quantity Limits: A limit on the amount of the drug that HMSA Akamai Advantage Dual Care (PPO D-SNP) will cover.

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

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

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

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

Drug Name	Drug Requirements/ Tier	Limits
ANALGESICS		
GOUT		
<i>allopurinol</i> TABS 100mg, 300mg	1	
<i>colchicine</i> TABS .6mg QL (120 tabs / 30 days)	1	QL
<i>colchicine w/ probenecid tab</i> 0.5-500 mg	1	
<i>probenecid</i> TABS 500mg	1	
MISCELLANEOUS		
JOURNAVX TABS 50mg QL (29 tabs / 14 days)	1	QL PA
<i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%	1	B/D
NSAIDS		
<i>celecoxib</i> CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	1	QL
<i>celecoxib</i> CAPS 400mg QL (30 caps / 30 days)	1	QL
<i>diclofenac potassium</i> TABS 50mg QL (120 tabs / 30 days)	1	QL
<i>diclofenac sodium</i> TB24 100mg QL (60 tabs / 30 days)	1	QL
<i>diclofenac sodium</i> TBEC 25mg, 50mg, 75mg	1	
<i>diflunisal</i> TABS 500mg	1	
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	1	
<i>flurbiprofen</i> TABS 100mg	1	
<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	1	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	
<i>naproxen</i> TBEC 375mg QL (120 tabs / 30 days)	1	QL
<i>naproxen sodium</i> TABS 275mg, 550mg	1	
<i>piroxicam</i> CAPS 10mg, 20mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>sulindac</i> TABS 150mg, 200mg	1	
OPIOID ANALGESICS, LONG-ACTING		
<i>buprenorphine</i> PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr QL (4 patches / 28 days)	1	QL PA
<i>fentanyl</i> 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
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg QL (30 tabs / 30 days)	1	QL PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	1	QL PA
<i>methadone hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days)	1	QL PA
<i>methadone hydrochloride i</i> CONC 10mg/ml QL (90 mL / 30 days)	1	QL PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg QL (90 tabs / 30 days)	1	QL PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine</i> soln 120-12 mg/5ml QL (2700 mL / 30 days)	1	QL
<i>acetaminophen w/ codeine tab</i> 300-15 mg QL (400 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine tab</i> 300-30 mg QL (360 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine tab</i> 300-60 mg QL (180 tabs / 30 days)	1	QL
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	1	
<i>endocet tab</i> 2.5-325mg QL (360 tabs / 30 days)	1	QL

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
<i>endocet tab 7.5-325mg</i> QL (240 tabs / 30 days)	1	QL
<i>endocet tab 10-325mg</i> QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> QL (2700 mL / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 5-325 mg</i> QL (240 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i> QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab 10-325 mg</i> QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> QL (150 tabs / 30 days)	1	QL
<i>hydromorphone hcl LIQD 1mg/ml</i> QL (600 mL / 30 days)	1	QL
<i>hydromorphone hcl TABS 2mg, 4mg, 8mg</i> QL (180 tabs / 30 days)	1	QL
<i>morphine sulfate SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml</i>	1	B/D
<i>morphine sulfate SOLN 10mg/5ml, 20mg/5ml</i> QL (900 mL / 30 days)	1	QL
<i>morphine sulfate SOLN 100mg/5ml</i> QL (180 mL / 30 days)	1	QL
<i>morphine sulfate TABS 15mg, 30mg</i> QL (180 tabs / 30 days)	1	QL
<i>oxycodone hcl CONC 100mg/5ml</i> QL (180 mL / 30 days)	1	QL
<i>oxycodone hcl SOLN 5mg/5ml</i> QL (900 mL / 30 days)	1	QL
<i>oxycodone hcl TABS 5mg, 10mg, 15mg, 20mg, 30mg</i> QL (180 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> QL (360 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>oxycodone w/ acetaminophen tab 5-325 mg</i> QL (360 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> QL (240 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen tab 10-325 mg</i> QL (180 tabs / 30 days)	1	QL
<i>tramadol hcl TABS 50mg</i> QL (240 tabs / 30 days)	1	QL
<i>tramadol-acetaminophen tab 37.5-325 mg</i> QL (240 tabs / 30 days)	1	QL
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole TABS 200mg</i> QL (672 tabs / year)	1	QL PA
<i>amikacin sulfate SOLN 1gm/4ml, 500mg/2ml</i>	1	
<i>ARIKAYCE SUSP 590mg/8.4ml</i>	1	NM PA
<i>atovaquone SUSP 750mg/5ml</i> QL (300 mL / 30 days)	1	QL PA
<i>aztreonam SOLR 1gm, 2gm</i>	1	
<i>BLUJEPA TABS 750mg</i>	1	
<i>CAYSTON SOLR 75mg</i>	1	NM PA
<i>clindamycin hcl CAPS 75mg, 150mg, 300mg</i>	1	
<i>clindamycin palmitate hydrochloride SOLR 75mg/5ml</i>	1	
<i>clindamycin phosphate SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	1	
<i>CLINDMYC/NAC INJ 300/50ML</i>	1	
<i>CLINDMYC/NAC INJ 600/50ML</i>	1	
<i>CLINDMYC/NAC INJ 900/50ML</i>	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
<i>colistimethate sodium</i> SOLR 150mg	1	
<i>dapsone</i> TABS 25mg, 100mg	1	
DAPTOMYCIN SOLR 350mg	1	
<i>daptomycin</i> SOLR 350mg, 500mg	1	
EMVERM CHEW 100mg QL (12 tabs / year)	1	QL
<i>ertapenem sodium</i> SOLR 1gm	1	
<i>fosfomycin tromethamine</i> PACK 3gm	1	
<i>gentamicin in saline inj</i> 0.8 mg/ml	1	
<i>gentamicin in saline inj</i> 1 mg/ml	1	
<i>gentamicin in saline inj</i> 1.2 mg/ml	1	
<i>gentamicin in saline inj</i> 1.6 mg/ml	1	
<i>gentamicin in saline inj</i> 2 mg/ml	1	
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	1	
<i>imipenem-cilastatin intravenous for soln</i> 250 mg	1	
<i>imipenem-cilastatin intravenous for soln</i> 500 mg	1	
<i>ivermectin</i> TABS 3mg QL (20 tabs / 90 days)	1	QL PA
<i>ivermectin</i> TABS 6mg QL (10 tabs / 90 days)	1	QL PA
<i>linezolid</i> SOLN 600mg/300ml	1	
<i>linezolid</i> SUSR 100mg/5ml QL (1800 mL / 30 days)	1	QL
<i>linezolid</i> TABS 600mg QL (60 tabs / 30 days)	1	QL
LINEZOLID INJ 2MG/ML	1	
<i>meropenem</i> SOLR 1gm, 2gm, 500mg	1	
<i>methenamine hippurate</i> TABS 1gm	1	
<i>metronidazole</i> SOLN 500mg/100ml; TABS 250mg, 500mg	1	
<i>neomycin sulfate</i> TABS 500mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>nitazoxanide</i> TABS 500mg QL (6 tabs / 30 days)	1	QL
<i>nitrofurantoin macrocrystal</i> CAPS 50mg, 100mg	1	
<i>nitrofurantoin monohyd macro</i> CAPS 100mg	1	
<i>pentamidine isethionate inh</i> SOLR 300mg	1	B/D
<i>pentamidine isethionate inj</i> SOLR 300mg	1	
<i>polymyxin b sulfate</i> SOLR 500000unit	1	
<i>praziquantel</i> TABS 600mg	1	
<i>pyrimethamine</i> TABS 25mg QL (90 tabs / 30 days)	1	QL PA
<i>streptomycin sulfate</i> SOLR 1gm	1	
<i>sulfadiazine</i> TABS 500mg	1	
<i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml	1	
<i>sulfamethoxazole-trimethoprim susp</i> 200-40 mg/5ml	1	
<i>sulfamethoxazole-trimethoprim tab</i> 400-80 mg	1	
<i>sulfamethoxazole-trimethoprim tab</i> 800-160 mg	1	
<i>tinidazole</i> TABS 250mg, 500mg	1	
TOBI PODHALER CAPS 28mg	1	NM PA
<i>tobramycin</i> NEBU 300mg/5ml	1	NM PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 80mg/2ml	1	
<i>trimethoprim</i> TABS 100mg	1	
<i>vancomycin hcl</i> CAPS 125mg QL (80 caps / 180 days)	1	QL
<i>vancomycin hcl</i> CAPS 250mg QL (160 caps / 180 days)	1	QL
<i>vancomycin hcl</i> 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

Drug Name	Drug Requirements/ Tier	Limits
XIFAXAN TABS 200mg QL (9 tabs / 30 days)	1	QL
ANTIFUNGALS		
<i>amphotericin b</i> SOLR 50mg	1	B/D
<i>amphotericin b liposome</i> SUSR 50mg	1	B/D
<i>caspofungin acetate</i> SOLR 50mg, 70mg	1	
CRESEMBA CAPS 74.5mg, 186mg	1	PA
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	1	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	1	
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	1	
<i>flucytosine</i> CAPS 250mg, 500mg	1	PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	1	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	1	
<i>itraconazole</i> CAPS 100mg QL (120 caps / 30 days)	1	QL
<i>ketoconazole</i> TABS 200mg	1	PA
<i>miconazole sodium</i> SOLR 50mg, 100mg	1	
<i>nystatin</i> TABS 500000unit	1	
<i>posaconazole</i> TBEC 100mg QL (93 tabs / 30 days)	1	QL PA
<i>terbinafine hcl</i> TABS 250mg QL (30 tabs / 30 days) PA applies after a 90 day supply in a calendar year	1	QL PA
<i>voriconazole</i> SOLR 200mg	1	PA
<i>voriconazole</i> SUSR 40mg/ml QL (600 mL / 28 days)	1	QL PA
<i>voriconazole</i> TABS 50mg QL (480 tabs / 30 days)	1	QL
<i>voriconazole</i> TABS 200mg QL (120 tabs / 30 days)	1	QL
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab</i> 62.5-25 mg	1	
<i>atovaquone-proguanil hcl tab</i> 250-100 mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>chloroquine phosphate</i> TABS 250mg, 500mg	1	
COARTEM TAB 20-120MG	1	
<i>mefloquine hcl</i> TABS 250mg	1	
<i>primaquine phosphate</i> TABS 26.3mg	1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	1	
<i>quinine sulfate</i> CAPS 324mg	1	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	1	
APTIVUS CAPS 250mg	1	
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	1	
<i>darunavir</i> TABS 600mg QL (60 tabs / 30 days)	1	QL
<i>darunavir</i> TABS 800mg QL (30 tabs / 30 days)	1	QL
EDURANT TABS 25mg	1	
EDURANT PED TBSO 2.5mg	1	
<i>efavirenz</i> TABS 600mg	1	
<i>emtricitabine</i> CAPS 200mg	1	
EMTRIVA SOLN 10mg/ml	1	
<i>etravirine</i> TABS 100mg, 200mg	1	
<i>fosamprenavir calcium</i> TABS 700mg	1	
INTELENCE TABS 25mg	1	
ISENTRESS CHEW 25mg, 100mg; PACK 100mg; TABS 400mg	1	
ISENTRESS HD TABS 600mg	1	
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	1	
<i>maraviroc</i> TABS 150mg, 300mg	1	
<i>nevirapine</i> 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

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

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Drug Name	Drug Requirements/ Tier	Limits
PREZISTA TABS 150mg QL (240 tabs / 30 days)	1	QL
REYATAZ PACK 50mg	1	
rilpivirine hcl TABS 25mg	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 50mg	1	
TIVICAY PD TBSO 5mg	1	
TROGARZO SOLN 200mg/1.33ml	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	
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	

Drug Name	Drug Requirements/ Tier	Limits
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	
IDVYNZO TAB 100-0.25	1	
JULUCA TAB 50-25MG	1	
KALETRA SOL	1	
lamivudine-zidovudine tab 150-300 mg	1	
lopinavir-ritonavir tab 100-25 mg	1	
lopinavir-ritonavir tab 200-50 mg	1	
ODEFSEY TAB	1	
PREZCOBIX TAB 675/150	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	
PRETOMANID TABS 200mg	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

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Drug Name	Drug Requirements/ Tier	Limits
ANTIVIRALS		
<i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	1	
<i>acyclovir sodium</i> SOLN 50mg/ml	1	B/D
<i>adefovir dipivoxil</i> TABS 10mg	1	
BARACLUDE SOLN .05mg/ml	1	ST
<i>entecavir</i> TABS .5mg, 1mg	1	
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	1	
<i>ganciclovir sodium</i> SOLR 500mg	1	B/D
<i>lamivudine (hbv)</i> 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
<i>oseltamivir phosphate</i> CAPS 30mg QL (168 caps / year)	1	QL
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg QL (84 caps / year)	1	QL
<i>oseltamivir phosphate</i> 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
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	1	NM
<i>rimantadine hydrochloride</i> TABS 100mg	1	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>valganciclovir hcl</i> SOLR 50mg/ml; TABS 450mg	1	
VOSEVI TAB	1	NM PA
XOFLUZA TBPB 40mg, 80mg QL (1 tab / 180 days)	1	QL
CEPHALOSPORINS		
<i>cefaclor</i> CAPS 250mg, 500mg	1	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	1	
CEFAZOLIN SOLR 2gm, 3gm	1	
CEFAZOLIN INJ 1GM/50ML	1	
<i>cefazolin sodium</i> 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	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	
<i>cefepime hcl</i> SOLR 1gm, 2gm	1	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	1	
<i>cefotetan disodium</i> SOLR 1gm, 2gm	1	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>ceftaroline fosamil</i> SOLR 400mg, 600mg	1	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	1	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	

Drug Name	Drug Requirements/ Tier Limits
<i>cefuroxime axetil</i> TABS 250mg, 500mg	1
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	1
<i>cephalexin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml	1
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	1
ERYTHROMYCINS/MACROLIDES	
<i>azithromycin</i> SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	1
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	1
DIFICID SUSR 40mg/ml	1
<i>e.e.s. 400</i> TABS 400mg	1
ERYTHROCIN	1
LACTOBIONATE SOLR 500mg	
<i>erythromycin base</i> TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1
<i>erythromycin ethylsuccinate</i> SUSR 200mg/5ml, 400mg/5ml	1
<i>erythromycin lactobionate</i> SOLR 500mg	1
<i>fidaxomicin</i> TABS 200mg	1
FLUOROQUINOLONES	
<i>ciprofloxacin</i> 200 mg/100ml in d5w	1
<i>ciprofloxacin</i> 400 mg/200ml in d5w	1
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1
<i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	1
<i>levofloxacin in d5w iv soln</i> 250 mg/50ml	1
<i>levofloxacin in d5w iv soln</i> 500 mg/100ml	1
<i>levofloxacin in d5w iv soln</i> 750 mg/150ml	1
<i>moxifloxacin hcl</i> TABS 400mg	1

Drug Name	Drug Requirements/ Tier Limits
<i>moxifloxacin hcl</i> 400 mg/250ml in sodium chloride 0.8% inj	1
PENICILLINS	
<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1
<i>amoxicillin & k clavulanate for susp</i> 200-28.5 mg/5ml	1
<i>amoxicillin & k clavulanate for susp</i> 250-62.5 mg/5ml	1
<i>amoxicillin & k clavulanate for susp</i> 400-57 mg/5ml	1
<i>amoxicillin & k clavulanate for susp</i> 600-42.9 mg/5ml	1
<i>amoxicillin & k clavulanate tab</i> 250-125 mg	1
<i>amoxicillin & k clavulanate tab</i> 500-125 mg	1
<i>amoxicillin & k clavulanate tab</i> 875-125 mg	1
<i>ampicillin</i> CAPS 500mg	1
<i>ampicillin & sulbactam sodium for inj</i> 1.5 (1-0.5) gm	1
<i>ampicillin & sulbactam sodium for inj</i> 3 (2-1) gm	1
<i>ampicillin & sulbactam sodium for iv soln</i> 15 (10-5) gm	1
<i>ampicillin sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	1
<i>dicloxacillin sodium</i> CAPS 250mg, 500mg	1
<i>nafcillin sodium</i> SOLR 1gm, 2gm, 10gm	1
<i>oxacillin sodium</i> SOLR 1gm, 2gm, 10gm	1
<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	1
<i>penicillin g sodium</i> SOLR 5000000unit	1

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Drug Name	Drug Requirements/ Tier	Limits
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	1	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1	
TETRACYCLINES		
<i>doxy 100</i> SOLR 100mg	1	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg	1	
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	1	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	1	
NUZYRA SOLR 100mg	1	NM
NUZYRA TABS 150mg QL (30 tabs / 14 days)	1	QL NM
<i>tetracycline hcl</i> CAPS 250mg, 500mg	1	
<i>tigecycline</i> SOLR 50mg	1	
ANTINEOPLASTIC AGENTS ALKYLATING AGENTS		
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	1	B/D NM
BENDEKA SOLN 100mg/4ml	1	B/D NM
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLN 1gm/5ml, 500mg/2.5ml; SOLR 1gm, 2gm, 500mg	1	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	1	B/D NM
CYCLOPHOSPHAMIDE SOLN 500mg/5ml, 1000mg/10ml, 2000mg/20ml; TABS 50mg	1	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	1	B/D
FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	1	B/D NM
LEUKERAN TABS 2mg	1	PA
<i>lomustine</i> CAPS 10mg, 40mg, 100mg	1	NM
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg, 100mg	1	B/D
VIVIMUSTA SOLN 100mg/4ml	1	B/D NM
ANTIMETABOLITES		
<i>azacitidine</i> SUSR 100mg	1	B/D NM
<i>cytarabine</i> SOLN 20mg/ml	1	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	1	B/D
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
<i>mercaptopurine</i> SUSP 2000mg/100ml	1	NM
<i>mercaptopurine</i> TABS 50mg	1	
<i>methotrexate sodium</i> 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

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Drug Name	Drug Requirements/ Tier	Limits
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	1	B/D
TABLOID TABS 40mg	1	PA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg	1	QL NM PA
QL (120 tabs / 30 days)		
<i>abiraterone acetate</i> TABS 500mg	1	QL NM PA
QL (60 tabs / 30 days)		
<i>abirtega</i> TABS 250mg	1	QL NM PA
QL (120 tabs / 30 days)		
AKEEGA TAB 50/500MG	1	QL NM PA
QL (60 tabs / 30 days)		
AKEEGA TAB 100/500	1	QL NM PA
QL (60 tabs / 30 days)		
<i>anastrozole</i> TABS 1mg	1	
<i>bicalutamide</i> TABS 50mg	1	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	1	NM PA
ERLEADA TABS 60mg	1	QL NM PA
QL (120 tabs / 30 days)		
ERLEADA TABS 240mg	1	QL NM PA
QL (30 tabs / 30 days)		
EULEXIN CAPS 125mg	1	
<i>exemestane</i> TABS 25mg	1	
FIRMAGON SOLR 80mg, 120mg/vial	1	NM PA
<i>fulvestrant</i> SOSY 250mg/5ml	1	B/D
INLURIYO TABS 200mg	1	QL NM PA
QL (56 tabs / 28 days)		
<i>letrozole</i> TABS 2.5mg	1	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	1	NM PA
LIFYORLI CAP 125MG DS	1	QL NM PA
QL (18 caps / 28 days)		
LIFYORLI CAP 150MG DS	1	QL NM PA
QL (27 caps / 28 days)		
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
<i>megestrol acetate</i> TABS 20mg, 40mg	1	
<i>nilutamide</i> TABS 150mg	1	

Drug Name	Drug Requirements/ Tier	Limits
NUBEQA TABS 300mg	1	QL NM PA
QL (120 tabs / 30 days)		
ORGOVYX TABS 120mg	1	NM PA
ORSERDU TABS 86mg	1	QL NM PA
QL (90 tabs / 30 days)		
ORSERDU TABS 345mg	1	QL NM PA
QL (30 tabs / 30 days)		
SOLTAMOX SOLN 10mg/5ml	1	
<i>tamoxifen citrate</i> TABS 10mg, 20mg	1	
<i>toremifene citrate</i> TABS 60mg	1	PA
VEPPANU TABS 100mg	1	QL PA
QL (90 tabs / 30 days)		
VEPPANU TABS 200mg	1	QL PA
QL (30 tabs / 30 days)		
XTANDI CAPS 40mg	1	QL NM PA
QL (120 caps / 30 days)		
XTANDI TABS 40mg	1	QL NM PA
QL (120 tabs / 30 days)		
XTANDI TABS 80mg	1	QL NM PA
QL (60 tabs / 30 days)		
YONSA TABS 125mg	1	QL NM PA
QL (120 tabs / 30 days)		
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	1	QL NM PA
QL (28 caps / 28 days)		
<i>lenalidomide</i> CAPS 20mg, 25mg	1	QL NM PA
QL (21 caps / 28 days)		
<i>pomalidomide</i> CAPS 1mg, 2mg, 3mg, 4mg	1	QL NM PA
QL (21 caps / 28 days)		
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	1	QL NM PA
QL (21 caps / 28 days)		
THALOMID CAPS 50mg	1	QL NM PA
QL (84 caps / 28 days)		
THALOMID CAPS 100mg	1	QL NM PA
QL (112 caps / 28 days)		
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	1	QL NM PA
QL (2 syringes / 28 days)		
<i>bexarotene</i> CAPS 75mg	1	QL NM PA
QL (300 caps / 30 days)		
<i>doxorubicin hcl</i> SOLN 2mg/ml	1	B/D

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<i>doxorubicin hcl liposomal</i> SUSP 2mg/ml	1	B/D
<i>hydroxyurea</i> CAPS 500mg	1	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	1	B/D
IWILFIN TABS 192mg QL (240 tabs / 30 days)	1	QL NM PA
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	1	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	1	
MATULANE CAPS 50mg	1	NM
<i>mesna</i> TABS 400mg	1	
MODEYSO CAPS 125mg QL (20 caps / 28 days)	1	QL NM PA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	1	
WELIREG TABS 40mg QL (90 tabs / 30 days)	1	QL NM PA
MITOTIC INHIBITORS		
BEIZRAY CONC 20mg/ml	1	B/D NM
<i>docetaxel</i> CONC 20mg/ml, 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	B/D
DOCETAXEL CONC 20mg/ml, 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
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	1	B/D
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	1	B/D
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	1	B/D NM
<i>vincristine sulfate</i> SOLN 1mg/ml	1	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	1	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg QL (240 caps / 30 days)	1	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
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
<i>bortezomib</i> SOLR 3.5mg	1	NM PA
BOSULIF CAPS 50mg QL (30 caps / 30 days)	1	QL NM PA
BOSULIF CAPS 100mg QL (300 caps / 30 days)	1	QL NM PA
BOSULIF TABS 100mg QL (180 tabs / 30 days)	1	QL NM PA
BOSULIF TABS 500mg QL (30 tabs / 30 days)	1	QL NM PA
<i>bosutinib</i> TABS 100mg QL (180 tabs / 30 days)	1	QL NM PA
<i>bosutinib</i> 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
BRUKINSA TABS 160mg QL (60 tabs / 30 days)	1	QL NM PA
CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days)	1	QL NM PA
CALQUENCE TABS 100mg QL (60 tabs / 30 days)	1	QL NM PA

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
CAPRELSA TABS 100mg QL (60 tabs / 30 days)	1	QL NM PA
CAPRELSA TABS 300mg QL (30 tabs / 30 days)	1	QL NM PA
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
<i>dasatinib</i> TABS 20mg QL (90 tabs / 30 days)	1	QL NM PA
<i>dasatinib</i> 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
ENSACOVE CAPS 25mg QL (270 caps / 30 days)	1	QL NM PA
ENSACOVE CAPS 100mg QL (60 caps / 30 days)	1	QL NM PA
ERIVEDGE CAPS 150mg QL (30 caps / 30 days)	1	QL NM PA
<i>erlotinib hcl</i> TABS 25mg QL (90 tabs / 30 days)	1	QL NM PA
<i>erlotinib hcl</i> TABS 100mg, 150mg QL (30 tabs / 30 days)	1	QL NM PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	1	QL NM PA
<i>everolimus</i> TBSO 2mg, 5mg QL (60 tabs / 30 days)	1	QL NM PA
<i>everolimus</i> TBSO 3mg QL (90 tabs / 30 days)	1	QL NM PA
FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days)	1	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
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
<i>gefitinib</i> 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
HERCESSI SOLR 150mg, 420mg	1	NM PA
HERNEXEOS TABS 60mg QL (120 tabs / 30 days)	1	QL NM PA
HERZUMA SOLR 150mg, 420mg	1	NM PA
HYRNUO TABS 10mg QL (120 tabs / 30 days)	1	QL NM PA
IBRANCE CAPS 125mg QL (21 caps / 28 days)	1	QL NM PA
IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days)	1	QL NM PA
IBTROZI CAPS 200mg QL (90 caps / 30 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
<i>imatinib mesylate</i> TABS 100mg QL (90 tabs / 30 days)	1	QL NM PA
<i>imatinib mesylate</i> TABS 400mg QL (60 tabs / 30 days)	1	QL NM PA
IMBRUVICA CAPS 70mg QL (30 caps / 30 days)	1	QL NM PA

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Drug Name	Drug Requirements/ Tier	Limits
IMBRUVICA CAPS 140mg QL (90 caps / 30 days)	1	QL NM PA
IMBRUVICA SUSP 70mg/ml QL (216 mL / 30 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
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
KEYTRUDA INJ QLEX 395- 4800 MG-UNIT/2.4ML QL (1 vial / 21 days)	1	QL NM PA
KEYTRUDA INJ QLEX 790- 9600 MG-UNIT/4.8ML QL (1 vial / 42 days)	1	QL NM PA
KISQALI 200 DOSE TBP 200mg QL (21 tabs / 28 days)	1	QL NM PA
KISQALI 400 DOSE TBP 200mg QL (42 tabs / 28 days)	1	QL NM PA
KISQALI 600 DOSE TBP 200mg QL (63 tabs / 28 days)	1	QL NM PA
KOMZIFTI CAPS 200mg QL (90 caps / 30 days)	1	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
KOSELUGO CAPS 10mg QL (240 caps / 30 days)	1	QL NM PA
KOSELUGO CAPS 25mg QL (120 caps / 30 days)	1	QL NM PA
KOSELUGO CPSP 5mg QL (600 caps / 30 days)	1	QL NM PA
KOSELUGO CPSP 7.5mg QL (360 caps / 30 days)	1	QL NM PA
KRAZATI TABS 200mg QL (180 tabs / 30 days)	1	QL NM PA
<i>lapatinib ditosylate</i> 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

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Drug Name	Drug Requirements/ Tier	Limits
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
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
<i>nilotinib hcl</i> CAPS 50mg QL (120 caps / 30 days)	1	QL NM PA
<i>nilotinib hcl</i> 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 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
<i>pazopanib hcl</i> TABS 200mg QL (120 tabs / 30 days)	1	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>pazopanib hcl</i> TABS 400mg QL (60 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 TABS 40mg QL (90 tabs / 30 days)	1	QL NM PA
RETEVMO TABS 80mg QL (120 tabs / 30 days)	1	QL NM PA
RETEVMO TABS 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

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Drug Name	Drug Requirements/ Tier	Limits
SCSEMBLIX TABS 40mg QL (300 tabs / 30 days)	1	QL NM PA
SCSEMBLIX TABS 100mg QL (120 tabs / 30 days)	1	QL NM PA
<i>sorafenib tosylate</i> TABS 200mg QL (120 tabs / 30 days)	1	QL NM PA
STIVARGA TABS 40mg QL (84 tabs / 28 days)	1	QL NM PA
<i>sunitinib malate</i> 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
TAFINLAR CAPS 50mg, 75mg QL (120 caps / 30 days)	1	QL NM PA
TAFINLAR TBSO 10mg QL (840 tabs / 28 days)	1	QL NM PA
TAGRISSE 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
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
<i>torpenz</i> 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 200mg; TBPK 160mg, 200mg QL (64 tabs / 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

Drug Name	Drug Requirements/ Tier	Limits
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
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 20mg, 50mg QL (120 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 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
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg QL (8 tabs / 28 days)	1	QL NM PA

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Drug Name	Drug Requirements/ Tier	Limits
XPOVIO PAK (80 MG ONCE WEEKLY) TBPk 80mg QL (4 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
yulithira TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 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
ZYKADIA TABS 150mg QL (84 tabs / 28 days)	1	QL NM PA

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	

Drug Name	Drug Requirements/ Tier	Limits
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	
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	

