

Aetna Medicare Better Health (HMO D-SNP) 2025 List of Covered Drugs (*Drug List* or Formulary)

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

Formulary ID Number: 25101 Version 9

This formulary was updated on 01/01/2025. For more recent information or other questions, contact us at **1-855-463-0933** and **TTY users: 711**, 8 a.m. to 8 p.m., E.T., 7 days a week or visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)



Introduction

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

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If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)



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A. Disclaimers

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

- ❖ Aetna Medicare Better Health (HMO D-SNP) is a Fully Integrated Dual Eligible Special Needs Plan with a Medicare contract and a contract with the Virginia Medicaid Program. Enrollment in Aetna Medicare Better Health depends on contract renewal.
- ❖ Aetna Medicare es un plan HMO, PPO con un contrato de Medicare. Nuestros Planes de necesidades especiales (SNP, por sus siglas en inglés) también tienen contratos con los programas estatales de Medicaid. La inscripción en nuestros planes depende de la renovación del contrato.
- ❖ Aetna Medicare 是一項簽有 Medicare 合約的 PDP、HMO、PPO 計劃。我們的特殊需求計劃 (SNP) 也與州的 Medicaid 計劃簽有合約。能否參保我們的計劃視合約續簽情況而定。
- ❖ You can always check our plan's up-to-date List of Covered Drugs online at [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary) or by calling Member Services at **1-855-463-0933 (TTY:711)**. This call is free.
- ❖ **You can get this document for free in other formats, such as large print, braille, or audio. Call Member Services at **1-855-463-0933 (TTY:711)**. This call is free.**
- ❖ To make or change a standing request to get this document, now and in the future, in a language other than English or in an alternate format, contact Member Services.
- ❖ We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter just call us at **1-855-463-0933**. This is a free service.
- ❖ This document is available for free in Spanish, Arabic, and Vietnamese.
- ❖ See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations, and conditions of coverage. Plan features and availability may vary by service area. Other Pharmacies are available in our network. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary. Participating health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.

If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)



B. Frequently Asked Questions (FAQ)

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

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

The drugs on the *List of Covered Drugs* that starts in section C1 are the drugs covered by our plan. 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.”

- Our plan 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,
 - our plan agrees that the drug is medically necessary for you, **and**
 - you fill the prescription at a plan 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 [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary) or call Member Services at 1-855-463-0933 (TTY: 711).

B2. Does the *Drug List* ever change?

Yes, and our plan must follow Medicare and Cardinal Care 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 our plan before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

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

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

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



If you have questions, please call our plan at 1-855-463-0933 (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)

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

- You can always check our plan's up-to-date *Drug List* online at [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary). Updates to the *Drug List* are posted on the website monthly.
- You can also call Member Services 1-855-463-0933 (TTY: **711**) to check the current *Drug List*.

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

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

- **Substitutions of certain new versions of drugs.** We may immediately remove the drugs from the *Drug List* if we replace them with certain new versions of that drug, but your cost for the new drug may remain \$0 with the same or fewer restrictions. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.
 - We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
 - We can make these changes only if the drug we are adding:
 - is a new generic version of a brand name drug, or
 - is a certain new biosimilar version of original biological products on the *Drug List* (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).
 - Some of these drug types may be new to you. For more information, refer to Section B14. You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please refer to questions B10-B12 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or effective or the drug's manufacturer takes a drug off the market, we may immediately take it off the *Drug List*. If you are taking the drug, we will send you a notice after we make the change.
- Please contact your prescriber if a drug you are taking is removed from the drug list.

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

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We remove a brand name drug from the *Drug List* when adding a generic drug that is not new to the market, or
- we remove an original biological product when adding a biosimilar, or
- we change the coverage rules or limits for the brand name drug.
- When these changes happen, we will:
 - Tell you at least 30 days before we make the change to the *Drug List* **or**
 - Let you know and give you a 30-day supply of the drug after you ask for a refill.

If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)



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

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

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

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

- **Prior authorization:** For some drugs, you or your doctor or other prescriber must get authorization from our plan before you fill your prescription. Prior authorization is different from a referral. Our plan may not cover the drug if you don't get prior authorization.
- **Quantity limits:** Sometimes our plan name limits the amount of a drug you can get.
- **Step therapy:** Sometimes our plan name requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. Under Virginia law, your doctor or other prescriber must document either verbally or in writing why they feel the first drug is not effective for you and ask for the other drug to be covered.

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 [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary). We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

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

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

The table in the *List of Drugs* by medical condition has a column labeled "Necessary actions, restrictions, or limits on use."

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

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



If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)

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 on page 119. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list. 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 as well as over-the-counter (OTC) drugs are listed in the index.

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

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

If you don’t find your drug on the *Drug List*, call Member Services at **1-855-463-0933 (TTY:711)** and ask about it. If you learn that our plan will not cover the drug, you can do one of these things:

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

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

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

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

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

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

If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)



If you are taking a drug that our plan does not consider to be a Part D drug, you have the right to get a one-time, 72-hour emergency supply of the drug.

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

- We will cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new plan member.
- This is in addition to the temporary supply during the first 90 days you are a member of our plan.

Current members with a change in level of care

If you experience a change in your setting of care (such as being discharged or admitted to a nursing home or other long-term care facility), your provider or pharmacy can request a one-time prescription override. This one-time override will provide you with temporary coverage (up to a 30-day supply) for the applicable drug(s).

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

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

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

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

B11. How can I ask for an exception?

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

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

After we get a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours. To send your statement, you or your prescriber may call Member Services at **1-855-463-0933 (TTY: 711)**, 8 a.m. to 8 p.m., E.T., 7 days a week or visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary).

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



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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.

Our plan 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”. Our plan covers some OTC drugs when they are written as prescriptions by your provider. You can read the plan Drug List to find out what OTC drugs are covered.

B16. Does our plan cover non-drug OTC products?

Our plan covers some non-drug OTC products when they are written as prescriptions by your provider. An example of a non-drug OTC product includes condoms. Contact your Care Coordinator, your provider, or Member Services for more information.

B17. Does our plan cover long-term supplies of prescriptions?

- **Mail-Order Program.** We offer a mail-order program that allows you to get up to a 100-day supply of your prescription drugs sent directly to your home.
- **Long-Term Supply.** We offer a way to get a long-term supply of “maintenance” drugs on our plan’s *Drug List*. (Maintenance drugs are drugs that you take on a regular basis, for a chronic or long-term medical condition.)

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

Your local pharmacy may be able to deliver your prescription to your home. You can call your pharmacy to find out if they offer home delivery.

If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)



B19. What is my copay?

Plan members have no copays for prescription as long as the member follows the plan's rules.

Tiers are groups of drugs on our *Drug List*.

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

OTCs have a \$0 copay.

If you have questions, call Member Services at **1-855-463-0933 (TTY:711)**.



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C. Overview of the *List of Covered Drugs*

The *List of Covered Drugs* gives you information about the drugs covered by our plan. 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 our plan.

The information in the Requirements/Limits column tells you if our plan has any special requirements for coverage of your drug. The following abbreviations are used:

QL: Quantity Limits: For certain drugs, our plan limits the amount of the drug that we will cover.
PA: Prior Authorization: Our plan requires you or your provider to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
ST: Step Therapy: In some cases, our plan requires you to first try certain drugs to treat your medical condition, before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.
LD: Limited Distribution: The drug manufacturer may limit the number of pharmacies that can stock and dispense this medication.
MO: Mail-Order Delivery: Generally, the drugs available through mail order are drugs that you take on a regular basis, for a chronic or long-term medical condition.
B/D: Drugs that may be covered under Medicare Part B or Part D depending on the circumstance. These drugs require prior authorization to determine coverage under Part B or Part D. Information may need to be provided that describes the use or the place where the drug is received to determine coverage.
EA: Each
ML: Milliliter
ACS: Available at CVS Specialty Pharmacy. These drugs are for complex medical conditions and may require special handling and/or close monitoring. They are available through CVS Specialty Pharmacy Services or other specialty pharmacies in the network. You may not be able to get them at your local pharmacy.
HRM: High Risk Medication. According to medical experts, these drugs may cause adverse side effects if you are 65 years of age or older. If you are taking one of these drugs, ask your doctor if there are safer options available.
OTC: Over-the-Counter. Aetna Medicare Better Health (HMO D-SNP) covers some OTC drugs when they are written as prescriptions by your provider.

If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)



C1. List of Drugs by Medical Condition

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

The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics (for example, *levothyroxine*), brand name drugs are capitalized (for example, SYNTHROID), The information in the “Necessary actions, restrictions, or limits on use” column tells you if our plan has any rules for covering your drug.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANALGESICS		
GOUT		
<i>allopurinol tablet 100mg, 300mg</i>	\$0 (Tier 1)	MO
<i>colchicine tablet 0.6mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>febuxostat</i>	\$0 (Tier 1)	ST MO
<i>probenecid</i>	\$0 (Tier 1)	MO
<i>probenecid/colchicine</i>	\$0 (Tier 1)	MO
MISCELLANEOUS		
<i>lidocaine hcl injection 0.5%, 1.5%, 2%, 4%</i>	\$0 (Tier 1)	
<i>lidocaine hydrochloride injection 0.5%, 1%, 1.5%, 2%, 4%</i>	\$0 (Tier 1)	
NSAIDS		
<i>celecoxib capsule 400mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>celecoxib capsule 100mg, 200mg, 50mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>diclofenac potassium tablet 50mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>diclofenac sodium dr</i>	\$0 (Tier 1)	MO
<i>diclofenac sodium er</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>diclofenac sodium/misoprostol tablet delayed release 50mg; 200mcg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>diclofenac sodium/misoprostol tablet delayed release 75mg; 200mcg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>diflunisal</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>ec-naproxen tablet delayed release 375mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>ec-naproxen tablet delayed release 500mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>etodolac er tablet extended release 24 hour 600mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>etodolac er tablet extended release 24 hour 400mg, 500mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>etodolac capsule 300mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO



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Drug Name		Requirements/Limits
<i>etodolac capsule 200mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>etodolac tablet 500mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>etodolac tablet 400mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
FENOPROFEN CALCIUM CAPSULE 400MG	\$0 (Tier 1)	QL (240 EA per 30 days) MO
<i>fenopropfen calcium tablet 600mg</i>	\$0 (Tier 1)	QL (150 EA per 30 days) MO
<i>flurbiprofen tablet 100mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>ibu</i>	\$0 (Tier 1)	MO
<i>ibuprofen tablet</i>	\$0 (Tier 1)	MO
<i>ibuprofen suspension</i>	\$0 (Tier 1)	MO
<i>ketoprofen er</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>ketorolac tromethamine tablet 10mg</i>	\$0 (Tier 1)	QL (20 EA per 30 days) PA MO
<i>meloxicam tablet</i>	\$0 (Tier 1)	MO
<i>nabumetone</i>	\$0 (Tier 1)	MO
<i>naproxen dr tablet delayed release 375mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>naproxen dr tablet delayed release 500mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>naproxen sodium tablet</i>	\$0 (Tier 1)	MO
<i>naproxen tablet</i>	\$0 (Tier 1)	MO
<i>naproxen tablet delayed release</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>naproxen suspension</i>	\$0 (Tier 1)	QL (1800 ML per 30 days) PA MO
<i>oxaprozin</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>piroxicam capsule 20mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>piroxicam capsule 10mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>sulindac</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
OPIOID ANALGESICS, LONG-ACTING		
<i>buprenorphine transdermal patch</i>	\$0 (Tier 1)	QL (4 EA per 28 days) PA MO
<i>fentanyl transdermal patch</i>	\$0 (Tier 1)	QL (10 EA per 30 days) PA MO
<i>hydrocodone bitartrate er tablet er 24 hour abuse-deterrent (generic Hysingla ER)</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
METHADONE HCL INJECTION	\$0 (Tier 1)	PA
<i>methadone hcl oral solution</i>	\$0 (Tier 1)	QL (450 ML per 30 days) PA MO
<i>methadone hcl tablet</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA MO
<i>methadone hcl oral concentrate 10mg/ml</i>	\$0 (Tier 1)	QL (90 ML per 30 days) PA MO
<i>morphine sulfate er tablet extended release (generic MS Contin) 30mg, 60mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>morphine sulfate er tablet extended release (generic MS Contin)100mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>morphine sulfate er tablet extended release (generic MS Contin) 15mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
MORPHINE SULFATE/SODIUM CHLORIDE	\$0 (Tier 1)	B/D
<i>tramadol hcl er tablet extended release 24 hour</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM

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Drug Name		Requirements/Limits
<i>tramadol hydrochloride er tablet extended release 24 hour</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen/codeine tablet</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>acetaminophen/codeine solution 120mg/5ml; 12mg/5ml</i>	\$0 (Tier 1)	QL (2700 ML per 30 days) MO
<i>butorphanol tartrate nasal solution</i>	\$0 (Tier 1)	QL (5 ML per 30 days) MO
<i>butorphanol tartrate injection 1mg/ml</i>	\$0 (Tier 1)	
<i>butorphanol tartrate injection 2mg/ml</i>	\$0 (Tier 1)	MO
CODEINE SULFATE TABLET	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>endocet</i>	\$0 (Tier 1)	QL (180 EA per 30 days)
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO
<i>fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO
<i>hydrocodone bitartrate/acetaminophen tablet</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 10mg/15ml</i>	\$0 (Tier 1)	QL (2700 ML per 30 days)
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	\$0 (Tier 1)	QL (2700 ML per 30 days) MO
<i>hydrocodone/acetaminophen tablet 7.5mg; 325mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>hydrocodone/ibuprofen</i>	\$0 (Tier 1)	QL (150 EA per 30 days) MO
<i>hydromorphone hcl tablet</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>hydromorphone hcl liquid</i>	\$0 (Tier 1)	QL (600 ML per 30 days) MO
HYDROMORPHONE HYDROCHLORIDE INJECTION 0.25MG/0.5ML	\$0 (Tier 1)	B/D
<i>morphine sulfate tablet</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
MORPHINE SULFATE INJECTION 10MG/ML (IV VIAL AND IV PF CARPUJECT), 2MG/ML (IM OR IV PF CARPUJECT, IM OR IV PF VIAL, AND IM OR IV PREFILLED SYRINGE), 4MG/ML (IV VIAL AND IV PF CARPUJECT), 50MG/ML (IV OR IM PF VIAL), 5MG/ML (IV OR IM PF VIAL), 8MG/ML (IV VIAL AND IV PF CARPUJECT)	\$0 (Tier 1)	B/D
<i>morphine sulfate inj 0.5mg/ml pf vial, 10mg/ml im or iv pf vial, 4mg/ml im or iv pf vial and im or iv pf prefilled syringe, 50mg/ml iv vial, 8mg/ml im or iv pf vial</i>	\$0 (Tier 1)	B/D
<i>morphine sulfate injection 1mg/ml</i>	\$0 (Tier 1)	B/D MO
<i>morphine sulfate oral solution 10mg/5ml, 20mg/5ml</i>	\$0 (Tier 1)	QL (900 ML per 30 days) MO



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Drug Name		Requirements/Limits
<i>morphine sulfate oral solution 100mg/5ml</i>	\$0 (Tier 1)	QL (180 ML per 30 days) MO
<i>oxycodone hcl</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride capsule</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride solution</i>	\$0 (Tier 1)	QL (900 ML per 30 days) MO
<i>oxycodone hydrochloride concentrate</i>	\$0 (Tier 1)	QL (180 ML per 30 days) MO
<i>oxycodone hydrochloride tablet 30mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>oxycodone hydrochloride tablet 10mg, 15mg, 20mg, 5mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>tramadol hydrochloride tablet 50mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days) MO; HRM
<i>tramadol hydrochloride/acetaminophen</i>	\$0 (Tier 1)	QL (240 EA per 30 days) MO; HRM

ANTI-INFECTIVES**ANTI-INFECTIVES - MISCELLANEOUS**

<i>albendazole</i>	\$0 (Tier 1)	MO
<i>amikacin sulfate</i>	\$0 (Tier 1)	MO
ARIKAYCE	\$0 (Tier 1)	PA; LD
<i>atovaquone</i>	\$0 (Tier 1)	PA MO
<i>aztreonam</i>	\$0 (Tier 1)	MO
CAYSTON	\$0 (Tier 1)	PA; ACS LD
<i>chloramphenicol sodium succinate</i>	\$0 (Tier 1)	
<i>clindamycin hcl</i>	\$0 (Tier 1)	MO
<i>clindamycin hydrochloride</i>	\$0 (Tier 1)	MO
<i>clindamycin palmitate hcl solution 75mg/5ml</i>	\$0 (Tier 1)	MO
<i>clindamycin phosphate/dextrose</i>	\$0 (Tier 1)	
<i>clindamycin phosphate injection 9000mg/60ml, 900mg/6ml</i>	\$0 (Tier 1)	
<i>clindamycin phosphate injection 600mg/4ml</i>	\$0 (Tier 1)	MO
CLINDAMYCIN/SODIUM CHLORIDE	\$0 (Tier 1)	
<i>colistimethate sodium</i>	\$0 (Tier 1)	PA MO
<i>dapsone tablet 100mg, 25mg</i>	\$0 (Tier 1)	MO
DAPTOMYCIN/SODIUM CHLORIDE	\$0 (Tier 1)	
DAPTOMYCIN INJECTION 350MG	\$0 (Tier 1)	
<i>daptomycin injection 500mg</i>	\$0 (Tier 1)	
EMVERM	\$0 (Tier 1)	QL (12 EA per 365 days) MO
<i>ertapenem</i>	\$0 (Tier 1)	MO
<i>ertapenem sodium</i>	\$0 (Tier 1)	MO
<i>gentamicin sulfate pediatric injection 10mg/ml</i>	\$0 (Tier 1)	MO
<i>gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	\$0 (Tier 1)	

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Drug Name		Requirements/Limits
<i>gentamicin sulfate/0.9% sodium chloride injection</i> <i>1.6mg/ml; 0.9%</i>	\$0 (Tier 1)	MO
<i>gentamicin sulfate injection 40mg/ml</i>	\$0 (Tier 1)	MO
<i>imipenem/cilastatin</i>	\$0 (Tier 1)	MO
IMPAVIDO	\$0 (Tier 1)	QL (84 EA per 28 days) PA MO
<i>isotonic gentamicin</i>	\$0 (Tier 1)	
<i>ivermectin tablet 3mg</i>	\$0 (Tier 1)	QL (12 EA per 90 days) PA MO
<i>linezolid tablet</i>	\$0 (Tier 1)	QL (56 EA per 28 days) PA MO
<i>linezolid suspension reconstituted</i>	\$0 (Tier 1)	QL (1800 ML per 30 days) PA MO
LINEZOLID IN SODIUM CHLORIDE INJECTION 600MG/300ML; 0.9%	\$0 (Tier 1)	PA
<i>linezolid injection 600mg/300ml</i>	\$0 (Tier 1)	PA
<i>meropenem</i>	\$0 (Tier 1)	MO
<i>methenamine hippurate</i>	\$0 (Tier 1)	MO
<i>methenamine mandelate</i>	\$0 (Tier 1)	MO
<i>metronidazole capsule 375mg</i>	\$0 (Tier 1)	MO
<i>metronidazole injection 500mg/100ml</i>	\$0 (Tier 1)	
<i>metronidazole tablet 250mg, 500mg</i>	\$0 (Tier 1)	MO
<i>neomycin sulfate</i>	\$0 (Tier 1)	MO
<i>nitazoxanide</i>	\$0 (Tier 1)	QL (6 EA per 30 days) MO
<i>nitrofurantoin macrocrystals capsule 100mg, 50mg</i>	\$0 (Tier 1)	MO
<i>nitrofurantoin macrocrystals capsule 25mg</i>	\$0 (Tier 1)	MO
<i>nitrofurantoin monohydrate/macrocrystals capsule</i> <i>100mg</i>	\$0 (Tier 1)	MO
<i>pentamidine isethionate inhalation solution</i> <i>reconstituted</i>	\$0 (Tier 1)	B/D MO
<i>pentamidine isethionate injection</i>	\$0 (Tier 1)	MO
<i>praziquantel</i>	\$0 (Tier 1)	MO
<i>pyrimethamine</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA MO
SIVEXTRO INJECTION	\$0 (Tier 1)	
SIVEXTRO TABLET	\$0 (Tier 1)	MO
<i>streptomycin sulfate</i>	\$0 (Tier 1)	MO
<i>sulfadiazine</i>	\$0 (Tier 1)	MO
<i>sulfamethoxazole/trimethoprim ds</i>	\$0 (Tier 1)	MO
<i>sulfamethoxazole/trimethoprim suspension, tablet</i>	\$0 (Tier 1)	MO
<i>sulfamethoxazole/trimethoprim injection</i>	\$0 (Tier 1)	MO
<i>tinidazole</i>	\$0 (Tier 1)	MO
TOBI PODHALER	\$0 (Tier 1)	QL (224 EA per 56 days) PA; ACS LD
<i>tobramycin sulfate injection 10mg/ml, 40mg/ml</i>	\$0 (Tier 1)	
<i>tobramycin sulfate injection 1.2gm/30ml, 80mg/2ml</i>	\$0 (Tier 1)	MO



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Drug Name	Requirements/Limits
<i>tobramycin sulfate injection 1.2gm</i>	\$0 (Tier 1)
<i>tobramycin nebulization solution 300mg/5ml</i>	\$0 (Tier 1) QL (280 ML per 56 days) PA; ACS
<i>trimethoprim</i>	\$0 (Tier 1) MO
VANCOMYCIN	\$0 (Tier 1)
VANCOMYCIN HCL INJECTION 0.9%; 1GM/200ML	\$0 (Tier 1)
<i>vancomycin hcl injection 100gm, 10gm</i>	\$0 (Tier 1)
<i>vancomycin hydrochloride capsule 125mg</i>	\$0 (Tier 1) QL (120 EA per 30 days) MO
<i>vancomycin hydrochloride capsule 250mg</i>	\$0 (Tier 1) QL (240 EA per 30 days) MO
VANCOMYCIN HYDROCHLORIDE INJECTION 1000MG/200ML, 1250MG/250ML, 1500MG/300ML, 1750MG/350ML, 500MG/100ML, 750MG/150ML	\$0 (Tier 1)
<i>vancomycin hydrochloride injection 1.25gm, 1.5gm, 1.75gm, 1gm, 2gm, 5gm, 750mg</i>	\$0 (Tier 1)
<i>vancomycin hydrochloride injection 500mg</i>	\$0 (Tier 1) MO
ANTIFUNGALS	
ABELCET	\$0 (Tier 1) B/D
<i>amphotericin b</i>	\$0 (Tier 1) B/D MO
<i>amphotericin b liposome</i>	\$0 (Tier 1) B/D MO
<i>caspofungin acetate</i>	\$0 (Tier 1)
<i>fluconazole</i>	\$0 (Tier 1) MO
<i>fluconazole in sodium chloride injection 200mg; 100ml, 400mg; 100ml</i>	\$0 (Tier 1)
<i>fluconazole/sodium chloride injection 100mg/50ml</i>	\$0 (Tier 1)
<i>flucytosine</i>	\$0 (Tier 1) PA MO
<i>griseofulvin microsize</i>	\$0 (Tier 1) MO
<i>griseofulvin ultramicrosize</i>	\$0 (Tier 1) MO
<i>itraconazole capsule</i>	\$0 (Tier 1) PA MO
<i>ketoconazole tablet 200mg</i>	\$0 (Tier 1) PA MO
<i>micafungin</i>	\$0 (Tier 1)
<i>mycamine injection 50mg</i>	\$0 (Tier 1) MO
<i>nystatin tablet 500000unit</i>	\$0 (Tier 1) MO
<i>posaconazole suspension</i>	\$0 (Tier 1) QL (630 ML per 30 days) PA MO
<i>posaconazole dr</i>	\$0 (Tier 1) QL (93 EA per 30 days) PA MO
<i>terbinafine hcl tablet 250mg</i>	\$0 (Tier 1) QL (90 EA per 365 days) MO
<i>voriconazole injection</i>	\$0 (Tier 1) PA
<i>voriconazole suspension reconstituted</i>	\$0 (Tier 1) PA MO
<i>voriconazole tablet 200mg</i>	\$0 (Tier 1) QL (120 EA per 30 days) MO
<i>voriconazole tablet 50mg</i>	\$0 (Tier 1) QL (480 EA per 30 days) MO

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Drug Name	Requirements/Limits
ANTIMALARIALS	
<i>atovaquone/proguanil hcl</i>	\$0 (Tier 1) MO
<i>chloroquine phosphate</i>	\$0 (Tier 1) MO
COARTEM	\$0 (Tier 1) MO
<i>mefloquine hcl</i>	\$0 (Tier 1) MO
<i>primaquine phosphate</i>	\$0 (Tier 1) MO
<i>quinine sulfate</i>	\$0 (Tier 1) PA MO
ANTIRETROVIRAL AGENTS	
<i>abacavir</i>	\$0 (Tier 1) MO
APTIVUS	\$0 (Tier 1) MO
<i>atazanavir</i>	\$0 (Tier 1) MO
<i>atazanavir sulfate</i>	\$0 (Tier 1) MO
<i>darunavir tablet 800mg</i>	\$0 (Tier 1) QL (30 EA per 30 days) MO
<i>darunavir tablet 600mg</i>	\$0 (Tier 1) QL (60 EA per 30 days) MO
EDURANT	\$0 (Tier 1) MO
<i>efavirenz tablet 600mg</i>	\$0 (Tier 1) MO
<i>emtricitabine</i>	\$0 (Tier 1) MO
EMTRIVA ORAL SOLUTION	\$0 (Tier 1) MO
<i>etravirine</i>	\$0 (Tier 1) MO
<i>fosamprenavir calcium</i>	\$0 (Tier 1) MO
FUZEON	\$0 (Tier 1) MO; LD
INTELENCE TABLET 25MG	\$0 (Tier 1)
ISENTRESS HD	\$0 (Tier 1) MO
ISENTRESS PACKET, TABLET	\$0 (Tier 1) MO
ISENTRESS TABLET CHEWABLE 25MG	\$0 (Tier 1) MO
ISENTRESS TABLET CHEWABLE 100MG	\$0 (Tier 1) MO
<i>lamivudine solution 10mg/ml</i>	\$0 (Tier 1) MO
<i>lamivudine tablet 150mg, 300mg</i>	\$0 (Tier 1) MO
<i>maraviroc</i>	\$0 (Tier 1) MO
<i>nevirapine er</i>	\$0 (Tier 1) MO
<i>nevirapine tablet</i>	\$0 (Tier 1) MO
<i>nevirapine suspension</i>	\$0 (Tier 1) MO
NORVIR PACKET	\$0 (Tier 1) MO
PIFELTRO	\$0 (Tier 1) MO
PREZISTA SUSPENSION	\$0 (Tier 1) QL (400 ML per 30 days) MO
PREZISTA TABLET 75MG	\$0 (Tier 1) QL (480 EA per 30 days) MO
PREZISTA TABLET 150MG	\$0 (Tier 1) QL (240 EA per 30 days) MO
REYATAZ PACKET	\$0 (Tier 1) MO
<i>ritonavir</i>	\$0 (Tier 1) MO
RUKOBIA	\$0 (Tier 1) MO
SELZENTRY SOLUTION	\$0 (Tier 1) MO



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Drug Name	Requirements/Limits	
SELZENTRY TABLET 25MG	\$0 (Tier 1)	
SELZENTRY TABLET 75MG	\$0 (Tier 1)	
SUNLENCA INJECTION	\$0 (Tier 1)	QL (3 ML per 180 days) MO; LD
SUNLENCA TABLET THERAPY PACK (5 TAB PACK) 300MG	\$0 (Tier 1)	QL (10 EA per 365 days) MO; LD
SUNLENCA TABLET THERAPY PACK (4 TAB PACK) 300MG	\$0 (Tier 1)	QL (8 EA per 365 days) MO; LD
<i>tenofovir disoproxil fumarate</i>	\$0 (Tier 1)	MO
TIVICAY PD	\$0 (Tier 1)	MO
TIVICAY TABLET 10MG	\$0 (Tier 1)	MO
TIVICAY TABLET 25MG, 50MG	\$0 (Tier 1)	MO
TROGARZO	\$0 (Tier 1)	MO; LD
TYBOST	\$0 (Tier 1)	MO
VIRACEPT	\$0 (Tier 1)	MO
VIREAD POWDER, TABLET 150MG, 200MG, 250MG	\$0 (Tier 1)	MO
<i>zidovudine capsule, syrup</i>	\$0 (Tier 1)	MO
<i>zidovudine tablet</i>	\$0 (Tier 1)	MO
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate/lamivudine</i>	\$0 (Tier 1)	MO
BIKTARVY	\$0 (Tier 1)	MO
CIMDUO	\$0 (Tier 1)	MO
COMPLERA	\$0 (Tier 1)	MO
DELSTRIGO	\$0 (Tier 1)	MO
DESCOVY	\$0 (Tier 1)	MO
DOVATO	\$0 (Tier 1)	MO
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	\$0 (Tier 1)	MO
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	\$0 (Tier 1)	MO
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg, 133mg; 200mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>emtricitabine/tenofovir disoproxil tablet 167mg; 250mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
EVOTAZ	\$0 (Tier 1)	MO
GENVOYA	\$0 (Tier 1)	MO
JULUCA	\$0 (Tier 1)	MO
<i>lamivudine/zidovudine</i>	\$0 (Tier 1)	MO
<i>lopinavir/ritonavir</i>	\$0 (Tier 1)	MO
ODEFSEY	\$0 (Tier 1)	MO

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Drug Name	Requirements/Limits
PREZCOBIX	\$0 (Tier 1) MO
STRIBILD	\$0 (Tier 1) MO
SYMTUZA	\$0 (Tier 1) MO
TRIUMEQ	\$0 (Tier 1) MO
TRIUMEQ PD	\$0 (Tier 1) MO
ANTITUBERCULAR AGENTS	
<i>cycloserine</i>	\$0 (Tier 1) MO
<i>ethambutol hydrochloride</i>	\$0 (Tier 1) MO
<i>isoniazid tablet</i>	\$0 (Tier 1) MO
<i>isoniazid injection</i>	\$0 (Tier 1) MO
<i>isoniazid syrup</i>	\$0 (Tier 1) MO
PRETOMANID	\$0 (Tier 1) QL (30 EA per 30 days) PA
PRIFTIN	\$0 (Tier 1) MO
<i>pyrazinamide</i>	\$0 (Tier 1) MO
<i>rifabutin</i>	\$0 (Tier 1) MO
<i>rifampin capsule</i>	\$0 (Tier 1) MO
<i>rifampin injection</i>	\$0 (Tier 1) MO
SIRTURO	\$0 (Tier 1) PA; ACS LD
TRECTOR	\$0 (Tier 1) MO
ANTIVIRALS	
<i>acyclovir capsule, suspension, tablet</i>	\$0 (Tier 1) MO
<i>acyclovir sodium injection</i>	\$0 (Tier 1) B/D
<i>adefovir dipivoxil</i>	\$0 (Tier 1) QL (30 EA per 30 days) MO
BARACLUDE ORAL SOLUTION	\$0 (Tier 1) QL (630 ML per 30 days) MO
<i>entecavir</i>	\$0 (Tier 1) QL (30 EA per 30 days) MO
EPCLUSA	\$0 (Tier 1) PA; ACS
<i>famciclovir tablet 500mg</i>	\$0 (Tier 1) QL (21 EA per 30 days) MO
<i>famciclovir tablet 125mg, 250mg</i>	\$0 (Tier 1) QL (60 EA per 30 days) MO
<i>ganciclovir</i>	\$0 (Tier 1) B/D
HARVONI	\$0 (Tier 1) PA; ACS
<i>lamivudine tablet 100mg</i>	\$0 (Tier 1) MO
LIVTENCITY	\$0 (Tier 1) QL (336 EA per 28 days) PA; LD
MAVYRET	\$0 (Tier 1) PA; ACS
<i>oseltamivir phosphate capsule 30mg</i>	\$0 (Tier 1) QL (168 EA per 365 days) MO
<i>oseltamivir phosphate capsule 45mg, 75mg</i>	\$0 (Tier 1) QL (84 EA per 365 days) MO
<i>oseltamivir phosphate suspension reconstituted</i>	\$0 (Tier 1) QL (1080 ML per 365 days) MO
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	\$0 (Tier 1) QL (40 EA per 180 days)
PAXLOVID TABLET THERAPY PACK 300MG; 100MG	\$0 (Tier 1) QL (60 EA per 180 days)
PEGASYS	\$0 (Tier 1) PA; ACS



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Drug Name		Requirements/Limits
PREVYMIS TABLET	\$0 (Tier 1)	QL (28 EA per 28 days) PA MO
RELENZA DISKHALER	\$0 (Tier 1)	QL (120 EA per 365 days) MO
<i>ribavirin capsule</i>	\$0 (Tier 1)	ACS
<i>ribavirin tablet</i>	\$0 (Tier 1)	ACS
<i>rimantadine hydrochloride</i>	\$0 (Tier 1)	MO
<i>valacyclovir hydrochloride</i>	\$0 (Tier 1)	MO
<i>valganciclovir hydrochloride oral solution</i>	\$0 (Tier 1)	MO
<i>valganciclovir tablet 450mg</i>	\$0 (Tier 1)	MO
VOSEVI	\$0 (Tier 1)	PA; ACS
CEPHALOSPORINS		
CEFACTOR ER	\$0 (Tier 1)	MO
<i>cefactor suspension reconstituted</i>	\$0 (Tier 1)	
<i>cefactor capsule</i>	\$0 (Tier 1)	MO
<i>cefadroxil</i>	\$0 (Tier 1)	MO
CEFAZOLIN SODIUM INJECTION 1GM/50ML; 4%	\$0 (Tier 1)	
CEFAZOLIN SODIUM INJECTION 100GM, 300GM	\$0 (Tier 1)	
<i>cefazolin sodium intravenous injection 1gm</i>	\$0 (Tier 1)	
<i>cefazolin sodium injection 10gm (intravenous only), 1gm (intramuscular or intravenous), 500mg (intramuscular or intravenous)</i>	\$0 (Tier 1)	MO
CEFAZOLIN/DEXTROSE	\$0 (Tier 1)	
CEFAZOLIN INJECTION 2GM/100ML; 4%	\$0 (Tier 1)	
CEFAZOLIN INTRAVENOUS SINGLE DOSE VIAL INJECTION 2GM, 3GM	\$0 (Tier 1)	
<i>cefazolin intramuscular or intravenous injection 3gm</i>	\$0 (Tier 1)	
<i>cefazolin intramuscular or intravenous injection 2gm</i>	\$0 (Tier 1)	MO
<i>cefdinir</i>	\$0 (Tier 1)	MO
<i>cefepime injection 1gm, 2gm</i>	\$0 (Tier 1)	MO
<i>cefixime capsule</i>	\$0 (Tier 1)	MO
<i>cefixime suspension reconstituted</i>	\$0 (Tier 1)	MO
<i>cefotetan injection 1gm/10ml, 2gm/20ml</i>	\$0 (Tier 1)	
<i>cefoxitin sodium injection 1gm, 10gm, 2gm</i>	\$0 (Tier 1)	
<i>cefpodoxime proxetil</i>	\$0 (Tier 1)	MO
<i>cefprozil</i>	\$0 (Tier 1)	MO
<i>ceftazidime injection 6gm</i>	\$0 (Tier 1)	
<i>ceftazidime injection 1gm, 2gm</i>	\$0 (Tier 1)	MO
<i>ceftriaxone in iso-osmotic dextrose</i>	\$0 (Tier 1)	

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Drug Name		Requirements/Limits
CEFTRIAXONE SODIUM INJECTION 100GM	\$0 (Tier 1)	
<i>ceftriaxone sodium intravenous injection 1gm</i>	\$0 (Tier 1)	
<i>ceftriaxone sodium injection 10gm (intravenous only), 1gm (intramuscular or intravenous), 250mg (intramuscular or intravenous), 2gm (intramuscular or intravenous), 500mg (intramuscular or intravenous)</i>	\$0 (Tier 1)	MO
<i>cefuroxime axetil tablet</i>	\$0 (Tier 1)	MO
<i>cefuroxime sodium injection 1.5gm</i>	\$0 (Tier 1)	
<i>cefuroxime sodium injection 750mg</i>	\$0 (Tier 1)	MO
<i>cephalexin capsule 250mg, 500mg</i>	\$0 (Tier 1)	MO
<i>cephalexin capsule 750mg</i>	\$0 (Tier 1)	MO
<i>cephalexin suspension reconstituted, tablet tazicef</i>	\$0 (Tier 1)	MO
TEFLARO	\$0 (Tier 1)	
ERYTHROMYCINS/MACROLIDES		
AZITHROMYCIN PACKET	\$0 (Tier 1)	MO
<i>azithromycin tablet</i>	\$0 (Tier 1)	MO
<i>azithromycin suspension reconstituted</i>	\$0 (Tier 1)	MO
<i>azithromycin injection</i>	\$0 (Tier 1)	MO
<i>clarithromycin er</i>	\$0 (Tier 1)	MO
<i>clarithromycin tablet</i>	\$0 (Tier 1)	MO
<i>clarithromycin suspension reconstituted</i>	\$0 (Tier 1)	MO
DIFICID SUSPENSION RECONSTITUTED	\$0 (Tier 1)	
DIFICID TABLET	\$0 (Tier 1)	MO
<i>erythromycin base</i>	\$0 (Tier 1)	MO
<i>erythromycin dr</i>	\$0 (Tier 1)	MO
<i>erythromycin ethylsuccinate tablet</i>	\$0 (Tier 1)	MO
<i>erythromycin lactobionate</i>	\$0 (Tier 1)	
FLUOROQUINOLONES		
<i>ciprofloxacin hcl tablet 100mg, 750mg</i>	\$0 (Tier 1)	MO
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	\$0 (Tier 1)	MO
<i>ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%</i>	\$0 (Tier 1)	
<i>ciprofloxacin i.v.-in d5w injection 400mg/200ml; 5%</i>	\$0 (Tier 1)	MO
<i>levofloxacin in d5w</i>	\$0 (Tier 1)	
<i>levofloxacin injection 25mg/ml</i>	\$0 (Tier 1)	
<i>levofloxacin oral solution 25mg/ml</i>	\$0 (Tier 1)	MO
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	\$0 (Tier 1)	MO
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	\$0 (Tier 1)	
<i>moxifloxacin hydrochloride injection 400mg/250ml</i>	\$0 (Tier 1)	
<i>moxifloxacin hydrochloride tablet 400mg</i>	\$0 (Tier 1)	MO



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Drug Name	Requirements/Limits
PENICILLINS	
<i>amoxicillin/clavulanate potassium er</i>	\$0 (Tier 1) MO
<i>amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i>	\$0 (Tier 1) MO
<i>amoxicillin/clavulanate potassium suspension reconstituted 250mg/5ml; 62.5mg/5ml</i>	\$0 (Tier 1) MO
<i>amoxicillin/clavulanate potassium tablet chewable 200mg; 28.5mg</i>	\$0 (Tier 1) MO
<i>amoxicillin/clavulanate potassium tablet chewable 400mg; 57mg</i>	\$0 (Tier 1) MO
<i>amoxicillin/clavulanate potassium tablet 500mg; 125mg, 875mg; 125mg</i>	\$0 (Tier 1) MO
<i>amoxicillin/clavulanate potassium tablet 250mg; 125mg</i>	\$0 (Tier 1) MO
<i>amoxicillin capsule, tablet chewable, tablet</i>	\$0 (Tier 1) MO
<i>amoxicillin suspension reconstituted 125mg/5ml, 200mg/5ml, 250mg/5ml</i>	\$0 (Tier 1) MO
<i>amoxicillin suspension reconstituted 400mg/5ml</i>	\$0 (Tier 1) MO
<i>ampicillin capsule</i>	\$0 (Tier 1) MO
<i>ampicillin sodium injection 10gm, 125mg, 1gm i.v., 250mg, 2gm i.v.</i>	\$0 (Tier 1) MO
<i>ampicillin sodium injection 1gm, 2gm, 500mg</i>	\$0 (Tier 1) MO
<i>ampicillin-sulbactam</i>	\$0 (Tier 1)
<i>ampicillin/sulbactam</i>	\$0 (Tier 1)
BICILLIN L-A	\$0 (Tier 1) MO
<i>dicloxacillin sodium</i>	\$0 (Tier 1) MO
EXTENCILLINE	\$0 (Tier 1)
LENTOCILIN	\$0 (Tier 1)
<i>nafcillin sodium injection 1gm</i>	\$0 (Tier 1)
<i>nafcillin sodium injection 2gm</i>	\$0 (Tier 1) MO
<i>nafcillin sodium injection 10gm</i>	\$0 (Tier 1)
<i>oxacillin sodium injection 10gm, 1gm, 2gm</i>	\$0 (Tier 1)
<i>penicillin g potassium</i>	\$0 (Tier 1) MO
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	\$0 (Tier 1)
<i>penicillin g sodium</i>	\$0 (Tier 1)
<i>penicillin v potassium tablet</i>	\$0 (Tier 1) MO
<i>penicillin v potassium solution reconstituted</i>	\$0 (Tier 1) MO
<i>piperacillin sodium/tazobactam sodium</i>	\$0 (Tier 1)
TETRACYCLINES	
<i>doxy 100 injection</i>	\$0 (Tier 1) MO

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Drug Name		Requirements/Limits
<i>doxycycline hyclate capsule 100mg, 50mg, tablet 100mg, 20mg</i>	\$0 (Tier 1)	MO
<i>doxycycline hyclate injection</i>	\$0 (Tier 1)	MO
<i>doxycycline monohydrate capsule 50mg</i>	\$0 (Tier 1)	MO
<i>doxycycline monohydrate capsule 100mg, 150mg, 75mg</i>	\$0 (Tier 1)	MO
<i>doxycycline monohydrate tablet 100mg, 50mg, 75mg</i>	\$0 (Tier 1)	MO
<i>doxycycline monohydrate tablet 150mg</i>	\$0 (Tier 1)	MO
<i>doxycycline suspension reconstituted 25mg/5ml</i>	\$0 (Tier 1)	MO
<i>minocycline hcl capsule</i>	\$0 (Tier 1)	MO
<i>minocycline hcl tablet</i>	\$0 (Tier 1)	ST MO
<i>minocycline hydrochloride capsule</i>	\$0 (Tier 1)	MO
<i>mondoxylene nl</i>	\$0 (Tier 1)	
NUZYRA	\$0 (Tier 1)	ACS LD
<i>tetracycline hydrochloride capsule</i>	\$0 (Tier 1)	MO
<i>tigecycline</i>	\$0 (Tier 1)	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
CYCLOPHOSPHAMIDE TABLET	\$0 (Tier 1)	PA
<i>cyclophosphamide capsule</i>	\$0 (Tier 1)	PA MO
GLEOSTINE CAPSULE 10MG, 40MG	\$0 (Tier 1)	ACS
GLEOSTINE CAPSULE 100MG	\$0 (Tier 1)	ACS
LEUKERAN	\$0 (Tier 1)	MO
ANTIMETABOLITES		
INQOVI	\$0 (Tier 1)	QL (5 EA per 28 days) PA; ACS LD
LONSURF	\$0 (Tier 1)	PA; ACS LD
<i>mercaptopurine</i>	\$0 (Tier 1)	MO
<i>methotrexate sodium injection pf 50mg/2ml</i>	\$0 (Tier 1)	MO
<i>methotrexate sodium injection 1gm/40ml</i>	\$0 (Tier 1)	
<i>methotrexate sodium injection 250mg/10ml, 50mg/2ml</i>	\$0 (Tier 1)	MO
<i>methotrexate sodium injection 1gm</i>	\$0 (Tier 1)	
ONUREG	\$0 (Tier 1)	QL (14 EA per 28 days) PA; ACS LD
PURIXAN	\$0 (Tier 1)	ACS LD
TABLOID	\$0 (Tier 1)	MO
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i>	\$0 (Tier 1)	PA; ACS
AKEEGA	\$0 (Tier 1)	QL (60 EA per 30 days) PA; LD
<i>anastrozole</i>	\$0 (Tier 1)	MO



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Drug Name		Requirements/Limits
<i>bicalutamide</i>	\$0 (Tier 1)	MO
ELIGARD	\$0 (Tier 1)	PA; ACS
EMCYT	\$0 (Tier 1)	MO
ERLEADA	\$0 (Tier 1)	PA; ACS LD
<i>exemestane</i>	\$0 (Tier 1)	MO
FIRMAGON INJECTION 80MG	\$0 (Tier 1)	PA; ACS
FIRMAGON INJECTION 120MG/VIAL	\$0 (Tier 1)	PA; ACS
<i>letrozole</i>	\$0 (Tier 1)	MO
<i>leuprolide acetate injection 1mg/0.2ml</i>	\$0 (Tier 1)	PA; ACS
LUPRON DEPOT (1-MONTH) INJECTION 3.75MG	\$0 (Tier 1)	PA; ACS
LUPRON DEPOT (3-MONTH) INJECTION 11.25MG	\$0 (Tier 1)	PA; ACS
LYSODREN	\$0 (Tier 1)	LD
<i>megestrol acetate tablet 20mg, 40mg</i>	\$0 (Tier 1)	MO
<i>nilutamide</i>	\$0 (Tier 1)	MO
NUBEQA	\$0 (Tier 1)	PA; ACS LD
ORGOVYX	\$0 (Tier 1)	PA; LD
ORSERDU TABLET 345MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; LD
ORSERDU TABLET 86MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; LD
SOLTAMOX	\$0 (Tier 1)	MO
<i>tamoxifen citrate</i>	\$0 (Tier 1)	MO
<i>toremifene citrate</i>	\$0 (Tier 1)	PA MO
XTANDI	\$0 (Tier 1)	PA; ACS LD
IMMUNOMODULATORS		
<i>lenalidomide capsule 20mg, 25mg</i>	\$0 (Tier 1)	QL (21 EA per 28 days) PA; ACS LD
<i>lenalidomide capsule 10mg, 15mg, 2.5mg, 5mg</i>	\$0 (Tier 1)	QL (28 EA per 28 days) PA; ACS LD
POMALYST	\$0 (Tier 1)	QL (21 EA per 28 days) PA; ACS LD
THALOMID CAPSULE 100MG	\$0 (Tier 1)	QL (112 EA per 28 days) PA; ACS LD
THALOMID CAPSULE 50MG	\$0 (Tier 1)	QL (224 EA per 28 days) PA; ACS LD
THALOMID CAPSULE 150MG, 200MG	\$0 (Tier 1)	QL (56 EA per 28 days) PA; ACS LD
MISCELLANEOUS		
ASPARLAS	\$0 (Tier 1)	PA; ACS LD
BESREMI	\$0 (Tier 1)	QL (2 ML per 28 days) PA; LD
<i>bexarotene capsule 75mg</i>	\$0 (Tier 1)	PA; ACS
<i>hydroxyurea</i>	\$0 (Tier 1)	MO

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Drug Name		Requirements/Limits
IWILFIN	\$0 (Tier 1)	QL (240 EA per 30 days) PA; LD
MATULANE	\$0 (Tier 1)	LD
ONCASPAR	\$0 (Tier 1)	PA; LD
<i>tretinoin capsule 10mg</i>	\$0 (Tier 1)	MO
WELIREG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; LD
MOLECULAR TARGET AGENTS		
ALECENSA	\$0 (Tier 1)	QL (240 EA per 30 days) PA; ACS LD
ALUNBRIG TABLET THERAPY PACK	\$0 (Tier 1)	PA; LD
ALUNBRIG TABLET 30MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; LD
ALUNBRIG TABLET 180MG, 90MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; LD
AUGTYRO	\$0 (Tier 1)	QL (240 EA per 30 days) PA; ACS LD
AYVAKIT	\$0 (Tier 1)	QL (30 EA per 30 days) PA; LD
BALVERSA TABLET 5MG	\$0 (Tier 1)	QL (28 EA per 28 days) PA; ACS LD
BALVERSA TABLET 4MG	\$0 (Tier 1)	QL (56 EA per 28 days) PA; ACS LD
BALVERSA TABLET 3MG	\$0 (Tier 1)	QL (84 EA per 28 days) PA; ACS LD
BOSULIF CAPSULE 100MG	\$0 (Tier 1)	QL (150 EA per 25 days) PA; ACS
BOSULIF CAPSULE 50MG	\$0 (Tier 1)	QL (360 EA per 30 days) PA; ACS
BOSULIF TABLET 100MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA; ACS
BOSULIF TABLET 400MG, 500MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
BRAFTOVI CAPSULE 75MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA; ACS LD
BRUKINSA	\$0 (Tier 1)	QL (120 EA per 30 days) PA; LD
CABOMETYX	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
CALQUENCE	\$0 (Tier 1)	QL (60 EA per 30 days) PA; LD
CAPRELSA TABLET 300MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; LD
CAPRELSA TABLET 100MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; LD
COMETRIQ KIT 140MG DAILY	\$0 (Tier 1)	QL (112 EA per 28 days) PA; ACS LD
COMETRIQ KIT 100MG DAILY	\$0 (Tier 1)	QL (56 EA per 28 days) PA; ACS LD
COMETRIQ KIT 60MG DAILY	\$0 (Tier 1)	QL (84 EA per 28 days) PA; ACS LD
COPIKTRA	\$0 (Tier 1)	QL (56 EA per 28 days) PA; ACS LD
COTELLIC	\$0 (Tier 1)	QL (63 EA per 28 days) PA; ACS LD
<i>dasatinib tablet 100mg, 140mg, 50mg, 70mg, 80mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS