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Drug Name	Drug Requirements/ Tier	Limits
<i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg	1	
<i>quinapril hcl</i> TABS 5mg, 10mg, 20mg, 40mg	1	
<i>ramipril</i> CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i> TABS 25mg, 50mg	1	
KERENDIA TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL
<i>spironolactone</i> TABS 25mg, 50mg, 100mg	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg, 8mg	1	
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	1	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil</i> tab 5-20 mg QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-olmesartan medoxomil</i> tab 5-40 mg QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-olmesartan medoxomil</i> tab 10-20 mg QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-olmesartan medoxomil</i> tab 10-40 mg QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-valsartan</i> tab 5-160 mg QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-valsartan</i> tab 5-320 mg QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>amlodipine besylate-valsartan</i> tab 10-160 mg QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-valsartan</i> tab 10-320 mg QL (30 tabs / 30 days)	1	QL
<i>candesartan cilexetil-hydrochlorothiazide</i> tab 16-12.5 mg QL (60 tabs / 30 days)	1	QL
<i>candesartan cilexetil-hydrochlorothiazide</i> tab 32-12.5 mg QL (30 tabs / 30 days)	1	QL
<i>candesartan cilexetil-hydrochlorothiazide</i> 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
<i>irbesartan-hydrochlorothiazide</i> tab 150-12.5 mg QL (60 tabs / 30 days)	1	QL
<i>irbesartan-hydrochlorothiazide</i> tab 300-12.5 mg QL (30 tabs / 30 days)	1	QL
<i>losartan potassium & hydrochlorothiazide</i> tab 50-12.5 mg QL (30 tabs / 30 days)	1	QL
<i>losartan potassium & hydrochlorothiazide</i> tab 100-12.5 mg QL (30 tabs / 30 days)	1	QL
<i>losartan potassium & hydrochlorothiazide</i> tab 100-25 mg QL (30 tabs / 30 days)	1	QL
<i>olmesartan medoxomil-hydrochlorothiazide</i> tab 20-12.5 mg QL (30 tabs / 30 days)	1	QL
<i>olmesartan medoxomil-hydrochlorothiazide</i> tab 40-12.5 mg QL (30 tabs / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i> QL (30 tabs / 30 days)	1	QL
<i>sacubitril-valsartan tab 24-26 mg</i> QL (180 tabs / 30 days)	1	QL
<i>sacubitril-valsartan tab 49-51 mg</i> QL (60 tabs / 30 days)	1	QL
<i>sacubitril-valsartan tab 97-103 mg</i> QL (60 tabs / 30 days)	1	QL
<i>telmisartan-amlodipine tab 40-5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>telmisartan-amlodipine tab 40-10 mg</i> QL (30 tabs / 30 days)	1	QL
<i>telmisartan-amlodipine tab 80-5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>telmisartan-amlodipine tab 80-10 mg</i> QL (30 tabs / 30 days)	1	QL
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i> QL (30 tabs / 30 days)	1	QL

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

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
<i>valsartan</i> TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days)	1	QL
<i>valsartan</i> TABS 320mg QL (30 tabs / 30 days)	1	QL
ANTIARRHYTHMICS		
<i>amiodarone hcl</i> SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	1	
<i>disopyramide phosphate</i> CAPS 100mg, 150mg	1	
<i>dofetilide</i> CAPS 125mcg, 250mcg, 500mcg	1	
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	1	
MULTAQ TABS 400mg QL (60 tabs / 30 days)	1	QL
<i>pacerone</i> TABS 100mg, 200mg	1	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	1	
<i>quinidine sulfate</i> TABS 200mg, 300mg	1	
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	1	
<i>sotalol hcl (afib/af)</i> TABS 80mg, 120mg, 160mg	1	
ANTILIPEMICS, FIBRATES		
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	1	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	1	
<i>gemfibrozil</i> TABS 600mg	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
<i>lovastatin</i> TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days)	1	QL
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	1	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	1	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	1	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	1	
<i>ezetimibe</i> TABS 10mg QL (30 tabs / 30 days)	1	QL
<i>ezetimibe-simvastatin tab 10-10 mg</i> QL (30 tabs / 30 days)	1	QL
<i>ezetimibe-simvastatin tab 10-20 mg</i> QL (30 tabs / 30 days)	1	QL
<i>ezetimibe-simvastatin tab 10-40 mg</i> QL (30 tabs / 30 days)	1	QL
<i>ezetimibe-simvastatin tab 10-80 mg</i> 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
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)	1	QL
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	
REDEMPLO SOSY 25mg/0.5ml QL (1 syringe / 90 days)	1	QL NM PA
REPATHA SOSY 140mg/ml QL (6 syringes / 28 days)	1	QL NM PA
REPATHA SURECLICK SOAJ 140mg/ml QL (6 pens / 28 days)	1	QL NM PA
VASCEPA CAPS .5gm, 1gm	1	

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Drug Name	Drug Requirements/ Tier	Limits
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab</i> 50-25 mg	1	
<i>atenolol & chlorthalidone tab</i> 100-25 mg	1	
<i>bisoprolol & hydrochlorothiazide tab</i> 2.5-6.25 mg	1	
<i>bisoprolol & hydrochlorothiazide tab</i> 5-6.25 mg	1	
<i>bisoprolol & hydrochlorothiazide tab</i> 10-6.25 mg	1	
<i>metoprolol & hydrochlorothiazide tab</i> 50-25 mg	1	
<i>metoprolol & hydrochlorothiazide tab</i> 100-25 mg	1	
<i>metoprolol & hydrochlorothiazide tab</i> 100-50 mg	1	
BETA-BLOCKERS		
<i>acebutolol hcl</i> CAPS 200mg, 400mg	1	
<i>atenolol</i> TABS 25mg, 50mg, 100mg	1	
<i>betaxolol hcl</i> TABS 10mg, 20mg	1	
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	1	
<i>carvedilol</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
<i>labetalol hcl</i> TABS 100mg, 200mg, 300mg	1	
<i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg	1	
<i>metoprolol tartrate</i> SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg	1	
<i>nadolol</i> TABS 20mg, 40mg, 80mg	1	
<i>nebivolol hcl</i> TABS 2.5mg, 5mg, 10mg	1	QL
QL (30 tabs / 30 days)		
<i>nebivolol hcl</i> TABS 20mg	1	QL
QL (60 tabs / 30 days)		

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Drug Name	Drug Requirements/ Tier	Limits
<i>pindolol</i> TABS 5mg, 10mg	1	
<i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	1	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	1	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg	1	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	1	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; CP24 120mg, 180mg, 240mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg	1	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	1	
<i>isradipine</i> CAPS 2.5mg, 5mg	1	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	1	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	1	
<i>nimodipine</i> CAPS 30mg	1	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl</i> TABS 5mg	1	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	1	
<i>chlorthalidone</i> TABS 25mg, 50mg	1	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	1	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
<i>methazolamide</i> TABS 25mg, 50mg	1	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
MISCELLANEOUS		
<i>aliskiren fumarate</i> TABS 150mg, 300mg QL (30 tabs / 30 days)	1	QL
ATTRUBY TBPK 356mg QL (112 tabs / 28 days)	1	QL NM PA
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	1	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>digoxin</i> TABS 125mcg, 250mcg QL (30 tabs / 30 days)	1	QL
<i>droxidopa</i> CAPS 100mg QL (90 caps / 30 days)	1	QL NM PA
<i>droxidopa</i> CAPS 200mg, 300mg QL (180 caps / 30 days)	1	QL NM PA
<i>epinephrine</i> SOLN 1mg/ml	1	
<i>guanfacine hcl</i> TABS 1mg, 2mg PA applies if 65 years and older	1	PA
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1	
<i>ivabradine hcl</i> TABS 5mg, 7.5mg QL (60 tabs / 30 days)	1	QL
<i>metirosine</i> CAPS 250mg	1	NM PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	1	
<i>minoxidil</i> TABS 2.5mg, 10mg	1	
<i>ranolazine</i> TB12 500mg, 1000mg	1	
VERQUVO TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	1	QL PA
VYNDAMAX CAPS 61mg QL (30 caps / 30 days)	1	QL NM PA
NITRATES		
<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	1	
<i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg	1	
<i>nitro-bid</i> OINT 2%	1	
<i>nitroglycerin</i> OINT 2%; PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg	1	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg QL (90 tabs / 30 days)	1	QL NM PA
<i>alyq</i> TABS 20mg QL (60 tabs / 30 days)	1	QL NM PA

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Drug Name	Drug Requirements/ Tier	Limits
<i>ambrisentan</i> TABS 5mg, 10mg QL (30 tabs / 30 days)	1	QL NM PA
<i>bosentan</i> TABS 62.5mg, 125mg QL (60 tabs / 30 days)	1	QL NM PA
<i>bosentan</i> TBSO 32mg QL (120 tabs / 30 days)	1	QL NM PA
<i>macitentan</i> TABS 10mg QL (30 tabs / 30 days)	1	QL NM PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg QL (360 tabs / 30 days)	1	QL NM PA
<i>tadalafil (pulmonary hypertension)</i> TABS 20mg QL (60 tabs / 30 days)	1	QL NM PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	1	NM PA
UPTRAVI TABS 200mcg QL (140 tabs / 28 days)	1	QL NM PA
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg QL (60 tabs / 30 days)	1	QL NM PA
UPTRAVI PACK TAB 200/800 QL (200 tabs / 28 days)	1	QL NM PA
WINREVAIR KIT 45mg, 60mg QL (2 vials / 21 days)	1	QL NM PA
WINREVAIR INJ 45MG QL (2 vials / 21 days)	1	QL NM PA
WINREVAIR INJ 60MG QL (2 vials / 21 days)	1	QL 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		
<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL
<i>buspirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>lorazepam</i> CONC 2mg/ml QL (150 mL / 30 days)	1	QL
<i>lorazepam</i> SOLN 4mg/ml, 20mg/10ml	1	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL
<i>lorazepam intensol</i> CONC 2mg/ml QL (150 mL / 30 days)	1	QL
ANTIDEMENTIA		
<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg QL (30 tabs / 30 days)	1	QL
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	1	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg QL (30 caps / 30 days)	1	QL
<i>galantamine hydrobromide</i> SOLN 4mg/ml QL (200 mL / 30 days)	1	QL
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg QL (60 tabs / 30 days)	1	QL
LEQEMBI IQLIK SOAJ 360mg/1.8ml QL (4 pens / 28 days)	1	QL NM PA
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg PA applies if 29 years and younger	1	PA
<i>memantine hcl-donepezil hcl</i> cap er 24hr 14-10 mg	1	
<i>memantine hcl-donepezil hcl</i> cap er 24hr 21-10 mg	1	
<i>memantine hcl-donepezil hcl</i> cap er 24hr 28-10 mg	1	
NAMZARIC CAP 7-10MG	1	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	1	QL
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg QL (60 caps / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg PA applies if 65 years and older	1	PA
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg PA applies if 65 years and older	1	PA
AUVELITY TAB 45-105MG QL (60 tabs / 30 days)	1	QL
AUVELITY TAB TITRATIO QL (2 packs / year)	1	QL
<i>bupropion hcl</i> TABS 75mg, 100mg	1	
<i>bupropion hcl</i> TB12 100mg, 150mg, 200mg; TB24 150mg QL (60 tabs / 30 days)	1	QL
<i>bupropion hcl</i> TB24 300mg QL (30 tabs / 30 days)	1	QL
<i>citalopram hydrobromide</i> SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	1	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg PA applies if 65 years and older	1	PA
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	1	QL
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml PA applies if 65 years and older	1	PA
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	1	QL PA
<i>duloxetine hcl</i> CPEP 20mg QL (120 caps / 30 days)	1	QL
<i>duloxetine hcl</i> CPEP 30mg QL (90 caps / 30 days)	1	QL
<i>duloxetine hcl</i> CPEP 60mg QL (60 caps / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr QL (30 patches / 30 days)	1	QL PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg	1	
EXXUA TB24 18.2mg, 36.3mg, 54.5mg, 72.6mg QL (30 tabs / 30 days)	1	QL PA
EXXUA TITRATION PACK TB24 18.2mg QL (2 packs / year)	1	QL PA
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
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	1	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg PA applies if 65 years and older	1	PA
MARPLAN TABS 10mg QL (180 tabs / 30 days)	1	QL
<i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	1	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml	1	
<i>paroxetine hcl</i> SUSP 10mg/5ml QL (900 mL / 30 days) PA applies if 65 years and older	1	QL PA
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg PA applies if 65 years and older	1	PA
<i>phenelzine sulfate</i> TABS 15mg	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>protriptyline hcl</i> TABS 5mg, 10mg	1	
RALDESY SOLN 10mg/ml QL (1800 mL / 30 days)	1	QL PA
<i>sertraline hcl</i> CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
<i>tranylcypromine sulfate</i> TABS 10mg	1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg QL (120 caps / 30 days) PA applies if 65 years and older	1	QL PA
<i>trimipramine maleate</i> CAPS 100mg QL (60 caps / 30 days) PA applies if 65 years and older	1	QL PA
TRINTELLIX TABS 5mg, 10mg, 20mg QL (30 tabs / 30 days)	1	QL PA
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1	
<i>vilazodone hcl</i> 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		
<i>amantadine hcl</i> CAPS 100mg QL (120 caps / 30 days)	1	QL
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	1	
<i>benztropine mesylate</i> SOLN 1mg/ml	1	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg PA applies if 65 years and older	1	PA
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>carb/levo orally disintegrating tab</i> 10-100mg	1	
<i>carb/levo orally disintegrating tab</i> 25-100mg	1	
<i>carb/levo orally disintegrating tab</i> 25-250mg	1	
<i>carbidopa & levodopa tab</i> 10-100 mg	1	
<i>carbidopa & levodopa tab</i> 25-100 mg	1	
<i>carbidopa & levodopa tab</i> 25-250 mg	1	
<i>carbidopa & levodopa tab er</i> 25-100 mg	1	
<i>carbidopa & levodopa tab er</i> 50-200 mg	1	
<i>carbidopa-levodopa-entacapone tabs</i> 12.5-50-200 mg	1	
<i>carbidopa-levodopa-entacapone tabs</i> 18.75-75-200 mg	1	
<i>carbidopa-levodopa-entacapone tabs</i> 25-100-200 mg	1	
<i>carbidopa-levodopa-entacapone tabs</i> 31.25-125-200 mg	1	
<i>carbidopa-levodopa-entacapone tabs</i> 37.5-150-200 mg	1	
<i>carbidopa-levodopa-entacapone tabs</i> 50-200-200 mg	1	
<i>entacapone</i> TABS 200mg	1	
INBRIJA CAPS 42mg QL (300 caps / 30 days)	1	QL NM PA
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	1	
<i>rasagiline mesylate</i> TABS .5mg, 1mg QL (30 tabs / 30 days)	1	QL
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	1	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg	1	
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 vial / 28 days)	1	QL
<i>aripiprazole</i> SOLN 1mg/ml QL (900 mL / 30 days)	1	QL
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	1	QL
<i>aripiprazole</i> 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	
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	1	QL
BYSANTI TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	1	QL PA
BYSANTI TAB PACK A QL (2 packs / year)	1	QL PA
BYSANTI TAB PACK B QL (2 packs / year)	1	QL PA
BYSANTI TAB PACK C QL (2 packs / year)	1	QL PA
CAPLYTA CAPS 10.5mg, 21mg, 42mg QL (30 caps / 30 days)	1	QL
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>clozapine</i> TABS 25mg, 50mg	1	
<i>clozapine</i> TABS 100mg QL (270 tabs / 30 days)	1	QL
<i>clozapine</i> TABS 200mg QL (120 tabs / 30 days)	1	QL
<i>clozapine</i> TBDP 12.5mg, 25mg	1	PA
<i>clozapine</i> TBDP 100mg QL (270 tabs / 30 days)	1	QL PA
<i>clozapine</i> TBDP 150mg QL (180 tabs / 30 days)	1	QL PA
<i>clozapine</i> TBDP 200mg QL (120 tabs / 30 days)	1	QL PA
COBENFY CAP 50-20MG QL (60 caps / 30 days)	1	QL
COBENFY CAP 100-20MG QL (60 caps / 30 days)	1	QL
COBENFY CAP 125-30MG QL (60 caps / 30 days)	1	QL
COBENFY STRT CAP PACK QL (2 packs / year)	1	QL
ERZOFRI SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	1	QL
ERZOFRI SUSY 351mg/2.25ml QL (2 syringes / year)	1	QL
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 B QL (2 packs / year)	1	QL PA
FANAPT PAK PACK C QL (2 packs / year)	1	QL PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	1	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	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
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	1	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml QL (1 syringe / 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
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	1	QL
<i>lurasidone hcl</i> 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
<i>molindone hcl</i> 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
<i>olanzapine</i> SOLR 10mg QL (3 vials / 1 day)	1	QL
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	1	QL
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg QL (30 tabs / 30 days)	1	QL
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	1	QL ST
<i>olanzapine</i> TBDP 10mg QL (60 tabs / 30 days)	1	QL ST

Drug Name	Drug Requirements/ Tier	Limits
OPIPZA FILM 2mg, 5mg QL (30 films / 30 days)	1	QL PA
OPIPZA FILM 10mg QL (90 films / 30 days)	1	QL PA
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg QL (30 tabs / 30 days)	1	QL
<i>paliperidone</i> TB24 6mg QL (60 tabs / 30 days)	1	QL
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1	
<i>pimozide</i> TABS 1mg, 2mg	1	
<i>quetiapine fumarate</i> TABS 25mg QL (180 tabs / 30 days)	1	QL
<i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg QL (90 tabs / 30 days)	1	QL
<i>quetiapine fumarate</i> TABS 300mg, 400mg QL (60 tabs / 30 days)	1	QL
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	1	QL PA
<i>quetiapine fumarate</i> 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, 1 1mg, 2mg QL (60 tabs / 30 days)	1	QL
<i>risperidone</i> SOLN 1mg/ml QL (240 mL / 30 days)	1	QL
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg QL (60 tabs / 30 days)	1	QL ST
<i>risperidone</i> TBDP 4mg QL (120 tabs / 30 days)	1	QL ST
<i>risperidone</i> TBDP .25mg, .5mg QL (90 tabs / 30 days)	1	QL ST
<i>risperidone microspheres</i> SRER 12.5mg, 25mg, 37.5mg, 50mg QL (2 vials / 28 days)	1	QL

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
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 .5mg, .75mg, 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 vials / 3 days)	1	QL
ZYPREXA RELPREVV SUSR 210mg, 300mg QL (2 vials / 28 days)	1	QL NM PA
ZYPREXA RELPREVV SUSR 405mg QL (1 vial / 28 days)	1	QL NM PA
ANTISEIZURE AGENTS		
brivaracetam SOLN 10mg/ml QL (600 mL / 30 days)	1	QL PA
brivaracetam 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

Drug Name	Drug Requirements/ Tier	Limits
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
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
eslicarbazepine acetate TABS 200mg, 400mg QL (30 tabs / 30 days)	1	QL

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
<i>eslicarbazepine acetate</i> TABS 600mg, 800mg QL (60 tabs / 30 days)	1	QL
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	1	
<i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg	1	
FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)	1	QL NM PA
<i>gabapentin</i> CAPS 100mg, 300mg QL (360 caps / 30 days)	1	QL
<i>gabapentin</i> CAPS 400mg QL (270 caps / 30 days)	1	QL
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml QL (2160 mL / 30 days)	1	QL
<i>gabapentin</i> TABS 600mg QL (180 tabs / 30 days)	1	QL
<i>gabapentin</i> TABS 800mg QL (120 tabs / 30 days)	1	QL
<i>lacosamide</i> SOLN 200mg/20ml	1	
<i>lacosamide</i> TABS 50mg QL (120 tabs / 30 days)	1	QL
<i>lacosamide</i> TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	1	QL
<i>lacosamide oral</i> SOLN 10mg/ml QL (1200 mL / 30 days)	1	QL
<i>lamotrigine</i> CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg	1	
<i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1	ST
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	1	
<i>levetiracetam</i> TB3D 250mg QL (360 tabs / 30 days)	1	QL
<i>levetiracetam</i> TB3D 500mg QL (180 tabs / 30 days)	1	QL
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	1	
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	1	
<i>methsuximide</i> CAPS 300mg	1	
NAYZILAM SOLN 5mg/0.1ml QL (10 nasal units / 30 days)	1	QL
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1	
<i>perampanel</i> SUSP .5mg/ml QL (680 mL / 28 days)	1	QL PA
<i>perampanel</i> TABS 2mg QL (60 tabs / 30 days)	1	QL PA
<i>perampanel</i> TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	1	QL PA
<i>phenobarbital</i> ELIX 20mg/5ml QL (1500 mL / 30 days) PA applies if 65 years and older	1	QL PA
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg QL (120 tabs / 30 days) PA applies if 65 years and older	1	QL PA
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml PA applies if 65 years and older	1	PA
<i>phenytek</i> CAPS 200mg, 300mg	1	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	1	
<i>phenytoin sodium</i> SOLN 50mg/ml	1	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	1	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	1	QL
<i>pregabalin</i> CAPS 200mg QL (90 caps / 30 days)	1	QL

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
<i>pregabalin</i> CAPS 225mg, 300mg QL (60 caps / 30 days)	1	QL
<i>pregabalin</i> SOLN 20mg/ml QL (900 mL / 30 days) PA applies if 65 years and older	1	QL PA
<i>primidone</i> TABS 50mg, 125mg, 250mg	1	
<i>relgaabi</i> CAPS 300mg QL (360 caps / 30 days)	1	QL
<i>relgaabi</i> CAPS 400mg QL (270 caps / 30 days)	1	QL
<i>roweepra</i> TABS 500mg	1	
<i>rufinamide</i> SUSP 40mg/ml QL (2400 mL / 30 days)	1	QL PA
<i>rufinamide</i> TABS 200mg QL (480 tabs / 30 days)	1	QL PA
<i>rufinamide</i> TABS 400mg QL (240 tabs / 30 days)	1	QL PA
SUBVENITE SUSP 10mg/ml	1	ST
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg, 10mg, 20mg QL (60 films / 30 days)	1	QL PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	1	
<i>topiramate</i> CPSP 15mg, 25mg, 50mg; TABS 25mg, 50mg, 100mg, 200mg	1	
<i>topiramate</i> SOLN 25mg/ml QL (480 mL / 30 days)	1	QL PA
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	1	
<i>valproic acid</i> CAPS 250mg	1	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml QL (10 blister packs / 30 days)	1	QL
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml QL (10 blister packs / 30 days)	1	QL
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml QL (10 blister packs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml QL (10 blister packs / 30 days)	1	QL
<i>vigabatrin</i> PACK 500mg QL (180 packets / 30 days)	1	QL NM PA
<i>vigabatrin</i> TABS 500mg QL (180 tabs / 30 days)	1	QL NM PA
<i>vigadrone</i> PACK 500mg QL (180 packets / 30 days)	1	QL NM PA
<i>vigadrone</i> TABS 500mg QL (180 tabs / 30 days)	1	QL NM PA
VIGAFYDE SOLN 100mg/ml QL (900 mL / 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
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	1	
ZTALMY SUSP 50mg/ml QL (1100 mL / 30 days)	1	QL NM PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine-dextroamphetamine cap er</i> 24hr 5 mg QL (30 caps / 30 days)	1	QL PA

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Drug Name	Drug Requirements/ Tier	Limits
<i>amphetamine-dextroamphetamine cap er</i> 24hr 10 mg QL (30 caps / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine cap er</i> 24hr 15 mg QL (30 caps / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine cap er</i> 24hr 20 mg QL (30 caps / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine cap er</i> 24hr 25 mg QL (30 caps / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine cap er</i> 24hr 30 mg QL (30 caps / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine tab 5 mg</i> QL (60 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i> QL (60 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine tab 10 mg</i> QL (60 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i> QL (60 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine tab 15 mg</i> QL (60 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine tab 20 mg</i> QL (90 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine tab 30 mg</i> QL (60 tabs / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>atomoxetine hcl</i> CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days)	1	QL
<i>atomoxetine hcl</i> CAPS 40mg QL (60 caps / 30 days)	1	QL
<i>atomoxetine hcl</i> CAPS 60mg, 80mg, 100mg QL (30 caps / 30 days)	1	QL
<i>dexmethylphenidate hcl</i> TABS 2.5mg, 5mg QL (120 tabs / 30 days)	1	QL PA
<i>dexmethylphenidate hcl</i> TABS 10mg QL (60 tabs / 30 days)	1	QL PA
<i>guanfacine hcl (adhd)</i> TB24 1mg, 2mg, 4mg QL (30 tabs / 30 days) PA applies if 65 years and older	1	QL PA
<i>guanfacine hcl (adhd)</i> TB24 3mg QL (60 tabs / 30 days) PA applies if 65 years and older	1	QL PA
<i>methylphenidate hcl</i> CHEW 2.5mg, 5mg, 10mg; TABS 5mg, 10mg QL (180 tabs / 30 days)	1	QL PA
<i>methylphenidate hcl</i> SOLN 5mg/5ml QL (1800 mL / 30 days)	1	QL PA
<i>methylphenidate hcl</i> SOLN 10mg/5ml QL (900 mL / 30 days)	1	QL PA
<i>methylphenidate hcl</i> 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
<i>doxepin hcl (sleep)</i> TABS 3mg, 6mg QL (30 tabs / 30 days)	1	QL
<i>eszopiclone</i> TABS 1mg, 2mg, 3mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	1	QL PA

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
<i>ramelteon</i> TABS 8mg QL (30 tabs / 30 days)	1	QL
<i>tasimelteon</i> CAPS 20mg QL (30 caps / 30 days)	1	QL NM PA
<i>temazepam</i> CAPS 7.5mg, 30mg QL (30 caps / 30 days) PA applies if 65 years and older	1	QL PA
<i>temazepam</i> CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older	1	QL PA
<i>zaleplon</i> CAPS 5mg QL (30 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	1	QL PA
<i>zaleplon</i> CAPS 10mg QL (60 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	1	QL PA
<i>zolpidem tartrate</i> TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	1	QL PA
MIGRAINE		
<i>AIMOVIG</i> SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	1	QL NM PA
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml QL (8 mL / 30 days)	1	QL PA
<i>EMGALITY</i> SOAJ 120mg/ml QL (2 pens / 30 days)	1	QL NM PA
<i>EMGALITY</i> SOSY 100mg/ml QL (3 syringes / 30 days)	1	QL NM PA
<i>EMGALITY</i> SOSY 120mg/ml QL (2 syringes / 30 days)	1	QL NM PA
<i>ergotamine w/ caffeine tab</i> 1- 100 mg QL (40 tabs / 28 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>naratriptan hcl</i> TABS 1mg, 2.5mg QL (12 tabs / 30 days)	1	QL
<i>NURTEC</i> TBDP 75mg QL (16 tabs / 30 days)	1	QL PA
<i>QULIPTA</i> TABS 10mg, 30mg, 60mg QL (30 tabs / 30 days)	1	QL PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg QL (18 tabs / 30 days)	1	QL
<i>sumatriptan</i> SOLN 5mg/act QL (24 units / 30 days)	1	QL
<i>sumatriptan</i> SOLN 20mg/act QL (12 units / 30 days)	1	QL
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml QL (12 syringes / 30 days)	1	QL
<i>sumatriptan succinate</i> SOLN 6mg/0.5ml QL (12 vials / 30 days)	1	QL
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	1	QL
<i>UBRELVY</i> TABS 50mg, 100mg QL (16 tabs / 30 days)	1	QL PA
MISCELLANEOUS		
<i>AUSTEDO</i> TABS 6mg QL (60 tabs / 30 days)	1	QL NM PA
<i>AUSTEDO</i> TABS 9mg, 12mg QL (120 tabs / 30 days)	1	QL NM PA
<i>AUSTEDO XR</i> TB24 6mg QL (90 tabs / 30 days)	1	QL NM PA
<i>AUSTEDO XR</i> TB24 12mg QL (120 tabs / 30 days)	1	QL NM PA
<i>AUSTEDO XR</i> TB24 18mg, 30mg, 36mg, 42mg, 48mg QL (30 tabs / 30 days)	1	QL NM PA
<i>AUSTEDO XR</i> TB24 24mg QL (60 tabs / 30 days)	1	QL NM PA
<i>AUSTEDO XR</i> TAB TITR KIT QL (2 packs / year)	1	QL NM PA
<i>lithium</i> SOLN 8meq/5ml	1	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	1	

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Drug Name	Drug Requirements/ Tier	Limits
NUDEXTA CAP 20-10MG QL (60 caps / 30 days)	1	QL PA
pyridostigmine bromide TABS 1 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 kits / 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 65 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 65 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 65 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 65 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 QL (180 tabs / 30 days)	1	QL
buprenorphine hcl SUBL 8mg QL (120 tabs / 30 days)	1	QL
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) QL (180 films / 30 days)	1	QL

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
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> QL (90 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> QL (120 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> QL (90 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> QL (180 tabs / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> QL (120 tabs / 30 days)	1	QL
<i>bupropion hcl (smoking deterrent) TB12 150mg</i> QL (60 tabs / 30 days)	1	QL
<i>disulfiram</i> TABS 250mg, 500mg	1	
<i>KLOXXADO</i> LIQD 8mg/0.1ml	1	
<i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	1	
<i>naltrexone hcl</i> TABS 50mg	1	
<i>NICOTROL NS</i> SOLN 10mg/ml	1	
<i>varenicline tartrate</i> TABS .5mg, 1mg QL (56 tabs / 28 days)	1	QL
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i> QL (2 packs / year)	1	QL
<i>VIVITROL</i> SUSR 380mg	1	NM
ENDOCRINE AND METABOLIC ANDROGENS		
<i>danazol</i> CAPS 50mg, 100mg, 200mg		
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	1	PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	1	QL PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	1	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	1	PA

Drug Name	Drug Requirements/ Tier	Limits
<i>testosterone pump</i> GEL 1.62% QL (150 gm / 30 days)	1	QL PA
ANTIDIABETICS		
<i>acarbose</i> TABS 25mg, 50mg, 100mg		
<i>dapagliflozin</i> TABS 5mg, 10mg QL (30 tabs / 30 days)	1	QL
<i>dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg</i> QL (60 tabs / 30 days)	1	QL
<i>dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg</i> QL (60 tabs / 30 days)	1	QL
<i>dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg</i> QL (30 tabs / 30 days)	1	QL
<i>dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg</i> QL (30 tabs / 30 days)	1	QL
<i>FARXIGA</i> TABS 5mg, 10mg QL (30 tabs / 30 days)	1	QL
<i>glimepiride</i> TABS 1mg, 2mg QL (90 tabs / 30 days)	1	QL
<i>glimepiride</i> TABS 4mg QL (60 tabs / 30 days)	1	QL
<i>glipizide</i> TABS 5mg QL (240 tabs / 30 days)	1	QL
<i>glipizide</i> TABS 10mg QL (120 tabs / 30 days)	1	QL
<i>glipizide</i> TB24 2.5mg, 5mg QL (90 tabs / 30 days)	1	QL
<i>glipizide</i> TB24 10mg QL (60 tabs / 30 days)	1	QL
<i>glipizide-metformin hcl tab</i> 2.5-250 mg QL (240 tabs / 30 days)	1	QL
<i>glipizide-metformin hcl tab</i> 2.5-500 mg QL (120 tabs / 30 days)	1	QL
<i>glipizide-metformin hcl tab</i> 5-500 mg QL (120 tabs / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
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 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
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
<i>metformin hcl</i> TABS 500mg QL (150 tabs / 30 days)	1	QL
<i>metformin hcl</i> TABS 850mg QL (90 tabs / 30 days)	1	QL
<i>metformin hcl</i> TABS 1000mg QL (75 tabs / 30 days)	1	QL
<i>metformin hcl</i> TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
<i>metformin hcl</i> 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
<i>nateglinide</i> TABS 60mg, 120mg QL (90 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
OZEMPIC TABS 1.5mg, 4mg, 9mg QL (30 tabs / 30 days)	1	QL PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml QL (1 pen / 28 days)	1	QL PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	1	QL PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml QL (1 pen / 28 days)	1	QL PA
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	1	QL
<i>pioglitazone hcl-metformin hcl</i> <i>tab 15-500 mg</i> QL (90 tabs / 30 days)	1	QL
<i>pioglitazone hcl-metformin hcl</i> <i>tab 15-850 mg</i> QL (90 tabs / 30 days)	1	QL
<i>repaglinide</i> TABS 2mg QL (240 tabs / 30 days)	1	QL
<i>repaglinide</i> TABS .5mg, 1mg QL (120 tabs / 30 days)	1	QL
<i>sitagliptin phosphate</i> TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	1	QL
<i>sitagliptin phosphate-</i> <i>metformin hcl tab 50-500 mg</i> QL (60 tabs / 30 days)	1	QL
<i>sitagliptin phosphate-</i> <i>metformin hcl tab 50-1000 mg</i> QL (60 tabs / 30 days)	1	QL
TRADJENTA TABS 5mg QL (30 tabs / 30 days)	1	QL
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days)	1	QL
TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days)	1	QL
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days)	1	QL
TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	1	QL PA
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	1	B/D
ADMELOG SOLOSTAR SOPN 100unit/ml	1	
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	1	PA
CEQUR EXT WR MIS INSERTER QL (2 inserters / year)	1	QL PA
CEQUR SIMPL KIT 1U EXTND QL (8 patches / 24 days)	1	QL PA
CEQUR SIMPL KIT 2U EXTND QL (10 patches / 30 days)	1	QL PA
CEQUR SIMPL KIT PATCH 2U (4-DAY) QL (8 patches / 24 days)	1	QL PA
CEQUR SIMPL MIS INSERTER QL (2 inserters / year)	1	QL PA
FIASP SOLN 100unit/ml	1	B/D
FIASP FLEXTOUCH SOPN 100unit/ml	1	
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 KWIKPEN SOPN 500unit/ml	1	
INSULIN PEN NEEDLES: EMBECTA-BD	1	PA
INSULIN SAFETY NEEDLES: EMBECTA-BD	1	PA
INSULIN SYRINGES: EMBECTA-BD	1	PA
LANTUS SOLN 100unit/ml	1	
LANTUS SOLOSTAR SOPN 100unit/ml	1	
NOVOLIN INJ 70/30 (brand RELION not covered)	1	

Drug Name	Drug Requirements/ Tier	Limits
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	B/D
NOVOLIN R FLEXPEN SOPN 100unit/ml (brand RELION not covered)	1	
NOVOLOG SOLN 100unit/ml brand RELION not covered	1	B/D
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	1	
OMNIPOD5 LIB KIT INTRO QL (1 kit / year)	1	QL PA
OMNIPOD5 LIB MIS PODS QL (15 pods / 30 days)	1	QL PA
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 DASH KIT INTRO QL (1 kit / year)	1	QL PA
OMNIPOD DASH MIS PODS QL (15 pods / 30 days)	1	QL PA
SOLQUA INJ 100/33 QL (5 pens / 25 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	1	
TOUJEO SOLOSTAR SOPN 300unit/ml	1	
XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)	1	QL
CALCIUM REGULATORS		
<i>alendronate sodium</i> SOLN 70mg/75ml	1	ST
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	1	
BILDYOS SOSY 60mg/ml QL (1 syringe / 180 days)	1	QL NM
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	1	B/D
<i>ibandronate sodium</i> TABS 150mg	1	B/D
OSPOMYV SOSY 60mg/ml QL (1 syringe / 180 days)	1	QL NM
PAMIDRONATE DISODIUM SOLN 6mg/ml	1	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	1	B/D
PROLIA SOSY 60mg/ml QL (1 syringe / 180 days)	1	QL NM
<i>risedronate sodium</i> TABS 5mg, 35mg, 150mg	1	
<i>risedronate sodium</i> TBEC 35mg	1	ST
TYMLOS SOPN 3120mcg/1.56ml QL (1 pen / 30 days)	1	QL NM PA
WYOST SOLN 120mg/1.7ml	1	NM PA
XTRENBO SOLN 120mg/1.7ml	1	NM PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 5mg/100ml	1	B/D NM
CHELATING AGENTS		
CHEMET CAPS 100mg	1	
<i>deferasirox</i> TABS 90mg, 180mg, 360mg; TBSO 125mg, 250mg, 500mg	1	NM PA
<i>kionex</i> SUSP 15gm/60ml	1	
LOKELMA PACK 5gm, 10gm	1	
<i>penicillamine</i> TABS 250mg	1	NM

Drug Name	Drug Requirements/ Tier	Limits
<i>sodium polystyrene sulfonate</i> SUSP 15gm/60ml	1	
<i>sodium polystyrene sulfonate</i> powder	1	
sps SUSP 15gm/60ml	1	
sps rectal SUSP 15gm/60ml	1	
<i>trientine hcl</i> CAPS 250mg	1	NM PA
CONTRACEPTIVES		
<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amethyst</i>	1	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 1/20</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30</i>	1	
<i>blisovi fe 1/20</i>	1	
<i>briellyn</i>	1	
<i>camila</i> TABS .35mg	1	
<i>camrese</i>	1	
<i>camrese lo</i>	1	
<i>chateal eq</i>	1	
<i>cryselle</i>	1	
<i>cyred eq</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	
<i>deblitane</i> TABS .35mg	1	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	1	
<i>desogest-eth estrad & eth</i> <i>estrاد tab 0.15-0.02/0.01</i> <i>mg(21/5)</i>	1	
<i>dolishale</i>	1	

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Drug Name	Drug Requirements/ Tier Limits
<i>drospirenone-ethinyl estrad- levomefolate tab 3-0.02-0.451 mg</i>	1
<i>drospirenone-ethinyl estrad- levomefolate tab 3-0.03-0.451 mg</i>	1
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1
<i>elinest</i>	1
<i>eluryng</i>	1
<i>emzahh TABS .35mg</i>	1
<i>enilloring</i>	1
<i>enskyce</i>	1
<i>errin TABS .35mg</i>	1
<i>estarylla</i>	1
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	1
<i>falmina</i>	1
<i>feirza 1.5/30</i>	1
<i>feirza 1/20</i>	1
<i>finzala</i>	1
<i>galbriela</i>	1
<i>hailey 1.5/30</i>	1
<i>hailey 24 fe</i>	1
<i>hailey fe 1/20</i>	1
<i>heather TABS .35mg</i>	1
<i>iclevia</i>	1
<i>incassia TABS .35mg</i>	1
<i>introvale</i>	1
<i>isibloom</i>	1
<i>jaimiess</i>	1
<i>jasmiel</i>	1
<i>jencycla TABS .35mg</i>	1
<i>jolessa</i>	1
<i>juleber</i>	1
<i>junel 1.5/30</i>	1
<i>junel 1/20</i>	1
<i>junel fe 1.5/30</i>	1
<i>junel fe 1/20</i>	1
<i>junel fe 24</i>	1
<i>kaitlib fe</i>	1

Drug Name	Drug Requirements/ Tier Limits
<i>kariva</i>	1
<i>kelnor 1/35</i>	1
<i>kurvelo</i>	1
<i>larin 1.5/30</i>	1
<i>larin 1/20</i>	1
<i>larin 24 fe</i>	1
<i>larin fe 1.5/30</i>	1
<i>larin fe 1/20</i>	1
<i>lessina</i>	1
<i>levonest</i>	1
<i>levonor-eth est tab 0.15- 0.02/0.025/0.03 mg &eth est 0.01 mg</i>	1
<i>levonorg-eth est tab 0.1- 0.02mg(84) & eth est tab 0.01mg(7)</i>	1
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15- 0.03 mg</i>	1
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125- 30mg-mcg</i>	1
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90- 20 mcg</i>	1
<i>LILETTA IUD 20.1mcg/day</i>	1 NM
<i>loestrin 1.5/30-21</i>	1
<i>loestrin 1/20-21</i>	1
<i>loestrin fe 1.5/30</i>	1
<i>loestrin fe 1/20</i>	1
<i>lojaimiess</i>	1
<i>loryna</i>	1
<i>luizza 1.5/30</i>	1
<i>luizza 1/20</i>	1
<i>luteru</i>	1
<i>lyleq TABS .35mg</i>	1
<i>lyza TABS .35mg</i>	1
<i>marlissa</i>	1
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	1
<i>meleya TABS .35mg</i>	1
<i>mibelas 24 fe</i>	1
<i>microgestin 1.5/30</i>	1

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Drug Name	Drug Requirements/ Tier	Limits
<i>microgestin 1/20</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>mili</i>	1	
<i>mono-lynyah</i>	1	
<i>necon 0.5/35-28</i>	1	
NEXPLANON IMPL 68mg	1	NM
<i>nikki</i>	1	
<i>nora-be TABS .35mg</i>	1	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	1	
<i>norethindrone (contraceptive) TABS .35mg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg- mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg- mcg</i>	1	
<i>norlyroc TABS .35mg</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35 (21)</i>	1	
<i>nortrel 1/35 (28)</i>	1	
<i>nortrel 7/7/7</i>	1	
<i>nylia 1/35</i>	1	
<i>nylia 7/7/7</i>	1	
<i>orquidea TABS .35mg</i>	1	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>portia-28</i>	1	
<i>reclipsen</i>	1	
<i>rivelsa</i>	1	
<i>rosyrah</i>	1	
<i>setlakin</i>	1	
<i>sharobel TABS .35mg</i>	1	
<i>simliya</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>simpesse</i>	1	
<i>sprintec 28</i>	1	
<i>syeda</i>	1	
<i>tarina 24 fe</i>	1	
<i>tarina fe 1/20 eq</i>	1	
<i>tilia fe</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-lynyah</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-marzia</i>	1	
<i>tri-lo-mili</i>	1	
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i>	1	
<i>turqoz</i>	1	
<i>tydemy</i>	1	
<i>valtya 1/35</i>	1	
<i>valtya 1/50</i>	1	
<i>velivet</i>	1	
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>violele</i>	1	
<i>vyfemla</i>	1	
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>wymzya fe</i>	1	
<i>xarah fe</i>	1	
<i>xelria fe</i>	1	
<i>xulane</i>	1	
<i>zafemy</i>	1	
<i>zovia 1/35</i>	1	
<i>zumandimine</i>	1	
ESTROGENS		
<i>abigale</i>	1	
<i>abigale lo</i>	1	
<i>dotti PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	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
<i>estradiol</i> PTTW .025mg/24hr, 1 .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	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	1	
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg	1	
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	1	
<i>fyavolv tab 0.5mg-2.5mcg</i>	1	
<i>fyavolv tab 1mg-5mcg</i>	1	
<i>jinteli</i>	1	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	
<i>mimvey</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	1	
<i>yuvaferm</i> TABS 10mcg	1	
GLUCOCORTICOIDS		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	
<i>DEXAMETHASONE</i> INTENSOL CONC 1mg/ml	1	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml	1	
<i>fludrocortisone acetate</i> TABS .1mg	1	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	1	
<i>hydrocortisone sod succinate</i> SOLR 100mg	1	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>methylprednisolone</i> TBPK 4mg	1	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	1	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 500mg, 1000mg	1	B/D
<i>prednisolone</i> SOLN 15mg/5ml	1	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	1	B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	1	
<i>PREDNISONE</i> INTENSOL CONC 5mg/ml	1	B/D
<i>SOLU-CORTEF</i> SOLR 250mg, 500mg, 1000mg	1	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> SUSP 50mg/ml	1	
<i>GVOKE HYOPEN</i> 1-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	1	
<i>GVOKE HYOPEN</i> 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	1	
<i>GVOKE KIT</i> SOLN 1mg/0.2ml	1	
<i>GVOKE PFS</i> SOSY 1mg/0.2ml	1	
MISCELLANEOUS		
<i>ALDURAZYME</i> SOLN 2.9mg/5ml	1	NM PA
<i>betaine powder for oral solution</i>	1	NM
<i>cabergoline</i> TABS .5mg	1	
<i>carglumic acid</i> TBSO 200mg	1	NM PA
<i>CERDELGA</i> CAPS 84mg	1	NM PA
<i>CEREZYME</i> SOLR 400unit	1	NM PA
<i>cinacalcet hcl</i> TABS 30mg, 60mg QL (60 tabs / 30 days)	1	B/D QL NM
<i>cinacalcet hcl</i> TABS 90mg QL (120 tabs / 30 days)	1	B/D QL NM
<i>CYSTAGON</i> CAPS 50mg, 150mg	1	NM PA
<i>desmopressin acetate</i> SOLN 4mcg/ml; TABS .1mg, .2mg	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
<i>desmopressin acetate spray</i> SOLN .01%	1	
<i>desmopressin acetate spray refrigerated</i> 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
ISTURISA TABS 1mg QL (240 tabs / 30 days)	1	QL NM PA
ISTURISA TABS 5mg QL (360 tabs / 30 days)	1	QL NM PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	1	NM PA
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	1	NM PA
<i>levocarnitine (metabolic modifiers)</i> 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
<i>mifepristone (hyperglycemia)</i> TABS 300mg	1	NM PA
NAGLAZYME SOLN 1mg/ml	1	NM PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	1	NM PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml, 1000mcg/ml; SOSY 50mcg/ml, 100mcg/ml, 500mcg/ml	1	NM PA
<i>raloxifene hcl</i> TABS 60mg	1	
REVCovi SOLN 2.4mg/1.5ml	1	NM PA
REZDIFFRA TABS 60mg, 80mg, 100mg QL (30 tabs / 30 days)	1	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	1	NM PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	1	NM PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	1	NM PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml	1	NM PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	1	NM PA
SYNAREL SOLN 2mg/ml	1	PA
<i>tolvaptan</i> TABS 15mg, 30mg (generic of JYNARQUE)	1	NM PA
<i>tolvaptan</i> TBPK 15mg	1	NM PA
<i>tolvaptan tab therapy pack 30 & 15 mg</i>	1	NM PA
<i>tolvaptan tab therapy pack 45 & 15 mg</i>	1	NM PA
<i>tolvaptan tab therapy pack 60 & 30 mg</i>	1	NM PA
<i>tolvaptan tab therapy pack 90 & 30 mg</i>	1	NM PA
WEGOVY SOAJ .25mg/0.5ml, .5mg/0.5ml, 1mg/0.5ml, 1.7mg/0.75ml, 2.4mg/0.75ml QL (4 pens / 28 days)	1	QL PA
WEGOVY TABS 1.5mg, 4mg, 9mg, 25mg QL (30 tabs / 30 days)	1	QL PA
<i>zelvysia</i> PACK 100mg, 500mg	1	NM PA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder)</i> CAPS 667mg QL (360 caps / 30 days)	1	B/D QL
<i>sevelamer carbonate</i> TABS 800mg QL (540 tabs / 30 days)	1	B/D QL
PROGESTINS		
<i>gallifrey</i> TABS 5mg	1	
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	1	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	1	PA

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Drug Name	Drug Requirements/ Tier Limits	
<i>norethindrone acetate</i> TABS 5mg	1	
<i>progesterone</i> CAPS 100mg, 200mg	1	
THYROID AGENTS		
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>liomny</i> TABS 5mcg, 25mcg, 50mcg	1	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	1	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	1	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
VITAMIN D ANALOGS		
<i>calcitriol</i> CAPS .25mcg, .5mcg	1	B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	1	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	1	B/D
GASTROINTESTINAL ANTIEMETICS		
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	1	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	B/D
<i>compro</i> SUPP 25mg	1	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg QL (60 caps / 30 days)	1	B/D QL

Drug Name	Drug Requirements/ Tier Limits	
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	1	
<i>granisetron hcl</i> TABS 1mg	1	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg PA applies if 65 years and older after a 30 day supply in a calendar year	1	PA
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg	1	
<i>ondansetron</i> TBDP 4mg, 8mg	1	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	1	B/D
<i>prochlorperazine</i> SUPP 25mg	1	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	1	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	1	
<i>promethazine hcl</i> SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year	1	PA
<i>scopolamine</i> PT72 1mg/3days QL (10 patches / 30 days)	1	QL
ANTISPASMODICS		
<i>dicyclomine hcl</i> CAPS 10mg; SOLN 10mg/5ml; TABS 20mg PA applies if 65 years and older	1	PA
<i>glycopyrrolate</i> TABS 1mg QL (90 tabs / 30 days)	1	QL
<i>glycopyrrolate</i> TABS 2mg QL (120 tabs / 30 days)	1	QL
H2-RECEPTOR ANTAGONISTS		
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml; TABS 20mg, 40mg	1	
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>nizatidine</i> CAPS 150mg, 300mg	1	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i> CAPS 750mg	1	
<i>budesonide</i> CPEP 3mg QL (90 caps / 30 days)	1	QL
<i>budesonide</i> TB24 9mg QL (30 tabs / 30 days)	1	QL PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	1	
<i>mesalamine</i> CP24 .375gm QL (120 caps / 30 days)	1	QL
<i>mesalamine</i> CPDR 400mg QL (180 caps / 30 days)	1	QL
<i>mesalamine</i> ENEM 4gm QL (1680 mL / 28 days)	1	QL
<i>mesalamine</i> SUPP 1000mg QL (30 suppositories / 30 days)	1	QL
<i>mesalamine</i> TBEC 1.2gm QL (120 tabs / 30 days)	1	QL
<i>mesalamine w/ cleanser</i> KIT 4gm QL (28 bottles / 28 days)	1	QL
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	1	
LAXATIVES		
<i>constulose</i> SOLN 10gm/15ml	1	
<i>enulose</i> SOLN 10gm/15ml	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/ flavor pack</i>	1	
<i>generlac</i> SOLN 10gm/15ml	1	
<i>lactulose</i> SOLN 10gm/15ml	1	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln</i> 236 gm	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln</i> 420 gm	1	
PLENVU SOL	1	
<i>sod sulfate-pot sulf-mg sulf oral sol</i> 17.5-3.13-1.6 gm/177ml	1	

Drug Name	Drug Requirements/ Tier	Limits
MISCELLANEOUS		
<i>alosetron hcl</i> TABS .5mg, 1mg QL (60 tabs / 30 days)	1	QL PA
<i>bismuth subcit-metronidazole-tetracycline cap</i> 140-125-125 mg	1	
CREON CAP 3000UNIT	1	
CREON CAP 6000UNIT	1	
CREON CAP 12000UNIT	1	
CREON CAP 24000UNIT	1	
CREON CAP 36000UNIT	1	
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	1	
<i>diphenoxylate w/ atropine tab</i> 2.5-0.025 mg	1	
GATTEX KIT 5mg	1	NM PA
LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	1	QL
<i>loperamide hcl</i> CAPS 2mg	1	
<i>lubiprostone</i> CAPS 8mcg, 24mcg QL (60 caps / 30 days)	1	QL
<i>misoprostol</i> TABS 100mcg, 200mcg	1	
MOVANTIK TABS 12.5mg, 25mg QL (30 tabs / 30 days)	1	QL
<i>sucralfate</i> TABS 1gm	1	
TALICIA CAP	1	
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	1	
VOQUEZNA PAK DUAL PAK QL (2 kits / year)	1	QL PA
VOQUEZNA PAK TRIP PK QL (2 kits / year)	1	QL PA
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 10000UNIT	1	
ZENPEP CAP 15000UNIT	1	

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Drug Name	Drug Requirements/ Tier	Limits
ZENPEP CAP 20000UNT	1	
ZENPEP CAP 25000UNT	1	
ZENPEP CAP 40000UNT	1	
ZENPEP CAP 60000UNT	1	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg QL (30 caps / 30 days)	1	QL ST
<i>lansoprazole</i> CPDR 15mg, 30mg QL (60 caps / 30 days)	1	QL
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>pantoprazole sodium</i> SOLR 40mg; TBEC 20mg, 40mg	1	
<i>rabeprazole sodium</i> TBEC 20mg QL (30 tabs / 30 days)	1	QL
GENITOURINARY BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> TB24 10mg QL (30 tabs / 30 days)	1	QL
<i>dutasteride</i> CAPS .5mg QL (30 caps / 30 days)	1	QL
<i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg QL (30 caps / 30 days)	1	QL
<i>finasteride</i> TABS 5mg QL (30 tabs / 30 days)	1	QL
<i>tadalafil</i> TABS 5mg QL (30 tabs / 30 days)	1	QL PA
<i>tamsulosin hcl</i> CAPS .4mg QL (60 caps / 30 days)	1	QL
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	1	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	1	
FILSPARI TABS 200mg QL (30 tabs / 30 days)	1	QL NM PA
FILSPARI TABS 400mg QL (60 tabs / 30 days)	1	QL NM PA
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	1	
TARPEYO CPDR 4mg QL (120 caps / 30 days)	1	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
URINARY ANTISPASMODICS		
<i>fesoterodine fumarate</i> TB24 4mg, 8mg QL (30 tabs / 30 days)	1	QL
GEMTESA TABS 75mg QL (30 tabs / 30 days)	1	QL
<i>oxybutynin chloride</i> SOLN 5mg/5ml QL (600 mL / 30 days)	1	QL
<i>oxybutynin chloride</i> TABS 5mg QL (120 tabs / 30 days)	1	QL
<i>oxybutynin chloride</i> TB24 5mg QL (30 tabs / 30 days)	1	QL
<i>oxybutynin chloride</i> TB24 10mg, 15mg QL (60 tabs / 30 days)	1	QL
<i>solifenacin succinate</i> TABS 5mg, 10mg QL (30 tabs / 30 days)	1	QL
<i>tolterodine tartrate</i> CP24 2mg, 4mg QL (30 caps / 30 days)	1	QL
<i>tolterodine tartrate</i> TABS 1mg, 2mg QL (60 tabs / 30 days)	1	QL
<i>tropium chloride</i> TABS 20mg QL (60 tabs / 30 days)	1	QL
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate</i> vaginal CREA 2% <i>metronidazole vaginal</i> GEL .75%	1	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	1	
HEMATOLOGIC ANTICOAGULANTS		
<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg QL (60 caps / 30 days)	1	QL
<i>dabigatran etexilate mesylate</i> CAPS 110mg QL (120 caps / 30 days)	1	QL
ELIQUIS CPSP .15mg QL (56 caps / 21 days)	1	QL
ELIQUIS TABS 2.5mg QL (60 tabs / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
ELIQUIS TABS 5mg QL (74 tabs / 30 days)	1	QL
ELIQUIS TBSO .5mg QL (588 tabs / 29 days)	1	QL
ELIQUIS (1.5MG PACK) 3 X TBSO .5mg QL (591 tabs / 29 days)	1	QL
ELIQUIS (2MG PACK) 4 X TBSO .5mg QL (592 tabs / 30 days)	1	QL
ELIQUIS STARTER PACK TBPk 5mg QL (74 tabs / 30 days)	1	QL
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	1	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	1	
HEP SOD/NACL INJ 25000UNT	1	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
<i>rivaroxaban</i> SUSR 1mg/ml QL (620 mL / 30 days)	1	QL
<i>rivaroxaban</i> TABS 2.5mg QL (60 tabs / 30 days)	1	QL
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
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
LEUKINE SOLR 250mcg	1	NM PA

Drug Name	Drug Requirements/ Tier	Limits
PROCRT SOLN 2000unit/ml, 1 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
<i>anagrelide hcl</i> CAPS .5mg, 1mg	1	
BERINERT KIT 500unit QL (24 kits / 30 days)	1	QL NM PA
<i>cilostazol</i> TABS 50mg, 100mg	1	
DOPTLET TABS 20mg	1	NM PA
DOPTLET SPRINKLE CPSP 10mg	1	NM PA
DROXIA CAPS 200mg, 300mg, 400mg	1	
HAEGARDA SOLR 2000unit QL (30 vials / 30 days)	1	QL NM PA
HAEGARDA SOLR 3000unit QL (20 vials / 30 days)	1	QL NM PA
<i>icatibant acetate</i> SOSY 30mg/3ml QL (9 syringes / 30 days)	1	QL NM PA
<i>l-glutamine (sickle cell)</i> PACK 5gm	1	NM PA
<i>pentoxifylline</i> TBCR 400mg	1	
<i>sajazir</i> 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
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	1	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er</i> 12hr 25-200 mg	1	
<i>clopidogrel bisulfate</i> TABS 75mg	1	

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<i>dipyridamole</i> TABS 25mg, 50mg, 75mg PA applies if 65 years and older	1	PA
<i>prasugrel hcl</i> TABS 5mg, 10mg	1	
<i>ticagrelor</i> TABS 60mg, 90mg	1	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ADALIMUMAB-BWWD SOAJ 40mg/0.4ml QL (6 pens / 28 days)	1	QL NM PA
ADALIMUMAB-BWWD SOSY 40mg/0.4ml QL (6 syringes / 28 days)	1	QL NM PA
BIMZELX SOAJ 160mg/ml, 320mg/2ml QL (2 pens / 28 days)	1	QL NM PA
BIMZELX SOSY 160mg/ml, 320mg/2ml QL (2 syringes / 28 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
EBGLYSS SOAJ 250mg/2ml QL (20 pens / 365 days)	1	QL NM PA
EBGLYSS SOSY 250mg/2ml QL (20 syringes / 365 days)	1	QL NM PA
ENBREL SOLN 25mg/0.5ml QL (16 vials / 28 days)	1	QL NM PA
ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	1	QL NM PA
ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	1	QL NM PA
ENBREL MINI SOCT 50mg/ml QL (8 cartridges / 28 days)	1	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days)	1	QL NM PA
ENTYVIO PEN SOAJ 108mg/0.68ml QL (2 pens / 28 days)	1	QL NM PA
HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	1	QL NM PA
HADLIMA PUSH TOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	1	QL NM PA
HUMIRA PSKT 10mg/0.1ml QL (2 syringes / 28 days)	1	QL NM PA
HUMIRA PSKT 20mg/0.2ml QL (4 syringes / 28 days)	1	QL NM PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	1	QL NM PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	1	QL NM PA
HUMIRA PEN AJKT 80mg/0.8ml QL (4 pens / 28 days)	1	QL NM PA
HUMIRA PEN KIT PS/UV QL (3 pens / 28 days)	1	QL NM PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml QL (3 pens / 28 days)	1	QL NM PA
INFLIXIMAB SOLR 100mg	1	NM PA
KINERET SOSY 100mg/0.67ml QL (28 syringes / 28 days)	1	QL NM PA
OTEZLA TABS 20mg, 30mg QL (60 tabs / 30 days)	1	QL NM PA
OTEZLA TAB 10/20 QL (2 packs / year)	1	QL NM PA
OTEZLA TAB 10/20/30 QL (2 packs / year)	1	QL NM PA
OTEZLA XR TB24 75mg QL (30 tabs / 30 days)	1	QL NM PA