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Drug Name		Requirements/Limits
<i>dasatinib tablet 20mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS
DAURISMO TABLET 100MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
DAURISMO TABLET 25MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS LD
ERIVEDGE	\$0 (Tier 1)	PA; ACS LD
<i>erlotinib hydrochloride tablet 100mg, 150mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
<i>erlotinib hydrochloride tablet 25mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 2mg</i>	\$0 (Tier 1)	QL (150 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 5mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 3mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
EXKIVITY	\$0 (Tier 1)	QL (120 EA per 30 days) PA; LD
FOTIVDA	\$0 (Tier 1)	QL (21 EA per 28 days) PA; LD
FRUZAQLA CAPSULE 5MG	\$0 (Tier 1)	QL (21 EA per 28 days) PA; LD
FRUZAQLA CAPSULE 1MG	\$0 (Tier 1)	QL (84 EA per 28 days) PA; LD
GAVRETO	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS LD
<i>gefitinib</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS
GILOTRIF	\$0 (Tier 1)	QL (30 EA per 30 days) PA; LD
IBRANCE	\$0 (Tier 1)	QL (21 EA per 28 days) PA; ACS LD
ICLUSIG TABLET 10MG, 30MG	\$0 (Tier 1)	PA; LD
ICLUSIG TABLET 15MG, 45MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; LD
IDHIFA	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
<i>imatinib mesylate tablet 400mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS
<i>imatinib mesylate tablet 100mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS
IMBRUVICA SUSPENSION	\$0 (Tier 1)	QL (216 ML per 27 days) PA; LD
IMBRUVICA TABLET	\$0 (Tier 1)	QL (30 EA per 30 days) PA; LD
IMBRUVICA CAPSULE 70MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; LD
IMBRUVICA CAPSULE 140MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; LD
INLYTA TABLET 5MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS LD
INLYTA TABLET 1MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA; ACS LD
INREBIC	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS LD
ITOVEBI TABLET 9MG	\$0 (Tier 1)	QL (28 EA per 28 days) PA; ACS LD
ITOVEBI TABLET 3MG	\$0 (Tier 1)	QL (56 EA per 28 days) PA; ACS LD

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Drug Name		Requirements/Limits
JAKAFI	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS LD
JAYPIRCA TABLET 50MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
JAYPIRCA TABLET 100MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS LD
KISQALI	\$0 (Tier 1)	PA; ACS
KISQALI FEMARA 200 DOSE	\$0 (Tier 1)	PA; ACS
KISQALI FEMARA 400 DOSE	\$0 (Tier 1)	PA; ACS
KISQALI FEMARA 600 DOSE	\$0 (Tier 1)	PA; ACS
KOSELUGO	\$0 (Tier 1)	PA; LD
KRAZATI	\$0 (Tier 1)	QL (180 EA per 30 days) PA; LD
<i>lapatinib ditosylate</i>	\$0 (Tier 1)	QL (180 EA per 30 days) PA; ACS LD
LAZCLUZE TABLET 240MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; LD
LAZCLUZE TABLET 80MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; LD
LENVIMA 10 MG DAILY DOSE	\$0 (Tier 1)	PA; ACS LD
LENVIMA 12MG DAILY DOSE	\$0 (Tier 1)	PA; ACS LD
LENVIMA 14 MG DAILY DOSE	\$0 (Tier 1)	PA; ACS LD
LENVIMA 18 MG DAILY DOSE	\$0 (Tier 1)	PA; ACS LD
LENVIMA 20 MG DAILY DOSE	\$0 (Tier 1)	PA; ACS LD
LENVIMA 24 MG DAILY DOSE	\$0 (Tier 1)	PA; ACS LD
LENVIMA 4 MG DAILY DOSE	\$0 (Tier 1)	PA; ACS LD
LENVIMA 8 MG DAILY DOSE	\$0 (Tier 1)	PA; ACS LD
LORBRENA TABLET 100MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
LORBRENA TABLET 25MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS LD
LUMAKRAS TABLET 120MG	\$0 (Tier 1)	QL (240 EA per 30 days) PA; ACS LD
LUMAKRAS TABLET 320MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS LD
LYNPARZA	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS LD
LYTGOBI TABLET THERAPY PACK 16MG	\$0 (Tier 1)	QL (112 EA per 28 days) PA; LD
LYTGOBI TABLET THERAPY PACK 20MG	\$0 (Tier 1)	QL (140 EA per 28 days) PA; LD
LYTGOBI TABLET THERAPY PACK 12MG	\$0 (Tier 1)	QL (84 EA per 28 days) PA; LD
MEKINIST SOLUTION RECONSTITUTED	\$0 (Tier 1)	QL (1260 ML per 30 days) PA; ACS LD
MEKINIST TABLET 2MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
MEKINIST TABLET 0.5MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS LD



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Drug Name	Requirements/Limits
MEKTOVI	\$0 (Tier 1) QL (180 EA per 30 days) PA; ACS LD
NERLYNX	\$0 (Tier 1) QL (180 EA per 30 days) PA; ACS LD
NINLARO	\$0 (Tier 1) PA; ACS
ODOMZO	\$0 (Tier 1) PA; ACS LD
OGSIVEO TABLET 50MG	\$0 (Tier 1) QL (180 EA per 30 days) PA; LD
OGSIVEO TABLET 100MG, 150MG	\$0 (Tier 1) QL (56 EA per 28 days) PA; LD
OJEMDA TABLET	\$0 (Tier 1) QL (24 EA per 28 days) PA; LD
OJEMDA SUSPENSION RECONSTITUTED	\$0 (Tier 1) QL (96 ML per 28 days) PA; LD
OJJAARA	\$0 (Tier 1) QL (30 EA per 30 days) PA; LD
<i>pazopanib hydrochloride</i>	\$0 (Tier 1) QL (120 EA per 30 days) PA; ACS
PEMAZYRE	\$0 (Tier 1) QL (28 EA per 28 days) PA; LD
PIQRAY 200MG DAILY DOSE	\$0 (Tier 1) QL (28 EA per 28 days) PA; ACS
PIQRAY 250MG DAILY DOSE	\$0 (Tier 1) QL (56 EA per 28 days) PA; ACS
PIQRAY 300MG DAILY DOSE	\$0 (Tier 1) QL (56 EA per 28 days) PA; ACS
QINLOCK	\$0 (Tier 1) QL (90 EA per 30 days) PA; LD
RETEVMO CAPSULE 80MG	\$0 (Tier 1) QL (120 EA per 30 days) PA; ACS LD
RETEVMO CAPSULE 40MG	\$0 (Tier 1) QL (180 EA per 30 days) PA; ACS LD
RETEVMO TABLET 120MG, 160MG, 80MG	\$0 (Tier 1) QL (60 EA per 30 days) PA; ACS LD
RETEVMO TABLET 40MG	\$0 (Tier 1) QL (90 EA per 30 days) PA; ACS LD
REZLIDHIA	\$0 (Tier 1) QL (60 EA per 30 days) PA; LD
<i>romidepsin injection 10mg</i>	\$0 (Tier 1) ACS
ROZLYTREK PACKET	\$0 (Tier 1) QL (336 EA per 28 days) PA; ACS LD
ROZLYTREK CAPSULE 100MG	\$0 (Tier 1) QL (180 EA per 30 days) PA; ACS LD
ROZLYTREK CAPSULE 200MG	\$0 (Tier 1) QL (90 EA per 30 days) PA; ACS LD
RUBRACA	\$0 (Tier 1) PA; ACS LD
RYDAPT	\$0 (Tier 1) QL (224 EA per 28 days) PA; ACS
SCEMBLIX TABLET 100MG	\$0 (Tier 1) QL (120 EA per 30 days) PA; LD
SCEMBLIX TABLET 40MG	\$0 (Tier 1) QL (300 EA per 30 days) PA; ACS
SCEMBLIX TABLET 20MG	\$0 (Tier 1) QL (60 EA per 30 days) PA; ACS
<i>sorafenib tosylate</i>	\$0 (Tier 1) QL (120 EA per 30 days) PA; ACS
SPRYCEL TABLET 100MG, 140MG, 50MG, 70MG, 80MG	\$0 (Tier 1) QL (30 EA per 30 days) PA; ACS
SPRYCEL TABLET 20MG	\$0 (Tier 1) QL (90 EA per 30 days) PA; ACS

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Drug Name	Requirements/Limits
STIVARGA	\$0 (Tier 1) QL (84 EA per 28 days) PA; ACS LD
<i>sunitinib malate</i>	\$0 (Tier 1) QL (30 EA per 30 days) PA; ACS
TABRECTA	\$0 (Tier 1) QL (112 EA per 28 days) PA; ACS
TAFINLAR CAPSULE	\$0 (Tier 1) QL (120 EA per 30 days) PA; ACS LD
TAFINLAR TABLET SOLUBLE	\$0 (Tier 1) QL (900 EA per 30 days) PA; ACS LD
TAGRISSE	\$0 (Tier 1) QL (30 EA per 30 days) PA; ACS LD
TALZENNA CAPSULE 0.1MG, 0.35MG, 0.5MG, 0.75MG, 1MG	\$0 (Tier 1) QL (30 EA per 30 days) PA; ACS LD
TALZENNA CAPSULE 0.25MG	\$0 (Tier 1) QL (90 EA per 30 days) PA; ACS LD
TASIGNA CAPSULE 150MG, 200MG	\$0 (Tier 1) QL (112 EA per 28 days) PA; ACS
TASIGNA CAPSULE 50MG	\$0 (Tier 1) QL (120 EA per 30 days) PA; ACS
TAZVERIK	\$0 (Tier 1) QL (240 EA per 30 days) PA; LD
TECVAYLI	\$0 (Tier 1) PA; LD
TEPMETKO	\$0 (Tier 1) QL (60 EA per 30 days) PA; LD
TIBSOVO	\$0 (Tier 1) PA; LD
<i>torpenz</i>	\$0 (Tier 1) QL (30 EA per 30 days) PA
TRUQAP	\$0 (Tier 1) QL (64 EA per 28 days) PA; LD
TRUXIMA	\$0 (Tier 1) PA; ACS
TUKYSA TABLET 150MG	\$0 (Tier 1) QL (120 EA per 30 days) PA; LD
TUKYSA TABLET 50MG	\$0 (Tier 1) QL (240 EA per 30 days) PA; LD
TURALIO	\$0 (Tier 1) QL (120 EA per 30 days) PA; LD
VANFLYTA	\$0 (Tier 1) QL (56 EA per 28 days) PA; LD
VENCLEXTA STARTING PACK	\$0 (Tier 1) QL (42 EA per 28 days) PA; LD
VENCLEXTA TABLET 10MG	\$0 (Tier 1) QL (120 EA per 30 days) PA; LD
VENCLEXTA TABLET 50MG	\$0 (Tier 1) QL (120 EA per 30 days) PA; LD
VENCLEXTA TABLET 100MG	\$0 (Tier 1) QL (180 EA per 30 days) PA; LD
VERZENIO	\$0 (Tier 1) PA; ACS LD
VITRAKVI SOLUTION	\$0 (Tier 1) QL (300 ML per 30 days) PA; ACS LD
VITRAKVI CAPSULE 25MG	\$0 (Tier 1) QL (180 EA per 30 days) PA; ACS LD
VITRAKVI CAPSULE 100MG	\$0 (Tier 1) QL (60 EA per 30 days) PA; ACS LD
VIZIMPRO	\$0 (Tier 1) QL (30 EA per 30 days) PA; ACS LD
VONJO	\$0 (Tier 1) QL (120 EA per 30 days) PA; LD
VORANIGO TABLET 40MG	\$0 (Tier 1) QL (30 EA per 30 days) PA; LD



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Drug Name		Requirements/Limits
VORANIGO TABLET 10MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; LD
XALKORI CAPSULE	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS LD
XALKORI CAPSULE SPRINKLE 50MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS LD
XALKORI CAPSULE SPRINKLE 150MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA; ACS LD
XALKORI CAPSULE SPRINKLE 20MG	\$0 (Tier 1)	QL (240 EA per 30 days) PA; ACS LD
XOSPATA	\$0 (Tier 1)	PA; ACS LD
XPOVIO 60 MG TWICE WEEKLY	\$0 (Tier 1)	QL (24 EA per 28 days) PA; LD
XPOVIO 80 MG TWICE WEEKLY	\$0 (Tier 1)	QL (32 EA per 28 days) PA; LD
XPOVIO TABLET THERAPY PACK ONCE WEEKLY 40MG, 60MG	\$0 (Tier 1)	QL (4 EA per 28 days) PA; LD
XPOVIO TABLET THERAPY PACK ONCE WEEKLY 80MG, 100MG, TWICE WEEKLY 40MG	\$0 (Tier 1)	QL (8 EA per 28 days) PA; LD
ZEJULA TABLET	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
ZELBORAF	\$0 (Tier 1)	QL (240 EA per 30 days) PA; ACS LD
ZIRABEV	\$0 (Tier 1)	PA; ACS LD
ZOLINZA	\$0 (Tier 1)	PA; ACS
ZYDELIG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS LD
ZYKADIA	\$0 (Tier 1)	QL (84 EA per 28 days) PA; ACS LD
PROTECTIVE AGENTS		
<i>leucovorin calcium tablet</i>	\$0 (Tier 1)	MO
MESNEX TABLET	\$0 (Tier 1)	MO
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate/benazepril hydrochloride</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>benazepril hydrochloride/hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>captopril/hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>enalapril maleate/hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>fosinopril sodium/hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>lisinopril/hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 10mg</i>	\$0 (Tier 1)	
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 20mg, 25mg; 20mg</i>	\$0 (Tier 1)	MO
<i>trandolapril/verapamil hcl er</i>	\$0 (Tier 1)	MO

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Drug Name	Requirements/Limits	
ACE INHIBITORS		
<i>benazepril hcl</i>	\$0 (Tier 1)	MO
<i>benazepril hydrochloride</i>	\$0 (Tier 1)	MO
<i>captopril</i>	\$0 (Tier 1)	MO
<i>enalapril maleate tablet</i>	\$0 (Tier 1)	MO
<i>fosinopril sodium</i>	\$0 (Tier 1)	MO
<i>lisinopril</i>	\$0 (Tier 1)	MO
<i>moexipril hcl</i>	\$0 (Tier 1)	MO
<i>perindopril erbumine</i>	\$0 (Tier 1)	MO
<i>quinapril hydrochloride</i>	\$0 (Tier 1)	MO
<i>ramipril</i>	\$0 (Tier 1)	MO
<i>trandolapril</i>	\$0 (Tier 1)	MO
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i>	\$0 (Tier 1)	MO
KERENDIA	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>spironolactone tablet</i>	\$0 (Tier 1)	MO
ALPHA BLOCKERS		
<i>doxazosin mesylate</i>	\$0 (Tier 1)	MO
<i>prazosin hydrochloride</i>	\$0 (Tier 1)	MO
<i>terazosin hcl</i>	\$0 (Tier 1)	MO
<i>terazosin hydrochloride</i>	\$0 (Tier 1)	MO
ANGIOTENSIN II RECEPTOR ANTAGONIST		
COMBINATIONS		
<i>amlodipine besylate/valsartan</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>amlodipine/olmesartan medoxomil</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>amlodipine/valsartan/hydrochlorothiazide</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tablet</i> 32mg; 12.5mg, 32mg; 25mg	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tablet</i> 16mg; 12.5mg	\$0 (Tier 1)	QL (60 EA per 30 days) MO
EDARBYCLOR	\$0 (Tier 1)	QL (30 EA per 30 days) MO
ENTRESTO	\$0 (Tier 1)	MO
<i>irbesartan/hydrochlorothiazide tablet 12.5mg;</i> 300mg	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>irbesartan/hydrochlorothiazide tablet 12.5mg;</i> 150mg	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>losartan potassium/hydrochlorothiazide</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/amlodipine/</i> <i>hydrochlorothiazide</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/hydrochlorothiazide</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>telmisartan/amlodipine</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO



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Drug Name		Requirements/Limits
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg, 25mg; 80mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 80mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>valsartan/hydrochlorothiazide</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tablet 32mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>candesartan cilexetil tablet 16mg, 4mg, 8mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
EDARBI	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>irbesartan</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>losartan potassium tablet 100mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>losartan potassium tablet 25mg, 50mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>olmesartan medoxomil tablet 20mg, 40mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil tablet 5mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>telmisartan</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>valsartan tablet 320mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>valsartan tablet 160mg, 40mg, 80mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
ANTIARRHYTHMICS		
<i>amiodarone hcl injection</i>	\$0 (Tier 1)	
<i>amiodarone hydrochloride tablet</i>	\$0 (Tier 1)	MO
<i>amiodarone hydrochloride injection</i>	\$0 (Tier 1)	
<i>disopyramide phosphate</i>	\$0 (Tier 1)	PA MO
<i>dofetilide</i>	\$0 (Tier 1)	ACS
<i>flecainide acetate</i>	\$0 (Tier 1)	MO
LIDOCAINE HCL IN D5W	\$0 (Tier 1)	
LIDOCAINE HCL INJECTION 100MG/5ML	\$0 (Tier 1)	
<i>lidocaine hcl injection 100mg/5ml, 50mg/5ml</i>	\$0 (Tier 1)	
MULTAQ	\$0 (Tier 1)	MO
NORPACE CR	\$0 (Tier 1)	MO
<i>pacerone</i>	\$0 (Tier 1)	
<i>propafenone hcl</i>	\$0 (Tier 1)	MO
<i>propafenone hydrochloride</i>	\$0 (Tier 1)	MO
<i>propafenone hydrochloride er</i>	\$0 (Tier 1)	MO
<i>quinidine sulfate</i>	\$0 (Tier 1)	MO
<i>sorine tablet 160mg, 80mg</i>	\$0 (Tier 1)	
<i>sorine tablet 120mg</i>	\$0 (Tier 1)	MO
<i>sotalol hcl</i>	\$0 (Tier 1)	MO
<i>sotalol hydrochloride (af)</i>	\$0 (Tier 1)	MO
ANTILIPEMICS, FIBRATES		
<i>fenofibrate micronized</i>	\$0 (Tier 1)	MO
<i>fenofibrate capsule</i>	\$0 (Tier 1)	MO

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Drug Name		Requirements/Limits
<i>fenofibrate tablet 145mg, 160mg, 40mg, 48mg, 54mg</i>	\$0 (Tier 1)	MO
<i>fenofibrate tablet 120mg</i>	\$0 (Tier 1)	MO
<i>fenofibric acid dr</i>	\$0 (Tier 1)	MO
<i>gemfibrozil</i>	\$0 (Tier 1)	MO
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>fluvastatin</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>fluvastatin sodium er</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>lovastatin</i>	\$0 (Tier 1)	MO
<i>pravastatin sodium</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>rosuvastatin calcium</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>simvastatin</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i>	\$0 (Tier 1)	MO
<i>cholestyramine light</i>	\$0 (Tier 1)	MO
<i>colesevelam hydrochloride</i>	\$0 (Tier 1)	MO
<i>colestipol hcl</i>	\$0 (Tier 1)	MO
<i>ezetimibe</i>	\$0 (Tier 1)	MO
<i>ezetimibe/simvastatin</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
NEXLETOL	\$0 (Tier 1)	QL (30 EA per 30 days) MO
NEXLIZET	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>niacin</i>	\$0 (Tier 1)	MO
<i>niacin er tablet extended release 1000mg, 750mg</i>	\$0 (Tier 1)	MO
<i>niacin er tablet extended release 500mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>niacor</i>	\$0 (Tier 1)	MO
<i>omega-3-acid ethyl esters</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO
<i>prevalite</i>	\$0 (Tier 1)	
REPATHA	\$0 (Tier 1)	PA
REPATHA PUSHTRONEX SYSTEM	\$0 (Tier 1)	PA
REPATHA SURECLICK	\$0 (Tier 1)	PA
VASCEPA	\$0 (Tier 1)	MO
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol/chlorthalidone</i>	\$0 (Tier 1)	MO
<i>bisoprolol fumarate/hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>metoprolol/hydrochlorothiazide</i>	\$0 (Tier 1)	MO
BETA-BLOCKERS		
<i>acebutolol hydrochloride</i>	\$0 (Tier 1)	MO
<i>atenolol</i>	\$0 (Tier 1)	MO
<i>betaxolol hcl tablet 10mg, 20mg</i>	\$0 (Tier 1)	MO



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Drug Name	Requirements/Limits
<i>bisoprolol fumarate</i>	\$0 (Tier 1) MO
<i>carvedilol phosphate er capsule extended release 24 hour</i>	\$0 (Tier 1) QL (30 EA per 30 days) MO
<i>carvedilol tablet</i>	\$0 (Tier 1) MO
<i>labetalol hydrochloride tablet</i>	\$0 (Tier 1) MO
<i>labetalol hydrochloride injection</i>	\$0 (Tier 1) MO
<i>metoprolol succinate er</i>	\$0 (Tier 1) MO
<i>metoprolol tartrate tablet</i>	\$0 (Tier 1) MO
<i>metoprolol tartrate injection</i>	\$0 (Tier 1) MO
<i>nadolol</i>	\$0 (Tier 1) MO
<i>nebivolol hydrochloride tablet 10mg, 2.5mg, 5mg</i>	\$0 (Tier 1) QL (30 EA per 30 days) MO
<i>nebivolol hydrochloride tablet 20mg</i>	\$0 (Tier 1) QL (60 EA per 30 days) MO
<i>pindolol</i>	\$0 (Tier 1) MO
<i>propranolol hcl er</i>	\$0 (Tier 1) MO
<i>propranolol hcl oral solution, tablet</i>	\$0 (Tier 1) MO
<i>propranolol hcl injection</i>	\$0 (Tier 1) MO
<i>propranolol hydrochloride er</i>	\$0 (Tier 1) MO
<i>propranolol hydrochloride oral solution, tablet</i>	\$0 (Tier 1) MO
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	\$0 (Tier 1) MO
CALCIUM CHANNEL BLOCKERS	
<i>amlodipine besylate</i>	\$0 (Tier 1) MO
<i>cartia xt</i>	\$0 (Tier 1) MO
<i>dilt-xr</i>	\$0 (Tier 1) MO
<i>diltiazem hcl cd capsule extended release 24 hour 360mg</i>	\$0 (Tier 1) MO
<i>diltiazem hcl er</i>	\$0 (Tier 1) MO
<i>diltiazem hcl tablet</i>	\$0 (Tier 1) MO
DILTIAZEM HCL INJECTION 100MG	\$0 (Tier 1) MO
<i>diltiazem hcl injection 125mg/25ml, 50mg/10ml</i>	\$0 (Tier 1) MO
<i>diltiazem hydrochloride er</i>	\$0 (Tier 1) MO
<i>diltiazem hydrochloride tablet</i>	\$0 (Tier 1) MO
<i>diltiazem hydrochloride injection</i>	\$0 (Tier 1) MO
<i>felodipine er</i>	\$0 (Tier 1) MO
<i>isradipine</i>	\$0 (Tier 1) MO
<i>matzim la</i>	\$0 (Tier 1) MO
<i>nicardipine hcl capsule 20mg, 30mg</i>	\$0 (Tier 1) MO
<i>nifedipine er tablet extended release 24 hour 30mg (osmotic release), 60mg (osmotic release), 90mg</i>	\$0 (Tier 1) MO
<i>nifedipine er tablet extended release 24 hour 30mg, 60mg</i>	\$0 (Tier 1) MO