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Drug Name	Drug Requirements/ Tier	Limits
OTEZLA/XR TAB 28 DAY QL (2 packs / year)	1	QL NM PA
PYZCHIVA SOAJ 45mg/0.5ml, 90mg/ml QL (1 pen / 28 days)	1	QL NM PA
PYZCHIVA SOLN 45mg/0.5ml QL (1 vial / 28 days)	1	QL NM PA
PYZCHIVA SOLN 130mg/26ml	1	NM PA
PYZCHIVA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	1	QL NM PA
RENFLEXIS SOLR 100mg	1	NM PA
RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days)	1	QL NM PA
RINVOQ TB24 45mg QL (168 tabs / year)	1	QL NM PA
RINVOQ LQ SOLN 1mg/ml QL (360 mL / 30 days)	1	QL NM PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml QL (1 cartridge / 56 days)	1	QL NM PA
SKYRIZI SOLN 600mg/10ml	1	NM PA
SKYRIZI SOSY 55mg/0.37ml QL (6 syringes / 365 days)	1	QL PA
SKYRIZI SOSY 150mg/ml QL (6 syringes / 365 days)	1	QL NM PA
SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 days)	1	QL NM PA
STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days)	1	QL NM PA
STELARA SOLN 130mg/26ml	1	NM PA
STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	1	QL NM PA
<i>tofacitinib citrate</i> SOLN 1mg/ml QL (480 mL / 24 days)	1	QL NM PA
<i>tofacitinib citrate</i> TABS 5mg, 10mg QL (60 tabs / 30 days)	1	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>tofacitinib citrate</i> TB24 11mg, 22mg QL (30 tabs / 30 days)	1	QL NM PA
TREMFYA SOAJ 200mg/2ml QL (2 pens / 28 days)	1	QL NM PA
TREMFYA SOLN 200mg/20ml	1	NM PA
TREMFYA SOPN 100mg/ml QL (1 pen / 28 days)	1	QL NM PA
TREMFYA SOSY 100mg/ml QL (1 syringe / 28 days)	1	QL NM PA
TREMFYA SOSY 200mg/2ml QL (2 syringes / 28 days)	1	QL NM PA
TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml QL (2 pens / 28 days)	1	QL NM PA
TREMFYA PEN SOAJ 100mg/ml QL (1 pen / 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
USTEKINUMAB SOLN 45mg/0.5ml QL (1 vial / 28 days)	1	QL NM PA
USTEKINUMAB SOLN 130mg/26ml	1	NM PA
USTEKINUMAB SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	1	QL NM PA
VELSIPITY TABS 2mg 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
ZYMFENTRA 2-PEN AJKT 120mg/ml QL (2 pens / 28 days)	1	QL NM PA

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Drug Name	Drug Requirements/ Tier	Limits
ZYMFENTRA 2-SYRINGE PSKT 120mg/ml QL (2 syringes / 28 days)	1	QL NM PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
<i>hydroxychloroquine sulfate</i> TABS 200mg	1	
JYLAMVO SOLN 2mg/ml	1	B/D
<i>leflunomide</i> TABS 10mg, 20mg QL (30 tabs / 30 days)	1	QL
<i>methotrexate sodium</i> 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 LIQUID ERC SOLN 5gm/50ml, 10gm/100ml	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

Drug Name	Drug Requirements/ Tier	Limits
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
VYVGART SOLN 400mg/20ml	1	NM PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 .5mg, 1mg, 5mg	1	B/D
<i>azathioprine</i> TABS 50mg	1	B/D
BENLYSTA SOAJ 200mg/ml QL (8 pens / 28 days)	1	QL NM PA
BENLYSTA SOLR 120mg, 400mg	1	NM PA
BENLYSTA SOSY 200mg/ml QL (8 syringes / 28 days)	1	QL NM PA
<i>cyclosporine</i> CAPS 25mg, 100mg	1	B/D
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	1	B/D
ENVARUSUS XR TB24 .75mg, 1mg, 4mg	1	B/D
<i>everolimus (immunosuppressant)</i> TABS .25mg, .5mg, .75mg, 1mg	1	B/D
<i>engraf</i> CAPS 25mg, 100mg	1	B/D
<i>mycophenolate mofetil</i> CAPS 250mg; SUSR 200mg/ml; TABS 500mg	1	B/D
<i>mycophenolate sodium</i> 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
<i>sirolimus</i> SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	1	B/D
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg; CP24 .5mg, 1mg, 5mg	1	B/D

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Drug Name	Drug Requirements/ Tier	Limits
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	1	NM PA
ACTHIB INJ	1	NM
ADACEL INJ	1	NM
AREXVY SUSR 120mcg/0.5ml	1	NM PA
BCG VACCINE SOLR 50mg	1	NM
BEXSERO SUSY .5ml	1	NM
BOOSTRIX INJ	1	NM
DAPTACEL INJ	1	NM
ENGRIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D NM
GARDASIL 9 SUSP .5ml; SUSY .5ml	1	NM
HAVRIX SUSY 720elu/0.5ml, 1440unit/ml	1	NM
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
IXIARO INJ	1	NM
JYNNEOS SUSP .5ml	1	B/D NM
KINRIX INJ	1	NM
M-M-R II INJ	1	NM
MENQUADFI SOLN .5ml	1	NM
MENVEO INJ	1	NM
MENVEO SOL	1	NM
MRESVIA SUSY 50mcg/0.5ml	1	NM PA
PEDIARIX INJ 0.5ML	1	NM
PEDVAXHIB SUSP 7.5mcg/0.5ml	1	NM
PENBRAYA INJ	1	NM
PENMENVY 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

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Drug Name	Drug Requirements/ Tier	Limits
ROTARIX SUS	1	NM
ROTATEQ SOL	1	NM
SHINGRIX SUSR 50mcg/0.5ml QL (2 vials per lifetime)	1	QL NM
SHINGRIX SUSY 50mcg/0.5ml QL (2 syringes 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 SOSY 25mcg/0.5ml	1	NM
VAQTA SUSP 25unit/0.5ml, 50unit/ml; SUSY 25unit/0.5ml, 50unit/ml	1	NM
VARIVAX SUSR 1350pfu/0.5ml	1	NM
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	
D5W/NACL INJ 0.2%	1	
D5W/NACL INJ 0.45%	1	
D10W/NACL INJ 0.2%	1	
D10W/NACL INJ 0.45%	1	
dextrose 2.5% w/ sodium chloride 0.45%	1	
dextrose 5% in lactated ringers	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	
ISOLYTE-P INJ /D5W	1	
ISOLYTE-S INJ PH 7.4	1	

Drug Name	Drug Requirements/ Tier Limits
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	1
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	1
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	1
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	1
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	1
<i>kcl 20 meq/l (0.149%) in nacl 0.9% inj</i>	1
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	1
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	1
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	1
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	1
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	1
<i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i>	1
KCL/D5W/NACL INJ 0.3/0.9%	1
KCL/D5W/NACL INJ 0.15/0.2	1
<i>lactated ringer's solution</i>	1
<i>magnesium sulfate SOLN 2gm/50ml, 3gm/100ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	1
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 20gm/500ml, 40gm/1000ml	1
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	1
<i>multiple electrolytes ph 5.5</i>	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

Drug Name	Drug Requirements/ Tier Limits
<i>potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	1
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	1
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	1
TPN ELECTROL INJ	1 B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL	
<i>klor-con PACK 20meq</i>	1
<i>klor-con 8 TBCR 8meq</i>	1
<i>klor-con 10 TBCR 10meq</i>	1
<i>klor-con m10 TBCR 10meq</i>	1
<i>klor-con m15 TBCR 15meq</i>	1
<i>klor-con m20 TBCR 20meq</i>	1
M-NATAL PLUS TAB	1
<i>potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq</i>	1
<i>potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq</i>	1
PRENATAL TAB 27-1MG	1
PRENATAL TAB PLUS	1
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	1
WESTAB PLUS TAB 27-1MG	1
IV NUTRITION	
<i>aminosyn ii soln 15%</i>	1 B/D
AMINOSYN INJ 10%	1 B/D
AMINOSYN-PF INJ 10%	1 B/D
CLINIMIX INJ 4.25/D5W	1 B/D
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
<i>clinsol sf 15%</i>	1 B/D
CLINOLIPID EMU 20%	1 B/D
<i>dextrose SOLN 5%, 10%</i>	1
<i>dextrose SOLN 50%</i>	1 B/D
DEXTROSE 10% SOLN 10%	1
DEXTROSE 70% SOLN 70%	1 B/D

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Drug Name	Drug Requirements/ Tier	Limits
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	
loteprednol etabonate- tobramycin ophth susp 0.5- 0.3%	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	
ANTI-INFECTIVES		
bacitracin-polymyxin b ophth oint	1	
besifloxacin hcl SUSP .6%	1	
CILOXAN OINT .3%	1	
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%	1	QL
QL (12 mL / 30 days)		
NATACYN SUSP 5%	1	

Drug Name	Drug Requirements/ Tier	Limits
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	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	
sulfacetamide sodium (ophth) SOLN 10%	1	
tobramycin (ophth) SOLN .3%	1	
trifluridine SOLN 1%	1	
XDEMVIY SOLN .25%	1	NM PA
ZIRGAN GEL .15%	1	
ANTI-INFLAMMATORIES		
dexamethasone sodium phosphate (ophth) SOLN .1%	1	
diclofenac sodium (ophth) SOLN .1%	1	
difluprednate EMUL .05%	1	
fluorometholone (ophth) SUSP .1%	1	
flurbiprofen sodium SOLN .03%	1	
ketorolac tromethamine (ophth) SOLN .4%, .5%	1	
LOTEMAX OINT .5%	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	
ZERVIAE SOLN .24%	1	
ANTIGLAUCOMA		
betaxolol hcl (ophth) SOLN .5%	1	
brimonidine tartrate SOLN .2%	1	
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	1	
brinzolamide SUSP 1%	1	ST

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Drug Name	Drug Requirements/ Tier	Limits
<i>carteolol hcl (ophth)</i> SOLN 1%	1	
COMBIGAN SOL 0.2/0.5%	1	
<i>dorzolamide hcl</i> SOLN 2%	1	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 2-0.5%	1	
<i>latanoprost</i> SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	1	
LUMIGAN SOLN .01%	1	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	1	
RHOPRESSA SOLN .02%	1	
ROCKLATAN DRO	1	
SIMBRINZA SUS 1-0.2%	1	
<i>timolol maleate (ophth)</i> SOLG 1 .25%, .5%; SOLN .25%, .5%	1	
VYZULTA SOLN .024%	1	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	1	
<i>atropine sulfate (ophthalmic)</i> 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	
<i>proparacaine hcl</i> SOLN .5%	1	
RESTASIS EMUL .05%	1	
RESTASIS MULTIDOSE EMUL .05%	1	
XIIDRA SOLN 5%	1	
OTIC		
OTIC AGENTS		
<i>acetic acid (otic)</i> SOLN 2%	1	
<i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1%	1	
<i>fluocinolone acetonide (otic)</i> OIL .01%	1	
<i>hydrocortisone w/ acetic acid otic soln</i> 1-2%	1	
<i>neomycin-polymyxin-hc otic soln</i> 1%	1	
<i>neomycin-polymyxin-hc otic susp</i> 3.5 mg/ml-10000 unit/ml-1%	1	
<i>ofloxacin (otic)</i> SOLN .3%	1	

Drug Name	Drug Requirements/ Tier	Limits
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 9MCG QL (1 inhaler / 30 days)	1	QL
BREZTRI AERO AER 18MCG 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
<i>ipratropium-albuterol nebu soln</i> 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
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
<i>ipratropium bromide</i> SOLN .02%	1	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	1	
<i>ipratropium bromide hfa</i> AERS 17mcg/act QL (2 inhalers / 30 days)	1	QL
SPIRIVA RESPIMAT AERS 1.25mcg/act QL (1 inhaler / 30 days)	1	QL
ANTI-HISTAMINES		
<i>azelastine hcl</i> SOLN .1%	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
<i>cetirizine hcl</i> SOLN 5mg/5ml QL (300 mL / 30 days)	1	QL
<i>cycloheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg PA applies if 65 years and older after a 30 day supply in a calendar year	1	PA
<i>diphenhydramine hcl</i> SOLN 50mg/ml	1	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml PA applies if 65 years and older	1	PA
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year	1	PA
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year	1	PA
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml QL (300 mL / 30 days)	1	QL
<i>levocetirizine dihydrochloride</i> TABS 5mg QL (30 tabs / 30 days)	1	QL
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)	1	QL
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proventil HFA)	1	QL
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)	1	QL
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	1	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	1	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act QL (2 inhalers / 30 days)	1	QL ST
SEREVENT DISKUS AEPB 50mcg/dose QL (60 inhalations / 30 days)	1	QL
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	1	
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	1	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D
<i>cromolyn sodium</i> NEBU 20mg/2ml	1	B/D
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml (generic of EpiPen)	1	
<i>epinephrine (anaphylaxis)</i> 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 (56 tabs / 28 days)	1	QL NM PA
<i>nintedanib esylate</i> CAPS 100mg, 150mg QL (60 caps / 30 days)	1	QL NM PA
NUCALA SOAJ 100mg/ml QL (3 pens / 28 days)	1	QL NM PA
NUCALA SOLR 100mg QL (3 vials / 28 days)	1	QL NM PA

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Drug Name	Drug Requirements/ Tier	Limits
NUCALA SOSY 40mg/0.4ml QL (1 syringe / 28 days)	1	QL NM PA
NUCALA SOSY 100mg/ml QL (3 syringes / 28 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
<i>pirfenidone</i> CAPS 267mg QL (270 caps / 30 days)	1	QL NM PA
<i>pirfenidone</i> TABS 267mg QL (270 tabs / 30 days)	1	QL NM PA
<i>pirfenidone</i> 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
<i>roflumilast</i> TABS 250mcg QL (56 tabs / year)	1	QL
<i>roflumilast</i> TABS 500mcg QL (30 tabs / 30 days)	1	QL
<i>theophylline</i> 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

Drug Name	Drug Requirements/ Tier	Limits
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
NASAL STEROIDS		
<i>flunisolide (nasal)</i> SOLN .025% QL (3 bottles / 30 days)	1	QL
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act QL (1 bottle / 30 days)	1	QL
XHANCE EXHU 93mcg/act QL (32 mL / 30 days)	1	QL PA
STEROID INHALANTS		
ALVESCO AERS 80mcg/act, 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
<i>budesonide (inhalation)</i> 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

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Drug Name	Drug Requirements/ Tier	Limits
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
<i>breyana</i> QL (3 inhalers / 30 days)	1	QL
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i> QL (3 inhalers / 30 days)	1	QL
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i> QL (3 inhalers / 30 days)	1	QL
<i>fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act</i> QL (60 blisters / 30 days)	1	QL
<i>fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act</i> QL (60 blisters / 30 days)	1	QL
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> QL (60 inhalations / 30 days)	1	QL
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> QL (60 inhalations / 30 days)	1	QL
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> QL (60 inhalations / 30 days)	1	QL
<i>wixela inhub</i> QL (60 inhalations / 30 days)	1	QL
TOPICAL DERMATOLOGY, ACNE		
<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>amnesteam</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA

Drug Name	Drug Requirements/ Tier	Limits
<i>benzoyl peroxide-erythromycin gel 5-3%</i> QL (46.6 gm / 30 days)	1	QL
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i> QL (45 gm / 30 days)	1	QL
<i>clindamycin phosphate (topical) GEL 1%</i> QL (75 mL / 30 days)	1	QL PA
<i>clindamycin phosphate (topical) LOTN 1%; SOLN 1%</i> QL (60 mL / 30 days)	1	QL
<i>ery PADS 2%</i> QL (60 pledgets / 30 days)	1	QL
<i>erythromycin (acne aid) GEL 2%</i> QL (60 gm / 30 days)	1	QL
<i>erythromycin (acne aid) SOLN 2%</i> QL (60 mL / 30 days)	1	QL
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>neuac</i> QL (45 gm / 30 days)	1	QL
<i>sulfacetamide sodium (acne) LOTN 10%</i> QL (118 mL / 30 days)	1	QL
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	1	QL PA
<i>twice-daily clindamycin phosphate (topical) GEL 1%</i> QL (60 gm / 30 days)	1	QL
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical) CREA .1%; OINT .1%</i> QL (30 gm / 30 days)	1	QL
<i>mupirocin</i> OINT 2% QL (30 gm / 30 days)	1	QL
<i>silver sulfadiazine</i> CREA 1%	1	
<i>ssd</i> CREA 1%	1	

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Drug Name	Drug Requirements/ Tier	Limits
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% QL (100 mL / 30 days)	1	QL
DERMATOLOGY, ANTIPSORIATICS		
acitretin CAPS 10mg, 17.5mg, 25mg	1	

Drug Name	Drug Requirements/ Tier	Limits
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
PELLIX SOLN .005% QL (120 mL / 30 days)	1	QL PA
tazarotene CREA .05%, .1% QL (60 gm / 30 days)	1	QL PA
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort CREA 1% QL (120 gm / 30 days)	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
betamethasone dipropionate augmented CREA .05%; GEL .05%; OINT .05% QL (120 gm / 30 days)	1	QL
betamethasone dipropionate augmented LOTN .05% QL (120 mL / 30 days)	1	QL
betamethasone valerate CREA .1%; OINT .1% QL (120 gm / 30 days)	1	QL
betamethasone valerate LOTN .1% QL (120 mL / 30 days)	1	QL
clobetasol propionate CREA .05%; GEL .05%; OINT .05% QL (120 gm / 30 days)	1	QL
clobetasol propionate SHAM .05% QL (236 mL / 30 days)	1	QL
clobetasol propionate SOLN .05% QL (100 mL / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>clobetasol propionate e</i> CREA .05% QL (120 gm / 30 days)	1	QL
<i>clodan</i> SHAM .05% QL (236 mL / 30 days)	1	QL
<i>fluocinolone acetonide</i> CREA .01% QL (60 gm / 30 days)	1	QL
<i>fluocinolone acetonide</i> CREA .025%; OINT .025% QL (120 gm / 30 days)	1	QL
<i>fluocinolone acetonide</i> OIL .01% QL (118.28 mL / 30 days)	1	QL
<i>fluocinolone acetonide</i> SOLN .01% QL (60 mL / 30 days)	1	QL
<i>fluocinonide</i> CREA .05%, .1% QL (120 gm / 30 days)	1	QL
<i>fluocinonide</i> GEL .05%; OINT .05% QL (60 gm / 30 days)	1	QL
<i>fluocinonide</i> SOLN .05% QL (60 mL / 30 days)	1	QL
<i>fluocinonide emulsified base</i> CREA .05% QL (120 gm / 30 days)	1	QL
<i>fluticasone propionate</i> CREA .05%; OINT .005%	1	
<i>halobetasol propionate</i> CREA .05%; OINT .05% QL (50 gm / 30 days)	1	QL
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	1	
<i>hydrocortisone (topical)</i> OINT 1% QL (30 gm / 30 days)	1	QL
<i>hydrocortisone valerate</i> CREA .2% QL (60 gm / 30 days)	1	QL
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	1	
<i>triamcinolone acetonide</i> (topical) CREA .025%, .1%, .5% QL (454 gm / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>triamcinolone acetonide</i> (topical) LOTN .025%, .1%; OINT .025%, .1%, .5%	1	
<i>triderm</i> CREA .5% QL (454 gm / 30 days)	1	QL
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2% QL (60 mL / 30 days)	1	QL PA
<i>lidocaine</i> OINT 5% QL (50 gm / 30 days)	1	QL PA
<i>lidocaine</i> PTCH 5% QL (3 patches / 1 day)	1	QL PA
<i>lidocaine hcl</i> PRSY 2% QL (60 mL / 30 days)	1	QL PA
<i>lidocaine hcl</i> SOLN 4% QL (50 mL / 30 days)	1	QL PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5% QL (30 gm / 30 days)	1	B/D QL
<i>lidocan</i> PTCH 5% QL (3 patches / 1 day)	1	QL PA
<i>tridacaine iii</i> PTCH 5% QL (3 patches / 1 day)	1	QL PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>bexarotene (topical)</i> GEL 1% QL (60 gm / 30 days)	1	QL NM PA
<i>diclofenac sodium (topical)</i> SOLN 1.5% QL (300 mL / 28 days)	1	QL
<i>EUCRISA</i> OINT 2% QL (120 gm / 30 days)	1	QL PA
<i>fluorouracil (topical)</i> CREA 5% QL (40 gm / 30 days)	1	QL
<i>fluorouracil (topical)</i> SOLN 2%, 5% QL (10 mL / 30 days)	1	QL
<i>hydrocortisone (rectal)</i> CREA 1%, 2.5%	1	
<i>imiquimod</i> CREA 5% QL (24 packets / 30 days)	1	QL
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	1	
<i>metronidazole (topical)</i> CREA .75%; GEL .75% QL (45 gm / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>metronidazole (topical)</i> LOTN .75% QL (59 mL / 30 days)	1	QL
<i>nitroglycerin (intra-anal)</i> OINT .4% QL (30 gm / 30 days)	1	QL
PANRETIN GEL .1% QL (60 gm / 30 days)	1	QL PA
<i>pimecrolimus</i> CREA 1% QL (100 gm / 30 days)	1	QL PA
<i>podofilox</i> SOLN .5% QL (7 mL / 28 days)	1	QL
<i>procto-med hc</i> CREA 2.5%	1	
<i>proctocort</i> CREA 1%	1	
<i>proctosol hc</i> CREA 2.5%	1	
<i>proctozone-hc</i> CREA 2.5%	1	
<i>tacrolimus (topical)</i> 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		
<i>malathion</i> LOTN .5% QL (59 mL / 30 days)	1	QL
<i>permethrin</i> CREA 5% QL (60 gm / 30 days)	1	QL
DERMATOLOGY, WOUND CARE AGENTS		
SANTYL OINT 250unit/gm QL (180 gm / 30 days)	1	QL PA
<i>sodium chloride (gu irrigant)</i> SOLN .9%	1	
<i>water for irrigation, sterile irrigation soln</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i> CAPS 30mg	1	
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg QL (150 lozenges / 30 days)	1	QL
<i>kourzeq</i> PSTE .1%	1	
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	1	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	1	
<i>periogard</i> SOLN .12%	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	1	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	1	

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D. Index of Covered Drugs

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

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<i>amlodipine besylate-</i> <i>benazepril hcl cap 10-20</i> <i>mg</i>	15	
<i>amlodipine besylate-</i> <i>benazepril hcl cap 10-40</i> <i>mg</i>	15	
<i>amlodipine besylate-</i> <i>benazepril hcl cap 2.5-10</i> <i>mg</i>	15	
<i>amlodipine besylate-</i> <i>benazepril hcl cap 5-10</i> <i>mg</i>	15	
<i>amlodipine besylate-</i> <i>benazepril hcl cap 5-20</i> <i>mg</i>	15	
<i>amlodipine besylate-</i> <i>benazepril hcl cap 5-40</i> <i>mg</i>	15	
<i>amlodipine besylate-</i> <i>olmesartan medoxomil</i> <i>tab 10-20 mg</i>	16	
<i>amlodipine besylate-</i> <i>olmesartan medoxomil</i> <i>tab 10-40 mg</i>	16	
<i>amlodipine besylate-</i> <i>olmesartan medoxomil</i> <i>tab 5-20 mg</i>	16	
<i>amlodipine besylate-</i> <i>olmesartan medoxomil</i> <i>tab 5-40 mg</i>	16	
<i>amlodipine besylate-</i> <i>valsartan tab 10-160 mg</i>	16	
<i>amlodipine besylate-</i> <i>valsartan tab 10-320 mg</i>	16	
<i>amlodipine besylate-</i> <i>valsartan tab 5-160 mg</i> 16		
<i>amlodipine besylate-</i> <i>valsartan tab 5-320 mg</i> 16		
amnestem.....	53	
amoxapine.....	22	
amoxicillin.....	7	
<i>amoxicillin & k clavulanate</i> <i>for susp 200-28.5 mg/5ml</i>	7	
<i>amoxicillin & k clavulanate</i> <i>for susp 250-62.5 mg/5ml</i>	7	
<i>amoxicillin & k clavulanate</i> <i>for susp 400-57 mg/5ml</i> 7		
<i>amoxicillin & k clavulanate</i> <i>for susp 600-42.9 mg/5ml</i>	7	
<i>amoxicillin & k clavulanate</i> <i>tab 250-125 mg</i>	7	
<i>amoxicillin & k clavulanate</i> <i>tab 500-125 mg</i>	7	

<i>amoxicillin & k clavulanate</i> <i>tab 875-125 mg</i>7	<i>ampicillin & sulbactam</i> <i>sodium for iv soln 15 (10-5) gm</i>7	<i>aurovela fe 1/20</i>35
<i>amphetamine-</i> <i>dextroamphetamine cap</i> <i>er 24hr 10 mg</i>29	<i>ampicillin sodium</i>7	AUSTEDO30
<i>amphetamine-</i> <i>dextroamphetamine cap</i> <i>er 24hr 15 mg</i>29	<i>anagrelide hcl</i>43	AUSTEDO XR30
<i>amphetamine-</i> <i>dextroamphetamine cap</i> <i>er 24hr 20 mg</i>29	<i>anastrozole</i>9	AUSTEDO XR TAB TITR KIT30
<i>amphetamine-</i> <i>dextroamphetamine cap</i> <i>er 24hr 25 mg</i>29	ANORO ELLIPT AER 62.5- 2550	AUVELITY TAB 45-105MG22
<i>amphetamine-</i> <i>dextroamphetamine cap</i> <i>er 24hr 30 mg</i>29	<i>aprepitant</i>40	AUVELITY TAB TITRATIO22
<i>amphetamine-</i> <i>dextroamphetamine cap</i> <i>er 24hr 5 mg</i>28	<i>aprepitant capsule therapy</i> <i>pack 80 & 125 mg</i>40	<i>aviane</i>35
<i>amphetamine-</i> <i>dextroamphetamine tab</i> <i>10 mg</i>29	<i>apri</i>35	AVMAPKI PAK FAKZYNJA10
<i>amphetamine-</i> <i>dextroamphetamine tab</i> <i>12.5 mg</i>29	APTIVUS4	<i>ayuna</i>35
<i>amphetamine-</i> <i>dextroamphetamine tab</i> <i>15 mg</i>29	<i>aranella</i>35	AYVAKIT10
<i>amphetamine-</i> <i>dextroamphetamine tab</i> <i>20 mg</i>29	ARCALYST46	<i>azacitidine</i>8
<i>amphetamine-</i> <i>dextroamphetamine tab</i> <i>30 mg</i>29	AREXVY47	<i>azathioprine</i>46
<i>amphetamine-</i> <i>dextroamphetamine tab</i> <i>5 mg</i>29	ARIKAYCE2	<i>azelastine hcl</i>50
<i>amphetamine-</i> <i>dextroamphetamine tab</i> <i>7.5 mg</i>29	<i>aripiprazole</i>24	<i>azelastine hcl (ophth)</i>49
<i>amphotericin b</i>4	ARISTADA24	<i>azithromycin</i>7
<i>amphotericin b liposome</i> ...4	ARISTADA INITIO24	<i>aztreonam</i>2
<i>ampicillin</i>7	<i>armodafinil</i>31	<i>azurette</i>35
<i>ampicillin & sulbactam</i> <i>sodium for inj 1.5 (1-0.5)</i> <i>gm</i>7	ARNUITY ELLIPTA52	B
<i>ampicillin & sulbactam</i> <i>sodium for inj 3 (2-1) gm</i>7	<i>asenapine maleate</i>24	<i>bacitracin-polymyxin b</i> <i>ophth oint</i>49
	<i>ashlyna</i>35	<i>bacitracin-polymyxin-</i> <i>neomycin-hc ophth oint</i> <i>1%</i>49
	<i>aspirin-dipyridamole cap er</i> <i>12hr 25-200 mg</i>43	<i>baclofen</i>31
	ASTAGRAF XL46	BAFIERTAM31
	<i>atazanavir sulfate</i>4	<i>balsalazide disodium</i>41
	<i>atenolol</i>19	BALVERSA10
	<i>atenolol & chlorthalidone</i> <i>tab 100-25 mg</i>19	<i>balziva</i>35
	<i>atenolol & chlorthalidone</i> <i>tab 50-25 mg</i>19	BARACLUDE6
	<i>atomoxetine hcl</i>29	BCG VACCINE47
	<i>atorvastatin calcium</i>18	BEIZRAY10
	<i>atovaquone</i>2	<i>benazepril &</i> <i>hydrochlorothiazide tab</i> <i>10-12.5 mg</i>15
	<i>atovaquone-proguanil hcl</i> <i>tab 250-100 mg</i>4	<i>benazepril &</i> <i>hydrochlorothiazide tab</i> <i>20-12.5 mg</i>15
	<i>atovaquone-proguanil hcl</i> <i>tab 62.5-25 mg</i>4	<i>benazepril &</i> <i>hydrochlorothiazide tab</i> <i>20-25 mg</i>15
	ATROPINE SULFATE50	<i>benazepril &</i> <i>hydrochlorothiazide tab</i> <i>5-6.25mg</i>15
	<i>atropine sulfate</i> <i>(ophthalmic)</i>50	<i>benazepril hcl</i>15
	ATROVENT HFA50	BENDAMUSTINE HYDROCHLORID8
	ATTRUBY20	
	<i>aubra eq</i>35	
	AUGTYRO10	
	<i>aurovela 1/20</i>35	
	<i>aurovela 24 fe</i>35	
	<i>aurovela fe 1.5/30</i>35	