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Drug Name	Requirements/Limits
<i>nisoldipine er tablet extended release 24 hour 20mg, 30mg, 40mg</i>	\$0 (Tier 1)
<i>nisoldipine er tablet extended release 24 hour 17mg, 25.5mg, 34mg, 8.5mg</i>	\$0 (Tier 1) MO
<i>tiadylt er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	\$0 (Tier 1)
<i>tiadylt er capsule extended release 24 hour 420mg</i>	\$0 (Tier 1) MO
<i>verapamil hcl</i>	\$0 (Tier 1) MO
<i>verapamil hcl er tablet extended release 120mg, 240mg</i>	\$0 (Tier 1) MO
<i>verapamil hcl er capsule extended release 24 hour 100mg, 120mg, 180mg, 240mg, 300mg</i>	\$0 (Tier 1) MO
VERAPAMIL HCL SR CAPSULE EXTENDED RELEASE 24 HOUR 360MG	\$0 (Tier 1) MO
<i>verapamil hcl sr capsule extended release 24 hour 120mg, 180mg, 240mg</i>	\$0 (Tier 1) MO
<i>verapamil hcl sr tablet extended release 240mg</i>	\$0 (Tier 1) MO
<i>verapamil hydrochloride er tablet extended release 180mg</i>	\$0 (Tier 1) MO
<i>verapamil hydrochloride er capsule extended release 24 hour 200mg</i>	\$0 (Tier 1) MO
<i>verapamil hydrochloride tablet</i>	\$0 (Tier 1) MO
<i>verapamil hydrochloride injection</i>	\$0 (Tier 1) MO
DIURETICS	
<i>acetazolamide er capsule extended release</i>	\$0 (Tier 1) MO
<i>acetazolamide tablet</i>	\$0 (Tier 1) MO
<i>amiloride hcl</i>	\$0 (Tier 1) MO
<i>amiloride/hydrochlorothiazide</i>	\$0 (Tier 1) MO
<i>bumetanide tablet</i>	\$0 (Tier 1) MO
<i>bumetanide injection</i>	\$0 (Tier 1) MO
<i>chlorthalidone</i>	\$0 (Tier 1) MO
<i>furosemide oral solution, tablet</i>	\$0 (Tier 1) MO
<i>furosemide injection</i>	\$0 (Tier 1) MO
<i>hydrochlorothiazide</i>	\$0 (Tier 1) MO
<i>indapamide</i>	\$0 (Tier 1) MO
<i>methazolamide</i>	\$0 (Tier 1) MO
<i>metolazone</i>	\$0 (Tier 1) MO
<i>spironolactone/hydrochlorothiazide</i>	\$0 (Tier 1) MO
<i>toremide</i>	\$0 (Tier 1) MO
<i>triamterene/hydrochlorothiazide</i>	\$0 (Tier 1) MO



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Drug Name	Requirements/Limits
MISCELLANEOUS	
<i>aliskiren</i>	\$0 (Tier 1) MO
<i>amlodipine besylate/atorvastatin calcium</i>	\$0 (Tier 1) MO
<i>clonidine hydrochloride tablet</i>	\$0 (Tier 1) MO
<i>clonidine patch weekly 0.1mg/24hr</i>	\$0 (Tier 1) QL (8 EA per 28 days) MO
<i>clonidine patch weekly 0.2mg/24hr; 0.3mg/24hr</i>	\$0 (Tier 1) QL (8 EA per 28 days) MO
CORLANOR SOLUTION	\$0 (Tier 1)
CORLANOR TABLET	\$0 (Tier 1) MO
<i>digox tablet 250mcg, 125mcg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>digoxin oral solution</i>	\$0 (Tier 1) MO
<i>digoxin injection</i>	\$0 (Tier 1) MO
<i>digoxin tablet 125mcg, 250mcg</i>	\$0 (Tier 1) QL (30 EA per 30 days) MO
<i>digoxin tablet 62.5mcg</i>	\$0 (Tier 1) QL (90 EA per 30 days) MO
<i>droxidopa capsule 100mg</i>	\$0 (Tier 1) QL (90 EA per 30 days) PA; ACS
<i>droxidopa capsule 200mg, 300mg</i>	\$0 (Tier 1) QL (180 EA per 30 days) PA; ACS
<i>guanfacine hydrochloride</i>	\$0 (Tier 1) PA MO
<i>hydralazine hcl tablet</i>	\$0 (Tier 1) MO
<i>hydralazine hcl injection</i>	\$0 (Tier 1) MO
<i>hydralazine hydrochloride tablet</i>	\$0 (Tier 1) MO
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	\$0 (Tier 1) MO
<i>ivabradine hydrochloride</i>	\$0 (Tier 1) MO
<i>metyrosine</i>	\$0 (Tier 1) PA
<i>midodrine hcl</i>	\$0 (Tier 1) MO
<i>minoxidil</i>	\$0 (Tier 1) MO
<i>ranolazine er</i>	\$0 (Tier 1) MO
VERQUVO	\$0 (Tier 1) PA MO
NITRATES	
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>	\$0 (Tier 1) MO
<i>isosorbide dinitrate tablet 40mg</i>	\$0 (Tier 1) MO
<i>isosorbide mononitrate</i>	\$0 (Tier 1) MO
<i>isosorbide mononitrate er</i>	\$0 (Tier 1) MO
NITRO-BID	\$0 (Tier 1) MO
<i>nitroglycerin transdermal</i>	\$0 (Tier 1) MO
NITROGLYCERIN INJECTION 5MG/ML	\$0 (Tier 1)
<i>nitroglycerin translingual solution 0.4mg/spray</i>	\$0 (Tier 1) MO
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	\$0 (Tier 1) MO
PULMONARY ARTERIAL HYPERTENSION	
<i>ambrisentan</i>	\$0 (Tier 1) QL (30 EA per 30 days) PA; ACS LD
<i>bosentan tablet 62.5mg</i>	\$0 (Tier 1) QL (120 EA per 30 days) PA; ACS LD

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Drug Name		Requirements/Limits
<i>bosentan tablet 125mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS LD
<i>epoprostenol sodium</i>	\$0 (Tier 1)	B/D; ACS LD
OPSUMIT	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
<i>sildenafil citrate tablet (generic Revatio)</i>	\$0 (Tier 1)	QL (360 EA per 30 days) PA; ACS
<i>sildenafil injection</i>	\$0 (Tier 1)	QL (1125 ML per 30 days) PA; ACS
<i>tadalafil tablet (generic Adcirca) 20mg</i>	\$0 (Tier 1)	PA; ACS

CENTRAL NERVOUS SYSTEM**ANTI-ANXIETY**

ALPRAZOLAM INTENSOL	\$0 (Tier 1)	QL (300 ML per 30 days) MO; HRM
<i>alprazolam tablet 0.25mg, 0.5mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO; HRM
<i>alprazolam tablet 1mg, 2mg</i>	\$0 (Tier 1)	QL (150 EA per 30 days) MO; HRM
<i>bupirone hcl</i>	\$0 (Tier 1)	MO
<i>bupirone hydrochloride</i>	\$0 (Tier 1)	MO
<i>chlordiazepoxide hcl</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO; HRM
<i>chlordiazepoxide hydrochloride</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO; HRM
<i>fluvoxamine maleate</i>	\$0 (Tier 1)	MO; HRM
<i>fluvoxamine maleate er</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>lorazepam intensol</i>	\$0 (Tier 1)	QL (150 ML per 30 days) MO; HRM
<i>lorazepam injection</i>	\$0 (Tier 1)	QL (150 ML per 30 days) MO; HRM
<i>lorazepam tablet 0.5mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO; HRM
<i>lorazepam tablet 1mg, 2mg</i>	\$0 (Tier 1)	QL (150 EA per 30 days) MO; HRM
<i>oxazepam</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO; HRM

ANTIDEMENTIA

<i>donepezil hcl tablet disintegrating</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>donepezil hcl tablet 10mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>donepezil hcl tablet 23mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>donepezil hydrochloride</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide er</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide solution</i>	\$0 (Tier 1)	QL (200 ML per 30 days) MO
<i>galantamine hydrobromide tablet</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>memantine hcl titration pak</i>	\$0 (Tier 1)	QL (98 EA per 365 days) PA MO
<i>memantine hydrochloride er</i>	\$0 (Tier 1)	PA MO
<i>memantine hydrochloride solution</i>	\$0 (Tier 1)	QL (360 ML per 30 days) PA MO
<i>memantine hydrochloride tablet</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
NAMZARIC	\$0 (Tier 1)	MO
<i>rivastigmine tartrate capsule</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>rivastigmine transdermal system</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO



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Drug Name		Requirements/Limits
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i>	\$0 (Tier 1)	PA MO; HRM
<i>amitriptyline hydrochloride</i>	\$0 (Tier 1)	PA MO; HRM
<i>amoxapine</i>	\$0 (Tier 1)	MO; HRM
AUVELITY	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>bupropion hcl</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>bupropion hydrochloride</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg, 300mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>citalopram hydrobromide solution</i>	\$0 (Tier 1)	QL (600 ML per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 10mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 40mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 20mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>clomipramine hydrochloride</i>	\$0 (Tier 1)	PA MO; HRM
<i>desipramine hydrochloride</i>	\$0 (Tier 1)	PA MO; HRM
<i>desvenlafaxine er tablet (generic Pristiq) extended release 24 hour 100mg, 25mg, 50mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>doxepin hcl caps 75mg, concentrate 10mg/ml</i>	\$0 (Tier 1)	PA MO; HRM
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	\$0 (Tier 1)	PA MO; HRM
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 30MG, 60MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA MO
<i>duloxetine hcl (generic Irenka) capsule 40mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>duloxetine hydrochloride (generic Cymbalta) capsule 20mg, 30mg, 60mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
EMSAM	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
<i>escitalopram oxalate solution</i>	\$0 (Tier 1)	QL (600 ML per 30 days) MO; HRM
<i>escitalopram oxalate tablet 20mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>escitalopram oxalate tablet 10mg, 5mg</i>	\$0 (Tier 1)	QL (45 EA per 30 days) MO; HRM
FETZIMA TITRATION PACK	\$0 (Tier 1)	PA MO; HRM
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 80MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO; HRM
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20MG, 40MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO; HRM
<i>fluoxetine dr capsule delayed release 90mg</i>	\$0 (Tier 1)	QL (4 EA per 28 days) MO; HRM
<i>fluoxetine hydrochloride capsule 20mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO; HRM
<i>fluoxetine hydrochloride capsule 10mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM

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Drug Name		Requirements/Limits
<i>fluoxetine hydrochloride capsule 40mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>fluoxetine hydrochloride solution, tablet (generic Prozac)</i>	\$0 (Tier 1)	MO; HRM
<i>imipramine hcl</i>	\$0 (Tier 1)	PA MO; HRM
<i>imipramine hydrochloride</i>	\$0 (Tier 1)	PA MO; HRM
MARPLAN	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>mirtazapine odt</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>mirtazapine tablet 15mg, 30mg, 45mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>mirtazapine tablet 7.5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>nefazodone hydrochloride</i>	\$0 (Tier 1)	MO
<i>nortriptyline hcl</i>	\$0 (Tier 1)	MO; HRM
<i>nortriptyline hydrochloride</i>	\$0 (Tier 1)	MO; HRM
<i>paroxetine hcl er tablet extended release 24 hour 37.5mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>paroxetine hcl er tablet extended release 24 hour 12.5mg, 25mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO; HRM
<i>paroxetine hcl tablet 40mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>paroxetine hcl tablet 30mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>paroxetine hydrochloride tablet</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>paroxetine hydrochloride suspension</i>	\$0 (Tier 1)	QL (900 ML per 30 days) MO; HRM
<i>perphenazine/amitriptyline</i>	\$0 (Tier 1)	PA MO; HRM
<i>phenelzine sulfate</i>	\$0 (Tier 1)	MO
<i>protriptyline hcl</i>	\$0 (Tier 1)	PA MO; HRM
<i>sertraline hcl tablet 50mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>sertraline hcl concentrate</i>	\$0 (Tier 1)	QL (300 ML per 30 days) MO; HRM
<i>sertraline hydrochloride tablet 25mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>sertraline hydrochloride tablet 100mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>tranylcypromine sulfate</i>	\$0 (Tier 1)	MO
<i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>	\$0 (Tier 1)	MO
<i>trazodone hydrochloride tablet 300mg</i>	\$0 (Tier 1)	MO
<i>trimipramine maleate capsule 50mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO; HRM
<i>trimipramine maleate capsule 25mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days) PA MO; HRM
<i>trimipramine maleate capsule 100mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO; HRM
TRINTELLIX	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
VENLAFAXINE BESYLATE ER TABLET EXTENDED RELEASE 24 HOUR 112.5MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride</i>	\$0 (Tier 1)	MO; HRM



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Drug Name		Requirements/Limits
<i>venlafaxine hydrochloride er capsule extended release 24 hour 37.5mg, 75mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride er capsule extended release 24 hour 150mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>vilazodone hydrochloride</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
ZURZUVAE CAPSULE 30MG	\$0 (Tier 1)	QL (14 EA per 14 days) PA; ACS
ZURZUVAE CAPSULE 20MG, 25MG	\$0 (Tier 1)	QL (28 EA per 14 days) PA; ACS
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl solution, tablet</i>	\$0 (Tier 1)	MO
<i>amantadine hcl capsule</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>benztropine mesylate injection</i>	\$0 (Tier 1)	MO
<i>benztropine mesylate tablet</i>	\$0 (Tier 1)	PA MO; HRM
<i>bromocriptine mesylate</i>	\$0 (Tier 1)	MO
<i>carbidopa</i>	\$0 (Tier 1)	MO
<i>carbidopa/levodopa</i>	\$0 (Tier 1)	MO
<i>carbidopa/levodopa er</i>	\$0 (Tier 1)	MO
<i>carbidopa/levodopa odt</i>	\$0 (Tier 1)	MO
CARBIDOPA/LEVODOPA/ENTACAPONE	\$0 (Tier 1)	MO
<i>entacapone</i>	\$0 (Tier 1)	MO
INBRIJA	\$0 (Tier 1)	QL (300 EA per 30 days) PA; LD
<i>pramipexole dihydrochloride</i>	\$0 (Tier 1)	MO
<i>rasagiline mesylate</i>	\$0 (Tier 1)	MO
<i>ropinirole er tablet extended release 24 hour 6mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 4mg</i>	\$0 (Tier 1)	QL (150 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 2mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 12mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 8mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>ropinirole hcl</i>	\$0 (Tier 1)	MO
<i>ropinirole hydrochloride</i>	\$0 (Tier 1)	MO
<i>selegiline hcl</i>	\$0 (Tier 1)	MO
<i>trihexyphenidyl hcl oral solution</i>	\$0 (Tier 1)	PA MO; HRM
<i>trihexyphenidyl hydrochloride tablet</i>	\$0 (Tier 1)	PA MO; HRM
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII INJECTION 720MG/2.4ML	\$0 (Tier 1)	QL (2.4 ML per 56 days) MO
ABILIFY ASIMTUFII INJECTION 960MG/3.2ML	\$0 (Tier 1)	QL (3.2 ML per 56 days) MO
ABILIFY MAINTENA	\$0 (Tier 1)	QL (1 EA per 28 days) MO; HRM
<i>aripiprazole odt</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>aripiprazole tablet</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>aripiprazole solution</i>	\$0 (Tier 1)	QL (900 ML per 30 days) MO; HRM
ARISTADA INITIO	\$0 (Tier 1)	HRM
ARISTADA INJECTION 441MG/1.6ML	\$0 (Tier 1)	QL (1.6 ML per 28 days); HRM

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Drug Name		Requirements/Limits
ARISTADA INJECTION 662MG/2.4ML	\$0 (Tier 1)	QL (2.4 ML per 28 days); HRM
ARISTADA INJECTION 882MG/3.2ML	\$0 (Tier 1)	QL (3.2 ML per 28 days); HRM
ARISTADA INJECTION 1064MG/3.9ML	\$0 (Tier 1)	QL (3.9 ML per 56 days); HRM
<i>asenapine maleate sl</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
CAPLYTA	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>chlorpromazine hcl tablet</i>	\$0 (Tier 1)	MO; HRM
<i>chlorpromazine hcl injection 50mg/2ml</i>	\$0 (Tier 1)	HRM
<i>chlorpromazine hcl injection 25mg/ml</i>	\$0 (Tier 1)	MO; HRM
<i>chlorpromazine hydrochloride concentrate</i>	\$0 (Tier 1)	HRM
<i>chlorpromazine hydrochloride tablet</i>	\$0 (Tier 1)	MO; HRM
CLOZAPINE ODT TABLET DISINTEGRATING 200MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; HRM
CLOZAPINE ODT TABLET DISINTEGRATING 150MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA; HRM
<i>clozapine odt tablet disintegrating 12.5mg, 25mg</i>	\$0 (Tier 1)	PA; HRM
<i>clozapine odt tablet disintegrating 100mg</i>	\$0 (Tier 1)	QL (270 EA per 30 days) PA; HRM
<i>clozapine tablet 25mg, 50mg</i>	\$0 (Tier 1)	HRM
<i>clozapine tablet 200mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days); HRM
<i>clozapine tablet 100mg</i>	\$0 (Tier 1)	QL (270 EA per 30 days); HRM
COBENFY STARTER PACK	\$0 (Tier 1)	QL (112 EA per 365 days) PA MO
COBENFY CAPSULE 20MG; 100MG, 30MG; 125MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA
COBENFY CAPSULE 20MG; 50MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
FANAPT	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO; HRM
FANAPT TITRATION PACK	\$0 (Tier 1)	PA MO; HRM
<i>fluphenazine decanoate</i>	\$0 (Tier 1)	MO; HRM
<i>fluphenazine hcl</i>	\$0 (Tier 1)	MO; HRM
<i>fluphenazine hydrochloride elixir, tablet</i>	\$0 (Tier 1)	MO; HRM
<i>fluphenazine hydrochloride injection</i>	\$0 (Tier 1)	MO; HRM
<i>haloperidol decanoate</i>	\$0 (Tier 1)	MO; HRM
<i>haloperidol lactate</i>	\$0 (Tier 1)	MO; HRM
<i>haloperidol tablet</i>	\$0 (Tier 1)	MO; HRM
<i>haloperidol concentrate</i>	\$0 (Tier 1)	MO; HRM
INVEGA HAFYERA INJECTION 1092MG/3.5ML	\$0 (Tier 1)	QL (3.5 ML per 180 days); HRM
INVEGA HAFYERA INJECTION 1560MG/5ML	\$0 (Tier 1)	QL (5 ML per 180 days); HRM
INVEGA SUSTENNA INJECTION 39MG/0.25ML	\$0 (Tier 1)	QL (0.25 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 78MG/0.5ML	\$0 (Tier 1)	QL (0.5 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 117MG/0.75ML	\$0 (Tier 1)	QL (0.75 ML per 28 days) MO; HRM



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Drug Name		Requirements/Limits
INVEGA SUSTENNA INJECTION 156MG/ML	\$0 (Tier 1)	QL (1 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 234MG/1.5ML	\$0 (Tier 1)	QL (1.5 ML per 28 days) MO; HRM
INVEGA TRINZA INJECTION 273MG/0.88ML	\$0 (Tier 1)	QL (0.88 ML per 90 days); HRM
INVEGA TRINZA INJECTION 410MG/1.32ML	\$0 (Tier 1)	QL (1.32 ML per 90 days); HRM
INVEGA TRINZA INJECTION 546MG/1.75ML	\$0 (Tier 1)	QL (1.75 ML per 90 days); HRM
INVEGA TRINZA INJECTION 819MG/2.63ML	\$0 (Tier 1)	QL (2.63 ML per 90 days); HRM
<i>loxapine</i>	\$0 (Tier 1)	MO; HRM
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>lurasidone hydrochloride tablet 80mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>molindone hydrochloride tablet 10mg, 5mg</i>	\$0 (Tier 1)	HRM
<i>molindone hydrochloride tablet 25mg</i>	\$0 (Tier 1)	HRM
NUPLAZID	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS HRM LD
<i>olanzapine odt</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>olanzapine injection</i>	\$0 (Tier 1)	QL (3 EA per 1 days) MO; HRM
<i>olanzapine tablet 10mg, 15mg, 20mg, 7.5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>olanzapine tablet 2.5mg, 5mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>paliperidone er tablet extended release 24 hour 6mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>perphenazine</i>	\$0 (Tier 1)	MO; HRM
<i>pimozide</i>	\$0 (Tier 1)	MO
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 200mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO; HRM
<i>quetiapine fumarate er tablet extended release 24 hour 300mg, 400mg, 50mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO; HRM
<i>quetiapine fumarate tablet 200mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 25mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 300mg, 400mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 100mg, 150mg, 50mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO; HRM
REXULTI TABLET 3MG, 4MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>risperidone er injection 25mg</i>	\$0 (Tier 1)	QL (2 EA per 28 days) MO
<i>risperidone er injection 12.5mg</i>	\$0 (Tier 1)	QL (2 EA per 28 days) MO; HRM
<i>risperidone er injection 37.5mg, 50mg</i>	\$0 (Tier 1)	QL (2 EA per 28 days) MO
<i>risperidone odt tablet disintegrating 0.5mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO; HRM
<i>risperidone odt tablet disintegrating 4mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO; HRM
<i>risperidone odt tablet disintegrating 1mg, 2mg, 3mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>risperidone odt tablet disintegrating 0.25mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO; HRM
<i>risperidone solution</i>	\$0 (Tier 1)	QL (480 ML per 30 days) MO; HRM

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Drug Name		Requirements/Limits
<i>risperidone tablet 4mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO; HRM
<i>risperidone tablet 1mg, 2mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>risperidone tablet 0.25mg, 0.5mg, 3mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO; HRM
SECUADO	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>thioridazine hcl</i>	\$0 (Tier 1)	PA MO; HRM
<i>thiothixene</i>	\$0 (Tier 1)	MO; HRM
<i>trifluoperazine hcl tablet 2mg, 5mg</i>	\$0 (Tier 1)	MO; HRM
<i>trifluoperazine hcl tablet 10mg</i>	\$0 (Tier 1)	MO; HRM
<i>trifluoperazine hydrochloride tablet 1mg</i>	\$0 (Tier 1)	MO; HRM
VERSACLOZ	\$0 (Tier 1)	QL (600 ML per 30 days) PA; HRM
VRAYLAR CAPSULE THERAPY PACK	\$0 (Tier 1)	MO; HRM
VRAYLAR CAPSULE 3MG, 4.5MG, 6MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
VRAYLAR CAPSULE 1.5MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>ziprasidone hcl capsule</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>ziprasidone mesylate injection</i>	\$0 (Tier 1)	QL (6 EA per 3 days) MO; HRM
ZYPREXA RELPREVV INJECTION 210MG	\$0 (Tier 1)	QL (2 EA per 28 days) PA; ACS HRM
ZYPREXA RELPREVV INJECTION 405MG	\$0 (Tier 1)	QL (1 EA per 28 days) PA; ACS HRM
ZYPREXA RELPREVV INJECTION 300MG	\$0 (Tier 1)	QL (2 EA per 28 days) PA; ACS HRM
ANTISEIZURE AGENTS		
APTIOM TABLET 200MG, 400MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
APTIOM TABLET 600MG, 800MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
BRIVIACT TABLET	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
BRIVIACT INJECTION	\$0 (Tier 1)	QL (600 ML per 30 days) PA
BRIVIACT ORAL SOLUTION	\$0 (Tier 1)	QL (600 ML per 30 days) PA MO
<i>carbamazepine er capsule extended release 12 hour</i>	\$0 (Tier 1)	MO; HRM
<i>carbamazepine er tablet extended release 12 hour 100mg</i>	\$0 (Tier 1)	MO; HRM
<i>carbamazepine er tablet extended release 12 hour 200mg, 400mg</i>	\$0 (Tier 1)	MO; HRM
<i>carbamazepine tablet</i>	\$0 (Tier 1)	MO; HRM
<i>carbamazepine suspension</i>	\$0 (Tier 1)	MO; HRM
<i>carbamazepine tablet chewable 200mg</i>	\$0 (Tier 1)	
<i>carbamazepine tablet chewable 100mg</i>	\$0 (Tier 1)	MO; HRM
<i>clobazam suspension</i>	\$0 (Tier 1)	QL (480 ML per 30 days) PA MO; HRM
<i>clobazam tablet</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO; HRM
<i>clonazepam odt tablet disintegrating 2mg</i>	\$0 (Tier 1)	QL (300 EA per 30 days) MO



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Drug Name		Requirements/Limits
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>clonazepam tablet 2mg</i>	\$0 (Tier 1)	QL (300 EA per 30 days) MO
<i>clonazepam tablet 0.5mg, 1mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>clorazepate dipotassium tablet 15mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) PA MO; HRM
<i>clorazepate dipotassium tablet 3.75mg, 7.5mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA MO; HRM
DIACOMIT CAPSULE 500MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA; LD
DIACOMIT CAPSULE 250MG	\$0 (Tier 1)	QL (360 EA per 30 days) PA; LD
DIACOMIT PACKET 500MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA; LD
DIACOMIT PACKET 250MG	\$0 (Tier 1)	QL (360 EA per 30 days) PA; LD
<i>diazepam intensol</i>	\$0 (Tier 1)	QL (240 ML per 30 days) PA MO; HRM
DIAZEPAM RECTAL GEL	\$0 (Tier 1)	QL (5 EA per 30 days) MO; HRM
<i>diazepam concentrate</i>	\$0 (Tier 1)	QL (240 ML per 30 days) PA MO; HRM
<i>diazepam tablet</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO; HRM
<i>diazepam oral solution</i>	\$0 (Tier 1)	QL (1200 ML per 30 days) PA MO; HRM
<i>diazepam injection</i>	\$0 (Tier 1)	QL (240 ML per 30 days) PA MO; HRM
DILANTIN	\$0 (Tier 1)	MO
DILANTIN INFATABS	\$0 (Tier 1)	MO
DILANTIN-125	\$0 (Tier 1)	MO
<i>divalproex sodium dr</i>	\$0 (Tier 1)	MO
<i>divalproex sodium er</i>	\$0 (Tier 1)	MO
EPIDIOLEX	\$0 (Tier 1)	QL (600 ML per 30 days) PA; ACS LD
<i>epitol</i>	\$0 (Tier 1)	HRM
EPRONTIA	\$0 (Tier 1)	QL (480 ML per 30 days) PA MO
<i>ethosuximide capsule</i>	\$0 (Tier 1)	MO
<i>ethosuximide solution</i>	\$0 (Tier 1)	MO
<i>felbamate</i>	\$0 (Tier 1)	MO
FINTEPLA	\$0 (Tier 1)	QL (360 ML per 30 days) PA; LD
<i>fosphenytoin sodium injection 100mg pe/2ml</i>	\$0 (Tier 1)	
<i>fosphenytoin sodium injection 500mg pe/10ml</i>	\$0 (Tier 1)	MO
FYCOMPA SUSPENSION	\$0 (Tier 1)	QL (720 ML per 30 days) PA MO
FYCOMPA TABLET 2MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO

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Drug Name		Requirements/Limits
<i>gabapentin (generic Neurontin) capsule 100mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>gabapentin (generic Neurontin) capsule 400mg</i>	\$0 (Tier 1)	QL (270 EA per 30 days) MO
<i>gabapentin (generic Neurontin) capsule 300mg</i>	\$0 (Tier 1)	QL (360 EA per 30 days) MO
<i>gabapentin (generic Neurontin) solution</i>	\$0 (Tier 1)	QL (2160 ML per 30 days) MO
<i>gabapentin (generic Neurontin) tablet 600mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>gabapentin (generic Neurontin) tablet 800mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>lacosamide oral solution</i>	\$0 (Tier 1)	QL (1200 ML per 30 days) MO
<i>lacosamide injection</i>	\$0 (Tier 1)	
<i>lacosamide tablet 50mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>lacosamide tablet 100mg, 150mg, 200mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>lamotrigine</i>	\$0 (Tier 1)	MO
<i>lamotrigine er</i>	\$0 (Tier 1)	MO
<i>lamotrigine odt</i>	\$0 (Tier 1)	MO
<i>lamotrigine starter kit/blue</i>	\$0 (Tier 1)	MO
<i>lamotrigine starter kit/green</i>	\$0 (Tier 1)	MO
<i>lamotrigine starter kit/orange</i>	\$0 (Tier 1)	MO
<i>levetiracetam er</i>	\$0 (Tier 1)	MO
<i>levetiracetam/sodium chloride</i>	\$0 (Tier 1)	
<i>levetiracetam oral solution, tablet</i>	\$0 (Tier 1)	MO
<i>levetiracetam injection</i>	\$0 (Tier 1)	
LIBERVANT	\$0 (Tier 1)	QL (10 EA per 30 days) PA
<i>methsuximide</i>	\$0 (Tier 1)	MO
NAYZILAM	\$0 (Tier 1)	QL (10 EA per 30 days) PA MO
<i>oxcarbazepine tablet</i>	\$0 (Tier 1)	MO; HRM
<i>oxcarbazepine suspension</i>	\$0 (Tier 1)	MO; HRM
<i>phenobarbital sodium injection</i>	\$0 (Tier 1)	PA; HRM
<i>phenobarbital tablet</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO; HRM
<i>phenobarbital elixir</i>	\$0 (Tier 1)	QL (1500 ML per 30 days) PA MO; HRM
<i>phenytek capsule 200mg</i>	\$0 (Tier 1)	
<i>phenytek capsule 300mg</i>	\$0 (Tier 1)	MO
<i>phenytoin oral suspension, tablet chewable</i>	\$0 (Tier 1)	MO
<i>phenytoin sodium extended release capsule</i>	\$0 (Tier 1)	MO
<i>phenytoin sodium injection</i>	\$0 (Tier 1)	
<i>pregabalin capsule 100mg, 150mg, 25mg, 50mg, 75mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO
<i>pregabalin capsule 225mg, 300mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>pregabalin capsule 200mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA MO
<i>pregabalin solution</i>	\$0 (Tier 1)	QL (900 ML per 30 days) PA MO
<i>primidone</i>	\$0 (Tier 1)	MO



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Drug Name	Requirements/Limits
<i>roweepra</i>	\$0 (Tier 1)
<i>rufinamide suspension</i>	\$0 (Tier 1) QL (2760 ML per 30 days) PA MO
<i>rufinamide tablet 200mg</i>	\$0 (Tier 1) QL (480 EA per 30 days) PA MO
<i>rufinamide tablet 400mg</i>	\$0 (Tier 1) QL (240 EA per 30 days) PA MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 750MG	\$0 (Tier 1) QL (120 EA per 30 days) MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 500MG	\$0 (Tier 1) QL (180 EA per 30 days) MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 250MG	\$0 (Tier 1) QL (360 EA per 30 days) MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 1000MG	\$0 (Tier 1) QL (90 EA per 30 days) MO
<i>subvenite</i>	\$0 (Tier 1)
<i>subvenite starter kit/blue</i>	\$0 (Tier 1)
<i>subvenite starter kit/green</i>	\$0 (Tier 1)
<i>subvenite starter kit/orange</i>	\$0 (Tier 1)
SYMPAZAN FILM 5MG	\$0 (Tier 1) QL (60 EA per 30 days) PA MO; HRM
SYMPAZAN FILM 10MG, 20MG	\$0 (Tier 1) QL (60 EA per 30 days) PA MO; HRM
<i>tiagabine hydrochloride</i>	\$0 (Tier 1) MO
<i>topiramate er</i>	\$0 (Tier 1) MO
<i>topiramate capsule sprinkle</i>	\$0 (Tier 1) MO
<i>topiramate tablet 100mg</i>	\$0 (Tier 1) QL (120 EA per 30 days) MO
<i>topiramate tablet 200mg</i>	\$0 (Tier 1) QL (60 EA per 30 days) MO
<i>topiramate tablet 25mg, 50mg</i>	\$0 (Tier 1) QL (90 EA per 30 days) MO
<i>valproate sodium injection</i>	\$0 (Tier 1)
<i>valproic acid capsule, oral solution</i>	\$0 (Tier 1) MO
VALTOCO 10 MG DOSE	\$0 (Tier 1) QL (10 EA per 30 days) PA MO
VALTOCO 15 MG DOSE	\$0 (Tier 1) QL (10 EA per 30 days) PA MO
VALTOCO 20 MG DOSE	\$0 (Tier 1) QL (10 EA per 30 days) PA MO
VALTOCO 5 MG DOSE	\$0 (Tier 1) QL (10 EA per 30 days) PA MO
<i>vigabatrin</i>	\$0 (Tier 1) QL (180 EA per 30 days) PA; ACS LD
<i>vigadrone</i>	\$0 (Tier 1) QL (180 EA per 30 days) PA; LD
VIGAFYDE	\$0 (Tier 1) QL (750 ML per 30 days) PA; LD
<i>vigpoder</i>	\$0 (Tier 1) QL (180 EA per 30 days) PA; LD
XCOPRI TITRATION PACK 12.5MG; 25MG	\$0 (Tier 1) QL (28 EA per 28 days) MO
XCOPRI TITRATION PACK 50MG; 100MG, 150MG; 200MG	\$0 (Tier 1) QL (28 EA per 28 days) MO
XCOPRI MAINTENANCE PACK 100MG; 150MG, 150MG; 200MG	\$0 (Tier 1) QL (56 EA per 28 days) MO

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Drug Name		Requirements/Limits
XCOPRI TABLET 100MG, 25MG, 50MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
XCOPRI TABLET 150MG, 200MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
ZONISADE	\$0 (Tier 1)	QL (900 ML per 30 days) PA MO
<i>zonisamide capsule 100mg, 25mg</i>	\$0 (Tier 1)	MO
<i>zonisamide capsule 50mg</i>	\$0 (Tier 1)	MO; HRM
ZTALMY	\$0 (Tier 1)	QL (1100 ML per 30 days) PA; LD
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine/dextroamphetamine capsule extended release 24 hour</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tablet 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tablet 20mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>atomoxetine hydrochloride capsule 10mg, 25mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>atomoxetine capsule 18mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>atomoxetine capsule 100mg, 60mg, 80mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>atomoxetine capsule 40mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hcl</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hcl er</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride er</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride capsule extended release 24 hour</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride tablet</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>dextroamphetamine sulfate er</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>dextroamphetamine sulfate tablet 10mg, 5mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>dextroamphetamine sulfate solution</i>	\$0 (Tier 1)	QL (1800 ML per 30 days) MO
<i>guanfacine hydrochloride er tablet extended release 24 hour 1mg, 2mg, 4mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
<i>guanfacine hydrochloride er tablet extended release 24 hour 3mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>lisdexamfetamine dimesylate</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride cd</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er (la) capsule extended release 24 hour (generic Ritalin LA) 60mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er capsule extended release 24 hour (generic Ritalin LA) 10mg, 20mg, 40mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er capsule extended release 24 hour (generic Ritalin LA) 30mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>methylphenidate hydrochloride er tablet extended release 24 hour 18mg, 27mg, 36mg, 54mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)



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Drug Name		Requirements/Limits
<i>methylphenidate hydrochloride er capsule extended release (generic Metadate ER) 40mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
METHYLPHENIDATE HYDROCHLORIDE ER TABLET EXTENDED RELEASE (GENERIC RELEXXII) 45MG, 63MG, 72MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tablet extended release (generic Concerta and Relexxii) 18mg, 27mg, 36mg, 54mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tablet extended release (generic Metadate ER and Ritalin SR) 10mg, 20mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride tablet</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride tablet chewable</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	\$0 (Tier 1)	QL (1800 ML per 30 days) MO
<i>methylphenidate hydrochloride solution 10mg/5ml</i>	\$0 (Tier 1)	QL (900 ML per 30 days) MO
<i>zenzedi tablet 10mg, 5mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days)
HYPNOTICS		
DAYVIGO	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>doxepin hydrochloride tablet 3mg, 6mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>tasimelteon</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
<i>temazepam</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO; HRM
<i>triazolam</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO; HRM
<i>zaleplon capsule 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO; HRM
<i>zaleplon capsule 10mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO; HRM
<i>zolpidem tartrate tablet</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO; HRM
MIGRAINE		
AIMOVIG	\$0 (Tier 1)	QL (1 ML per 30 days) PA; ACS
<i>dihydroergotamine mesylate injection</i>	\$0 (Tier 1)	PA MO
<i>dihydroergotamine mesylate nasal solution</i>	\$0 (Tier 1)	QL (8 ML per 30 days) PA MO
<i>eletriptan hydrobromide</i>	\$0 (Tier 1)	QL (12 EA per 30 days) MO
<i>ergotamine tartrate/caffeine</i>	\$0 (Tier 1)	QL (40 EA per 28 days) PA MO
<i>naratriptan hcl</i>	\$0 (Tier 1)	QL (9 EA per 30 days) MO
NURTEC	\$0 (Tier 1)	QL (16 EA per 30 days) PA MO
QULIPTA	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
<i>rizatriptan benzoate</i>	\$0 (Tier 1)	QL (12 EA per 30 days) MO
<i>rizatriptan benzoate odt</i>	\$0 (Tier 1)	QL (12 EA per 30 days) MO
<i>sumatriptan nasal spray</i>	\$0 (Tier 1)	QL (12 EA per 30 days) MO

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Drug Name		Requirements/Limits
<i>sumatriptan succinate refill</i>	\$0 (Tier 1)	QL (4 ML per 30 days) MO
<i>sumatriptan succinate injection</i>	\$0 (Tier 1)	QL (4 ML per 30 days) MO
<i>sumatriptan succinate tablet 100mg</i>	\$0 (Tier 1)	QL (12 EA per 30 days) MO
<i>sumatriptan succinate tablet 25mg, 50mg</i>	\$0 (Tier 1)	QL (9 EA per 30 days) MO
UBRELVY	\$0 (Tier 1)	QL (16 EA per 30 days) PA MO
MISCELLANEOUS		
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 12MG; 18MG; 24MG; 30MG	\$0 (Tier 1)	QL (56 EA per 365 days) PA; ACS
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 6MG; 12MG; 24MG	\$0 (Tier 1)	QL (84 EA per 365 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 18MG, 30MG, 36MG, 42MG, 48MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS
AUSTEDO TABLET 12MG, 9MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS LD
AUSTEDO TABLET 6MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS LD
<i>lithium</i>	\$0 (Tier 1)	MO
<i>lithium carbonate</i>	\$0 (Tier 1)	MO
<i>lithium carbonate er</i>	\$0 (Tier 1)	MO
NUEDEXTA	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>pregabalin er tablet extended release 24 hour 330mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>pregabalin er tablet extended release 24 hour 165mg, 82.5mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA MO
<i>pyridostigmine bromide tablet</i>	\$0 (Tier 1)	MO
<i>pyridostigmine bromide er</i>	\$0 (Tier 1)	MO
<i>riluzole</i>	\$0 (Tier 1)	MO
<i>tetrabenazine tablet 25mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS LD
<i>tetrabenazine tablet 12.5mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS LD
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS LD



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Drug Name		Requirements/Limits
BETASERON	\$0 (Tier 1)	QL (14 EA per 28 days) PA; ACS
<i>dalfampridine er</i>	\$0 (Tier 1)	PA; ACS
<i> fingolimod hydrochloride</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
<i> glatiramer acetate injection 40mg/ml</i>	\$0 (Tier 1)	QL (12 ML per 28 days) PA; ACS
<i> glatiramer acetate injection 20mg/ml</i>	\$0 (Tier 1)	QL (30 ML per 30 days) PA; ACS
<i> glatopa injection 40mg/ml</i>	\$0 (Tier 1)	QL (12 ML per 28 days) PA; ACS
<i> glatopa injection 20mg/ml</i>	\$0 (Tier 1)	QL (30 ML per 30 days) PA; ACS
KESIMPTA	\$0 (Tier 1)	QL (6.4 ML per 365 days) PA; ACS LD
<i> teriflunomide</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
MUSCULOSKELETAL THERAPY AGENTS		
<i> baclofen tablet 10mg, 20mg, 5mg</i>	\$0 (Tier 1)	MO
<i> baclofen tablet 15mg</i>	\$0 (Tier 1)	MO
<i> chlorzoxazone tablet 500mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) PA MO
<i> cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA MO; HRM
<i> dantrolene sodium capsule 25mg, 50mg, 100mg</i>	\$0 (Tier 1)	MO
<i> tizanidine hcl</i>	\$0 (Tier 1)	MO
<i> tizanidine hydrochloride</i>	\$0 (Tier 1)	MO
NARCOLEPSY/CATAPLEXY		
<i> armodafinil tablet 150mg, 200mg, 250mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
<i> armodafinil tablet 50mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i> modafinil tablet 100mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
<i> modafinil tablet 200mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
SODIUM OXYBATE	\$0 (Tier 1)	QL (540 ML per 30 days) PA; LD
PSYCHOTHERAPEUTIC-MISC		
<i> acamprosate calcium dr</i>	\$0 (Tier 1)	MO
<i> buprenorphine hcl tablet sublingual 2mg, 8mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA MO
<i> buprenorphine hcl/naloxone hcl sublingual tablet</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i> buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i> buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i> bupropion hydrochloride er (sr) tablet (smoking deterrent) extended release 12 hour 150mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i> disulfiram</i>	\$0 (Tier 1)	MO
<i> naloxone hcl</i>	\$0 (Tier 1)	MO
<i> naloxone hydrochloride nasal spray</i>	\$0 (Tier 1)	MO
<i> naloxone hydrochloride injection 0.4mg/ml cartridge and prefilled syringe, 2mg/2ml prefilled syringe</i>	\$0 (Tier 1)	

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Drug Name		Requirements/Limits
<i>naloxone hydrochloride vial injection 0.4mg/ml</i>	\$0 (Tier 1)	MO
<i>naltrexone hcl</i>	\$0 (Tier 1)	MO
NICOTROL INHALER	\$0 (Tier 1)	MO
NICOTROL NS	\$0 (Tier 1)	QL (360 ML per 365 days) MO
<i>varenicline starting month box</i>	\$0 (Tier 1)	PA MO
<i>varenicline tartrate tablet 1mg, 0.5mg</i>	\$0 (Tier 1)	PA MO
VIVITROL	\$0 (Tier 1)	ACS
ENDOCRINE AND METABOLIC		
ANDROGENS		
<i>danazol</i>	\$0 (Tier 1)	MO
<i>methyltestosterone</i>	\$0 (Tier 1)	PA MO
<i>testosterone cypionate</i>	\$0 (Tier 1)	MO
<i>testosterone enanthate</i>	\$0 (Tier 1)	PA MO
<i>testosterone pump gel 1%</i>	\$0 (Tier 1)	QL (300 GM per 30 days) MO
<i>testosterone pump gel 2% (10mg/act)</i>	\$0 (Tier 1)	QL (120 GM per 30 days) MO
<i>testosterone gel 1% (25mg/2.5gm, 50mg/5gm)</i>	\$0 (Tier 1)	QL (300 GM per 30 days) MO
<i>testosterone topical solution</i>	\$0 (Tier 1)	QL (180 ML per 30 days) MO
ANTIDIABETICS, INSULINS		
ADMELOG	\$0 (Tier 1)	MO
ADMELOG SOLOSTAR	\$0 (Tier 1)	MO
BD ALCOHOL SWABS	\$0 (Tier 1)	PA MO
BD INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	\$0 (Tier 1)	PA MO
BASAGLAR KWIKPEN	\$0 (Tier 1)	MO
BD INSULIN SYRINGE	\$0 (Tier 1)	PA MO
SAFETYGLIDE/1ML/29G X 1/2"		
BD INSULIN SYRINGE ULTRA- FINE/0.5ML/30G X 1/2"	\$0 (Tier 1)	PA MO
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 5/16"	\$0 (Tier 1)	PA MO
BD PEN	\$0 (Tier 1)	MO
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 1/2"	\$0 (Tier 1)	PA MO
BD VEO INSULIN SYRINGE ULTRA- FINE/0.3ML/31G X 15/64"	\$0 (Tier 1)	PA MO
CURITY GAUZE PADS 2"X2" 12 PLY	\$0 (Tier 1)	PA MO
FIASP	\$0 (Tier 1)	MO
FIASP FLEXTOUCH	\$0 (Tier 1)	MO
FIASP PENFILL	\$0 (Tier 1)	MO
FIASP PUMPCART	\$0 (Tier 1)	MO
HUMULIN R U-500 (CONCENTRATED)	\$0 (Tier 1)	B/D MO



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Drug Name		Requirements/Limits
HUMULIN R U-500 KWIKPEN	\$0 (Tier 1)	MO
LANTUS	\$0 (Tier 1)	MO
LANTUS SOLOSTAR	\$0 (Tier 1)	MO
NOVOLIN 70/30 (BRAND RELION NOT COVERED)	\$0 (Tier 1)	MO
NOVOLIN 70/30 FLEXPEN (BRAND RELION NOT COVERED)	\$0 (Tier 1)	MO
NOVOLIN N (BRAND RELION NOT COVERED)	\$0 (Tier 1)	MO
NOVOLIN N FLEXPEN (BRAND RELION NOT COVERED)	\$0 (Tier 1)	MO
NOVOLIN R (BRAND RELION NOT COVERED)	\$0 (Tier 1)	MO
NOVOLIN R FLEXPEN (BRAND RELION NOT COVERED)	\$0 (Tier 1)	MO
NOVOLOG (BRAND RELION NOT COVERED)	\$0 (Tier 1)	MO
NOVOLOG FLEXPEN (BRAND RELION NOT COVERED)	\$0 (Tier 1)	MO
NOVOLOG MIX 70/30 (BRAND RELION NOT COVERED)	\$0 (Tier 1)	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN (BRAND RELION NOT COVERED)	\$0 (Tier 1)	MO
NOVOLOG PENFILL	\$0 (Tier 1)	MO
SOLIQUA 100/33	\$0 (Tier 1)	QL (15 ML per 25 days) MO
TOUJEO MAX SOLOSTAR	\$0 (Tier 1)	MO
TOUJEO SOLOSTAR	\$0 (Tier 1)	MO
TRESIBA	\$0 (Tier 1)	MO
TRESIBA FLEXTOUCH	\$0 (Tier 1)	MO
XULTOPHY 100/3.6	\$0 (Tier 1)	QL (15 ML per 30 days) MO
ANTIDIABETICS		
<i>acarbose</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
FARXIGA	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>glimepiride tablet 4mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>glimepiride tablet 1mg, 2mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>glipizide er tablet extended release 24 hour 10mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>glipizide er tablet extended release 24 hour 2.5mg, 5mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>glipizide xl tablet extended release 24 hour 10mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>glipizide xl tablet extended release 24 hour 2.5mg, 5mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>glipizide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>glipizide/metformin hydrochloride tablet 2.5mg; 250mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days) MO

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Drug Name		Requirements/Limits
<i>glipizide tablet 10mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>glipizide tablet 2.5mg, 5mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days) MO
GLYXAMBI	\$0 (Tier 1)	QL (30 EA per 30 days) MO
JANUMET	\$0 (Tier 1)	QL (60 EA per 30 days) MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG, 500MG; 50MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
JANUVIA	\$0 (Tier 1)	QL (30 EA per 30 days) MO
JARDIANCE	\$0 (Tier 1)	QL (30 EA per 30 days) MO
JENTADUETO	\$0 (Tier 1)	QL (60 EA per 30 days) MO
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
LIRAGLUTIDE	\$0 (Tier 1)	QL (9 ML per 30 days) PA
<i>metformin hydrochloride er (generic Glucophage XR) tablet extended release 24 hour 500mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>metformin hydrochloride er tablet extended release 24 hour (generic Glucophage XR) 750mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>metformin hydrochloride er (generic Fortamet and Glumetza) tablet extended release 24 hour 500mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO
<i>metformin hydrochloride tablet 500mg</i>	\$0 (Tier 1)	QL (150 EA per 30 days) MO
<i>metformin hydrochloride tablet 1000mg</i>	\$0 (Tier 1)	QL (75 EA per 30 days) MO
<i>metformin hydrochloride tablet 850mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>miglitol</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
MOUNJARO INJECTION 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML	\$0 (Tier 1)	QL (2 ML per 28 days) PA
MOUNJARO INJECTION 2.5MG/0.5ML	\$0 (Tier 1)	QL (4 ML per 365 days) PA
<i>nateglinide</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
OZEMPIC	\$0 (Tier 1)	QL (3 ML per 28 days) PA MO
<i>pioglitazone hcl</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>pioglitazone hcl-glimepiride</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>pioglitazone hcl/metformin hcl</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>pioglitazone hydrochloride</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>repaglinide tablet 0.5mg, 1mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>repaglinide tablet 2mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days) MO
RYBELSUS	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
SYMLINPEN 120	\$0 (Tier 1)	QL (10.8 ML per 30 days) PA MO
SYMLINPEN 60	\$0 (Tier 1)	QL (6 ML per 30 days) PA MO



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Drug Name		Requirements/Limits
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
SYNJARDY TABLET 5MG; 500MG	\$0 (Tier 1)	QL (120 EA per 30 days) MO
SYNJARDY TABLET 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
TRADJENTA	\$0 (Tier 1)	QL (30 EA per 30 days) MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
TRULICITY	\$0 (Tier 1)	QL (2 ML per 28 days) PA
VICTOZA	\$0 (Tier 1)	QL (9 ML per 30 days) PA MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
CALCIUM REGULATORS		
<i>alendronate sodium solution</i>	\$0 (Tier 1)	MO
<i>alendronate sodium tablet 10mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>alendronate sodium tablet 35mg, 70mg</i>	\$0 (Tier 1)	QL (4 EA per 28 days) MO
<i>calcitonin-salmon nasal spray</i>	\$0 (Tier 1)	MO
<i>ibandronate sodium tablet</i>	\$0 (Tier 1)	QL (1 EA per 30 days) MO
<i>ibandronate sodium injection</i>	\$0 (Tier 1)	QL (3 ML per 90 days) MO
PAMIDRONATE DISODIUM INJECTION 6MG/ ML	\$0 (Tier 1)	
<i>pamidronate disodium injection 30mg/10ml, 90mg/10ml</i>	\$0 (Tier 1)	
PROLIA	\$0 (Tier 1)	QL (1 ML per 180 days); ACS
<i>risedronate sodium dr tablet delayed release 35mg</i>	\$0 (Tier 1)	QL (4 EA per 28 days) MO
<i>risedronate sodium tablet 150mg</i>	\$0 (Tier 1)	QL (1 EA per 28 days) MO
<i>risedronate sodium tablet 30mg, 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>risedronate sodium tablet 35mg</i>	\$0 (Tier 1)	QL (4 EA per 28 days) MO
TERIPARATIDE INJECTION 620 MCG/2.48 ML (BRAND BY ALVOGEN)	\$0 (Tier 1)	PA; ACS
XGEVA	\$0 (Tier 1)	PA; ACS
ZOLEDRONIC ACID INJECTION 4MG/100ML	\$0 (Tier 1)	ACS