BENDEKA	8	<i>blisovi fe 1/20</i>	35	<i>buprenorphine hcl-</i>	
BENLYSTA	46	BLUJEPa	2	<i>naloxone hcl sl film 4-1</i>	
<i>benzoyl peroxide-</i>		BOOSTRIX INJ	47	<i>mg (base equiv)</i>	32
<i>erythromycin gel 5-3%</i>	53	<i>bortezomib</i>	10	<i>buprenorphine hcl-</i>	
<i>benztropine mesylate</i>	23	BORTEZOMIB	10	<i>naloxone hcl sl film 8-2</i>	
BERINERT	43	<i>bosentan</i>	21	<i>mg (base equiv)</i>	32
<i>besifloxacin hcl</i>	49	BOSULIF	10	<i>buprenorphine hcl-</i>	
BESREMI	9	<i>bosutinib</i>	10	<i>naloxone hcl sl tab 2-0.5</i>	
<i>betaine powder for oral</i>		BRAFTOVI	10	<i>mg (base equiv)</i>	32
<i>solution</i>	38	BREO ELLIPTA INH 100-		<i>buprenorphine hcl-</i>	
<i>betamethasone</i>		25	53	<i>naloxone hcl sl tab 8-2</i>	
<i>dipropionate (topical)</i>	54	BREO ELLIPTA INH 200-		<i>mg (base equiv)</i>	32
<i>betamethasone</i>		25	53	<i>bupropion hcl</i>	22
<i>dipropionate augmented</i>		BREO ELLIPTA INH 50-		<i>bupropion hcl (smoking</i>	
.....	54	25MCG	53	<i>deterrent)</i>	32
<i>betamethasone valerate</i>	54	<i>brey-na</i>	53	<i>buspirone hcl</i>	21
BETASERON	31	BREZTRI AERO AER		<i>butorphanol tartrate</i>	1
<i>betaxolol hcl</i>	19	18MCG	50	BYSANTI	24
<i>betaxolol hcl (ophth)</i>	49	BREZTRI AERO AER		BYSANTI TAB PACK A	24
<i>bethanechol chloride</i>	42	9MCG	50	BYSANTI TAB PACK B	24
BEVESPI AER 9-4.8MCG		BREZTRI AERO AER		BYSANTI TAB PACK C	24
.....	50	SPHERE		C	
<i>bexarotene</i>	9	(INSTITUTIONAL PACK)		<i>cabergoline</i>	38
<i>bexarotene (topical)</i>	55		50	CABOMETYX	10
BEXSERO	47	<i>brillevin</i>	35	<i>calcipotriene</i>	54
<i>bicalutamide</i>	9	<i>brimonidine tartrate</i>	49	<i>calcitonin (salmon) spray</i>	35
BICILLIN L-A	7	<i>brimonidine tartrate-timolol</i>		<i>calcitrene</i>	54
BIKTARVY TAB 30-120-15		<i>maleate ophth soln 0.2-</i>		<i>calcitriol</i>	40
MG	5	0.5%	49	<i>calcitriol (oral)</i>	40
BIKTARVY TAB 50-200-25		<i>brinzolamide</i>	49	<i>calcium acetate (phosphate</i>	
MG	5	<i>brivaracetam</i>	26	<i>binder)</i>	39
BILDYOS	35	<i>bromocriptine mesylate</i>	23	CALQUENCE	10
BIMZELX	44	BRUKINSA	10	<i>camila</i>	35
<i>bismuth subcit-</i>		<i>budesonide</i>	41	<i>camrese</i>	35
<i>metronidazole-</i>		<i>budesonide (inhalation)</i>	52	<i>camrese lo</i>	35
<i>tetracycline cap 140-125-</i>		<i>budesonide-formoterol</i>		<i>candesartan cilexetil</i>	17
<i>125 mg</i>	41	<i>fumarate dihyd aerosol</i>		<i>candesartan cilexetil-</i>	
<i>bisoprolol &</i>		160-4.5 mcg/act	53	<i>hydrochlorothiazide tab</i>	
<i>hydrochlorothiazide tab</i>		<i>budesonide-formoterol</i>		16-12.5 mg	16
10-6.25 mg	19	<i>fumarate dihyd aerosol</i>		<i>candesartan cilexetil-</i>	
<i>bisoprolol &</i>		80-4.5 mcg/act	53	<i>hydrochlorothiazide tab</i>	
<i>hydrochlorothiazide tab</i>		<i>bumetanide</i>	20	32-12.5 mg	16
2.5-6.25 mg	19	<i>buprenorphine</i>	1	<i>candesartan cilexetil-</i>	
<i>bisoprolol &</i>		<i>buprenorphine hcl</i>	31	<i>hydrochlorothiazide tab</i>	
<i>hydrochlorothiazide tab</i>		<i>buprenorphine hcl-</i>		32-25 mg	16
5-6.25 mg	19	<i>naloxone hcl sl film 12-3</i>		CAPLYTA	24
<i>bisoprolol fumarate</i>	19	<i>mg (base equiv)</i>	32	CAPRELSA	11
BIVIGAM	46	<i>buprenorphine hcl-</i>		<i>captopril</i>	15
<i>blisovi 24 fe</i>	35	<i>naloxone hcl sl film 2-0.5</i>			
<i>blisovi fe 1.5/30</i>	35	<i>mg (base equiv)</i>	31		

<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	15	<i>carboplatin</i>	8	<i>cetirizine hcl</i>	51
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	15	<i>carglumic acid</i>	38	<i>cevimeline hcl</i>	56
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	15	<i>carisoprodol</i>	31	<i>chateal eq</i>	35
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	15	<i>carteolol hcl (ophth)</i>	50	CHEMET.....	35
<i>carb/levo orally disintegrating tab 10- 100mg</i>	23	<i>cartia xt</i>	19	<i>chlorhexidine gluconate (mouth-throat)</i>	56
<i>carb/levo orally disintegrating tab 25- 100mg</i>	23	<i>carvedilol</i>	19	<i>chloroquine phosphate</i>	4
<i>carb/levo orally disintegrating tab 25- 250mg</i>	23	<i>caspofungin acetate</i>	4	<i>chlorpromazine hcl</i>	24
<i>carbamazepine</i>	26	CAYSTON.....	2	<i>chlorthalidone</i>	20
<i>carbidopa & levodopa tab 10-100 mg</i>	23	<i>cefaclor</i>	6	<i>cholestyramine</i>	18
<i>carbidopa & levodopa tab 25-100 mg</i>	23	<i>cefadroxil</i>	6	<i>cholestyramine light</i>	18
<i>carbidopa & levodopa tab 25-250 mg</i>	23	CEFAZOLIN.....	6	<i>ciclopirox</i>	54
<i>carbidopa & levodopa tab er 25-100 mg</i>	23	CEFAZOLIN INJ 1GM/50ML.....	6	<i>ciclopirox olamine</i>	54
<i>carbidopa & levodopa tab er 50-200 mg</i>	23	<i>cefazolin sodium</i>	6	<i>cilostazol</i>	43
<i>carbidopa-levodopa- entacapone tabs 12.5- 50-200 mg</i>	23	CEFAZOLIN SOLN 2GM/100ML-4%.....	6	CILOXAN.....	49
<i>carbidopa-levodopa- entacapone tabs 18.75- 75-200 mg</i>	23	CEFAZOLIN/DEX SOL 1GM/50ML-4%.....	6	CIMDUO TAB 300-300.....	5
<i>carbidopa-levodopa- entacapone tabs 25-100- 200 mg</i>	23	CEFAZOLIN/DEX SOL 2GM/50ML-3%.....	6	<i>cinacalcet hcl</i>	38
<i>carbidopa-levodopa- entacapone tabs 31.25- 125-200 mg</i>	23	CEFAZOLIN/DEX SOL 3GM/150ML-4%.....	6	<i>ciprofloxacin 200 mg/100ml in d5w</i>	7
<i>carbidopa-levodopa- entacapone tabs 37.5- 150-200 mg</i>	23	CEFAZOLIN/DEX SOL 3GM/50ML-2%.....	6	<i>ciprofloxacin 400 mg/200ml in d5w</i>	7
<i>carbidopa-levodopa- entacapone tabs 50-200- 200 mg</i>	23	<i>cefdinir</i>	6	<i>ciprofloxacin hcl</i>	7
		<i>cefepime hcl</i>	6	<i>ciprofloxacin hcl (ophth)</i> ..	49
		<i>cefixime</i>	6	<i>ciprofloxacin- dexamethasone otic susp 0.3-0.1%</i>	50
		<i>cefotetan disodium</i>	6	<i>cisplatin</i>	8
		<i>cefoxitin sodium</i>	6	<i>citalopram hydrobromide</i>	22
		<i>cefpodoxime proxetil</i>	6	<i>claravis</i>	53
		<i>cefprozil</i>	6	<i>clarithromycin</i>	7
		<i>ceftaroline fosamil</i>	6	<i>clindamycin hcl</i>	2
		<i>ceftazidime</i>	6	<i>clindamycin palmitate hydrochloride</i>	2
		<i>ceftriaxone sodium</i>	6	<i>clindamycin phosphate</i>	2
		<i>cefuroxime axetil</i>	7	<i>clindamycin phosphate (topical)</i>	53
		<i>cefuroxime sodium</i>	7	<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	2
		<i>celecoxib</i>	1	<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	2
		<i>cephalexin</i>	7	<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	2
		CEQUR EXT WR MIS INSERTER.....	34	<i>clindamycin phosphate vaginal</i>	42
		CEQUR SIMPL KIT 1U EXTND.....	34	<i>clindamycin phosph- benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	53
		CEQUR SIMPL KIT 2U EXTND.....	34		
		CEQUR SIMPL KIT PATCH 2U (4-DAY).....	34		
		CEQUR SIMPL MIS INSERTER.....	34		
		CERDELGA.....	38		
		CEREZYME.....	38		

CLINDMYC/NAC INJ 300/50ML	2	COMBIVENT AER 20-100	50	<i>dapagliflozin free base- metformin hcl tab er 24hr 10-1000 mg</i>	32
CLINDMYC/NAC INJ 600/50ML	2	COMETRIQ (60MG DOSE)	11	<i>dapagliflozin free base- metformin hcl tab er 24hr 10-500 mg</i>	32
CLINDMYC/NAC INJ 900/50ML	2	COMETRIQ KIT 100MG .	11	<i>dapagliflozin free base- metformin hcl tab er 24hr 5-1000 mg</i>	32
CLINIMIX INJ 4.25/D10 .	48	COMETRIQ KIT 140MG .	11	<i>dapagliflozin free base- metformin hcl tab er 24hr 5-500 mg</i>	32
CLINIMIX INJ 4.25/D5W .	48	<i>compro</i>	40	<i>dapsone</i>	3
CLINIMIX INJ 5%/D15W .	48	<i>constulose</i>	41	DAPTACEL INJ	47
CLINIMIX INJ 5%/D20W .	48	COPAXONE	31	<i>daptomycin</i>	3
CLINIMIX INJ 6/5	48	COPIKTRA	11	DAPTOMYCIN	3
CLINIMIX INJ 8/10	48	COTELLIC	11	<i>darunavir</i>	4
CLINIMIX INJ 8/14	48	CREON CAP 12000UNT	41	<i>dasatinib</i>	11
<i>clinisol sf 15%</i>	48	CREON CAP 24000UNT	41	<i>dasetta 1/35</i>	35
CLINOLIPID EMU 20% ..	48	CREON CAP 3000UNIT	41	<i>dasetta 7/7/7</i>	35
<i>clobazam</i>	26	CREON CAP 36000UNT	41	DAURISMO	11
<i>clobetasol propionate</i> ..	54	CREON CAP 6000UNIT	41	<i>daysee</i>	35
<i>clobetasol propionate e</i> ..	55	CRESEMBA	4	DAYVIGO	29
<i>clodan</i>	55	<i>cromolyn sodium</i>	51	<i>deblitane</i>	35
<i>clomipramine hcl</i>	22	<i>cromolyn sodium</i> (<i>mastocytosis</i>)	41	<i>deferasirox</i>	35
<i>clonazepam</i>	26	<i>cromolyn sodium (ophth)</i>	49	DELSTRIGO TAB	5
<i>clonidine</i>	20	<i>cryselle</i>	35	DEPO-SUBQ PROVERA 104	35
<i>clonidine hcl</i>	20	<i>cyclobenzaprine hcl</i>	31	<i>depo-testosterone</i>	32
<i>clopidogrel bisulfate</i>	43	<i>cyclophosphamide</i>	8	DESCOVY TAB 120-15MG	5
<i>clorazepate dipotassium</i> .	26	CYCLOPHOSPHAMIDE ..	8	DESCOVY TAB 200/25MG	5
<i>clotrimazole</i>	56	CYCLOPHOSPHAMIDE MONOHYDR	8	<i>desipramine hcl</i>	22
<i>clotrimazole (topical)</i> ..	54	<i>cycloserine</i>	5	<i>desmopressin acetate</i> ..	38
<i>clotrimazole w/ betamethasone cream 1- 0.05%</i>	54	<i>cyclosporine</i>	46	<i>desmopressin acetate spray</i>	39
<i>clozapine</i>	24	<i>cyclosporine modified (for microemulsion)</i>	46	<i>desmopressin acetate spray refrigerated</i>	39
COARTEM TAB 20-120MG	4	<i>cyproheptadine hcl</i>	51	<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	35
COBENFY CAP 100-20MG	24	<i>cyred eq</i>	35	<i>desvenlafaxine succinate</i>	22
COBENFY CAP 125-30MG	24	CYSTADROPS	50	<i>dexamethasone</i>	38
COBENFY CAP 50-20MG	24	CYSTAGON	38	DEXAMETHASONE INTENSOL	38
COBENFY STRT CAP PACK	24	CYSTARAN	50	<i>dexamethasone sodium phosphate</i>	38
<i>colchicine</i>	1	<i>cytarabine</i>	8	<i>dexamethasone sodium phosphate (ophth)</i>	49
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	D			
<i>colesevelam hcl</i>	18	D10W/NACL INJ 0.2% ..	47		
<i>colestipol hcl</i>	18	D10W/NACL INJ 0.45% ..	47		
<i>colistimethate sodium</i>	3	D2.5W/NACL INJ 0.45% .	47		
COMBIGAN SOL 0.2/0.5%	50	D5W/NACL INJ 0.2%	47		
		D5W/NACL INJ 0.45%	47		
		<i>dabigatran etexilate mesylate</i>	42		
		<i>dalfampridine</i>	31		
		<i>danazol</i>	32		
		<i>dantrolene sodium</i>	31		
		DANZITEN	11		
		<i>dapagliflozin</i>	32		

<i>dexmethylphenidate hcl</i> ..29	<i>divalproex sodium</i>26	<i>efavirenz-emtricitabine-</i>
<i>dextrose</i>48	<i>docetaxel</i>10	<i>tenofovir df tab 600-200-</i>
DEXTROSE 10%48	DOCETAXEL10	<i>300 mg</i>5
<i>dextrose 2.5% w/ sodium</i>	DOCIVYX10	<i>efavirenz-lamivudine-</i>
<i>chloride 0.45%</i>47	<i>dofetilide</i>18	<i>tenofovir df tab 400-300-</i>
<i>dextrose 5% in lactated</i>	<i>dolishale</i>35	<i>300 mg</i>5
<i>ringers</i>47	<i>donepezil hydrochloride</i> ..21	<i>efavirenz-lamivudine-</i>
<i>dextrose 5% w/ sodium</i>	DOPTelet43	<i>tenofovir df tab 600-300-</i>
<i>chloride 0.225%</i>47	DOPTelet SPRINKLE ..43	<i>300 mg</i>5
<i>dextrose 5% w/ sodium</i>	<i>dorzolamide hcl</i>50	ELIGARD9
<i>chloride 0.3%</i>47	<i>dorzolamide hcl-timolol</i>	<i>elimest</i>36
<i>dextrose 5% w/ sodium</i>	<i>maleate ophth soln 2-</i>	ELIQUIS42, 43
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<i>nacl 0.9% inj</i>	48	<i>lactated ringer's solution</i>	48	<i>mg/100ml</i>	27
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KEYTRUDA INJ QLEX		<i>lenalidomide</i>	9	<i>estradiol (91-day) tab</i>	
790-9600 MG-		LENVIMA 10 MG DAILY		<i>0.15-0.03 mg</i>	36
UNIT/4.8ML.....	12	DOSE.....	12		

<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>36	<i>loestrin fe 1/20</i>36	LYBALVI TAB 15-10MG .25
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125- 30mg-mcg</i>36	<i>lojaimiess</i>36	LYBALVI TAB 20-10MG .25
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>36	LOKELMA.....35	LYBALVI TAB 5-10MG ...25
<i>levonorg-eth est tab 0.1- 0.02mg(84) & eth est tab 0.01mg(7)</i>36	<i>lomustine</i>8	<i>lyleq</i>36
<i>levothyroxine sodium</i>40	LONSURF TAB 15-6.14 ...8	<i>lyllana</i>38
<i>levoxyl</i>40	LONSURF TAB 20-8.19 ...8	LYNPARZA.....13
<i>l-glutamine (sickle cell)</i> ...43	<i>loperamide hcl</i>41	LYSODREN.....9
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<i>lidocaine hcl</i>55	<i>lopinavir-ritonavir tab 200- 50 mg</i>5	LYTGOBI (16 MG DAILY DOSE).....13
<i>lidocaine hcl (local anesth.)</i>1	<i>lorazepam</i>21	LYTGOBI (20 MG DAILY DOSE).....13
<i>lidocaine hcl (mouth-throat)</i>56	<i>lorazepam intensol</i>21	<i>lyza</i>36
<i>lidocaine-prilocaine cream 2.5-2.5%</i>55	LORBRENA.....12	M
<i>lidocan</i>55	<i>loryna</i>36	<i>macitentan</i>21
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LIFYORLI CAP 150MG DS9	<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>16	MAGNESIUM SULFATE 48
LILETTA36	<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>16	<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>48
<i>linezolid</i>3	<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>16	<i>malathion</i>56
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LINZESS.....41	<i>loteprednol etabonate- tobramycin ophth susp 0.5-0.3%</i>49	<i>marlissa</i>36
<i>liomny</i>40	<i>lovastatin</i>18	MARPLAN22
<i>liothyronine sodium</i>40	<i>loxapine succinate</i>25	MATULANE10
<i>lisinopril</i>15	<i>lubiprostone</i>41	MAVYRET PAK 50-20MG 6
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>15	<i>luizza 1.5/30</i>36	MAVYRET TAB 100-40MG6
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>15	<i>luizza 1/20</i>36	<i>meclizine hcl</i>40
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>15	LUMAKRAS.....12	<i>medroxyprogesterone acetate</i>39
<i>lithium</i>30	LUMIGAN50	<i>medroxyprogesterone acetate (contraceptive)</i> 36
<i>lithium carbonate</i>30	LUMIZYME39	<i>mefloquine hcl</i>4
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	<i>lutra</i>36	<i>memantine hcl</i>21
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		<i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i>21

<i>memantine hcl-donepezil</i>	<i>midodrine hcl</i>	<i>nebivolol hcl</i>
<i>hcl cap er 24hr 28-10 mg</i>	MIEBO	<i>necon 0.5/35-28</i>
.....21	<i>mifepristone</i>	<i>nefazodone hcl</i>
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MENVEO INJ	<i>mili</i>	<i>neomycin-bacitrac zn-</i>
MENVEO SOL	<i>mimvey</i>	<i>polymyx 5(3.5)mg-</i>
<i>mercaptopurine</i>	<i>minocycline hcl</i>	<i>400unt-10000unt op oin</i>
<i>meropenem</i>	<i>minoxidil</i>	49
<i>mesalamine</i>	<i>mirtazapine</i>	<i>neomycin-polymy-gramicid</i>
<i>mesalamine w/ cleanser</i> ..	<i>misoprostol</i>	<i>op sol 1.75-10000-</i>
<i>mesna</i>	M-M-R II INJ	<i>0.025mg-unt-mg/ml</i>
<i>metformin hcl</i>	M-NATAL PLUS TAB.....	<i>neomycin-polymyxin-</i>
<i>methadone hcl</i>	<i>modafinil</i>	<i>dexamethasone ophth</i>
<i>methadone hydrochloride i1</i>	MODEYSO	<i>oint 0.1%</i>
<i>methazolamide</i>	<i>moexipril hcl</i>	<i>neomycin-polymyxin-</i>
<i>methenamine hippurate</i>	<i>molindone hcl</i>	<i>dexamethasone ophth</i>
<i>methimazole</i>	<i>mometasone furoate</i>	<i>susp 0.1%</i>
<i>methocarbamol</i>	MONJUVI	<i>neomycin-polymyxin-hc</i>
<i>methotrexate sodium</i> ..8, 46	<i>mono-lynyah</i>	<i>ophth susp</i>
<i>methsuximide</i>	<i>montelukast sodium</i>	<i>neomycin-polymyxin-hc otic</i>
<i>methylphenidate hcl</i>	<i>morphine sulfate</i>	<i>soln 1%</i>
<i>methylprednisolone</i>	MOUNJARO	<i>neomycin-polymyxin-hc otic</i>
<i>methylprednisolone acetate</i>	MOVANTIK	<i>susp 3.5 mg/ml-10000</i>
.....38	<i>moxifloxacin hcl</i>	<i>unit/ml-1%</i>
<i>methylprednisolone sod</i>	<i>moxifloxacin hcl (ophth)</i> ..	NERLYNX
<i>succ</i>	<i>moxifloxacin hcl 400</i>	<i>neuac</i>
<i>metoclopramide hcl</i>	<i>mg/250ml in sodium</i>	<i>nevirapine</i>
<i>metolazone</i>	<i>chloride 0.8% inj</i>	NEXLETOL
<i>metoprolol &</i>	MRESVIA	NEXLIZET TAB 180/10MG
<i>hydrochlorothiazide tab</i>	MULTAQ	18
<i>100-25 mg</i>	<i>multiple electrolytes ph 5.5</i>	NEXPLANON
<i>metoprolol &</i>	48	<i>niacin (antihyperlipidemic)</i>
<i>hydrochlorothiazide tab</i>	<i>mupirocin</i>	18
<i>100-50 mg</i>	<i>mycophenolate mofetil</i>	<i>nicardipine hcl</i>
<i>metoprolol &</i>	<i>mycophenolate sodium</i>	NICOTROL NS
<i>hydrochlorothiazide tab</i>	N	<i>nifedipine</i>
<i>50-25 mg</i>	<i>nabumetone</i>	<i>nikki</i>
<i>metoprolol succinate</i>	<i>nadolol</i>	<i>nilotinib hcl</i>
<i>metoprolol tartrate</i>	<i>nafacillin sodium</i>	<i>nilutamide</i>
<i>metronidazole</i>	NAGLAZYME	<i>nimodipine</i>
<i>metronidazole (topical)</i> ..55,	<i>naloxone hcl</i>	NINLARO
<i>56</i>	<i>naltrexone hcl</i>	<i>nintedanib esylate</i>
<i>metronidazole vaginal</i>	NAMZARIC CAP 7-10MG	<i>nitazoxanide</i>
<i>metryrosine</i>	21	<i>nitisinone</i>
<i>mibelas 24 fe</i>	<i>naproxen</i>	<i>nitro-bid</i>
<i>micafungin sodium</i>	<i>naproxen sodium</i>	<i>nitrofurantoin macrocrystal3</i>
<i>microgestin 1.5/30</i>	<i>naratriptan hcl</i>	<i>nitrofurantoin monohyd</i>
<i>microgestin 1/20</i>	NATACYN	<i>macro</i>
<i>microgestin fe 1.5/30</i>	<i>nateglinide</i>	<i>nitroglycerin</i>
<i>microgestin fe 1/20</i>	NAYZILAM	<i>nitroglycerin (intra-anal)</i> ..
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norelgestromin-ethinyl		NOVOLOG PENFILL	34	40-10-25 mg.....	17
estradiol td ptwk 150-35		NUBEQA	9	olmesartan-amlodipine-	
mcg/24hr	37	NUCALA	51, 52	hydrochlorothiazide tab	
norethindrone		NUEDEXTA CAP 20-10MG		40-5-12.5 mg.....	17
(contraceptive)	37		31	olmesartan-amlodipine-	
norethindrone ace & ethinyl		NULOJIX	46	hydrochlorothiazide tab	
estradiol tab 1 mg-20		NUPLAZID	25	40-5-25 mg.....	17
mcg	37	NURTEC.....	30	omega-3-acid ethyl esters	
norethindrone ace & ethinyl		NUTRILIPID.....	49	cap 1 gm	18
estradiol tab 1.5 mg-30		NUZYRA.....	8	omeprazole.....	42
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PAXLOVID PAK.....6	PIFELTRO4	NACL 0.9% INJ48
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PRIMAQUINE PHOSPHATE	4
<i>primidone</i>	28
PRIORIX INJ	47
PRIVIGEN	46
<i>probenecid</i>	1
<i>prochlorperazine</i>	40
<i>prochlorperazine edisylate</i>	40
<i>prochlorperazine maleate</i>	40
PROCRIT	43
<i>proctocort</i>	56
<i>procto-med hc</i>	56
<i>proctosol hc</i>	56
<i>proctozone-hc</i>	56
<i>progesterone</i>	40
PROGRAF	46
PROLASTIN-C	52
PROLIA	35
<i>promethazine hcl</i>	40
<i>propafenone hcl</i>	18
<i>proparacaine hcl</i>	50
<i>propranolol hcl</i>	19
<i>propylthiouracil</i>	40
PROQUAD INJ	47
PROSOL INJ 20%	49
<i>protriptyline hcl</i>	23
PULMOZYME	52
<i>pyrazinamide</i>	5
<i>pyridostigmine bromide</i>	31
<i>pyrimethamine</i>	3
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<i>quetiapine fumarate</i>	25
<i>quinapril hcl</i>	16
<i>quinidine sulfate</i>	18
<i>quinine sulfate</i>	4
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<i>ramelteon</i>	30
<i>ramipril</i>	16
<i>ranolazine</i>	20
<i>rasagiline mesylate</i>	23
<i>reclipsen</i>	37
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REDEMPLO	18
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<i>relgaabi</i>	28
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REPATHA SURECLICK	18
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REXULTI	25
REYATAZ	5
REZDIFFRA	39
REZLIDHIA	13
REZUROCK	46
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<i>rifabutin</i>	5
<i>rifampin</i>	5
<i>rilpivirine hcl</i>	5
<i>riluzole</i>	31
<i>rimantadine hydrochloride</i>	6
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<i>risperidone</i>	25
<i>risperidone microspheres</i>	25
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<i>rivaroxaban</i>	43

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<i>rivelsa</i>	37
<i>rizatriptan benzoate</i>	30
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<i>roflumilast</i>	52
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<i>sacubitril-valsartan tab 49-51 mg</i>	17
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<i>selenium sulfide</i>	54
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<i>sertraline hcl</i>	23
<i>setlakin</i>	37
<i>sevelamer carbonate</i>	39
<i>sharobel</i>	37
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<i>1000 mg</i>	33	<i>prednisolone ophth soln</i>		HYBREZA	14
<i>sitagliptin phosphate-</i>		<i>10-0.23(0.25)%</i>	49	<i>telmisartan</i>	17
<i>metformin hcl tab 50-500</i>		<i>sulfadiazine</i>	3	<i>telmisartan-amlodipine tab</i>	
<i>mg</i>	33	<i>sulfamethoxazole-</i>		<i>40-10 mg</i>	17
SKYRIZI.....	45	<i>trimethoprim iv soln 400-</i>		<i>telmisartan-amlodipine tab</i>	
SKYRIZI PEN	45	<i>80 mg/5ml</i>	3	<i>40-5 mg</i>	17
<i>sod sulfate-pot sulf-mg sulf</i>		<i>sulfamethoxazole-</i>		<i>telmisartan-amlodipine tab</i>	
<i>oral sol 17.5-3.13-1.6</i>		<i>trimethoprim susp 200-40</i>		<i>80-10 mg</i>	17
<i>gm/177ml</i>	41	<i>mg/5ml</i>	3	<i>telmisartan-amlodipine tab</i>	
<i>sodium chloride</i>	48	<i>sulfamethoxazole-</i>		<i>80-5 mg</i>	17
<i>sodium chloride (gu</i>		<i>trimethoprim tab 400-80</i>		<i>telmisartan-</i>	
<i>irrigant)</i>	56	<i>mg</i>	3	<i>hydrochlorothiazide tab</i>	
<i>sodium fluoride chew; tab;</i>		<i>sulfamethoxazole-</i>		<i>40-12.5 mg</i>	17
<i>1.1 (0.5 f) mg/ml soln</i> ..	48	<i>trimethoprim tab 800-160</i>		<i>telmisartan-</i>	
<i>sodium oxybate</i>	31	<i>mg</i>	3	<i>hydrochlorothiazide tab</i>	
<i>sodium phenylbutyrate</i>	39	SULFAMYLON	54	<i>80-12.5 mg</i>	17
<i>sodium polystyrene</i>		<i>sulfasalazine</i>	41	<i>telmisartan-</i>	
<i>sulfonate</i>	35	<i>sulindac</i>	1	<i>hydrochlorothiazide tab</i>	
<i>sodium polystyrene</i>		<i>sumatriptan</i>	30	<i>80-25 mg</i>	17
<i>sulfonate powder</i>	35	<i>sumatriptan succinate</i>	30	<i>temazepam</i>	30
<i>solifenacin succinate</i>	42	<i>sunitinib malate</i>	14	TENIVAC INJ 5-2LF	47
SOLQUA INJ 100/33	34	SUNLENCA	5	<i>tenofovir disoproxil</i>	
SOLTAMOX.....	9	<i>syeda</i>	37	<i>fumarate</i>	5
SOLU-CORTEF	38	SYMPAZAN	28	TEPMETKO	14
SOMATULINE DEPOT ..	39	SYMTUZA TAB.....	5	<i>terazosin hcl</i>	16
SOMAVERT	39	SYNAREL	39	<i>terbinafine hcl</i>	4
<i>sorafenib tosylate</i>	14	SYNTHROID.....	40	<i>terbutaline sulfate</i>	51
<i>sotalol hcl</i>	18	T		<i>terconazole vaginal</i>	42
<i>sotalol hcl (afib/afl)</i>	18	TABLOID	9	<i>testosterone</i>	32
SPIRIVA RESPIMAT	50	TABRECTA.....	14	<i>testosterone cypionate</i>	32
<i>spironolactone</i>	16	<i>tacrolimus</i>	46	<i>testosterone enanthate</i> ..	32
<i>spironolactone &</i>		<i>tacrolimus (topical)</i>	56	<i>testosterone pump</i>	32
<i>hydrochlorothiazide tab</i>		<i>tadalafil</i>	42	<i>tetrabenazine</i>	31
<i>25-25 mg</i>	20	<i>tadalafil (pulmonary</i>		<i>tetracycline hcl</i>	8
<i>sprintec 28</i>	37	<i>hypertension)</i>	21	THALOMID	9
<i>sps</i>	35	TAFINLAR	14	<i>theophylline</i>	52
<i>sps rectal</i>	35	TAGRISSO	14	<i>thioridazine hcl</i>	26
<i>ssd</i>	53	TALICIA CAP.....	41	<i>thiothixene</i>	26
STELARA	45	TALZENNA	14	<i>tiadylt er</i>	19
STIVARGA	14	<i>tamoxifen citrate</i>	9	<i>tiagabine hcl</i>	28
<i>streptomycin sulfate</i>	3	<i>tamsulosin hcl</i>	42	TIBSOVO.....	14
STRIBILD TAB.....	5	<i>tarina 24 fe</i>	37	<i>ticagrelor</i>	44
<i>subvenite</i>	28	<i>tarina fe 1/20 eq</i>	37	TICOVAC.....	47
SUBVENITE	28	TARPEYO	42	<i>tigecycline</i>	8
<i>sucralfate</i>	41	<i>tasimelteon</i>	30	<i>tilia fe</i>	37