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Drug Name		Requirements/Limits
<i>zoledronic acid injection 4mg/5ml, 5mg/100ml</i>	\$0 (Tier 1)	ACS
CHELATING AGENTS		
CHEMET	\$0 (Tier 1)	MO
<i>deferasirox packet</i>	\$0 (Tier 1)	PA; ACS
<i>deferasirox tablet soluble 125mg</i>	\$0 (Tier 1)	PA; ACS
<i>deferasirox tablet soluble 250mg, 500mg</i>	\$0 (Tier 1)	PA; ACS
<i>deferasirox tablet 90mg</i>	\$0 (Tier 1)	PA; ACS
<i>deferasirox tablet 180mg, 360mg</i>	\$0 (Tier 1)	PA; ACS
KIONEX	\$0 (Tier 1)	
LOKELMA PACKET 10GM	\$0 (Tier 1)	QL (34 EA per 30 days) MO
LOKELMA PACKET 5GM	\$0 (Tier 1)	QL (96 EA per 30 days) MO
<i>penicillamine tablet</i>	\$0 (Tier 1)	ACS
<i>sodium polystyrene sulfonate oral powder</i>	\$0 (Tier 1)	MO
<i>sps</i>	\$0 (Tier 1)	MO
<i>trientine hydrochloride capsule 500mg</i>	\$0 (Tier 1)	PA
<i>trientine hydrochloride capsule 250mg</i>	\$0 (Tier 1)	PA; ACS
CONTRACEPTIVES		
<i>afirmelle</i>	\$0 (Tier 1)	
<i>altavera</i>	\$0 (Tier 1)	
<i>alyacen 1/35</i>	\$0 (Tier 1)	MO
<i>alyacen 7/7/7</i>	\$0 (Tier 1)	
<i>amethia</i>	\$0 (Tier 1)	
<i>amethyst</i>	\$0 (Tier 1)	
<i>apri</i>	\$0 (Tier 1)	
<i>aranelle</i>	\$0 (Tier 1)	MO
<i>ashlyna</i>	\$0 (Tier 1)	
<i>aubra eq</i>	\$0 (Tier 1)	
<i>aurovela 1.5/30</i>	\$0 (Tier 1)	
<i>aurovela 1/20</i>	\$0 (Tier 1)	
<i>aurovela 24 fe</i>	\$0 (Tier 1)	
<i>aurovela fe 1.5/30</i>	\$0 (Tier 1)	
<i>aurovela fe 1/20</i>	\$0 (Tier 1)	MO
<i>aviane</i>	\$0 (Tier 1)	
<i>ayuna</i>	\$0 (Tier 1)	
<i>azurette</i>	\$0 (Tier 1)	
<i>balziva</i>	\$0 (Tier 1)	
<i>blisovi 24 fe</i>	\$0 (Tier 1)	MO
<i>blisovi fe 1.5/30</i>	\$0 (Tier 1)	MO
<i>blisovi fe 1/20</i>	\$0 (Tier 1)	
<i>briellyn</i>	\$0 (Tier 1)	
<i>camila</i>	\$0 (Tier 1)	MO



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Drug Name	Requirements/Limits
CAMRESE	\$0 (Tier 1)
CAMRESE LO	\$0 (Tier 1)
<i>charlotte 24 fe</i>	\$0 (Tier 1)
<i>chateal eq</i>	\$0 (Tier 1)
<i>cryselle-28</i>	\$0 (Tier 1) MO
<i>cyred eq</i>	\$0 (Tier 1)
<i>dasetta 1/35</i>	\$0 (Tier 1)
<i>dasetta 7/7/7</i>	\$0 (Tier 1)
<i>daysee</i>	\$0 (Tier 1)
<i>deblitane</i>	\$0 (Tier 1)
<i>delyla</i>	\$0 (Tier 1)
DEPO-SUBQ PROVERA 104	\$0 (Tier 1) MO
<i>desogestrel/ethinyl estradiol</i>	\$0 (Tier 1) MO
<i>dolishale</i>	\$0 (Tier 1)
<i>drospirenone/ethinyl estradiol</i>	\$0 (Tier 1) MO
<i>drospirenone/ethinyl estradiol/levomefolate calcium tablet 3mg; 0.03mg; 0.451mg</i>	\$0 (Tier 1) MO
<i>elinest</i>	\$0 (Tier 1)
<i>eluryng</i>	\$0 (Tier 1)
<i>emzahh</i>	\$0 (Tier 1)
<i>enilloring</i>	\$0 (Tier 1) MO
<i>enpresse-28</i>	\$0 (Tier 1)
<i>enskyce</i>	\$0 (Tier 1) MO
<i>errin</i>	\$0 (Tier 1) MO
<i>estarylla</i>	\$0 (Tier 1) MO
<i>ethynodiol diacetate/ethinyl estradiol</i>	\$0 (Tier 1) MO
<i>etonogestrel/ethinyl estradiol</i>	\$0 (Tier 1) MO
<i>falmina</i>	\$0 (Tier 1)
<i>finzala</i>	\$0 (Tier 1)
<i>hailey 1.5/30</i>	\$0 (Tier 1) MO
<i>hailey 24 fe</i>	\$0 (Tier 1)
<i>hailey fe 1.5/30</i>	\$0 (Tier 1)
<i>hailey fe 1/20</i>	\$0 (Tier 1) MO
<i>haloette</i>	\$0 (Tier 1)
<i>heather</i>	\$0 (Tier 1) MO
<i>iclevia</i>	\$0 (Tier 1)
<i>incassia</i>	\$0 (Tier 1)
<i>introvale</i>	\$0 (Tier 1)
<i>isibloom</i>	\$0 (Tier 1)
<i>jaimiess</i>	\$0 (Tier 1)
<i>jasmiel</i>	\$0 (Tier 1)

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Drug Name	Requirements/Limits
<i>jencycla</i>	\$0 (Tier 1)
JOLESSA	\$0 (Tier 1)
<i>juleber</i>	\$0 (Tier 1)
<i>junel 1.5/30</i>	\$0 (Tier 1)
<i>junel 1/20</i>	\$0 (Tier 1)
<i>junel fe 1.5/30</i>	\$0 (Tier 1) MO
<i>junel fe 1/20</i>	\$0 (Tier 1)
<i>junel fe 24</i>	\$0 (Tier 1)
<i>kaitlib fe</i>	\$0 (Tier 1) MO
<i>kalliga</i>	\$0 (Tier 1)
<i>kariva</i>	\$0 (Tier 1)
<i>kelnor 1/35</i>	\$0 (Tier 1) MO
<i>kelnor 1/50</i>	\$0 (Tier 1) MO
<i>kurvelo</i>	\$0 (Tier 1)
<i>larin 1.5/30</i>	\$0 (Tier 1)
<i>larin 1/20</i>	\$0 (Tier 1)
<i>larin 24 fe</i>	\$0 (Tier 1)
<i>larin fe 1.5/30</i>	\$0 (Tier 1)
<i>larin fe 1/20</i>	\$0 (Tier 1)
LEENA	\$0 (Tier 1)
<i>lessina</i>	\$0 (Tier 1)
<i>levonest</i>	\$0 (Tier 1)
<i>levonorgestrel and ethinyl estradiol</i>	\$0 (Tier 1) MO
<i>levonorgestrel/ethinyl estradiol</i>	\$0 (Tier 1) MO
<i>levora 0.15/30-28</i>	\$0 (Tier 1)
LILETTA	\$0 (Tier 1) ACS
<i>lo-zumandimine</i>	\$0 (Tier 1) MO
<i>loestrin 1.5/30-21</i>	\$0 (Tier 1)
<i>loestrin 1/20-21</i>	\$0 (Tier 1)
<i>loestrin fe 1.5/30</i>	\$0 (Tier 1)
<i>loestrin fe 1/20</i>	\$0 (Tier 1)
<i>lojaimiess</i>	\$0 (Tier 1) MO
<i>loryna</i>	\$0 (Tier 1)
<i>low-ogestrel</i>	\$0 (Tier 1)
<i>lutra</i>	\$0 (Tier 1) MO
<i>lyleq</i>	\$0 (Tier 1)
<i>lyza</i>	\$0 (Tier 1)
<i>marlissa</i>	\$0 (Tier 1) MO
<i>medroxyprogesterone acetate injection 150mg/ml</i>	\$0 (Tier 1) MO
<i>mibelas 24 fe</i>	\$0 (Tier 1)
MICROGESTIN 1.5/30	\$0 (Tier 1)



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Drug Name	Requirements/Limits
MICROGESTIN 1/20	\$0 (Tier 1)
<i>microgestin 24 fe</i>	\$0 (Tier 1)
MICROGESTIN FE 1.5/30	\$0 (Tier 1)
MICROGESTIN FE 1/20	\$0 (Tier 1)
<i>mili</i>	\$0 (Tier 1)
<i>mono-linyah</i>	\$0 (Tier 1)
<i>necon 0.5/35-28</i>	\$0 (Tier 1)
NEXPLANON	\$0 (Tier 1) ACS
<i>nikki</i>	\$0 (Tier 1)
NORA-BE	\$0 (Tier 1)
<i>norelgestromin/ethinyl estradiol</i>	\$0 (Tier 1) MO
<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	\$0 (Tier 1) MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet, tablet chewable</i>	\$0 (Tier 1) MO
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg</i>	\$0 (Tier 1) MO
<i>norethindrone tablet 0.35mg</i>	\$0 (Tier 1) MO
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	\$0 (Tier 1) MO
<i>norgestimate/ethinyl estradiol</i>	\$0 (Tier 1) MO
<i>norlyda</i>	\$0 (Tier 1)
<i>norlyroc</i>	\$0 (Tier 1)
<i>nortrel 0.5/35 (28)</i>	\$0 (Tier 1) MO
<i>nortrel 1/35 28-day regimen</i>	\$0 (Tier 1)
<i>nortrel 1/35 21-day regimen</i>	\$0 (Tier 1) MO
<i>nortrel 7/7/7</i>	\$0 (Tier 1)
<i>nylia 1/35</i>	\$0 (Tier 1)
<i>nylia 7/7/7</i>	\$0 (Tier 1) MO
<i>nymyo</i>	\$0 (Tier 1)
OCELLA	\$0 (Tier 1)
<i>orsythia</i>	\$0 (Tier 1)
<i>philith</i>	\$0 (Tier 1)
<i>pimtrea</i>	\$0 (Tier 1)
<i>portia-28</i>	\$0 (Tier 1)
<i>reclipsen</i>	\$0 (Tier 1)
RIVELSA	\$0 (Tier 1)
<i>setlakin</i>	\$0 (Tier 1)
<i>sharobel</i>	\$0 (Tier 1)
<i>simliya</i>	\$0 (Tier 1)
<i>simpesse</i>	\$0 (Tier 1) MO
<i>sprintec 28</i>	\$0 (Tier 1)
<i>sronyx</i>	\$0 (Tier 1) MO

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Drug Name	Requirements/Limits
<i>syeda</i>	\$0 (Tier 1)
<i>tarina 24 fe</i>	\$0 (Tier 1)
<i>tarina fe 1/20 eq</i>	\$0 (Tier 1)
TILIA FE	\$0 (Tier 1)
<i>tri femynor</i>	\$0 (Tier 1)
<i>tri-estarylla</i>	\$0 (Tier 1) MO
<i>tri-legest fe</i>	\$0 (Tier 1) MO
<i>tri-linyah</i>	\$0 (Tier 1)
<i>tri-lo-estarylla</i>	\$0 (Tier 1)
<i>tri-lo-marzia</i>	\$0 (Tier 1)
<i>tri-lo-mili</i>	\$0 (Tier 1) MO
<i>tri-lo-sprintec</i>	\$0 (Tier 1)
<i>tri-mili</i>	\$0 (Tier 1)
<i>tri-nymyo</i>	\$0 (Tier 1)
<i>tri-sprintec</i>	\$0 (Tier 1)
<i>tri-vylibra</i>	\$0 (Tier 1)
<i>tri-vylibra lo</i>	\$0 (Tier 1)
<i>trivora-28</i>	\$0 (Tier 1) MO
<i>turqoz</i>	\$0 (Tier 1)
<i>tydemy</i>	\$0 (Tier 1)
<i>velivet</i>	\$0 (Tier 1) MO
<i>vestura</i>	\$0 (Tier 1)
<i>vienva</i>	\$0 (Tier 1)
<i>viorele</i>	\$0 (Tier 1) MO
<i>volnea</i>	\$0 (Tier 1)
<i>vyfemla</i>	\$0 (Tier 1) MO
<i>vylibra</i>	\$0 (Tier 1)
<i>wera</i>	\$0 (Tier 1)
<i>wymzya fe</i>	\$0 (Tier 1)
<i>xulane</i>	\$0 (Tier 1)
<i>zafemy</i>	\$0 (Tier 1)
<i>zovia 1/35</i>	\$0 (Tier 1)
<i>zumandimine</i>	\$0 (Tier 1)
ESTROGENS	
<i>amabelz</i>	\$0 (Tier 1) MO
<i>dotti patch twice weekly 0.025mg/24hr; 0.0375mg/24hr; 0.05mg/24hr; 0.075mg/24hr</i>	\$0 (Tier 1) QL (8 EA per 28 days)
<i>dotti patch twice weekly 0.1mg/24hr</i>	\$0 (Tier 1) QL (8 EA per 28 days) MO
DUAVEE	\$0 (Tier 1) MO
<i>estradiol valerate</i>	\$0 (Tier 1) MO



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Drug Name	Requirements/Limits
<i>estradiol/norethindrone acetate tablet 1mg/0.5mg, 0.5mg/0.1mg</i>	\$0 (Tier 1) MO
<i>estradiol oral tablet</i>	\$0 (Tier 1) MO
<i>estradiol vaginal tablet</i>	\$0 (Tier 1) MO
<i>estradiol patch weekly</i>	\$0 (Tier 1) QL (4 EA per 28 days) MO
<i>estradiol patch twice weekly</i>	\$0 (Tier 1) QL (8 EA per 28 days) MO
<i>estradiol vaginal cream</i>	\$0 (Tier 1) MO
ESTRING	\$0 (Tier 1) QL (1 EA per 90 days) MO
<i>fyavolv</i>	\$0 (Tier 1) MO
<i>jinteli</i>	\$0 (Tier 1)
<i>lyllana</i>	\$0 (Tier 1) QL (8 EA per 28 days)
<i>mimvey</i>	\$0 (Tier 1)
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	\$0 (Tier 1) MO
PREMARIN	\$0 (Tier 1) MO
PREMPRO	\$0 (Tier 1) MO
<i>yuvafem</i>	\$0 (Tier 1)
GLUCOCORTICOIDS	
<i>dexamethasone</i>	\$0 (Tier 1) MO
DEXAMETHASONE INTENSOL	\$0 (Tier 1) MO
<i>dexamethasone sodium phosphate injection 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	\$0 (Tier 1) MO
<i>fludrocortisone acetate</i>	\$0 (Tier 1) MO
<i>hydrocortisone sodium succinate</i>	\$0 (Tier 1) MO
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	\$0 (Tier 1) MO
<i>methylprednisolone tablet</i>	\$0 (Tier 1) B/D MO
<i>methylprednisolone acetate injection</i>	\$0 (Tier 1) B/D MO
<i>methylprednisolone dose pack</i>	\$0 (Tier 1) MO
<i>methylprednisolone sodium succinate inj 100mg, 125mg</i>	\$0 (Tier 1) B/D MO
<i>methylprednisolone sodium succinate injection 40mg</i>	\$0 (Tier 1) B/D MO
<i>prednisolone solution</i>	\$0 (Tier 1) B/D MO
<i>prednisolone sodium phosphate oral solution 10mg/5ml, 15mg/5ml, 20mg/5ml</i>	\$0 (Tier 1) B/D MO
<i>prednisolone sodium phosphate oral solution 25mg/5ml, 5mg/5ml</i>	\$0 (Tier 1) B/D MO
PREDNISON INTENSOL	\$0 (Tier 1) B/D MO
<i>prednisone tablet</i>	\$0 (Tier 1) B/D MO
<i>prednisone tablet therapy pack</i>	\$0 (Tier 1) MO

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Drug Name	Requirements/Limits
<i>prednisone solution</i>	\$0 (Tier 1) B/D MO
SOLU-CORTEF	\$0 (Tier 1) MO
<i>triamcinolone acetonide injection 40mg/ml</i>	\$0 (Tier 1) MO
GLUCOSE ELEVATING AGENTS	
<i>diazoxide</i>	\$0 (Tier 1) MO
ZEGALOGUE	\$0 (Tier 1) MO
MISCELLANEOUS	
<i>acetylcysteine injection 200mg/ml</i>	\$0 (Tier 1)
<i>betaine anhydrous</i>	\$0 (Tier 1) LD
<i>cabergoline</i>	\$0 (Tier 1) MO
<i>carglumic acid</i>	\$0 (Tier 1) PA; LD
CERDELGA	\$0 (Tier 1) PA; ACS LD
<i>cinacalcet hydrochloride tablet 30mg</i>	\$0 (Tier 1) QL (60 EA per 30 days); ACS
<i>cinacalcet hydrochloride tablet 90mg</i>	\$0 (Tier 1) QL (120 EA per 30 days); ACS
<i>cinacalcet hydrochloride tablet 60mg</i>	\$0 (Tier 1) QL (60 EA per 30 days); ACS
CYSTAGON	\$0 (Tier 1) PA; ACS LD
<i>desmopressin acetate tablet</i>	\$0 (Tier 1) MO
<i>desmopressin acetate nasal solution</i>	\$0 (Tier 1) MO
<i>desmopressin acetate pf injection 4mcg/ml</i>	\$0 (Tier 1) MO
<i>desmopressin acetate injection 4mcg/ml</i>	\$0 (Tier 1) MO
<i>fomepizole</i>	\$0 (Tier 1)
GENOTROPIN	\$0 (Tier 1) PA; ACS
GENOTROPIN MINIQUICK INJECTION 0.2MG	\$0 (Tier 1) PA; ACS
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	\$0 (Tier 1) PA; ACS
INCRELEX	\$0 (Tier 1) PA; ACS LD
<i>javygtor</i>	\$0 (Tier 1) PA; LD
LEVOCARNITINE TABLET	\$0 (Tier 1) MO
<i>levocarnitine injection</i>	\$0 (Tier 1)
<i>levocarnitine oral solution</i>	\$0 (Tier 1) MO
LUPRON DEPOT-PED (1-MONTH) INJECTION 11.25MG, 15MG, 7.5MG	\$0 (Tier 1) PA; ACS
LUPRON DEPOT-PED (3-MONTH) INJECTION 11.25MG, 30MG	\$0 (Tier 1) PA; ACS
LUPRON DEPOT-PED (6-MONTH) INJECTION 45MG	\$0 (Tier 1) PA; ACS
<i>methergine</i>	\$0 (Tier 1)
<i>methylergonovine maleate tablet</i>	\$0 (Tier 1) MO
<i>mifepristone</i>	\$0 (Tier 1) PA
<i>nitisinone</i>	\$0 (Tier 1) PA; ACS



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Drug Name		Requirements/Limits
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	\$0 (Tier 1)	PA; ACS
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	\$0 (Tier 1)	PA; ACS
<i>raloxifene hydrochloride</i>	\$0 (Tier 1)	MO
<i>sapropterin dihydrochloride</i>	\$0 (Tier 1)	PA; ACS
SIGNIFOR INJECTION 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	\$0 (Tier 1)	PA; LD
<i>sodium phenylbutyrate</i>	\$0 (Tier 1)	PA; ACS
SOMATULINE DEPOT	\$0 (Tier 1)	PA; ACS LD
SOMAVERT	\$0 (Tier 1)	PA; ACS LD
SYNAREL	\$0 (Tier 1)	MO
VEOZAH	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
PROGESTINS		
<i>gallifrey</i>	\$0 (Tier 1)	
<i>medroxyprogesterone acetate tablet 10mg, 2.5mg, 5mg</i>	\$0 (Tier 1)	MO
<i>megestrol acetate suspension 40mg/ml</i>	\$0 (Tier 1)	MO
<i>megestrol acetate suspension 625mg/5ml</i>	\$0 (Tier 1)	MO
<i>norethindrone acetate tablet 5mg</i>	\$0 (Tier 1)	MO
<i>progesterone capsule</i>	\$0 (Tier 1)	MO
<i>progesterone injection</i>	\$0 (Tier 1)	MO
THYROID AGENTS		
<i>euthyrox</i>	\$0 (Tier 1)	MO
<i>levo-t</i>	\$0 (Tier 1)	
<i>levothyroxine sodium tablet</i>	\$0 (Tier 1)	MO
LEVOTHYROXINE SODIUM INJECTION 100MCG/ML, 500MCG/5ML	\$0 (Tier 1)	
LEVOTHYROXINE SODIUM INJECTION 100MCG/5ML, 200MCG/5ML	\$0 (Tier 1)	
<i>levoxyl</i>	\$0 (Tier 1)	MO
<i>liothyronine sodium tablet</i>	\$0 (Tier 1)	MO
<i>liothyronine sodium injection</i>	\$0 (Tier 1)	
<i>methimazole</i>	\$0 (Tier 1)	MO
<i>propylthiouracil</i>	\$0 (Tier 1)	MO
SYNTHROID	\$0 (Tier 1)	MO
<i>unithroid</i>	\$0 (Tier 1)	
VITAMIN D ANALOGS		
<i>calcitriol capsule 0.25mcg, 0.5mcg</i>	\$0 (Tier 1)	MO
<i>calcitriol injection 1mcg/ml</i>	\$0 (Tier 1)	
<i>calcitriol oral solution 1mcg/ml</i>	\$0 (Tier 1)	MO
<i>doxercalciferol injection</i>	\$0 (Tier 1)	

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Drug Name		Requirements/Limits
<i>paricalcitol</i>	\$0 (Tier 1)	MO
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant capsule therapy pack, 40mg, 80mg</i>	\$0 (Tier 1)	B/D MO
<i>aprepitant capsule 125mg</i>	\$0 (Tier 1)	B/D MO
<i>compro</i>	\$0 (Tier 1)	MO; HRM
DIMENHYDRINATE	\$0 (Tier 1)	
<i>dronabinol</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
EMEND SUSPENSION RECONSTITUTED	\$0 (Tier 1)	B/D
<i>granisetron hydrochloride tablet</i>	\$0 (Tier 1)	QL (60 EA per 30 days) B/D MO
<i>meclizine hcl</i>	\$0 (Tier 1)	MO; HRM
<i>meclizine hydrochloride</i>	\$0 (Tier 1)	MO
<i>metoclopramide hcl tablet</i>	\$0 (Tier 1)	MO
<i>metoclopramide hcl solution</i>	\$0 (Tier 1)	MO
<i>metoclopramide hydrochloride tablet</i>	\$0 (Tier 1)	MO
<i>metoclopramide hydrochloride injection</i>	\$0 (Tier 1)	MO
<i>metoclopramide odt</i>	\$0 (Tier 1)	MO
<i>ondansetron hcl tablet</i>	\$0 (Tier 1)	B/D
<i>ondansetron hcl solution</i>	\$0 (Tier 1)	QL (900 ML per 30 days) B/D MO
<i>ondansetron hydrochloride tablet</i>	\$0 (Tier 1)	B/D MO
<i>ondansetron hydrochloride injection</i>	\$0 (Tier 1)	MO
<i>ondansetron odt tablet disintegrating 16mg</i>	\$0 (Tier 1)	B/D
<i>ondansetron odt tablet disintegrating 4mg, 8mg</i>	\$0 (Tier 1)	B/D MO
<i>prochlorperazine edisylate injection</i>	\$0 (Tier 1)	MO; HRM
<i>prochlorperazine maleate</i>	\$0 (Tier 1)	MO; HRM
<i>prochlorperazine rectal suppository</i>	\$0 (Tier 1)	MO; HRM
<i>promethazine hcl</i>	\$0 (Tier 1)	PA MO; HRM
<i>promethazine hydrochloride</i>	\$0 (Tier 1)	PA MO; HRM
<i>promethazine hydrochloride plain</i>	\$0 (Tier 1)	PA MO; HRM
<i>promethegan suppository 50mg</i>	\$0 (Tier 1)	PA MO; HRM
<i>promethegan suppository 12.5mg, 25mg</i>	\$0 (Tier 1)	PA; HRM
<i>scopolamine</i>	\$0 (Tier 1)	QL (10 EA per 30 days) PA MO; HRM
<i>trimethobenzamide hydrochloride</i>	\$0 (Tier 1)	PA MO
ANTISPASMODICS		
<i>dicyclomine hcl oral solution</i>	\$0 (Tier 1)	PA MO; HRM
<i>dicyclomine hydrochloride capsule, tablet</i>	\$0 (Tier 1)	PA MO; HRM
<i>dicyclomine hydrochloride injection</i>	\$0 (Tier 1)	PA MO; HRM
<i>glycopyrrolate tablet 1mg, 2mg</i>	\$0 (Tier 1)	MO
<i>glycopyrrolate oral solution</i>	\$0 (Tier 1)	MO



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Drug Name	Requirements/Limits
<i>glycopyrrolate injection 0.2mg/ml (preservative free, prefilled syringe), 0.4mg/2ml</i>	\$0 (Tier 1)
<i>glycopyrrolate injection 0.2mg/ml, 1mg/5ml, 4mg/20ml</i>	\$0 (Tier 1) MO
<i>methscopolamine bromide</i>	\$0 (Tier 1) PA MO
H2-RECEPTOR ANTAGONISTS	
<i>cimetidine tablet</i>	\$0 (Tier 1) MO
<i>famotidine premixed</i>	\$0 (Tier 1)
<i>famotidine tablet</i>	\$0 (Tier 1) MO
<i>famotidine injection</i>	\$0 (Tier 1)
<i>famotidine suspension reconstituted</i>	\$0 (Tier 1) MO
<i>nizatidine</i>	\$0 (Tier 1) MO
INFLAMMATORY BOWEL DISEASE	
<i>balsalazide disodium</i>	\$0 (Tier 1) MO
<i>budesonide er tablet extended release 24 hour 9mg</i>	\$0 (Tier 1) MO
<i>budesonide capsule delayed release particles 3mg</i>	\$0 (Tier 1) MO
<i>hydrocortisone enema 100mg/60ml</i>	\$0 (Tier 1) MO
<i>mesalamine dr</i>	\$0 (Tier 1) MO
<i>mesalamine suppository</i>	\$0 (Tier 1) MO
<i>mesalamine enema, kit</i>	\$0 (Tier 1) MO
<i>sulfasalazine</i>	\$0 (Tier 1) MO
LAXATIVES	
CLENPIQ SOLUTION 12GM/160ML; 3.5GM/160ML; 10MG/160ML	\$0 (Tier 1)
CLENPIQ SOLUTION 12GM/175ML; 3.5GM/175ML; 10MG/175ML	\$0 (Tier 1) MO
<i>constulose</i>	\$0 (Tier 1)
<i>enulose</i>	\$0 (Tier 1) MO
<i>gavilyte-c</i>	\$0 (Tier 1) MO
<i>gavilyte-g</i>	\$0 (Tier 1) MO
<i>gavilyte-n/flavor pack</i>	\$0 (Tier 1)
<i>generlac</i>	\$0 (Tier 1)
GOLYTELY	\$0 (Tier 1) MO
KRISTALOSE	\$0 (Tier 1) PA MO
<i>lactulose solution</i>	\$0 (Tier 1) MO
<i>peg-3350/electrolytes</i>	\$0 (Tier 1) MO
<i>peg-3350/nacl/na bicarbonate/kcl</i>	\$0 (Tier 1) MO
PLENVU	\$0 (Tier 1) MO
SODIUM SULFATE/POTASSIUM SULFATE/ MAGNESIUM SULFATE	\$0 (Tier 1) MO
SUPREP BOWEL PREP KIT	\$0 (Tier 1) MO

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Drug Name		Requirements/Limits
SUTAB	\$0 (Tier 1)	MO
MISCELLANEOUS		
<i>alosetron hydrochloride tablet 0.5mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>alosetron hydrochloride tablet 1mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
CREON	\$0 (Tier 1)	MO
<i>cromolyn sodium concentrate 100mg/5ml</i>	\$0 (Tier 1)	MO
<i>diphenoxylate hydrochloride/atropine sulfate tablet</i>	\$0 (Tier 1)	MO; HRM
<i>diphenoxylate/atropine oral solution</i>	\$0 (Tier 1)	MO; HRM
GATTEX	\$0 (Tier 1)	PA; ACS LD
LINZESS	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>loperamide hcl</i>	\$0 (Tier 1)	MO
<i>misoprostol</i>	\$0 (Tier 1)	MO
MOVANTIK TABLET 25MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
MOVANTIK TABLET 12.5MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
SUCRALFATE SUSPENSION	\$0 (Tier 1)	MO
<i>sucralfate tablet</i>	\$0 (Tier 1)	MO
<i>ursodiol capsule 300mg</i>	\$0 (Tier 1)	MO
<i>ursodiol tablet 250mg, 500mg</i>	\$0 (Tier 1)	MO
VOWST	\$0 (Tier 1)	PA; LD
XERMELO	\$0 (Tier 1)	QL (84 EA per 28 days) PA; LD
XIFAXAN TABLET 550MG	\$0 (Tier 1)	PA MO
ZENPEP	\$0 (Tier 1)	MO
PROTON PUMP INHIBITORS		
<i>dexlansoprazole</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>esomeprazole magnesium capsule delayed release</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>esomeprazole sodium injection</i>	\$0 (Tier 1)	
<i>lansoprazole capsule delayed release 15mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>lansoprazole capsule delayed release 30mg</i>	\$0 (Tier 1)	QL (42 EA per 30 days) MO
<i>omeprazole</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>omeprazole dr</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>pantoprazole sodium injection</i>	\$0 (Tier 1)	
<i>pantoprazole sodium tablet delayed release 20mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>pantoprazole sodium tablet delayed release 40mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>rabeprazole sodium</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl er</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>dutasteride</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>dutasteride/tamsulosin hydrochloride</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>finasteride tablet 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>silodosin</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO



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Drug Name		Requirements/Limits
<i>tadalafil tablet 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
<i>tamsulosin hydrochloride</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
MISCELLANEOUS		
<i>acetic acid 0.25% irrigation solution</i>	\$0 (Tier 1)	MO
<i>bethanechol chloride</i>	\$0 (Tier 1)	MO
<i>potassium citrate er tablet extended release 540mg</i>	\$0 (Tier 1)	MO
<i>potassium citrate er tablet extended release 1080mg, 15meq</i>	\$0 (Tier 1)	MO
URINARY ANTISPASMODICS		
<i>fesoterodine fumarate er</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
GEMTESA	\$0 (Tier 1)	QL (30 EA per 30 days) MO
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR	\$0 (Tier 1)	QL (30 EA per 30 days) MO
MYRBETRIQ SUSPENSION RECONSTITUTED ER	\$0 (Tier 1)	QL (300 ML per 28 days) MO
<i>oxybutynin chloride er tablet extended release 24 hour 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>oxybutynin chloride er tablet extended release 24 hour 10mg, 15mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>oxybutynin chloride tablet 5mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO; HRM
<i>oxybutynin chloride solution</i>	\$0 (Tier 1)	QL (600 ML per 30 days) MO; HRM
<i>solifenacin succinate</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>tolterodine tartrate</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>tolterodine tartrate er</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>trospium chloride</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>trospium chloride er</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate cream 2%</i>	\$0 (Tier 1)	MO
<i>metronidazole vaginal</i>	\$0 (Tier 1)	MO
<i>miconazole 3 vaginal suppository</i>	\$0 (Tier 1)	MO
<i>terconazole vaginal cream</i>	\$0 (Tier 1)	MO
<i>terconazole suppository</i>	\$0 (Tier 1)	MO
HEMATOLOGIC		
ANTICOAGULANTS		
<i>dabigatran etexilate capsule 110mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>dabigatran etexilate capsule 150mg, 75mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
ELIQUIS STARTER PACK	\$0 (Tier 1)	QL (74 EA per 30 days) MO
ELIQUIS TABLET 2.5MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
ELIQUIS TABLET 5MG	\$0 (Tier 1)	QL (74 EA per 30 days) MO
<i>enoxaparin sodium</i>	\$0 (Tier 1)	MO
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	\$0 (Tier 1)	MO

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Drug Name		Requirements/Limits
<i>fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	\$0 (Tier 1)	MO
FRAGMIN INJECTION 10000UNIT/4ML	\$0 (Tier 1)	
FRAGMIN INJECTION 2500UNIT/0.2ML, 95000UNIT/3.8ML	\$0 (Tier 1)	MO
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML	\$0 (Tier 1)	MO
HEPARIN SODIUM/D5W	\$0 (Tier 1)	
HEPARIN SODIUM/DEXTROSE	\$0 (Tier 1)	
HEPARIN SODIUM/NAACL 0.45%	\$0 (Tier 1)	
HEPARIN SODIUM/SODIUM CHLORIDE	\$0 (Tier 1)	
HEPARIN SODIUM INJECTION 5000UNIT/0.5ML, 5000UNIT/ML	\$0 (Tier 1)	
<i>heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	\$0 (Tier 1)	MO
<i>jantoven</i>	\$0 (Tier 1)	MO
<i>warfarin sodium</i>	\$0 (Tier 1)	MO
XARELTO STARTER PACK	\$0 (Tier 1)	QL (51 EA per 30 days) MO
XARELTO SUSPENSION RECONSTITUTED	\$0 (Tier 1)	QL (620 ML per 30 days) MO
XARELTO TABLET 10MG, 15MG, 20MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
XARELTO TABLET 2.5MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	\$0 (Tier 1)	PA; ACS
PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML	\$0 (Tier 1)	PA; ACS
ZARXIO	\$0 (Tier 1)	PA; ACS
MISCELLANEOUS		
ALVAIZ TABLET 54MG, 9MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS LD
ALVAIZ TABLET 18MG, 36MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS LD
<i>anagrelide hydrochloride</i>	\$0 (Tier 1)	MO
BERINERT	\$0 (Tier 1)	QL (24 EA per 30 days) PA; ACS LD
<i>cilostazol</i>	\$0 (Tier 1)	MO
DROXIA	\$0 (Tier 1)	MO
ENDARI	\$0 (Tier 1)	PA; ACS LD
HAEGARDA INJECTION 3000UNIT	\$0 (Tier 1)	QL (20 EA per 30 days) PA; ACS LD



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Drug Name		Requirements/Limits
HAEGARDA INJECTION 2000UNIT	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
<i>icatibant acetate</i>	\$0 (Tier 1)	QL (27 ML per 30 days) PA; ACS
<i>l-glutamine</i>	\$0 (Tier 1)	PA; ACS
<i>pentoxifylline er</i>	\$0 (Tier 1)	MO
<i>sajazir</i>	\$0 (Tier 1)	QL (27 ML per 30 days) PA; LD
TAVNEOS	\$0 (Tier 1)	QL (180 EA per 30 days) PA; LD
<i>tranexamic acid/sodium chloride</i>	\$0 (Tier 1)	
<i>tranexamic acid tablet</i>	\$0 (Tier 1)	MO
<i>tranexamic acid injection</i>	\$0 (Tier 1)	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin/dipyridamole er</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
BRILINTA	\$0 (Tier 1)	MO
<i>clopidogrel tablet 75mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>clopidogrel tablet 300mg</i>	\$0 (Tier 1)	QL (2 EA per 365 days) MO
<i>dipyridamole</i>	\$0 (Tier 1)	PA MO
<i>prasugrel hydrochloride</i>	\$0 (Tier 1)	MO
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ADALIMUMAB-AACF (2 PEN)	\$0 (Tier 1)	QL (28 EA per 365 days) PA; ACS
ADALIMUMAB-AACF (2 SYRINGE)	\$0 (Tier 1)	QL (28 EA per 365 days) PA
COSENTYX SENSOREADY PEN	\$0 (Tier 1)	QL (32 ML per 365 days) PA; ACS LD
COSENTYX UNOREADY	\$0 (Tier 1)	QL (32 ML per 365 days) PA; ACS LD
COSENTYX INJECTION 125MG/5ML	\$0 (Tier 1)	PA; ACS LD
COSENTYX INJECTION 150MG/ML	\$0 (Tier 1)	QL (32 ML per 365 days) PA; ACS LD
COSENTYX INJECTION 75MG/0.5ML	\$0 (Tier 1)	QL (8 ML per 365 days) PA; ACS LD
DUPIXENT INJECTION 100MG/0.67ML	\$0 (Tier 1)	QL (1.34 ML per 28 days) PA; ACS
DUPIXENT INJECTION 200MG/1.14ML	\$0 (Tier 1)	QL (4.56 ML per 28 days) PA; ACS
DUPIXENT INJECTION 300MG/2ML	\$0 (Tier 1)	QL (8 ML per 28 days) PA; ACS
ENBREL	\$0 (Tier 1)	QL (8 ML per 28 days) PA; ACS
ENBREL MINI	\$0 (Tier 1)	QL (8 ML per 28 days) PA; ACS
ENBREL SURECLICK	\$0 (Tier 1)	QL (8 ML per 28 days) PA; ACS
HUMIRA PEN-CD/UC/HS STARTER (BRAND CORDAVIS NOT COVERED)	\$0 (Tier 1)	QL (6 EA per 365 days) PA; ACS
HUMIRA PEN-PEDIATRIC UC STARTER PACK (BRAND CORDAVIS NOT COVERED)	\$0 (Tier 1)	QL (8 EA per 365 days) PA; ACS
HUMIRA PEN-PS/UV STARTER	\$0 (Tier 1)	QL (6 EA per 365 days) PA; ACS

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Drug Name		Requirements/Limits
HUMIRA PEN INJECTION 80MG/0.8ML (BRAND CORDAVIS NOT COVERED)	\$0 (Tier 1)	QL (28 EA per 365 days) PA; ACS
HUMIRA PEN INJECTION 40MG/0.4ML (BRAND CORDAVIS NOT COVERED), 40MG/0.8ML	\$0 (Tier 1)	QL (56 EA per 365 days) PA; ACS
HUMIRA INJECTION 10MG/0.1ML (BRAND CORDAVIS NOT COVERED)	\$0 (Tier 1)	QL (26 EA per 365 days) PA; ACS
HUMIRA INJECTION 20MG/0.2ML (BRAND CORDAVIS NOT COVERED)	\$0 (Tier 1)	QL (52 EA per 365 days) PA; ACS
HUMIRA INJECTION 40MG/0.4ML (BRAND CORDAVIS NOT COVERED), 40MG/0.8ML	\$0 (Tier 1)	QL (56 EA per 365 days) PA; ACS
IDACIO (2 PEN)	\$0 (Tier 1)	QL (28 EA per 365 days) PA; ACS
IDACIO (2 SYRINGE)	\$0 (Tier 1)	QL (28 EA per 365 days) PA; ACS
IDACIO STARTER PACKAGE FOR CROHNS DISEASE	\$0 (Tier 1)	PA; ACS
IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS	\$0 (Tier 1)	PA; ACS
RINVOQ LQ	\$0 (Tier 1)	QL (360 ML per 30 days) PA; ACS
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 45MG	\$0 (Tier 1)	QL (168 EA per 365 days) PA; ACS
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG, 30MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
SKYRIZI PEN	\$0 (Tier 1)	QL (6 ML per 365 days) PA; ACS
SKYRIZI INJECTION 180MG/1.2ML	\$0 (Tier 1)	QL (1.2 ML per 56 days) PA; ACS
SKYRIZI INJECTION 360MG/2.4ML	\$0 (Tier 1)	QL (2.4 ML per 56 days) PA; ACS
SKYRIZI INJECTION 150MG/ML	\$0 (Tier 1)	QL (6 ML per 365 days) PA; ACS
SKYRIZI INJECTION 600MG/10ML	\$0 (Tier 1)	QL (60 ML per 365 days) PA; ACS
SOTYKTU	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
STELARA INJECTION 45MG/0.5ML PREFILLED SYRINGE	\$0 (Tier 1)	QL (0.5 ML per 28 days) PA; ACS
STELARA INJECTION 45MG/0.5ML VIAL	\$0 (Tier 1)	QL (0.5 ML per 28 days) PA; ACS LD
STELARA INJECTION 90MG/ML	\$0 (Tier 1)	QL (1 ML per 28 days) PA; ACS
STELARA INJECTION 130MG/26ML	\$0 (Tier 1)	QL (208 ML per 365 days) PA; ACS LD
TREMFYA INJECTION 100MG/ML	\$0 (Tier 1)	QL (1 ML per 28 days) PA; ACS
TREMFYA INJECTION 200MG/2ML	\$0 (Tier 1)	QL (2 ML per 28 days) PA; ACS
TREMFYA INJECTION 200MG/20ML	\$0 (Tier 1)	QL (20 ML per 28 days) PA; ACS
TYENNE INJECTION 162MG/0.9ML	\$0 (Tier 1)	QL (3.6 ML per 28 days) PA; ACS
TYENNE INJECTION 200MG/10ML, 400MG/20ML, 80MG/4ML	\$0 (Tier 1)	QL (40 ML per 28 days) PA; ACS



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Drug Name		Requirements/Limits
VELSIPTY	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
XELJANZ XR	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
XELJANZ SOLUTION	\$0 (Tier 1)	QL (480 ML per 24 days) PA; ACS
XELJANZ TABLET	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS
<i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</i>		
<i>hydroxychloroquine sulfate tablet 200mg</i>	\$0 (Tier 1)	MO
JYLAMVO	\$0 (Tier 1)	
<i>leflunomide</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>methotrexate sodium tablet 2.5mg</i>	\$0 (Tier 1)	MO
XATMEP	\$0 (Tier 1)	MO
<i>IMMUNOGLOBULINS</i>		
GAMASTAN	\$0 (Tier 1)	B/D; ACS LD
GAMMAKED	\$0 (Tier 1)	PA; ACS
GAMUNEX-C	\$0 (Tier 1)	PA; ACS
OCTAGAM	\$0 (Tier 1)	PA; ACS
PRIVIGEN	\$0 (Tier 1)	PA; ACS
<i>IMMUNOMODULATORS</i>		
ACTIMMUNE	\$0 (Tier 1)	PA; ACS LD
ARCALYST	\$0 (Tier 1)	PA; ACS LD
<i>IMMUNOSUPPRESSANTS</i>		
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 0.5MG, 1MG	\$0 (Tier 1)	B/D MO
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 5MG	\$0 (Tier 1)	B/D MO
AZATHIOPRINE INJECTION	\$0 (Tier 1)	B/D
<i>azathioprine tablet 50mg</i>	\$0 (Tier 1)	B/D MO
BENLYSTA INJECTION 200MG/ML	\$0 (Tier 1)	PA; ACS LD
<i>cyclosporine capsule, injection</i>	\$0 (Tier 1)	B/D MO
<i>cyclosporine modified</i>	\$0 (Tier 1)	B/D MO
<i>everolimus tablet 0.25mg, 0.5mg, 0.75mg, 1mg</i>	\$0 (Tier 1)	B/D MO
<i>gengraf capsule</i>	\$0 (Tier 1)	B/D
<i>gengraf solution</i>	\$0 (Tier 1)	B/D MO
<i>mycophenolate mofetil capsule, tablet</i>	\$0 (Tier 1)	B/D MO
<i>mycophenolate mofetil injection</i>	\$0 (Tier 1)	B/D MO
<i>mycophenolate mofetil suspension reconstituted</i>	\$0 (Tier 1)	B/D MO
<i>mycophenolic acid dr</i>	\$0 (Tier 1)	B/D MO
NULOJIX	\$0 (Tier 1)	B/D
PROGRAF PACKET	\$0 (Tier 1)	B/D MO
REZUROCK	\$0 (Tier 1)	QL (30 EA per 30 days) PA; LD
SANDIMMUNE ORAL SOLUTION	\$0 (Tier 1)	B/D MO

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Drug Name	Requirements/Limits
<i>sirolimus tablet</i>	\$0 (Tier 1) B/D MO
<i>sirolimus solution</i>	\$0 (Tier 1) B/D MO
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	\$0 (Tier 1) B/D MO
VACCINES	
ABRYSVO	\$0 (Tier 1)
ACTHIB	\$0 (Tier 1)
ADACEL	\$0 (Tier 1)
AREXVY	\$0 (Tier 1)
BCG VACCINE	\$0 (Tier 1)
BEXSERO	\$0 (Tier 1)
BOOSTRIX	\$0 (Tier 1)
DAPTACEL	\$0 (Tier 1)
DENGVAXIA	\$0 (Tier 1)
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	\$0 (Tier 1)
ENGERIX-B	\$0 (Tier 1) B/D
GARDASIL 9	\$0 (Tier 1)
HAVRIX	\$0 (Tier 1)
HEPLISAV-B	\$0 (Tier 1) B/D
HIBERIX	\$0 (Tier 1)
IMOVAX RABIES (H.D.C.V.)	\$0 (Tier 1) B/D
INFANRIX	\$0 (Tier 1)
IPOL INACTIVATED IPV	\$0 (Tier 1)
IXCHIQ	\$0 (Tier 1)
IXIARO	\$0 (Tier 1)
JYNNEOS	\$0 (Tier 1) B/D
KINRIX	\$0 (Tier 1)
M-M-R II	\$0 (Tier 1)
MENACTRA	\$0 (Tier 1)
MENQUADFI	\$0 (Tier 1)
MENVEO	\$0 (Tier 1)
MRESVIA	\$0 (Tier 1) QL (0.5 ML per 999 days)
PEDIARIX	\$0 (Tier 1)
PEDVAX HIB	\$0 (Tier 1)
PENBRAYA	\$0 (Tier 1)
PENTACEL	\$0 (Tier 1)
PREHEVBRIO	\$0 (Tier 1) B/D
PRIORIX	\$0 (Tier 1)
PROQUAD	\$0 (Tier 1)
QUADRACEL	\$0 (Tier 1)
RABAVERT	\$0 (Tier 1) B/D



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Drug Name	Requirements/Limits
RECOMBIVAX HB	\$0 (Tier 1) B/D
ROTARIX	\$0 (Tier 1)
ROTATEQ	\$0 (Tier 1)
SHINGRIX	\$0 (Tier 1) QL (2 EA per 999 days)
TDVAX	\$0 (Tier 1)
TENIVAC	\$0 (Tier 1)
TICOVAC	\$0 (Tier 1)
TRUMENBA	\$0 (Tier 1)
TWINRIX	\$0 (Tier 1)
TYPHIM VI	\$0 (Tier 1)
VAQTA	\$0 (Tier 1)
VARIVAX	\$0 (Tier 1)
VAXCHORA	\$0 (Tier 1)
YF-VAX	\$0 (Tier 1)

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	\$0 (Tier 1)	
DEXTROSE 10%/SODIUM CHLORIDE 0.2%	\$0 (Tier 1)	
DEXTROSE 10%/SODIUM CHLORIDE 0.45%	\$0 (Tier 1)	
DEXTROSE 2.5%/SODIUM CHLORIDE 0.45%	\$0 (Tier 1)	
DEXTROSE 5%/LACTATED RINGERS	\$0 (Tier 1)	
DEXTROSE 5%/NACL 0.33%	\$0 (Tier 1)	
DEXTROSE 5%/SODIUM CHLORIDE 0.2%	\$0 (Tier 1)	
<i>dextrose 5%/sodium chloride 0.3%</i>	\$0 (Tier 1)	
DEXTROSE 5%/SODIUM CHLORIDE 0.45%	\$0 (Tier 1)	
DEXTROSE 5%/SODIUM CHLORIDE 0.9%	\$0 (Tier 1)	MO
DEXTROSE 5%/NACL 0.225%	\$0 (Tier 1)	
ISOLYTE-P/DEXTROSE 5%	\$0 (Tier 1)	
ISOLYTE-S	\$0 (Tier 1)	B/D
ISOLYTE-S PH 7.4	\$0 (Tier 1)	B/D
KCL 0.075%/D5W/NACL 0.45%	\$0 (Tier 1)	
KCL 0.15%/D5W/NACL 0.2%	\$0 (Tier 1)	
KCL 0.15%/D5W/NACL 0.45%	\$0 (Tier 1)	
KCL 0.15%/D5W/NACL 0.9%	\$0 (Tier 1)	
KCL 0.3%/D5W/NACL 0.45%	\$0 (Tier 1)	
KCL 0.3%/D5W/NACL 0.9%	\$0 (Tier 1)	
<i>lactated ringers</i>	\$0 (Tier 1)	
MAGNESIUM SULFATE INJECTION	\$0 (Tier 1)	
20GM/500ML, 40GM/1000ML, 4GM/50ML		
<i>magnesium sulfate injection 2gm/50ml, 4gm/100ml, 50%</i>	\$0 (Tier 1)	