<i>timolol maleate</i>	19	TREMFYA PEN	45	TRIUMEQ PD TAB	5
<i>timolol maleate (ophth)</i> ...	50	<i>treprostinil</i>	21	TRIUMEQ TAB	5
<i>tinidazole</i>	3	<i>tretinoin</i>	53	<i>tri-vylibra</i>	37
TIVICAY	5	<i>tretinoin (chemotherapy)</i> .	10	<i>tri-vylibra lo</i>	37
TIVICAY PD	5	<i>triamcinolone acetonide</i>		TROGARZO	5
<i>tizanidine hcl</i>	31	<i>(mouth)</i>	56	TROPHAMINE INJ 10% .	49
TOBI PODHALER	3	<i>triamcinolone acetonide</i>		<i>tropium chloride</i>	42
TOBRADEX OIN 0.3-0.1%	49	<i>(topical)</i>	55	TRULICITY	34
<i>tobramycin</i>	3	<i>triamterene &</i>		TRUMENBA	47
<i>tobramycin (ophth)</i>	49	<i>hydrochlorothiazide cap</i>		TRUQAP	14
<i>tobramycin sulfate</i>	3	37.5-25 mg	20	TRUXIMA	14
<i>tobramycin-dexamethasone</i>		<i>triamterene &</i>		TUKYSA	14
<i>ophth susp 0.3-0.1%</i> ...	49	<i>hydrochlorothiazide tab</i>		TURALIO	14
<i>tofacitinib citrate</i>	45	37.5-25 mg	20	<i>turqoz</i>	37
<i>tolterodine tartrate</i>	42	<i>triamterene &</i>		<i>twice-daily clindamycin</i>	
<i>tolvaptan</i>	39	<i>hydrochlorothiazide tab</i>		<i>phosphate (topical)</i>	53
<i>tolvaptan tab therapy pack</i>		75-50 mg	20	TWINRIX INJ	47
30 & 15 mg	39	<i>tridacaine iii</i>	55	<i>tydemy</i>	37
<i>tolvaptan tab therapy pack</i>		<i>triderm</i>	55	TYENNE	45
45 & 15 mg	39	<i>trientine hcl</i>	35	TYMLOS	35
<i>tolvaptan tab therapy pack</i>		<i>tri-estarylla</i>	37	TYPHIM VI	47
60 & 30 mg	39	<i>trifluoperazine hcl</i>	26	U	
<i>tolvaptan tab therapy pack</i>		<i>trifluridine</i>	49	UBRELVY	30
90 & 30 mg	39	<i>trihexyphenidyl hcl</i>	24	<i>unithroid</i>	40
<i>topiramate</i>	28	TRIJARDY XR TAB ER		UPTRAVI	21
<i>toremifene citrate</i>	9	24HR 10-5-1000MG ...	33	UPTRAVI PACK TAB	
<i>torpenz</i>	14	TRIJARDY XR TAB ER		200/800	21
<i>torsemide</i>	20	24HR 12.5-2.5-1000MG		<i>ursodiol</i>	41
TOUJEO MAX SOLOSTAR	35		33	USTEKINUMAB	45
TOUJEO SOLOSTAR	35	TRIJARDY XR TAB ER		V	
TPN ELECTROL INJ	48	24HR 25-5-1000MG ...	33	<i>valacyclovir hcl</i>	6
TRADJENTA	33	TRIJARDY XR TAB ER		VALCHLOR	56
<i>tramadol hcl</i>	2	24HR 5-2.5-1000MG ...	33	<i>valganciclovir hcl</i>	6
<i>tramadol-acetaminophen</i>		TRIKAFTA PAK 59.5MG	52	<i>valproate sodium</i>	28
<i>tab 37.5-325 mg</i>	2	TRIKAFTA PAK 75MG ...	52	<i>valproic acid</i>	28
<i>trandolapril</i>	16	TRIKAFTA TAB 100-50-		<i>valsartan</i>	18
<i>tranexamic acid</i>	43	75MG & 150MG	52	<i>valsartan-</i>	
<i>tranylcypromine sulfate</i> ...	23	TRIKAFTA TAB 50-25-		<i>hydrochlorothiazide tab</i>	
TRAVASOL INJ 10%	49	37.5MG & 75MG	52	160-12.5 mg	17
TRAZIMERA	14	<i>tri-legest fe</i>	37	<i>valsartan-</i>	
<i>trazodone hcl</i>	23	<i>tri-linyah</i>	37	<i>hydrochlorothiazide tab</i>	
TRELEGY AER ELLIPTA		<i>tri-lo-estarylla</i>	37	160-25 mg	17
100-62.5-25 MCG	50	<i>tri-lo-marzia</i>	37	<i>valsartan-</i>	
TRELEGY AER ELLIPTA		<i>tri-lo-mili</i>	37	<i>hydrochlorothiazide tab</i>	
200-62.5-25 MCG	50	<i>tri-lo-sprintec</i>	37	320-12.5 mg	17
TREMFYA	45	<i>trimethoprim</i>	3	<i>valsartan-</i>	
TREMFYA INDUCTION		<i>tri-mili</i>	37	<i>hydrochlorothiazide tab</i>	
PACK FO	45	<i>trimipramine maleate</i>	23	320-25 mg	17
		TRINTELLIX	23		
		<i>tri-sprintec</i>	37		

<i>valsartan-</i>	VIVOTIF CAP EC	47	XIFAXAN	4, 41
<i>hydrochlorothiazide tab</i>	VONJO	14	XIIDRA	50
80-12.5 mg	VOQUEZNA PAK DUAL		XOFLUZA	6
VALTOCO 10 MG DOSE	PAK	41	XOLAIR	52
VALTOCO 15 MG DOSE	VOQUEZNA PAK TRIP PK		XOSPATA	14
VALTOCO 20 MG DOSE		41	XPOVIO PAK (100 MG	
VALTOCO 5 MG DOSE	VORANIGO	14	ONCE WEEKLY)	15
<i>valtya 1/35</i>	<i>voriconazole</i>	4	XPOVIO PAK (40 MG	
<i>valtya 1/50</i>	VOSEVI TAB	6	ONCE WEEKLY)	14
<i>vancomycin hcl</i>	VOWST CAP	41	XPOVIO PAK (40 MG	
VANCOMYCIN INJ 1 GM	VRAYLAR	26	TWICE WEEKLY)	14
VANCOMYCIN INJ 500MG	<i>vyfemla</i>	37	XPOVIO PAK (60 MG	
.....	<i>vylibra</i>	37	ONCE WEEKLY)	14
VANCOMYCIN INJ 750MG	VYNDAMAX	20	XPOVIO PAK (60 MG	
.....	VYVGART	46	TWICE WEEKLY)	14
VANFLYTA	VYZULTA	50	XPOVIO PAK (80 MG	
VAQTA	W		ONCE WEEKLY) ...	14, 15
<i>varenicline tartrate</i>	<i>warfarin sodium</i>	43	XPOVIO PAK (80 MG	
<i>varenicline tartrate tab 11 x</i>	<i>water for irrigation, sterile</i>		TWICE WEEKLY)	15
0.5 mg & 42 x 1 mg start	<i>irrigation soln.</i>	56	XTANDI	9
pack	WEGOVY	39	XTRENBO	35
VARIVAX	WELIREG	10	<i>xulane</i>	37
VASCEPA	<i>wera</i>	37	XULTOPHY INJ 100/3.6	35
VAXCHORA SUS	WESTAB PLUS TAB 27-		Y	
<i>velivet</i>	1MG	48	YESINTEK	45
VELSIPITY	WINREVAIR	21	YF-VAX INJ	47
VENCLEXTA	WINREVAIR INJ 45MG	21	YONSA	9
VENCLEXTA TAB START	WINREVAIR INJ 60MG	21	<i>yulithira</i>	15
PK	<i>wixela inhub</i>	53	YUTREPIA	21
<i>venlafaxine hcl</i>	<i>wymzya fe</i>	37	<i>yuvaferm</i>	38
VEPPANU	WYOST	35	Z	
<i>verapamil hcl</i>	X		<i>zafemy</i>	37
VERQUVO	XALKORI	14	<i>zafirlukast</i>	51
VERSACLOZ	<i>xarah fe</i>	37	<i>zaleplon</i>	30
VERZENIO	XARELTO	43	ZARXIO	43
<i>vestura</i>	XARELTO STAR TAB		ZEJULA	15
<i>vienna</i>	15/20MG	43	ZELBORAF	15
<i>vigabatrin</i>	XATMEP	46	<i>zelvysia</i>	39
<i>vigadrone</i>	XCOPRI	28	<i>zenatane</i>	53
VIGAFYDE	XCOPRI PAK 100-150	28	ZENPEP CAP 10000UNT	
<i>vilazodone hcl</i>	XCOPRI PAK 12.5-25	28		41
VIMKUNYA	XCOPRI PAK 150-200MG		ZENPEP CAP 15000UNT	
<i>vincristine sulfate</i>	(MAINTENANCE)	28		41
<i>vinorelbine tartrate</i>	XCOPRI PAK 150-200MG		ZENPEP CAP 20000UNT	
<i>viorele</i>	(TITRATION)	28		42
VIRACEPT	XCOPRI PAK 50-100MG	28	ZENPEP CAP 25000UNT	
VIREAD	XDEMVI	49		42
VITRAKVI	<i>xelria fe</i>	37	ZENPEP CAP 3000UNIT	41
VIVIMUSTA	XERMELO	41	ZENPEP CAP 40000UNT	
VIVITROL	XHANCE	52		42

ZENPEP CAP 5000UNIT	41	ZIRGAN	49	<i>zumandimine</i>	37
ZENPEP CAP 60000UNT		<i>zoledronic acid</i>	35	ZURZUVAE	23
.....	42	ZOLINZA	15	ZYKADIA	15
ZERVIAE	49	<i>zolpidem tartrate</i>	30	ZYMFENTRA 2-PEN	45
<i>zidovudine</i>	5	ZONISADE	28	ZYMFENTRA 2-SYRINGE	
<i>ziprasidone hcl</i>	26	<i>zonisamide</i>	28		46
<i>ziprasidone mesylate</i>	26	<i>zovia 1/35</i>	37	ZYPREXA RELPREVV ...	26
ZIRABEV	15	ZTALMY	28		

2027 List of Covered Drugs for HMSA Akamai Advantage Dual Care (PPO D-SNP) Supplemental Medicaid Formulary

Effective 10/01/2026

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

Abbreviations used in this formulary

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

Drug coverage information

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

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

Not all generic drugs may be listed.

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

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

Drug Name	Requirements/Limits
ANTIANKXIETY AGENTS	
ANTIANKXIETY 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 TINY TABS	
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	
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	
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

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

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AGE - Age Limit OB7 - Opioid/Benzodiazepine Limit OTC - Over the counter PA - Prior Authorization QL - Quantity Limits SP - Specialty ST - Step Therapy

Drug Name	Requirements/Limits
<i>bacitracin-polymyxin b oint</i>	OTC
<i>neomycin-bacitracin-polymyxin oint</i>	OTC
ANTIFUNGALS - TOPICAL	
<i>miconazole nitrate cream 2%</i>	OTC
<i>miconazole nitrate ointment 2%</i>	OTC
<i>miconazole nitrate powder 2%</i>	OTC
<i>tolnaftate aerosol pow 1%</i>	OTC
<i>tolnaftate cream 1%</i>	OTC
<i>tolnaftate soln 1%</i>	OTC
ANTISEBORRHEIC PRODUCTS	
<i>selenium sulfide lotion 1%</i>	OTC
ANTIVIRALS - TOPICAL	
<i>docosanol cream 10%</i>	OTC
CORTICOSTEROIDS - TOPICAL	
<i>hydrocortisone acetate cream 1%</i>	OTC
<i>hydrocortisone cream 0.5%</i>	OTC
<i>hydrocortisone gel 1%</i>	OTC
<i>hydrocortisone lotion 1%</i>	OTC
<i>hydrocortisone oint 0.5%</i>	OTC
<i>hydrocortisone soln 1%</i>	OTC
LOCAL ANESTHETICS - TOPICAL	
<i>capsaicin cream 0.1%</i>	QL (120 grams/30 days), OTC
<i>capsaicin cream 0.025%</i>	QL (120 mL/30 days), OTC
<i>capsaicin cream 0.075%</i>	QL (120 grams/30 days), OTC
CAPSAICIN LIQ 0.15%	QL (30 mL/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
<i>lidocaine patch 4%</i>	QL (30 patches/30 days), OTC
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i>	
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	
<i>ivermectin lotion 0.5%</i>	OTC

Drug Name	Requirements/Limits
<i>permethrin aerosol 0.5%</i>	OTC
<i>permethrin creme rinse 1%</i>	OTC

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
PRECISION TES XTRA	OTC

ENDOCRINE AND METABOLIC AGENTS - MISC.

ADRENAL STEROID INHIBITORS

ISTURISA TAB 10MG	SP, PA
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GASTROINTESTINAL AGENTS - MISC.

ANTIFLATULENTS

GAS-X CHILD MIS 40MG	OTC
<i>simethicone cap 125 mg</i>	OTC
<i>simethicone cap 180 mg</i>	OTC
<i>simethicone chew tab 80 mg</i>	OTC
<i>simethicone chew tab 125 mg</i>	OTC
<i>simethicone liquid 40 mg/0.6ml</i>	OTC
<i>simethicone susp 40 mg/0.6ml</i>	OTC

GENITOURINARY AGENTS - MISCELLANEOUS

ACIDIFIERS

K-PHOS TAB NO 2	
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ALKALINIZERS

<i>potassium citrate & citric acid powder pack 3300-1002 mg</i>	
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URINARY ANALGESICS

<i>phenazopyridine hcl tab 100 mg</i>	
<i>phenazopyridine hcl tab 200 mg</i>	

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AGE - Age Limit **OB7** - Opioid/Benzodiazepine Limit **OTC** - Over the counter **PA** - Prior

Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

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

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AGE - Age Limit **OB7** - Opioid/Benzodiazepine Limit **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
<i>polysaccharide iron complex cap 150 mg (iron equivalent)</i>	OTC
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	
ANTI-HISTAMINE HYPNOTICS	
<i>diphenhydramine hcl (sleep) cap 50 mg</i>	OTC
<i>diphenhydramine hcl (sleep) tab 25 mg</i>	OTC
<i>diphenhydramine hcl (sleep) tab 50 mg</i>	OTC
<i>doxylamine succinate (sleep) tab 25 mg</i>	OTC
LAXATIVES	
LAXATIVE COMBINATIONS	
<i>sennosides-docusate sodium tab 8.6-50 mg</i>	OTC
STIMULANT LAXATIVES	
<i>bisacodyl suppos 10 mg</i>	OTC
<i>bisacodyl tab delayed release 5 mg</i>	OTC
<i>sennosides chew tab 15 mg</i>	OTC
<i>sennosides syrup 8.8 mg/5ml</i>	OTC
<i>sennosides tab 8.6 mg</i>	OTC
<i>sennosides tab 15 mg</i>	OTC
<i>sennosides tab 17.2 mg</i>	OTC
<i>sennosides tab 25 mg</i>	OTC
SURFACTANT LAXATIVES	
<i>docusate calcium cap 240 mg</i>	OTC
DOCUSATE SOD SYP 60/15ML	OTC
<i>docusate sodium cap 50 mg</i>	OTC
<i>docusate sodium cap 250 mg</i>	OTC
<i>docusate sodium liquid 150 mg/15ml</i>	OTC
<i>docusate sodium syrup 60 mg/15ml</i>	OTC
<i>docusate sodium tab 100 mg</i>	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	

Drug Name	Requirements/Limits
MALE CONDOMS	QL (12 units/30 days), OTC
WIDE-SEAL DPR KIT 60	QL (1 unit/year)
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	
PRECISION LIQ GLUC/KET	OTC
PEN NEEDLE MIS 31GX8MM	OTC
PEN NEEDLE MIS 31GX5MM	OTC
PEN NEEDLE MIS 32GX4MM	OTC
PEN NEEDLE MIS 32GX6MM	OTC
PEN NEEDLE MIS 29GX12.7	OTC
AUTOSHIELD MIS DUO	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	

Drug Name	Requirements/Limits
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	
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)

Drug Name	Requirements/Limits
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	
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

<i>calcium carb-cholecalcif chew tab 500 mg-10 mcg (400 unit)</i>	OTC
<i>calcium carb-cholecalcif chew tab 500 mg-15 mcg (600 unit)</i>	OTC
<i>calcium carb-cholecalcif chew tab 600 mg-10 mcg (400 unit)</i>	OTC
<i>calcium carb-cholecalciferol cap 600 mg-12.5 mcg (500 unit)</i>	OTC
<i>calcium carb-cholecalciferol tab 250 mg-3.125 mcg (125 unit)</i>	OTC
<i>calcium carb-cholecalciferol tab 500 mg-3.125 mcg (125 unit)</i>	OTC
<i>calcium carb-cholecalciferol tab 500 mg-10 mcg (400 unit)</i>	OTC
<i>calcium carb-cholecalciferol tab 600 mg-10 mcg (400 unit)</i>	OTC
<i>calcium carb-cholecalciferol tab 600 mg-20 mcg (800 unit)</i>	OTC
<i>calcium carbonate tab 600 mg</i>	OTC
<i>calcium carbonate tab 1250 mg (500 mg elemental ca)</i>	OTC
<i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i>	OTC
<i>calcium carbonate-cholecalciferol tab 500 mg-5 mcg(200 unit)</i>	OTC
<i>calcium carbonate-cholecalciferol tab 600 mg-5 mcg(200 unit)</i>	OTC
<i>calcium carbonate-vitamin d cap 600 mg-5 mcg (200 unit)</i>	OTC
<i>calcium carbonate-vitamin d tab 250 mg-3.125 mcg (125 unit)</i>	OTC
<i>calcium carbonate-vitamin d tab 600 mg-5 mcg (200 unit)</i>	OTC
CALCIUM CHW 500-10	OTC
<i>calcium cit-vit d tab 200 mg-6.25 mcg(250 unit) (elem ca)</i>	OTC
<i>calcium cit-vit d tab 315 mg-6.25 mcg(250 unit) (elem ca)</i>	OTC
<i>calcium cit-vitamin d tab 315 mg-5 mcg(200 unit) (elem ca)</i>	OTC
<i>calcium citrate tab 950 mg (200 mg elemental ca)</i>	OTC
CALCIUM TAB 280MG	OTC
<i>calcium tab 600 mg</i>	OTC
<i>calcium w/ magnesium tab 333-167 mg</i>	OTC
<i>calcium w/ magnesium tab 500-250 mg</i>	OTC

Drug Name	Requirements/Limits
<i>calcium w/ vitamin d & k chew tab 500 mg-100 unit-40 mcg</i>	OTC
<i>calcium w/ vitamin d & k chew tab 500 mg-200 unit-40 mcg</i>	OTC
<i>calcium-magnesium-zinc tab 333-133-5 mg</i>	OTC
<i>calcium-magnesium-zinc tab 333-133-8.3 mg</i>	OTC
<i>oyster shell calcium tab 500 mg</i>	OTC
ELECTROLYTE MIXTURES	
<i>oral electrolyte solution</i>	OTC
FLUORIDE	
<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>	
<i>sodium fluoride tab 1 mg f (from 2.2 mg naf)</i>	
MAGNESIUM	
MAG OXIDE TAB 420MG	OTC
MAGNESIUM CHW 200MG	OTC
<i>magnesium glycinate cap 100 mg (elemental mg)</i>	OTC
<i>magnesium oxide tab 200 mg (elemental mg)</i>	OTC
<i>magnesium oxide tab 250 mg (mg supplement)</i>	OTC
<i>magnesium oxide tab 400 mg (240 mg elemental mg)</i>	OTC
<i>magnesium oxide tab 500 mg (mg supplement)</i>	OTC
MAGNESIUM TAB 400MG	OTC
MINERAL COMBINATIONS	
CAL/MAG/ZINC TAB VIT D3	OTC
PHOSPHATE	
<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i>	
<i>potassium phosphate monobasic tab 500 mg</i>	
SODIUM	
<i>sodium chloride tab 1 gm</i>	OTC
MISCELLANEOUS THERAPEUTIC CLASSES	
IMMUNOSUPPRESSIVE AGENTS	
AZATHIOPRINE POW	
THICKENED PRODUCTS	
THICK-IT LIQ HONEY	OTC
THICK-IT LIQ NECTAR	OTC
MULTIVITAMINS	
B-COMPLEX VITAMINS	
<i>b-complex vitamin cap</i>	OTC
<i>b-complex vitamin elixir</i>	OTC
<i>b-complex vitamin inj</i>	
<i>b-complex vitamin sublingual liquid</i>	OTC
<i>b-complex vitamin tab</i>	OTC
<i>b-complex vitamin tab er</i>	OTC
<i>brewers yeast tab</i>	OTC

Drug Name	Requirements/Limits
B-COMPLEX W/ C	
<i>b-complex w/ c & calcium tab</i>	OTC
<i>b-complex w/ c & e + zn tab</i>	OTC
<i>b-complex w/ c cap</i>	OTC
<i>b-complex w/ c tab</i>	OTC
B-COMPLEX W/ FOLIC ACID	
<i>b-complex w/ c & folic acid cap 1 mg</i>	
<i>b-complex w/ c & folic acid cap 1 mg</i>	OTC
<i>b-complex w/ c & folic acid tab</i>	
<i>b-complex w/ c & folic acid tab</i>	OTC
<i>b-complex w/ c & folic acid tab 0.8 mg</i>	OTC
<i>b-complex w/ c & folic acid tab 1 mg</i>	
<i>b-complex w/ c & folic acid tab 1 mg</i>	OTC
<i>b-complex w/ c & folic acid tab 5 mg</i>	
<i>b-complex w/ c-biotin-minerals & folic acid tab 5 mg</i>	
<i>b-complex w/ folic acid cap</i>	OTC
<i>b-complex w/ folic acid tab</i>	OTC
<i>b-complex w/biotin & folic acid tab</i>	OTC
<i>b-complex w/biotin & folic acid tab er</i>	OTC
B-COMPLEX W/ IRON	
<i>b-complex w/ iron tab</i>	OTC
B-COMPLEX W/ MINERALS	
<i>b-complex w/ minerals liq</i>	OTC
BIOFLAVONOID PRODUCTS	
<i>bioflavonoid products tab</i>	OTC
<i>bioflavonoid products tab er</i>	OTC
IRON W/ VITAMINS	
<i>iron w/ vitamin tab</i>	
<i>iron w/ vitamin tab</i>	OTC
MULTIPLE VITAMINS W/ CALCIUM	
<i>multiple vitamins w/ calcium tab</i>	AGE, OTC; (Covered for ages 20 and under)
MULTIPLE VITAMINS W/ IRON	
<i>multiple vitamins w/ iron tab</i>	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

Drug Name	Requirements/Limits
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
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	

+ - Both generic and brand-name equivalents are covered with dispense as written code 1 (DAW1)

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AGE - Age Limit **OB7** - Opioid/Benzodiazepine Limit **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
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
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

Drug Name	Requirements/Limits
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
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
DEXATLAN 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

+ - Both generic and brand-name equivalents are covered with dispense as written code 1 (DAW1)

AGE - Age Limit **OB7** - Opioid/Benzodiazepine Limit **OTC** - Over the counter **PA** - Prior

Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
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
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

+ - Both generic and brand-name equivalents are covered with dispense as written code 1 (DAW1)

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AGE - Age Limit **OB7** - Opioid/Benzodiazepine Limit **OTC** - Over the counter **PA** - Prior

Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
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
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
<i>multiple vitamins w/ minerals cap</i>	AGE; (Covered for ages 20 and under)
<i>multiple vitamins w/ minerals cap</i>	AGE, OTC; (Covered for ages 20 and under)
<i>multiple vitamins w/ minerals chew tab</i>	AGE, OTC; (Covered for ages 20 and under)
<i>multiple vitamins w/ minerals effer tab</i>	AGE, OTC; (Covered for ages 20 and under)
<i>multiple vitamins w/ minerals liquid</i>	AGE, OTC; (Covered for ages 20 and under)
<i>multiple vitamins w/ minerals tab</i>	AGE; (Covered for ages 20 and under)
<i>multiple vitamins w/ minerals tab</i>	AGE, OTC; (Covered for ages 20 and under)

+ - Both generic and brand-name equivalents are covered with dispense as written code 1 (DAW1)

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AGE - Age Limit **OB7** - Opioid/Benzodiazepine Limit **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
<i>multiple vitamins w/ minerals tab er</i>	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
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

Drug Name	Requirements/Limits
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
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

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AGE - Age Limit **OB7** - Opioid/Benzodiazepine Limit **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
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
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

Drug Name	Requirements/Limits
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
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	

Drug Name	Requirements/Limits
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
YUMVS MULTI CHW ZERO	OTC
ZINC LOZ	OTC
ZINTREXYL-C TAB	

MULTIVITAMINS

<i>multiple vitamin cap</i>	AGE; (Covered for ages 20 and under)
<i>multiple vitamin cap</i>	AGE, OTC; (Covered for ages 20 and under)
<i>multiple vitamin tab</i>	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
NANOVN POW 1-3 YRS	OTC
NANOVN POW 4-8YEARS	OTC
NANOVN POW 9-18 YRS	OTC
NANOVN T/F POW	OTC
UPSPRINGBABY DRO MV/IRON	OTC

PED MV W/ IRON

<i>pediatric multiple vitamins w/ iron chew tab 15 mg</i>	AGE, OTC; (Covered for ages 20 and under)
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+ - Both generic and brand-name equivalents are covered with dispense as written code 1 (DAW1)

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AGE - Age Limit **OB7** - Opioid/Benzodiazepine Limit **OTC** - Over the counter **PA** - Prior

Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
<i>pediatric multiple vitamins w/ iron chew tab 18 mg</i>	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
<i>pediatric multiple vitamin chew tab</i>	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	
<i>pediatric vitamins adc drops 750 unit-400 unit-35 mg/ml</i>	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
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

Drug Name	Requirements/Limits
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	
OB COMPLETE TAB PREMIER	
OB COMPLETE/ CAP DHA	
OBSTETRIX CAP ONE	OTC
OBSTETRIX EC TAB	
OBSTETRIX EC TAB	OTC
OBSTETRIX MIS DHA	OTC
OBSTETRXX 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	

Drug Name	Requirements/Limits
PRENAISSANCE CAP	
PRENAISSANCE CAP PLUS	
PRENAT DHA CHW 0.4-25MG	OTC
PRENAT MULTI CAP +DHA	OTC
<i>prenat w/o a w/fe-fum-methfol-fa-dha cap 27-0.6-0.4-300 mg</i>	
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
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
<i>prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg</i>	
<i>prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg</i>	
<i>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg</i>	
<i>prenatal vit w/ fe fumarate-fa tab 28-1 mg</i>	
<i>prenatal vit w/ iron carbonyl-fa tab 29-1 mg</i>	OTC
<i>prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg</i>	
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	

Drug Name	Requirements/Limits
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	
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	

Drug Name	Requirements/Limits
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	
<i>cod liver oil cap</i>	OTC
<i>niacin w/ inositol cap 400-100 mg</i>	OTC
<i>niacinamide w/ zn-cu-methylfol-se-cr tab 750-27-2-0.5 mg</i>	
<i>vitamins a & d cap</i>	OTC
<i>vitamins a & d tab</i>	OTC
VITAMINS W/ LIPOTROPICS	
<i>vitamins w/ lipotropics cap</i>	OTC
<i>vitamins w/ lipotropics tab</i>	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
<i>saline nasal spray 0.65%</i>	OTC
SIMPLY SALIN AER 0.9%	OTC
NASAL ANTIALLERGY	
<i>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</i>	OTC
SYMPATHOMIMETIC DECONGESTANTS	
<i>pseudoephedrine hcl tab 30 mg</i>	OTC
<i>pseudoephedrine hcl tab 60 mg</i>	OTC

Drug Name	Requirements/Limits
<i>pseudoephedrine hcl tab er 12hr 120 mg</i>	QL (60 tabs/30 days), OTC
SUDAFED 24HR TAB 240MG	QL (30 tabs/30 days), OTC

NUTRIENTS

MISC. NUTRITIONAL SUBSTANCES

<i>omega-3 fatty acids - oral liquid</i>	OTC
<i>omega-3 fatty acids cap 300 mg</i>	OTC
<i>omega-3 fatty acids cap 435 mg</i>	OTC
<i>omega-3 fatty acids cap 500 mg</i>	OTC
<i>omega-3 fatty acids cap 1000 mg</i>	OTC
<i>omega-3 fatty acids cap 1200 mg</i>	OTC
<i>omega-3 fatty acids chew tab 113.5 mg</i>	OTC

OPHTHALMIC AGENTS

ARTIFICIAL TEARS AND LUBRICANTS

<i>artificial tear ophth solution</i>	OTC
BION TEARS SOL 0.1-0.3%	OTC
<i>carboxymethylcellulose sodium (pf) ophth gel 1%</i>	OTC
<i>carboxymethylcellulose sodium (pf) ophth soln 0.5%</i>	OTC
<i>carboxymethylcellulose sodium ophth gel 1%</i>	OTC
<i>carboxymethylcellulose sodium ophth soln 0.5%</i>	OTC
<i>carboxymethylcellulose sodium ophth soln 0.25%</i>	OTC
<i>carboxymethylcellulose-glycerin ophth soln 0.5-0.9%</i>	OTC
<i>dextran 70-hypromellose (pf) ophth soln 0.1-0.3%</i>	OTC
<i>dextran 70-hypromellose ophth soln 0.1-0.3%</i>	OTC
GENTEAL GEL 0.3%	OTC
<i>glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1%</i>	OTC
LUBRICNT GEL DRO 0.25-0.3	OTC
<i>polyethylene glycol-propylene glycol ophth soln 0.4-0.3%</i>	OTC
<i>polyethylene glycol-propylene glycol pf op soln 0.4-0.3%</i>	OTC
<i>polyvinyl alcohol ophth soln 1.4%</i>	OTC
<i>polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%)</i>	OTC
<i>propylene glycol ophth soln 0.6%</i>	OTC
<i>propylene glycol-glycerin ophth soln 1-0.3%</i>	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
<i>white petrolatum-mineral oil ophth ointment</i>	OTC

+ - Both generic and brand-name equivalents are covered with dispense as written code 1 (DAW1)

AGE - Age Limit OB7 - Opioid/Benzodiazepine Limit OTC - Over the counter PA - Prior

Authorization QL - Quantity Limits SP - Specialty ST - Step Therapy

Drug Name	Requirements/Limits
OPHTHALMICS - MISC.	
<i>ketotifen fumarate ophth soln 0.035%</i>	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
<i>starch-maltodextrin oral thickening powder</i>	OTC
<i>starch-maltodextrin oral thickening powder packet</i>	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%	
SMOKING DETERRENTS	
<i>nicotine polacrilex gum 2 mg</i>	QL (Max 180 days per year), AGE, OTC; (covered for ages 18 and over)
<i>nicotine polacrilex gum 4 mg</i>	QL (Max 180 days per year), AGE, OTC; (covered for ages 18 and over)
<i>nicotine polacrilex lozenge 2 mg</i>	AGE, OTC; (covered for ages 18 and over)
<i>nicotine polacrilex lozenge 4 mg</i>	AGE, OTC; (covered for ages 18 and over)
NICOTINE SYS KIT TRANSDER	AGE, OTC; (covered for ages 18 and over)
<i>nicotine td patch 24hr 7 mg/24hr</i>	QL (Max 180 days per year), AGE, OTC; (covered for ages 18 and over)
<i>nicotine td patch 24hr 14 mg/24hr</i>	QL (Max 180 days per year), AGE, OTC; (covered for ages 18 and over)

Drug Name	Requirements/Limits
<i>nicotine td patch 24hr 21 mg/24hr</i>	QL (Max 180 days per year), AGE, OTC; (covered for ages 18 and over)
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	
H-2 ANTAGONISTS	
<i>famotidine tab 10 mg</i>	OTC
PROTON PUMP INHIBITORS	
<i>esomeprazole magnesium tab delayed release 20 mg</i>	QL (30 tabs/30 days), OTC
<i>omeprazole delayed release tab 20 mg</i>	QL (90 tabs/year), OTC
<i>omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)</i>	QL (30 caps/30 days), OTC
<i>omeprazole magnesium delayed release tab 20 mg (base equiv)</i>	OTC
VACCINES	
BACTERIAL VACCINES	
<i>PNEUMOVAX 23 INJ 25/0.5</i>	AGE; (Covered for ages 19 and over)
VAGINAL AND RELATED PRODUCTS	
MISCELLANEOUS VAGINAL PRODUCTS	
<i>acetic acid vaginal solution</i>	OTC
SPERMICIDES	
<i>ENCARE SUP 100MG</i>	OTC
<i>GYNOL II GEL 3%</i>	OTC
<i>TODAY SPONGE MIS</i>	OTC
<i>VCF VAGINAL GEL CONTRACE</i>	OTC
<i>VCF VAGINAL MIS CONTRACP</i>	OTC
VAGINAL ANTI-INFECTIVES	
<i>clotrimazole vaginal cream 1%</i>	OTC
<i>clotrimazole vaginal cream 2%</i>	OTC
<i>miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit</i>	OTC
<i>miconazole nitrate vaginal cream 2%</i>	OTC
<i>miconazole nitrate vaginal cream 4% (200 mg/5gm)</i>	OTC
<i>miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit</i>	OTC
<i>miconazole nitrate vaginal supp 1200 mg & 2% cream kit</i>	OTC
<i>miconazole nitrate vaginal suppos 100 mg</i>	OTC
<i>MONISTAT 3 KIT COMBO PK</i>	OTC
<i>MONISTAT 7 KIT COMPLETE</i>	OTC
VAGINAL ANTI-INFLAMMATORY AGENTS	
<i>hydrocortisone acetate perivaginal cream 1%</i>	OTC
<i>hydrocortisone perivaginal cream 1%</i>	OTC
VITAMINS	
OIL SOLUBLE VITAMINS	
<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	OTC
<i>cholecalciferol cap 10 mcg (400 unit)</i>	OTC

Drug Name	Requirements/Limits
<i>cholecalciferol cap 25 mcg (1000 unit)</i>	OTC
<i>cholecalciferol cap 50 mcg (2000 unit)</i>	OTC
<i>cholecalciferol cap 125 mcg (5000 unit)</i>	OTC
<i>cholecalciferol cap 250 mcg (10000 unit)</i>	OTC
<i>cholecalciferol chew tab 10 mcg (400 unit)</i>	OTC
<i>cholecalciferol chew tab 25 mcg (1000 unit)</i>	OTC
<i>cholecalciferol chew tab 50 mcg (2000 unit)</i>	OTC
<i>cholecalciferol chew tab 125 mcg (5000 unit)</i>	OTC
<i>cholecalciferol drops 10 mcg/0.028ml (400 unit/0.028ml)</i>	OTC
<i>cholecalciferol drops 25 mcg/0.03ml (1000 unit/0.03ml)</i>	OTC
<i>cholecalciferol oral liquid 10 mcg/ml (400 unit/ml)</i>	OTC
<i>cholecalciferol tab 1.25 mg (50000 unit)</i>	OTC
<i>cholecalciferol tab 10 mcg (400 unit)</i>	OTC
<i>cholecalciferol tab 25 mcg (1000 unit)</i>	OTC
<i>cholecalciferol tab 50 mcg (2000 unit)</i>	OTC
<i>cholecalciferol tab 125 mcg (5000 unit)</i>	OTC
<i>cholecalciferol tab 250 mcg (10000 unit)</i>	OTC
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	
<i>ergocalciferol soln 200 mcg/ml (8000 unit/ml)</i>	OTC
<i>phytonadione tab 5 mg</i>	
VITAMIN D3 TAB 2000UNIT	OTC
<i>vitamin e cap 180 mg (400 unit)</i>	OTC
<i>vitamin e cap 268 mg (400 unit)</i>	OTC
<i>vitamin e cap 400 unit</i>	OTC
WATER SOLUBLE VITAMINS	
<i>ascorbic acid liquid 500 mg/5ml</i>	OTC
<i>benfotiamine cap 150 mg</i>	OTC
<i>calcium ascorbate tab 500 mg</i>	OTC
<i>calcium pantothenate tab 500 mg</i>	OTC
ENDUR-AMIDE TAB 750MG	OTC
<i>niacin cap er 250 mg</i>	OTC
<i>niacin cap er 500 mg</i>	OTC
<i>niacin tab 50 mg</i>	OTC
<i>niacin tab 100 mg</i>	OTC
<i>niacin tab 250 mg</i>	OTC
<i>niacin tab er 250 mg</i>	OTC
<i>niacin tab er 500 mg</i>	OTC
<i>niacin tab er 750 mg</i>	OTC
<i>niacinamide tab 100 mg</i>	OTC
<i>niacinamide tab 500 mg</i>	OTC
<i>niacinamide tab er 500 mg</i>	OTC
<i>niacinamide tab er 750 mg</i>	OTC
<i>pyridoxine hcl inj 100 mg/ml</i>	

Drug Name	Requirements/Limits
<i>pyridoxine hcl tab 25 mg</i>	OTC
<i>pyridoxine hcl tab 50 mg</i>	OTC
<i>pyridoxine hcl tab 100 mg</i>	OTC
<i>pyridoxine hcl tab 250 mg</i>	OTC
<i>riboflavin tab 25 mg</i>	OTC
<i>riboflavin tab 50 mg</i>	OTC
<i>riboflavin tab 100 mg</i>	OTC
<i>thiamine hcl inj 100 mg/ml</i>	
<i>thiamine hcl tab 50 mg</i>	OTC
<i>thiamine hcl tab 100 mg</i>	OTC
<i>thiamine hcl tab 250 mg</i>	OTC
<i>thiamine mononitrate tab 100 mg</i>	OTC
<i>thiamine mononitrate tab 250 mg</i>	OTC

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<i>acetaminophen disintegrating tab 160 mg</i>	1
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<i>acetaminophen elixir 160 mg/5ml</i>	1
<i>acetaminophen liquid 160 mg/5ml</i>	1
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<i>calcium carbonate (antacid) susp 1250 mg/5ml</i>	2
<i>calcium carbonate tab 1250 mg (500 mg elemental ca)</i>	13
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<i>calcium w/ vitamin d & k chew tab 500 mg-200 unit-40 mcg</i>	14
<i>calcium-magnesium-zinc tab 333-133-5 mg</i>	14
<i>calcium-magnesium-zinc tab 333-133-8.3 mg</i>	14
CAL-DAY 1000 TAB	17
<i>capecitabine tab 150 mg</i>	4
<i>capecitabine tab 500 mg</i>	4
<i>capsaicin cream 0.025%</i>	7
<i>capsaicin cream 0.075%</i>	7
<i>capsaicin cream 0.1%</i>	7
CAPSAICIN LIQ 0.15%	7
CAPZASIN LIQ 0.15%	7
CAPZASIN-P CRE 0.035%	7
CARBAMAZEPIN POW	3
<i>carboxymethylcellulose sodium (pf) ophth gel 1%</i>	31
<i>carboxymethylcellulose sodium (pf) ophth soln 0.5%</i>	31
<i>carboxymethylcellulose sodium ophth gel 1%</i>	31
<i>carboxymethylcellulose sodium ophth soln 0.25%</i>	31
<i>carboxymethylcellulose sodium ophth soln 0.5%</i>	31
<i>carboxymethylcellulose-glycerin ophth soln 0.5-0.9%</i>	31
CASTIVA LOT	7
CAYA DPR	11

C-BUFF POW	17	<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	33
CELEBRATE CAP 18	17	<i>cholecalciferol cap 10 mcg (400 unit)</i>	33
CELEBRATE CAP 36	17	<i>cholecalciferol cap 125 mcg (5000 unit)</i>	33
CELEBRATE CAP 45	17	<i>cholecalciferol cap 25 mcg (1000 unit)</i>	33
CELEBRATE CAP 60	17	<i>cholecalciferol cap 250 mcg (10000 unit)</i>	34
CELEBRATE CHW 18.....	17	<i>cholecalciferol cap 50 mcg (2000 unit)</i>	33
CELEBRATE CHW 36.....	17	<i>cholecalciferol chew tab 10 mcg (400 unit)</i>	34
CELEBRATE CHW 45.....	17	<i>cholecalciferol chew tab 125 mcg (5000 unit)</i> ...	34
CELEBRATE CHW 60.....	17	<i>cholecalciferol chew tab 25 mcg (1000 unit)</i>	34
CENT MATURE TAB ADLT 50+	17	<i>cholecalciferol chew tab 50 mcg (2000 unit)</i>	34
CENTRAL-VITE TAB	17	<i>cholecalciferol drops 10 mcg/0.028ml (400</i>	
CENTRAVITES TAB 50 PLUS	17	<i>unit/0.028ml)</i>	34
CENTRAVITES TAB ADULTS.....	17	<i>cholecalciferol drops 25 mcg/0.03ml (1000</i>	
CENTRUM 50+ CHW ADULTS	17	<i>unit/0.03ml)</i>	34
CENTRUM 50+ CHW FRSH/FRU	17	<i>cholecalciferol oral liquid 10 mcg/ml (400</i>	
CENTRUM CHW ADULTS	17	<i>unit/ml)</i>	34
CENTRUM CHW FLAV BST	17	<i>cholecalciferol tab 1.25 mg (50000 unit)</i>	34
CENTRUM CHW SILVER	17	<i>cholecalciferol tab 10 mcg (400 unit)</i>	34
CENTRUM CHW VITAMINT.....	17	<i>cholecalciferol tab 125 mcg (5000 unit)</i>	34
CENTRUM MINI TAB ADULT 50	17	<i>cholecalciferol tab 25 mcg (1000 unit)</i>	34
CENTRUM MINI TAB MEN 50+	17	<i>cholecalciferol tab 250 mcg (10000 unit)</i>	34
CENTRUM MINI TAB WOMEN 50.....	17	<i>cholecalciferol tab 50 mcg (2000 unit)</i>	34
CENTRUM MULT CHW OMEGA 3.....	18	CL PRENATAL TAB 28-0.8MG	26
CENTRUM POW DRINK.....	18	<i>clotrimazole vaginal cream 1%</i>	33
CENTRUM SPEC PAK PRENATAL	26	<i>clotrimazole vaginal cream 2%</i>	33
CENTRUM SPEC TAB HEART	18	C-NATE DHA CAP 28-1-200	26
CENTRUM SPEC TAB IMMUNE	18	<i>cod liver oil cap</i>	30
CENTRUM SPEC TAB VISION.....	18	COMPACT SPAC MIS CHAMBER	12
CENTRUM TAB CARDIO	18	COMPACT SPAC MIS LG MASK.....	12
CENTRUM TAB MEN.....	18	COMPACT SPAC MIS MD MASK	12
CENTRUM TAB SILVER	18	COMPACT SPAC MIS SM MASK.....	12
CENTRUM TAB ULTRA	18	COMPLETE NAT PAK DHA	26
CERTAVITE TAB SENIOR.....	18	CONCEPT DHA CAP	26
CERTAVITE/ TAB ANTIOXID	18	CONCEPT OB CAP	26
<i>cetirizine hcl cap 10 mg</i>	4	CONCEPTIONXR MIS MOTILITY	18
<i>cetirizine hcl orally disintegrating tab 10 mg</i>	4	CONTOUR KIT NEXT	11
CHEMSTRIP 10 TES MD	8	<i>cromolyn sodium nasal aerosol soln 5.2 mg/act</i>	
CHEMSTRIP 2 TES GP	8	<i>(4%)</i>	30
CHEMSTRIP 5 TES OB.....	8	CULTURELLE CHW MULTIVIT	18
CHEMSTRIP 9 TES STRIPS	8	CVS ANTACID CHW 1177MG.....	2
CHEMSTRIP TES -10 SG.....	8	CVS IMMUNE CAP SUPPORT	18
CHEMSTRIP TES UGK	8	CVS KETONE TES CARE	8
<i>chlorpheniramine maleate syrup 2 mg/5ml</i>	4	CVS NASAL AER 0.9%	30
<i>chlorpheniramine maleate tab 4 mg</i>	4	CVS PRENATAL CHW GUMMY	26
<i>chlorpheniramine maleate tab er 12 mg</i>	4	CVS PRENATAL TAB 27-0.8MG.....	26
CHOICEFUL CAP MULTIVIT	18	CVS VISION CAP HEALTH.....	18
CHOICEFUL CHW MULTIVIT.....	18	<i>cyanocobalamin inj 1000 mcg/ml</i>	9

cyanocobalamin nasal spray 500 mcg/0.1ml..... 9

D

DAILY HEART PAK SUPPORT 18

DAILY PAK MIS MULTIVIT 18

DAYAVITE TAB 18

DECUBI-VITE CAP 18

DEKAS CHW BARIATRI 18

DEKAS PLUS CAP 18

DEKAS PLUS CAP OCEAN 18

DEKAS PLUS CHW 18

DEKAS PLUS LIQ 25

DERMACINRX TAB PRETRATE 26

DERMACINRX TAB RIBOT-E 18

DERMAVITE TAB 18

DESIPRAMINE POW 3

DEXATRAN CAP 18

dextran 70-hypromellose (pf) ophth soln 0.1-0.3%
..... 31

dextran 70-hypromellose ophth soln 0.1-0.3% . 31

dextromethorphan-guaifenesin liquid 10-100
mg/5ml 6

dextromethorphan-guaifenesin liquid 10-200
mg/5ml 6

dextromethorphan-guaifenesin liquid 30-200
mg/5ml 6

dextromethorphan-guaifenesin liquid 5-100
mg/5ml 6

dextromethorphan-guaifenesin syrup 10-100
mg/5ml 6

dextromethorphan-guaifenesin tab er 12hr 30-
600 mg 6

dextromethorphan-guaifenesin tab er 12hr 60-
1200 mg 6

DIABET HLTH PAK SUPPORT 18

DIABETES PAK HEALTH 18

DIALYVITE TAB SUPREM D 18

DIAPHRAGM 11

DIATROL TAB 18

DIAZEPAM INJ 10MG/2ML 3

diphenhydramine hcl (sleep) cap 50 mg 10

diphenhydramine hcl (sleep) tab 25 mg 10

diphenhydramine hcl (sleep) tab 50 mg 10

diphenhydramine hcl chew tab 12.5 mg 4

diphenhydramine hcl liquid 12.5 mg/5ml 4

diphenhydramine hcl tab 25 mg 4

diphenhydramine hcl tab disint 12.5 mg 4

docosanol cream 10% 7

docusate calcium cap 240 mg 10

DOCUSATE SOD SYP 60/15ML 10

docusate sodium cap 250 mg 10

docusate sodium cap 50 mg 10

docusate sodium liquid 150 mg/15ml 10

docusate sodium syrup 60 mg/15ml 10

docusate sodium tab 100 mg 10

doxylamine succinate (sleep) tab 25 mg 10

DROPERIDOL POW 3

DROPERIDOL SOL NACL 3

DRYSOL SOL 20% 8

DUET DHA 400 MIS 25-1-400 26

DUET DHA MIS BALANCED 26

DULOXICAINE PAK 30MG-4% 32

E

EASIVENT MIS 12

EASIVENT MIS MASK LG 12

EASIVENT MIS MASK MED 12

EASIVENT MIS MASK SM 12

ELASTIC BANDAGES & SUPPORTS 11

ELEPSIA XR TAB 1000MG 3

ELEPSIA XR TAB 1500MG 3

ELLA TAB 30MG 5

EMERGEN-C CHW IMMUNE/D 18

EMERGEN-C CHW VITA C 18

EMERGEN-C PAK BLUE 18

EMERGEN-C PAK FIVE 18

EMERGEN-C PAK HEART 18

EMERGEN-C PAK IMMUNE 18

EMERGEN-C PAK JOINT 18

EMERGEN-C PAK KIDZ 18

EMERGEN-C PAK MSM LITE 18

EMERGEN-C PAK PINK 18

EMERGEN-C PAK SUPER FR 18

EMERGEN-C PAK VIT D/CA 18

EMERGEN-C PAK VITA C 19

ENBRACE HR CAP 26

ENCARE SUP 100MG 33

ENDUR-AMIDE TAB 750MG 34

ENDUR-VM TAB 19

ENDUR-VM TAB IRON 19

ENERGY POW BOOSTER 19

ENFAMIL MIS EXPECTA 26

EQ COMPLETE TAB ADULT 19

EQ ONE DAILY TAB MENS 19

EQ ONE DAILY TAB WOMENS 19

EQL CENTURY TAB MENS 19

EQL CENTURY TAB WOMENS	19
EQL PRENATAL TAB FORMULA.....	26
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	34
<i>ergocalciferol soln 200 mcg/ml (8000 unit/ml)</i>	34
<i>esomeprazole magnesium tab delayed release 20 mg</i>	33
ESTROVEN MEN TAB SUPPLEM.....	19
<i>etoposide cap 50 mg</i>	5
EVOLUTION60 POW	19
EXPECT CHILD LIQ 200M/5ML.....	6
EYE HEALTH CAP.....	19
EYE HEALTH CAP ADLT 50+.....	19
EYE HEALTH TAB LUTEIN	19
EYE MULTIVIT CAP.....	19
EYE MULTIVIT CAP LUTEIN	19
EYE MULTIVIT TAB SODIUM	19
F	
<i>famotidine tab 10 mg</i>	33
FANATREX SUS 25MG/ML.....	3
FC2 FEMALE MIS CONDOM.....	11
<i>fe fumarate w/ b12-vit c-fa-ifc cap 110-0.015-75-0.5-240 mg</i>	9
<i>fe fumarate-vit c-vit b12-fa cap 460 (151 fe)-60-0.01-1 mg</i>	9
<i>fe fum-iron polysacch complex-fa-b cmplx-c-zn-mn-cu cap</i>	9
FEMCAP MIS 22MM	11
FEMCAP MIS 26MM	11
FEMCAP MIS 30MM	11
<i>ferrous fumarate tab 324 mg (106 mg elemental fe)</i>	9
<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu tab 106-1 mg</i>	9
<i>ferrous fumarate-folic acid tab 324-1 mg</i>	9
<i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i>	9
<i>ferrous gluconate tab 324 mg (37.5 mg elemental iron)</i>	10
<i>ferrous sulfate dried tab 200 mg (65 mg elemental fe)</i>	10
<i>ferrous sulfate dried tab er 45 mg (fe equivalent)</i>	10
<i>ferrous sulfate soln 220 mg/5ml (44 mg/5ml elemental fe)</i>	10
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	10
<i>ferrous sulfate tab 27 mg (elemental fe)</i>	10

<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	10
<i>ferrous sulfate tab ec 324 mg (65 mg fe equivalent)</i>	10
<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>	10
<i>ferrous sulfate tab er 45 mg (elemental fe)</i>	10
<i>ferrous sulfate tab er 50 mg (elemental fe)</i>	10
FEVERALL INF SUP 80MG	1
FEVERALL SUP 325MG	1
<i>fexofenadine hcl susp 30 mg/5ml (6 mg/ml)</i>	4
<i>fexofenadine-pseudoephedrine tab er 24hr 180-240 mg</i>	6
FITNESS TABS TAB MEN	19
FITNESS TABS TAB WOMEN	19
FLEXICHAMBER MIS	12
FLEXICHAMBER MIS MASK LRG	12
FLEXICHAMBER MIS MASK SM	12
FOAM ANTACID CHW 80-20MG	2
FOLAGENT CAP DHA	19
FOLAMAX TAB.....	19
FOLAMED DHA CAP.....	19
<i>folic acid tab 1 mg</i>	9
<i>folic acid tab 400 mcg</i>	9
<i>folic acid tab 800 mcg</i>	9
<i>folic acid-vitamin b6-vitamin b12 tab 0.8-10-0.115 mg</i>	9
<i>folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg</i>	9
<i>folic acid-vitamin b6-vitamin b12 tab 2.2-25-1 mg</i>	9
<i>folic acid-vitamin b6-vitamin b12 tab 2.5-25-1 mg</i>	9
FOLIFLEX TAB	19
FOLIKA-MG TAB	19
FOLITIN-Z TAB	19
FOLIVANE-OB CAP.....	26
FREEDAVITE TAB	19
FREESTYLE LIQ CONTROL	11
FREESTYLE TES.....	8
FREESTYLE TES INSULINX	8
FREESTYLE TES LITE	8
FREESTYLE TES PREC NEO	8
G	
GABAPENTIN TAB TINYTABS	3
GAS-X CHILD MIS 40MG.....	8
GAUZE BANDAGES	11

GAUZE PADS & DRESSINGS	11
GELMIX INFAN POW THICKENE	32
GENADEK CAP STEP 1	19
GENADEK CAP STEP 2	19
GENADEK DRO	25
GENTEAL GEL 0.3%	31
GERI-FREEDA TAB SENIOR	19
GILTUSS EX LIQ MAX STR	6
<i>glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1%</i>	<i>31</i>
GNP CALAMINE LOT 8-8%	8
GNP IMMUNE PAK	19
GNP IMMUNE PAK SUPPORT	19
GNP PRENATAL TAB 28-0.8MG	26
<i>guaifenesin liquid 100 mg/5ml</i>	<i>6</i>
<i>guaifenesin tab 200 mg</i>	<i>6</i>
<i>guaifenesin tab 400 mg</i>	<i>6</i>
<i>guaifenesin tab er 12hr 1200 mg</i>	<i>6</i>
<i>guaifenesin tab er 12hr 600 mg</i>	<i>6</i>
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	<i>6</i>
GYNOL II GEL 3%	33
H	
HAIR SKIN & TAB NAILS AD	19
HAIR SKIN TAB NAILS	19
HAIR/SKIN/ CAP NAILS	19
HEAD CARE TAB PROACTIV	19
HEALTHY EYES CAP SUPERVIS	19
HI POT MV/ TAB BETA-CAR	19
HIGH POTENCY TAB MV/FA	19
HM CALAMINE LOT 8-8%	8
HM COMPLETE TAB MEN	19
HM HAIR/SKIN TAB /NAILS	19
HOLD CHAMBER MIS ADLT LG	12
HOLD CHAMBER MIS MEDIUM	12
HOLD CHAMBER MIS SMALL	12
HOLDING CHAM MIS ADULT	12
HOLDING CHAM MIS CHILD	12
HUMALOG MIX INJ 50/50	3
<i>hydrocortisone acetate cream 1%</i>	<i>7</i>
<i>hydrocortisone acetate perivaginal cream 1% ..</i>	<i>33</i>
<i>hydrocortisone cream 0.5%</i>	<i>7</i>
<i>hydrocortisone gel 1%</i>	<i>7</i>
<i>hydrocortisone lotion 1%</i>	<i>7</i>
<i>hydrocortisone oint 0.5%</i>	<i>7</i>
<i>hydrocortisone perivaginal cream 1%</i>	<i>33</i>
<i>hydrocortisone soln 1%</i>	<i>7</i>
HYDROXYZINE POW PAMOATE	3

HYLAZINC TAB	19
I	
<i>ibuprofen cap 200 mg</i>	<i>1</i>
<i>ibuprofen chew tab 100 mg</i>	<i>1</i>
<i>ibuprofen susp 40 mg/ml</i>	<i>1</i>
<i>ibuprofen tab 100 mg</i>	<i>1</i>
<i>ibuprofen tab 200 mg</i>	<i>1</i>
ICAPS AREDS TAB FORMULA	19
IMIPRAMINE POW HCL	3
IMMUBLAST-C POW ORANGE	19
IMMUNE CHW SUPPORT	19
IMMUNE ESSEN CAP DAILY	20
IMMUNE SUPP POW VIT C	20
INSPIREASE MIS DD SYST	12
<i>iron combination cap</i>	<i>9</i>
IRON HP TAB 65MG	10
<i>iron polysacch complex-vit b12-fa cap 150-0.025-1 mg</i>	<i>9</i>
<i>iron w/ vitamin tab</i>	<i>15</i>
<i>iron-docusate-b12-folic acid-c-e-cu-biotin tab 150-1 mg</i>	<i>9</i>
<i>iron-folic acid-vit c-vit b6-vit b12-zinc tab 150-1.25 mg</i>	<i>9</i>
<i>iron-vit c-vit b12-folic acid tab 100-250-0.025-1 mg</i>	<i>9</i>
<i>iron-vitamin c tab 100-250 mg</i>	<i>9</i>
ISTURISA TAB 10MG	8
IV PREP WIPE PAD	5
ivermectin lotion 0.5%	8
J	
JENLIVA CAP	26
K	
<i>ketotifen fumarate ophth soln 0.035%</i>	<i>31</i>
KEYFOLIC TAB	20
KEYLOSA TAB	20
KOSHR PRENAT TAB 30-1MG	26
KP MENS MIS DAILY PK	20
KP PRENATAL TAB MULTIVIT	26
KP WOMENS PAK DAILY	20
K-PAX TAB PROF ST	20
K-PHOS TAB NO 2	9
KPN PRENATAL TAB	26
L	
LANCETS OTC	11
LANCETS RX	11
LEVETIR/NACL SOL 250/50ML	3

<i>lidocaine patch 4%</i>	7
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i>	8
LIFE PACK MIS MENS	20
LIFE PACK MIS WOMENS	20
LITHIUM CARB POW	5
LIVER DETOX TAB	20
LIVITA LIQ ADULTS	20
LIVITA LIQ CHILDREN	25
<i>loperamide hcl tab 2 mg</i>	4
<i>loperamide-simethicone tab 2-125 mg</i>	4
<i>loratadine cap 10 mg</i>	4
<i>loratadine chew tab 5 mg</i>	4
<i>loratadine oral soln 5 mg/5ml</i>	4
<i>loratadine orally disintegrating tab 5 mg</i>	4
<i>loratadine rapidly-disintegrating tab 10 mg</i>	4
LUBRICNT GEL DRO 0.25-0.3	31
LUTEIN PLUS TAB ZEAXANTH	20
LYSIPLEX LIQ PLUS	20
M	
MAG OXIDE TAB 420MG	14
MAGNESIUM CHW 200MG	14
<i>magnesium glycinate cap 100 mg (elemental mg)</i>	14
<i>magnesium oxide tab 200 mg (elemental mg)</i> .	14
<i>magnesium oxide tab 250 mg</i>	2
<i>magnesium oxide tab 250 mg (mg supplement)</i>	14
<i>magnesium oxide tab 400 mg</i>	2
<i>magnesium oxide tab 400 mg (240 mg elemental mg)</i>	14
<i>magnesium oxide tab 420 mg</i>	2
<i>magnesium oxide tab 500 mg (mg supplement)</i>	14
MAGNESIUM TAB 400MG	14
MALE CONDOMS	11
MASK VORTEX/ MIS FROG	12
MASK VORTEX/ MIS LADY BUG	12
MASONATAL TAB	27
MAXIMIN PAK	20
M-CLEAR WC LIQ 100-6.33	6
MEGA MULTI TAB MEN	20
MEGA MULTI TAB WOMEN	20
MEGAVITE TAB FRT/VEG	20
MEGAVITE TAB GOLD 55+	20
MENATROL CAP	20
MENS 50+ CAP ADVANCED	20
MENS 50+ TAB MULTIVIT	20

MENS DAILY PAK PACK	20
MENS MULTI CHW	20
MENS MULTI TAB VIT/MIN	20
MENS MULTIPL TAB	20
MENS PAK	20
<i>miconazole nitrate cream 2%</i>	7
<i>miconazole nitrate ointment 2%</i>	7
<i>miconazole nitrate powder 2%</i>	7
<i>miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit</i>	33
<i>miconazole nitrate vaginal cream 2%</i>	33
<i>miconazole nitrate vaginal cream 4% (200 mg/5gm)</i>	33
<i>miconazole nitrate vaginal supp 1200 mg & 2% cream kit</i>	33
<i>miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit</i>	33
<i>miconazole nitrate vaginal suppos 100 mg</i>	33
MICROCHAMBER MIS	12
MICROCLENS PAD WIPES	5
MICROSPACER MIS	12
MONISTAT 3 KIT COMBO PK	33
MONISTAT 7 KIT COMPLETE	33
MOOD FOOD CAP	20
MOOD FOOD ES CAP	20
MULTI FOR POW HER	20
MULTI FOR POW HIM	20
MULTI PRENAT TAB	27
MULTI VITAMN TAB MINERALS	20
MULTI-BETIC TAB DIABETES	20
MULTI-MAC TAB	27
<i>multiple vitamin cap</i>	25
<i>multiple vitamin tab</i>	25
<i>multiple vitamins w/ calcium tab</i>	15
<i>multiple vitamins w/ iron tab</i>	16
<i>multiple vitamins w/ minerals cap</i>	20
<i>multiple vitamins w/ minerals chew tab</i>	20
<i>multiple vitamins w/ minerals effer tab</i>	20
<i>multiple vitamins w/ minerals liquid</i>	21
<i>multiple vitamins w/ minerals tab</i>	21
<i>multiple vitamins w/ minerals tab er</i>	21
MULTISTIX 10 TES SG	8
MULTITAM TAB	21
MULTIV INFAN DRO /TODDLER	26
MULTI-VITAMI TAB MONOCAPS	20
MULTIVITAMIN CHW ADLT GUM	21
MULTIVITAMIN DRO INFANT	26

MULTIVITAMIN TAB	21
MULTIVITAMIN TAB ADULT	21
MULTIVITAMIN TAB ADULTS.....	21
MULTIVITAMIN TAB MEN	21
MULTIVITAMIN TAB WOMEN	21
MULTIVITAMIN TAB ZINC STR	21
MULTI-VITE LIQ.....	20
MVW COMPLETE CAP D3000	21
MVW COMPLETE CAP D5000	21
MVW COMPLETE CAP FORMULAT	21
MVW COMPLETE CAP MINIS.....	21
MVW COMPLETE DRO PEDIATRI.....	25
MVW HI-D CHW ADEK.....	21
MVW HI-D DR LIQ EX VIT D	25
MVW MOD FORM LIQ PEDS.....	25
MVW MODULAT CAP FORM MIN	21
MVW MODULAT CAP FORMULAT	21
MYLERAN TAB 2MG.....	4
N	
NANOVM POW 1-3 YRS.....	25
NANOVM POW 4-8YEARS	25
NANOVM POW 9-18 YRS.....	25
NANOVM POW ADULT	21
NANOVM POW SENIOR.....	21
NANOVM T/F POW.....	25
<i>naproxen sodium cap 220 mg</i>	1
<i>naproxen sodium tab 220 mg</i>	1
NATACHEW CHW	27
NATAL PNV TAB.....	27
NATALVIT TAB 75-1MG	27
NAT-RUL THER TAB M	21
NATRUL-VITES TAB.....	21
NEBULIZERS	12
NEEVO DHA CAP 27-1.13.....	27
<i>neomycin-bacitracin-polymyxin oint</i>	7
NEONATAL 19 TAB.....	27
NEONATAL FE TAB.....	27
NEONATAL TAB PRENATAL.....	27
NEONATAL VIT TAB 27-0.8MG	27
NEONATAL/DHA MIS.....	27
NEOVITE TAB	21
NESTABS DHA PAK.....	27
NESTABS ONE CAP.....	27
NESTABS TAB.....	27
<i>nevirapine tab er 24hr 100 mg</i>	5
<i>niacin cap er 250 mg</i>	34
<i>niacin cap er 500 mg</i>	34

<i>niacin tab 100 mg</i>	34
<i>niacin tab 250 mg</i>	34
<i>niacin tab 50 mg</i>	34
<i>niacin tab er 250 mg</i>	34
<i>niacin tab er 500 mg</i>	34
<i>niacin tab er 750 mg</i>	34
<i>niacin w/ inositol cap 400-100 mg</i>	30
<i>niacinamide tab 100 mg</i>	34
<i>niacinamide tab 500 mg</i>	34
<i>niacinamide tab er 500 mg</i>	34
<i>niacinamide tab er 750 mg</i>	34
<i>niacinamide w/ zn-cu-methylfol-se-cr tab 750-27-2-0.5 mg</i>	30
NICADAN TAB.....	21
NICAZEL TAB.....	21
NICAZEL TAB FORTE	21
<i>nicotine polacrilex gum 2 mg</i>	32
<i>nicotine polacrilex gum 4 mg</i>	32
<i>nicotine polacrilex lozenge 2 mg</i>	32
<i>nicotine polacrilex lozenge 4 mg</i>	32
NICOTINE SYS KIT TRANSDER.....	32
<i>nicotine td patch 24hr 14 mg/24hr</i>	32
<i>nicotine td patch 24hr 21 mg/24hr</i>	32
<i>nicotine td patch 24hr 7 mg/24hr</i>	32
<i>nitroglycerin cap er 2.5 mg</i>	2
<i>nitroglycerin cap er 6.5 mg</i>	2
<i>nitroglycerin cap er 9 mg</i>	2
NORTRIPTYLIN POW HCL	3
NORVIR SOL 80MG/ML	5
NOZIN NASAL KIT SANITIZE.....	30
NUTRICAP TAB	21
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OB COMPLETE CAP ONE	27
OB COMPLETE CAP PETITE.....	27
OB COMPLETE TAB.....	27
OB COMPLETE TAB PREMIER	27
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OBTREX DHA PAK	27
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OCUHEALTH CAP VISION 2.....	21
OCULAR TAB VITAMINS	21
OCUVEL CAP 0.5MG.....	21
OCUVITE CAP ADULT.....	21

OCUVITE LUTE CAP	21
<i>omega-3 fatty acids - oral liquid</i>	30
<i>omega-3 fatty acids cap 1000 mg</i>	31
<i>omega-3 fatty acids cap 1200 mg</i>	31
<i>omega-3 fatty acids cap 300 mg</i>	31
<i>omega-3 fatty acids cap 435 mg</i>	31
<i>omega-3 fatty acids cap 500 mg</i>	31
<i>omega-3 fatty acids chew tab 113.5 mg</i>	31
<i>omeprazole delayed release tab 20 mg</i>	33
<i>omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)</i>	33
<i>omeprazole magnesium delayed release tab 20 mg (base equiv)</i>	33
ONCOVITE TAB	21
ONE A DAY CAP PRENATAL	27
ONE A DAY CHW IMMUNITY	21
ONE A DAY CHW PRENATAL	27
ONE A DAY CHW WOMENS	21
ONE A DAY MIS PRENATAL	27
ONE A DAY PAK PRENATAL	27
ONE DAILY CHW ADLT GUM	21
ONE DAILY MN TAB W/O IRON	21
ONE DAILY MV TAB WOMENS	21
ONE DAILY TAB MENS	21
ONE DAILY TAB MENS 50+	22
ONE DAILY TAB WMNS 50+	22
ONE DAILY TAB WOMENS	22
ONE-A-DAY CHW IMMUNITY	22
ONE-A-DAY CHW VITACRAV	22
ONE-A-DAY PAK PRENATAL	27
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ONE-A-DAY TAB 50+ MENS	22
ONE-A-DAY TAB 50+ WMN	22
ONE-A-DAY TAB 65+	22
ONE-A-DAY TAB ENERGY	22
ONE-A-DAY TAB MENOPAUS	22
ONE-A-DAY TAB MENS	22
ONE-A-DAY TAB PROEDGE	22
ONE-A-DAY TAB TEEN/HIM	22
ONE-A-DAY TAB WOMENS	22
ONE-DAILY CAP MULTI	22
ONETOUCH KIT ULTRA 2	11
ONETOUCH KIT VERIO FL	11
ONETOUCH KIT VERIO RE	11
ONETOUCH TES ULTRA	8
ONETOUCH TES VERIO	8
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OPILL TAB 0.075MG	5
OPTICHAMBER MIS DIA LG	12
OPTICHAMBER MIS DIA MD	12
OPTICHAMBER MIS DIA SM	12
OPTICHAMBER MIS DIAMOND	12
OPTIFAST POS CHW BARIATRI	22
OPTIMUM CHW AIRVITES	22
OPTISOURCE CHW BARIATRC	22
OPURITY CHW BYPASS	22
OPURITY TAB	22
<i>oral electrolyte solution</i>	14
OSTEOPRIME TAB PLUS	22
<i>oyster shell calcium tab 500 mg</i>	14
P	
PANDA MASK MIS LARGE	12
PANDA MASK MIS MEDIUM	12
PANDA MASK MIS PEDIATRI	12
PANDA MASK MIS SMALL	12
PARI VORTEX MIS ADL MASK	13
PARVLEX TAB	22
PATADAY SOL 0.7%	31
PED POLY-VIT DRO	26
PEDIA-LAX LIQ 50MG	10
<i>pediatric multiple vitamin chew tab</i>	26
<i>pediatric multiple vitamins w/ iron chew tab 15 mg</i>	25
<i>pediatric multiple vitamins w/ iron chew tab 18 mg</i>	26
<i>pediatric vitamins adc drops 750 unit-400 unit-35 mg/ml</i>	26
PEN NEEDLE MIS 31GX8MM	11
PEN NEEDLE MIS 31GX5MM	11
PEN NEEDLE MIS 31GX4MM	11
PEN NEEDLE MIS 32GX6MM	11
PEN NEEDLE MIS 29GX12.7	11
<i>permethrin aerosol 0.5%</i>	8
<i>permethrin creme rinse 1%</i>	8
PERRY PRENAT CAP	27
PEXEVA TAB 10MG	3
PEXEVA TAB 20MG	3
PEXEVA TAB 30MG	3
<i>phenazopyridine hcl tab 100 mg</i>	9
<i>phenazopyridine hcl tab 200 mg</i>	9
PHENYTOIN POW SODIUM	3
PHLEXY-VITS POW	22
PHYTOMULTI TAB	22
<i>phytonadione tab 5 mg</i>	34

PNEUMOVAX 23 INJ 25/0.5	33
PNV TAB 20-1 TAB	27
PNV-DHA CAP DOCUSATE	27
PNV-OMEGA CAP	27
POCKET CHAMB MIS	13
POCKET SPACE MIS.....	13
<i>polyethylene glycol-propylene glycol ophth soln</i> <i>0.4-0.3%</i>	31
<i>polyethylene glycol-propylene glycol pf op soln</i> <i>0.4-0.3%</i>	31
<i>polysaccharide iron complex cap 150 mg (iron</i> <i>equivalent)</i>	10
<i>polyvinyl alcohol ophth soln 1.4%</i>	31
<i>polyvinyl alcohol-povidone ophth soln 5-6 mg/ml</i> <i>(0.5-0.6%)</i>	31
POLY-VI-SOL SOL 50MG/ML	26
POLY-VITA DRO.....	26
POLY-VITE DRO	26
PORENAL+D CAP OMEGA 3	22
<i>pot phos monobasic w/sod phos di & monobas</i> <i>tab 155-852-130mg</i>	14
<i>potassium citrate & citric acid powder pack 3300-</i> <i>1002 mg</i>	9
<i>potassium iodide oral soln 1 gm/ml</i>	6
<i>potassium phosphate monobasic tab 500 mg ..</i>	14
<i>povidone-iodine soln 10%</i>	5
PRECISION LIQ GLUC/KET	11
PRECISION TES XTRA	8
PREGEN DHA CAP	27
PREGENNA TAB	27
PREMESISRX TAB	27
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PRENA1 CHW.....	27
PRENA1 PEARL CAP	27
PRENAISSANCE CAP.....	27
PRENAISSANCE CAP PLUS.....	27
PRENAT DHA CHW 0.4-25MG	28
PRENAT MULTI CAP +DHA.....	28
<i>prenat w/o a w/fefum-methfol-fa-dha cap 27-</i> <i>0.6-0.4-300 mg</i>	28
PRENATAL ADV PAK BRAIN SU	28
PRENATAL CAP COMPLETE.....	28
PRENATAL CAP DHA	28
PRENATAL CAP ESSENTIA	28
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PRENATAL CHW NOURISH	28
PRENATAL COM CAP /DHA	28
PRENATAL DHA PAK MULTI	28
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PRENATAL MUL CAP DHA	28
PRENATAL MV MIS + DHA.....	28
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PRENATAL TAB	28
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PRENATAL TAB 28-0.8MG	28
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PRENATAL TAB IRON	28
PRENATAL TAB MULTIVIT	28
PRENATAL VIT TAB 28-0.8MG	28
PRENATAL VIT TAB MINERALS	28
<i>prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg</i>	28
<i>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg</i>	28
<i>prenatal vit w/ fe fumarate-fa tab 28-1 mg</i>	28
<i>prenatal vit w/ fe fum-methylfolate-fa tab 27-</i> <i>0.6-0.4 mg</i>	28
<i>prenatal vit w/ iron carbonyl-fa tab 29-1 mg</i>	28
<i>prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg</i>	28
PRENATAL/FA CAP +DHA	28
PRENATAL/FE TAB.....	28
PRENATAL+DHA MIS	28
PRENATAL+DHA MIS WOMENS	28
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PRENATE CAP ESSENT	28
PRENATE CAP PIXIE	28
PRENATE CAP RESTORE.....	28
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PRENATE MINI CAP	29
PRENATE TAB ELITE.....	29
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PRESERVision CAP AREDS 2	22
PRESERVision CAP LUTEIN	22
PRESERVision CHW AREDS 2.....	22
PRESERVision TAB AREDS	22
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PROCAINAMIDE POW.....	3
PRO-CAL TAB	22
PROCARE MIS ADULT	13
PROCARE MIS CHILD.....	13
PROCERV HP TAB.....	22
PROCHAMBER MIS VHC	13
PROCHLORPER POW MALEATE	5
PROFOLA TAB	22
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	<i>6</i>
<i>propylene glycol ophth soln 0.6%.....</i>	<i>31</i>
<i>propylene glycol-glycerin ophth soln 1-0.3%</i>	<i>31</i>
PRORENAL +D TAB.....	22
PRORENAL+D CAP OMEGA-3	22
PRORENAL+D TAB	22
PROTECT CAP CARDIO	22
PROTECT CAP PLUS SO	22
PROTEGRA CAP.....	22
PROVIDA OB CAP	29
PROVIT TAB	22
PROXCEED PLUS PAK	23
<i>pseudoephed-bromphen-dm syrup 30-2-10</i>	
<i>mg/5ml</i>	<i>6</i>
<i>pseudoephedrine hcl tab 30 mg</i>	<i>30</i>
<i>pseudoephedrine hcl tab 60 mg</i>	<i>30</i>
<i>pseudoephedrine hcl tab er 12hr 120 mg</i>	<i>30</i>
<i>pseudoephedrine w/ dm-gg liquid 30-10-100</i>	
<i>mg/5ml</i>	<i>6</i>
<i>pseudoephedrine-guaifenesin tab er 12hr 120-</i>	
<i>1200 mg.....</i>	<i>6</i>
<i>pseudoephedrine-guaifenesin tab er 12hr 60-600</i>	
<i>mg.....</i>	<i>6</i>
PURATHICK POW	32
PURE & GENTL DRO 0.3%.....	31
PURE COMFORT MIS SPACER.....	13
PX CALAMINE LOT	8
PX PRENATAL TAB MULTIVIT	29
<i>pyrantel pamoate susp 144 mg/ml (50 mg/ml</i>	
<i>base equiv)</i>	<i>2</i>
<i>pyridoxine hcl inj 100 mg/ml</i>	<i>34</i>

<i>pyridoxine hcl tab 100 mg</i>	<i>34</i>
<i>pyridoxine hcl tab 25 mg</i>	<i>34</i>
<i>pyridoxine hcl tab 250 mg</i>	<i>34</i>
<i>pyridoxine hcl tab 50 mg</i>	<i>34</i>
Q	
QC CAPSAICIN LIQ 0.15%	8
QC MULTI-VIT TAB	23
QC PRENATAL TAB 28-0.8MG	29
QUIN B TAB STRONG.....	23
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RA ESSENCE-C POW ORANGE	23
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REFRESH DRO RELIEVA.....	31
REFRESH DRO TEARS PF	31
REFRESH OPT SOL MEGA-3	31
REFRESH OPTI DRO 0.5-0.9%	31
REFRESH SOL DIGITAL	31
REFRESH SOL OPTIVE	31
RELNATE DHA CAP	29
REMEDIENT CAP.....	23
RENAPLEX-D TAB.....	23
RESOURCE LIQ WATER	32
RESOURCE POW THICKENU	32
RESPIRATORY THERAPY SUPPLIES.....	13
<i>riboflavin tab 100 mg.....</i>	<i>35</i>
<i>riboflavin tab 25 mg.....</i>	<i>35</i>
<i>riboflavin tab 50 mg.....</i>	<i>35</i>
RITEFLO MIS	13
RIVIVE SPR.....	4
RYKINDO INJ 25MG	5
RYKINDO INJ 37.5MG	5
RYKINDO INJ 50MG	5
S	
<i>saline nasal spray 0.65%</i>	<i>30</i>
SELECT-OB CHW	29
SELECT-OB+ PAK DHA	29
<i>selenium sulfide lotion 1%</i>	<i>7</i>
<i>sennosides chew tab 15 mg</i>	<i>10</i>
<i>sennosides syrup 8.8 mg/5ml</i>	<i>10</i>

<i>sennosides tab 15 mg</i>	10
<i>sennosides tab 17.2 mg</i>	10
<i>sennosides tab 25 mg</i>	10
<i>sennosides tab 8.6 mg</i>	10
<i>sennosides-docusate sodium tab 8.6-50 mg</i>	10
SENTRY SENIO TAB LUTEIN	23
SENTRY TAB	23
SIDEROL TAB.....	23
<i>simethicone cap 125 mg</i>	8
<i>simethicone cap 180 mg</i>	8
<i>simethicone chew tab 125 mg</i>	9
<i>simethicone chew tab 80 mg</i>	9
<i>simethicone liquid 40 mg/0.6ml</i>	9
<i>simethicone susp 40 mg/0.6ml</i>	9
SIMILAC PREN PAK EARLY SH	29
SIMPLY SALIN AER 0.9%	30
SIMPLYTHICK GEL	32
SIMPLYTHICK GEL EASY MIX.....	32
SIMPLYTHICK GEL EASYMIX.....	32
SIMPLYTHICK GEL HONEY.....	32
SIMPLYTHICK GEL NECTAR	32
SKIN BEAUTY/ PAK WELLNESS.....	23
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SM CALAMINE LOT	8
SM ONE DAILY MIS PRENATAL	29
SM ONE DAILY TAB MENS	23
SM ONE DAILY TAB WOMENS.....	23
SM PRENATAL TAB VITAMINS	29
<i>sodium bicarbonate tab 325 mg</i>	2
<i>sodium bicarbonate tab 650 mg</i>	2
<i>sodium chloride soln nebu 10%</i>	6
<i>sodium chloride soln nebu 3%</i>	6
<i>sodium chloride soln nebu 7%</i>	6
<i>sodium chloride tab 1 gm</i>	14
<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i> 14	
<i>sodium fluoride tab 1 mg f (from 2.2 mg naf)</i> ... 14	
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SPACE CHAMBR MIS MEDIUM	13
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<i>starch-maltodextrin oral thickening powder</i>	32
<i>starch-maltodextrin oral thickening powder</i> <i>packet</i>	32
<i>stavudine cap 15 mg</i>	5
<i>stavudine cap 20 mg</i>	5
<i>stavudine cap 30 mg</i>	5
<i>stavudine cap 40 mg</i>	5
STROVITE FOR SYP	23
STROVITE ONE TAB	23
STUART ONE CAP	29
SUDAFED 24HR TAB 240MG	30
SUPER ANTIOX CAP	23
SUPER POW NU-THERA.....	23
SUPERIOR TAB MENS	23
SUPPORT LIQ.....	23
SUPPORT-500 CAP	23
SYSTANE ICAP CHW AREDS2	23
SYSTANE ICAP TAB AREDS2.....	23

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TARON-C DHA CAP	29
<i>temozolomide cap 100 mg</i>	4
<i>temozolomide cap 140 mg</i>	4
<i>temozolomide cap 180 mg</i>	4
<i>temozolomide cap 20 mg</i>	4
<i>temozolomide cap 250 mg</i>	4
<i>temozolomide cap 5 mg</i>	4
THERA M PLUS TAB.....	23
THERABETIC TAB MULTIVIT	23
THERAGRAN-M TAB	23
THERAGRAN-M TAB 50 PLUS	23
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THERANATAL CAP LACTATIO	24
THERANATAL CAP ONE	29
THERANATAL MIS COMPLETE	29
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THERANATAL PAK OVAVITE	29
THERA-TABS M TAB	23
THERATEARS SOL 0.25% PF.....	31
THEREMS-M TAB.....	24

<i>thiamine hcl inj 100 mg/ml</i>	35
<i>thiamine hcl tab 100 mg</i>	35
<i>thiamine hcl tab 250 mg</i>	35
<i>thiamine hcl tab 50 mg</i>	35
<i>thiamine mononitrate tab 100 mg</i>	35
<i>thiamine mononitrate tab 250 mg</i>	35
THICKENUP POW CLEAR.....	32
THICK-IT #2 POW	32
THICK-IT LIQ HONEY	14
THICK-IT LIQ NECTAR.....	14
THIK & CLEAR PAK HONEY.....	32
THIK & CLEAR PAK NECTAR	32
THIK & CLEAR POW	32
TODAY SPONGE MIS.....	33
<i>tolnaftate aerosol pow 1%</i>	7
<i>tolnaftate cream 1%</i>	7
<i>tolnaftate soln 1%</i>	7
TRAZODONE POW	3
TRIMIPRAMINE POW MALEATE	3
TRINATAL RX TAB 1	29
TRISTART CAP FREE	29
TRISTART DHA CAP	29
TRISTART ONE CAP 35-1-215	29
TUMS CHW DEL CHW 1177MG	2
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VITACRAVES CHW IMMUNITY	24
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VITACRAVES CHW SOUR GUM.....	24
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VITAFOL CAP ULTRA.....	29
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VITAFOL FE+ CAP.....	29
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VITAFOL-OB PAK +DHA	30
VITAFOL-OB TAB 65-1MG	30
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VITAFUSION CHW PRENATAL	30
VITAJoy MULT CHW ADULT.....	24
VITAMED MD CAP ONE RX.....	30
VITAMIN C PAK BLEND.....	24
VITAMIN D3 TAB 2000UNIT	34
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<i>vitamin e cap 180 mg (400 unit)</i>	34
<i>vitamin e cap 268 mg (400 unit)</i>	34
<i>vitamin e cap 400 unit</i>	34
<i>vitamins a & d cap</i>	30
<i>vitamins a & d tab</i>	30
<i>vitamins w/ lipotropics cap</i>	30
<i>vitamins w/ lipotropics tab</i>	30
VITA-PAC CAP	29
VITAPEARL CAP	30
VITASANA TAB.....	24
VITATRUE MIS	30
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VITEYES CLAS CAP ADV	24
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VITEYES CLAS CAP MAC SUPP	24
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VORTEX VALVE MIS CHAMBER.....	13
VORTEX/MASK MIS CHILDS.....	13
VORTEX/MASK MIS TODDLER	13
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WAL-BORN CHW VIT C	25
WEGOVY INJ 0.25 MG	1
WEGOVY INJ 0.5 MG	1
WEGOVY INJ 1 MG	1
WEGOVY INJ 1.7 MG	1
WEGOVY INJ 2.4MG	1
WELLFOLA TAB	25
WESCAP-C DHA CAP	30
WESCAP-PN CAP DHA.....	30
WESNATAL DHA PAK COMPLETE	30

WESNATE DHA CAP.....	30
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<i>white petrolatum-mineral oil ophth ointment...</i>	31
WIDE-SEAL DPR KIT 60	11
WIDE-SEAL DPR KIT 65	11
WIDE-SEAL DPR KIT 70	11
WIDE-SEAL DPR KIT 75	11
WIDE-SEAL DPR KIT 80	11
WIDE-SEAL DPR KIT 85	11
WIDE-SEAL DPR KIT 90	11
WIDE-SEAL DPR KIT 95	11
WMNS MULTIVI CHW +COLLAGE	25
WOMENS 50+ TAB MULTIVIT	25
WOMENS DAILY PAK PACK	25
WOMENS MULT CHW GUMMIES	25
WOMENS MULTI TAB.....	25
WOMENS MULTI TAB VIT/MIN	25
WOMENS PAK	25
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YELETS TEEN TAB FORMULA	25
YOUR LIFE CHW GUMMIES	25
YUMVS DIABET CHW MULTIVIT	25
YUMVS MULTI CHW ZERO	25
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ZALVIT TAB 13-1MG.....	30
ZATEAN-PN CAP DHA	30
ZINC LOZ.....	25
ZINTREXYL-C TAB.....	25
ZIPHEX TAB 13-1MG.....	30
ZOSTRIX NAT CRE 0.033%	8

HAWAII MEDICAL SERVICE ASSOCIATION

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This formulary was updated on 10/01/2026. For more recent information or other questions, please contact HMSA.

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Pearl City Gateway | 1132 Kuala St., Suite 400

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