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Drug Name		Requirements/Limits
<i>multiple electrolytes injection type 1</i>	\$0 (Tier 1)	
POTASSIUM CHLORIDE/DEXTROSE	\$0 (Tier 1)	
POTASSIUM CHLORIDE/DEXTROSE/SODIUM CHLORIDE	\$0 (Tier 1)	
POTASSIUM CHLORIDE/SODIUM CHLORIDE INJECTION 40MEQ/L; 0.9%	\$0 (Tier 1)	
<i>potassium chloride/sodium chloride injection 20meq/l; 0.45%, 20meq/l; 0.9%</i>	\$0 (Tier 1)	
POTASSIUM CHLORIDE INJECTION 0.4MEQ/ML, 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 40MEQ/100ML	\$0 (Tier 1)	
<i>potassium chloride injection 2meq/ml</i>	\$0 (Tier 1)	MO
RINGERS INJECTION	\$0 (Tier 1)	
SODIUM BICARBONATE INJECTION 7.5%	\$0 (Tier 1)	
<i>sodium bicarbonate injection 4.2%</i>	\$0 (Tier 1)	
<i>sodium bicarbonate injection 8.4%</i>	\$0 (Tier 1)	MO
<i>sodium chloride injection 0.45%</i>	\$0 (Tier 1)	
SODIUM CHLORIDE INJECTION 2.5MEQ/ML, 5%	\$0 (Tier 1)	MO
<i>sodium chloride injection 0.9%, 3%, 4meq/ml</i>	\$0 (Tier 1)	MO
TPN ELECTROLYTES	\$0 (Tier 1)	B/D
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>		
<i>effer-k tablet effervescent 25meq</i>	\$0 (Tier 1)	MO
<i>fluoride chewable tablet</i>	\$0 (Tier 1)	MO
<i>klor-con 10</i>	\$0 (Tier 1)	
<i>klor-con 8</i>	\$0 (Tier 1)	
<i>klor-con m10</i>	\$0 (Tier 1)	MO
<i>klor-con m15</i>	\$0 (Tier 1)	MO
<i>klor-con m20</i>	\$0 (Tier 1)	MO
<i>klor-con powder packet 20meq</i>	\$0 (Tier 1)	
<i>klor-con effervescent tablet</i>	\$0 (Tier 1)	
M-NATAL PLUS	\$0 (Tier 1)	MO
<i>multi vitamin/fluoride</i>	\$0 (Tier 1)	
<i>multi-vitamin/fluoride drops</i>	\$0 (Tier 1)	MO
<i>multi-vitamin/fluoride/iron</i>	\$0 (Tier 1)	MO
<i>multivitamin/fluoride</i>	\$0 (Tier 1)	MO
NEONATAL PLUS	\$0 (Tier 1)	MO
NIVA-PLUS	\$0 (Tier 1)	MO
PNV PRENATAL PLUS MULTIVITAMIN	\$0 (Tier 1)	MO
<i>potassium chloride er capsule extended release</i>	\$0 (Tier 1)	MO
<i>potassium chloride er tablet extended release 15meq</i>	\$0 (Tier 1)	



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Drug Name		Requirements/Limits
<i>potassium chloride er tablet extended release 10meq, 20meq, 8meq</i>	\$0 (Tier 1)	MO
<i>potassium chloride packet 20meq</i>	\$0 (Tier 1)	MO
<i>potassium chloride oral solution 10%, 20%</i>	\$0 (Tier 1)	MO
PRENATAL	\$0 (Tier 1)	MO
PRENATAL PLUS	\$0 (Tier 1)	MO
<i>sodium fluoride solution 0.5mg/ml</i>	\$0 (Tier 1)	MO
<i>sodium fluoride tablet chewable 0.25mg, 0.5mg, 1mg</i>	\$0 (Tier 1)	MO
<i>tri-vite/fluoride</i>	\$0 (Tier 1)	MO
<i>vitamins a/c/d/fluoride</i>	\$0 (Tier 1)	MO
WESTAB PLUS	\$0 (Tier 1)	MO
IV NUTRITION		
CLINIMIX 4.25%/DEXTROSE 10%	\$0 (Tier 1)	B/D
CLINIMIX 4.25%/DEXTROSE 5%	\$0 (Tier 1)	B/D
CLINIMIX 5%/DEXTROSE 15%	\$0 (Tier 1)	B/D
CLINIMIX 5%/DEXTROSE 20%	\$0 (Tier 1)	B/D
CLINIMIX 6/5	\$0 (Tier 1)	B/D
CLINIMIX 8/10	\$0 (Tier 1)	B/D
CLINIMIX 8/14	\$0 (Tier 1)	B/D
<i>clinisol sf 15%</i>	\$0 (Tier 1)	B/D MO
CLINOLIPID	\$0 (Tier 1)	B/D
<i>dextrose 10%</i>	\$0 (Tier 1)	
<i>dextrose 5%</i>	\$0 (Tier 1)	MO
DEXTROSE 50%	\$0 (Tier 1)	B/D
DEXTROSE 70%	\$0 (Tier 1)	B/D
NUTRILIPID	\$0 (Tier 1)	B/D
<i>plenamine</i>	\$0 (Tier 1)	B/D
PREMASOL	\$0 (Tier 1)	B/D
PROSOL	\$0 (Tier 1)	B/D
TRAVASOL	\$0 (Tier 1)	B/D
TROPHAMINE	\$0 (Tier 1)	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>neo-polycin hc</i>	\$0 (Tier 1)	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	\$0 (Tier 1)	MO
<i>neomycin/polymyxin/dexamethasone</i>	\$0 (Tier 1)	MO
<i>neomycin/polymyxin/hydrocortisone ophthalmic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	\$0 (Tier 1)	MO
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	\$0 (Tier 1)	MO

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Drug Name		Requirements/Limits
TOBRADEX OINTMENT	\$0 (Tier 1)	MO
TOBRADEX ST SUSPENSION	\$0 (Tier 1)	MO
<i>tobramycin/dexamethasone</i>	\$0 (Tier 1)	MO
ZYLET	\$0 (Tier 1)	MO
ANTI-INFECTIVES		
<i>bacitracin ophthalmic ointment 500units/gm</i>	\$0 (Tier 1)	MO
<i>bacitracin/polymyxin b ophthalmic ointment</i>	\$0 (Tier 1)	MO
BESIVANCE	\$0 (Tier 1)	MO
CILOXAN OINTMENT	\$0 (Tier 1)	QL (42 GM per 30 days) MO
<i>ciprofloxacin hydrochloride solution 0.3%</i>	\$0 (Tier 1)	QL (30 ML per 30 days) MO
<i>erythromycin ointment 5mg/gm</i>	\$0 (Tier 1)	QL (42 GM per 30 days) MO
<i>gatifloxacin</i>	\$0 (Tier 1)	QL (20 ML per 30 days) MO
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	\$0 (Tier 1)	QL (30 ML per 30 days) MO
<i>levofloxacin ophthalmic solution 1.5%</i>	\$0 (Tier 1)	QL (20 ML per 30 days) MO
<i>levofloxacin ophthalmic solution 0.5%</i>	\$0 (Tier 1)	QL (30 ML per 30 days) MO
<i>moxifloxacin hydrochloride (generic Vigamox) ophthalmic solution 0.5%</i>	\$0 (Tier 1)	QL (12 ML per 30 days) MO
<i>moxifloxacin hydrochloride (generic Moxeza) ophthalmic solution 0.5%</i>	\$0 (Tier 1)	QL (12 ML per 30 days) MO
NATACYN	\$0 (Tier 1)	MO
<i>neo-polycin</i>	\$0 (Tier 1)	
<i>neomycin/bacitracin/polymyxin</i>	\$0 (Tier 1)	MO
<i>neomycin/polymyxin/gramicidin</i>	\$0 (Tier 1)	MO
<i>ofloxacin ophthalmic solution 0.3%</i>	\$0 (Tier 1)	QL (60 ML per 30 days) MO
<i>polycin</i>	\$0 (Tier 1)	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	\$0 (Tier 1)	MO
<i>sulfacetamide sodium ointment 10%</i>	\$0 (Tier 1)	MO
<i>sulfacetamide sodium solution 10%</i>	\$0 (Tier 1)	QL (90 ML per 30 days) MO
<i>tobramycin solution 0.3%</i>	\$0 (Tier 1)	QL (30 ML per 30 days) MO
<i>trifluridine</i>	\$0 (Tier 1)	MO
XDEMVY	\$0 (Tier 1)	QL (10 ML per 42 days) PA; ACS LD
ZIRGAN	\$0 (Tier 1)	MO
ANTI-INFLAMMATORIES		
ALREX	\$0 (Tier 1)	MO
<i>bromfenac</i>	\$0 (Tier 1)	MO
BROMSITE	\$0 (Tier 1)	MO
<i>dexamethasone sodium phosphate ophthalmic solution 0.1%</i>	\$0 (Tier 1)	MO
<i>diclofenac sodium ophthalmic solution 0.1%</i>	\$0 (Tier 1)	QL (10 ML per 30 days) MO
<i>difluprednate</i>	\$0 (Tier 1)	MO



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Drug Name	Requirements/Limits
FLAREX	\$0 (Tier 1) MO
FLUOROMETHOLONE	\$0 (Tier 1) MO
<i>flurbiprofen sodium ophthalmic solution 0.03%</i>	\$0 (Tier 1) MO
<i>ketorolac tromethamine solution 0.4%, 0.5%</i>	\$0 (Tier 1) MO
LOTEMAX OINTMENT	\$0 (Tier 1) MO
LOTEMAX SM	\$0 (Tier 1) MO
<i>loteprednol etabonate gel 0.5%, suspension 0.5%</i>	\$0 (Tier 1) MO
<i>prednisolone acetate</i>	\$0 (Tier 1) MO
PREDNISOLONE SODIUM PHOSPHATE	\$0 (Tier 1) MO
OPHTHALMIC SOLUTION 1%	
PROLENSA	\$0 (Tier 1) MO
ANTIALLERGICS	
<i>azelastine hcl ophthalmic solution 0.05%</i>	\$0 (Tier 1) MO
<i>cromolyn sodium solution 4%</i>	\$0 (Tier 1) MO
<i>epinastine hcl</i>	\$0 (Tier 1) MO
ZERVIAE	\$0 (Tier 1) MO
ANTIGLAUCOMA	
<i>betaxolol hcl solution 0.5%</i>	\$0 (Tier 1) MO
BETOPTIC-S	\$0 (Tier 1) MO
<i>brimonidine tartrate/timolol maleate</i>	\$0 (Tier 1) MO
BRIMONIDINE TARTRATE SOLUTION 0.15%	\$0 (Tier 1) MO
<i>brimonidine tartrate solution 0.2%</i>	\$0 (Tier 1) MO
<i>brinzolamide</i>	\$0 (Tier 1) MO
<i>carteolol hcl</i>	\$0 (Tier 1) MO
COMBIGAN	\$0 (Tier 1) MO
<i>dorzolamide hcl/timolol maleate</i>	\$0 (Tier 1) MO
<i>dorzolamide hydrochloride</i>	\$0 (Tier 1) MO
<i>dorzolamide hydrochloride/timolol maleate preservative free solution 2%; 0.5%</i>	\$0 (Tier 1) MO
<i>latanoprost</i>	\$0 (Tier 1) MO
<i>levobunolol hcl</i>	\$0 (Tier 1) MO
LUMIGAN	\$0 (Tier 1) MO
PHOSPHOLINE IODIDE	\$0 (Tier 1)
<i>pilocarpine hcl ophthalmic solution</i>	\$0 (Tier 1) MO
RHOPRESSA	\$0 (Tier 1) MO
ROCKLATAN	\$0 (Tier 1) MO
SIMBRINZA	\$0 (Tier 1) MO
TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLUTION	\$0 (Tier 1) MO
<i>timolol maleate (generic Timoptic) soln 0.25%, 0.5%</i>	\$0 (Tier 1) MO

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Drug Name		Requirements/Limits
<i>timolol maleate once-daily ophthalmic (generic Istalol) soln 0.5%</i>	\$0 (Tier 1)	MO
<i>travoprost</i>	\$0 (Tier 1)	MO
VYZULTA	\$0 (Tier 1)	MO
MISCELLANEOUS		
ATROPINE SULFATE OPHTHALMIC SOLUTION 1%	\$0 (Tier 1)	MO
CYSTARAN	\$0 (Tier 1)	PA; LD
EYSUVIS	\$0 (Tier 1)	MO
MIEBO	\$0 (Tier 1)	QL (12 ML per 30 days) MO
<i>proparacaine hcl</i>	\$0 (Tier 1)	MO
RESTASIS	\$0 (Tier 1)	QL (60 EA per 30 days) MO
RESTASIS MULTIDOSE	\$0 (Tier 1)	QL (5.5 ML per 30 days) MO
XIIDRA	\$0 (Tier 1)	QL (60 EA per 30 days) MO
OTIC		
OTIC AGENTS		
<i>acetic acid</i>	\$0 (Tier 1)	MO
CIPRO HC	\$0 (Tier 1)	MO
CIPROFLOXACIN	\$0 (Tier 1)	MO
<i>ciprofloxacin/dexamethasone flac</i>	\$0 (Tier 1)	MO
<i>fluocinolone acetonide oil 0.01%</i>	\$0 (Tier 1)	MO
<i>hydrocortisone/acetic acid</i>	\$0 (Tier 1)	MO
<i>neomycin/polymyxin/hc</i>	\$0 (Tier 1)	MO
<i>neomycin/polymyxin/hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	\$0 (Tier 1)	MO
<i>ofloxacin otic solution 0.3%</i>	\$0 (Tier 1)	MO
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPTA	\$0 (Tier 1)	QL (60 EA per 30 days) MO
BEVESPI AEROSPHERE	\$0 (Tier 1)	QL (10.7 GM per 30 days) MO
BREZTRI AEROSPHERE	\$0 (Tier 1)	QL (10.7 GM per 30 days) MO
COMBIVENT RESPIMAT	\$0 (Tier 1)	QL (8 GM per 30 days) MO
<i>ipratropium bromide/albuterol sulfate</i>	\$0 (Tier 1)	B/D MO
TRELEGY ELLIPTA	\$0 (Tier 1)	QL (60 EA per 30 days) MO
ANTICHOLINERGICS		
ATROVENT HFA	\$0 (Tier 1)	QL (25.8 GM per 30 days) MO
INCRUSE ELLIPTA	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>ipratropium bromide inhalation solution 0.02%</i>	\$0 (Tier 1)	B/D MO
<i>ipratropium bromide nasal solution 0.03%</i>	\$0 (Tier 1)	QL (30 ML per 28 days) MO



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Drug Name		Requirements/Limits
<i>ipratropium bromide nasal solution 0.06%</i>	\$0 (Tier 1)	QL (45 ML per 30 days) MO
ANTI-HISTAMINES		
<i>azelastine hcl nasal solution 0.15%</i>	\$0 (Tier 1)	QL (30 ML per 25 days) MO
<i>azelastine hydrochloride nasal spray 0.1%</i>	\$0 (Tier 1)	QL (30 ML per 25 days) MO
<i>carbinoxamine maleate oral solution, tablet 4mg</i>	\$0 (Tier 1)	PA MO
<i>cetirizine hydrochloride oral solution 1mg/ml</i>	\$0 (Tier 1)	QL (300 ML per 30 days) MO
<i>clemastine fumarate tablet</i>	\$0 (Tier 1)	PA MO
<i>cyproheptadine hcl syrup</i>	\$0 (Tier 1)	PA MO; HRM
<i>cyproheptadine hydrochloride tablet</i>	\$0 (Tier 1)	PA MO; HRM
<i>desloratadine</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>desloratadine odt</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>diphenhydramine hcl injection</i>	\$0 (Tier 1)	MO; HRM
<i>hydroxyzine hcl</i>	\$0 (Tier 1)	PA MO; HRM
<i>hydroxyzine hydrochloride</i>	\$0 (Tier 1)	PA MO; HRM
<i>hydroxyzine pamoate</i>	\$0 (Tier 1)	PA MO; HRM
<i>levocetirizine dihydrochloride tablet</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>levocetirizine dihydrochloride solution</i>	\$0 (Tier 1)	MO
<i>olopatadine hcl</i>	\$0 (Tier 1)	QL (30.5 GM per 30 days) MO
BETA AGONISTS		
<i>albuterol sulfate hfa (generic Proventil HFA) aerosol solution 108mcg/act</i>	\$0 (Tier 1)	QL (13.4 GM per 30 days) MO
<i>albuterol sulfate hfa (generic ProAir HFA) aerosol solution 108mcg/act</i>	\$0 (Tier 1)	QL (17 GM per 30 days) MO
<i>albuterol sulfate hfa (generic Ventolin HFA) aerosol solution 108mcg/act</i>	\$0 (Tier 1)	QL (36 GM per 30 days) MO
<i>albuterol sulfate nebulization solution</i>	\$0 (Tier 1)	B/D MO
<i>albuterol sulfate syrup, tablet</i>	\$0 (Tier 1)	MO
<i>levalbuterol hcl nebulization solution 0.63mg/3ml, 1.25mg/3ml</i>	\$0 (Tier 1)	B/D MO
<i>levalbuterol hcl nebulization solution 0.31mg/3ml</i>	\$0 (Tier 1)	B/D MO
<i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml, 1.25mg/3ml</i>	\$0 (Tier 1)	B/D MO
<i>levalbuterol nebulization solution 1.25mg/0.5ml</i>	\$0 (Tier 1)	B/D MO
LEVALBUTEROL TARTRATE HFA	\$0 (Tier 1)	QL (30 GM per 30 days) MO
SEREVENT DISKUS	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>terbutaline sulfate</i>	\$0 (Tier 1)	MO
VENTOLIN HFA	\$0 (Tier 1)	QL (36 GM per 30 days) MO
LEUKOTRIENE MODULATORS		
<i>montelukast sodium tablet chewable, tablet</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>montelukast sodium packet</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>zafirlukast</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO

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Drug Name		Requirements/Limits
MISCELLANEOUS		
<i>acetylcysteine inhalation solution 10%, 20%</i>	\$0 (Tier 1)	B/D MO
<i>aminophylline</i>	\$0 (Tier 1)	
BRONCHITOL	\$0 (Tier 1)	QL (560 EA per 28 days) PA
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	\$0 (Tier 1)	B/D MO
<i>epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	\$0 (Tier 1)	QL (2 EA per 30 days) MO
FASENRA PEN	\$0 (Tier 1)	QL (1 ML per 28 days) PA; ACS LD
FASENRA INJECTION 10MG/0.5ML	\$0 (Tier 1)	QL (0.5 ML per 28 days) PA; ACS LD
FASENRA INJECTION 30MG/ML	\$0 (Tier 1)	QL (1 ML per 28 days) PA; ACS LD
KALYDECO PACKET	\$0 (Tier 1)	QL (56 EA per 28 days) PA; LD
KALYDECO TABLET	\$0 (Tier 1)	QL (60 EA per 30 days) PA; LD
OFEV	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS LD
ORKAMBI TABLET	\$0 (Tier 1)	QL (112 EA per 28 days) PA; LD
ORKAMBI PACKET	\$0 (Tier 1)	QL (56 EA per 28 days) PA; LD
<i>pirfenidone capsule</i>	\$0 (Tier 1)	QL (270 EA per 30 days) PA; ACS
<i>pirfenidone tablet 267mg</i>	\$0 (Tier 1)	QL (270 EA per 30 days) PA; ACS
<i>pirfenidone tablet 534mg, 801mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS
PROLASTIN-C	\$0 (Tier 1)	PA; LD
PULMOZYME	\$0 (Tier 1)	PA; ACS
<i>roflumilast</i>	\$0 (Tier 1)	MO
<i>theophylline solution</i>	\$0 (Tier 1)	MO
<i>theophylline er tablet extended release 24 hour</i>	\$0 (Tier 1)	MO
<i>theophylline er tablet extended release 12 hour 200mg</i>	\$0 (Tier 1)	
<i>theophylline er tablet extended release 12 hour 100mg, 300mg, 450mg</i>	\$0 (Tier 1)	MO
TRIKAFTA GRANULES THERAPY PACK	\$0 (Tier 1)	QL (56 EA per 28 days) PA; LD
TRIKAFTA TABLET THERAPY PACK	\$0 (Tier 1)	QL (84 EA per 28 days) PA; LD
XOLAIR	\$0 (Tier 1)	PA; ACS LD
NASAL STEROIDS		
<i>flunisolide</i>	\$0 (Tier 1)	QL (75 ML per 30 days) MO
<i>fluticasone propionate suspension 50mcg/act</i>	\$0 (Tier 1)	QL (16 GM per 30 days) MO
<i>mometasone furoate suspension 50mcg/act</i>	\$0 (Tier 1)	QL (34 GM per 30 days) MO
XHANCE	\$0 (Tier 1)	QL (32 ML per 30 days) PA MO
STEROID INHALANTS		
ALVESCO	\$0 (Tier 1)	QL (12.2 GM per 30 days) MO
ARNUITY ELLIPTA	\$0 (Tier 1)	QL (30 EA per 30 days) MO



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Drug Name		Requirements/Limits
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	\$0 (Tier 1)	B/D MO
STEROID/BETA-AGONIST COMBINATIONS		
BREO ELLIPTA	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>budesonide/formoterol fumarate dihydrate</i>	\$0 (Tier 1)	QL (10.2 GM per 30 days) MO
DULERA	\$0 (Tier 1)	QL (13 GM per 30 days) MO
<i>fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>fluticasone propionate/salmeterol diskus</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>fluticasone propionate/salmeterol hfa</i>	\$0 (Tier 1)	QL (12 GM per 30 days) MO
<i>wixela inhub</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
TOPICAL		
DERMATOLOGY, ACNE		
<i>accutane</i>	\$0 (Tier 1)	PA
<i>amnesteam</i>	\$0 (Tier 1)	PA
<i>claravis</i>	\$0 (Tier 1)	PA
<i>clindacin</i>	\$0 (Tier 1)	QL (100 GM per 30 days)
<i>clindamycin phosphate foam 1%</i>	\$0 (Tier 1)	QL (100 GM per 30 days) MO
<i>clindamycin phosphate gel tube 1%</i>	\$0 (Tier 1)	QL (75 GM per 30 days) MO
<i>clindamycin phosphate gel bottle 1%</i>	\$0 (Tier 1)	QL (75 ML per 30 days) MO
<i>clindamycin phosphate lotion 1%</i>	\$0 (Tier 1)	QL (60 ML per 30 days) MO
<i>clindamycin phosphate external solution 1%</i>	\$0 (Tier 1)	QL (60 ML per 30 days) MO
<i>dapsone gel 5%</i>	\$0 (Tier 1)	QL (90 GM per 30 days) MO
<i>ery pad 2%</i>	\$0 (Tier 1)	MO
<i>erythromycin/benzoyl peroxide</i>	\$0 (Tier 1)	MO
<i>erythromycin gel 2%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>erythromycin solution 2%</i>	\$0 (Tier 1)	QL (60 ML per 30 days) MO
<i>isotretinoin</i>	\$0 (Tier 1)	PA
<i>sulfacetamide sodium lotion 10%</i>	\$0 (Tier 1)	MO
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	\$0 (Tier 1)	QL (45 GM per 30 days) PA MO
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	\$0 (Tier 1)	QL (45 GM per 30 days) PA MO
<i>zenatane</i>	\$0 (Tier 1)	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate cream 0.1%</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>gentamicin sulfate ointment 0.1%</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>mafenide acetate</i>	\$0 (Tier 1)	MO
<i>mupirocin ointment</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>mupirocin cream</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>silver sulfadiazine</i>	\$0 (Tier 1)	MO
SSD	\$0 (Tier 1)	
SULFAMYLON CREAM 85MG/GM	\$0 (Tier 1)	MO

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Drug Name	Requirements/Limits	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox olamine cream 0.77%</i>	\$0 (Tier 1)	QL (90 GM per 30 days) MO
<i>ciclopirox gel</i>	\$0 (Tier 1)	QL (100 GM per 30 days) MO
<i>ciclopirox shampoo</i>	\$0 (Tier 1)	QL (120 ML per 30 days) MO
<i>ciclopirox suspension</i>	\$0 (Tier 1)	QL (60 ML per 30 days) MO
<i>clotrimazole/betamethasone dipropionate cream</i>	\$0 (Tier 1)	QL (45 GM per 30 days) MO
<i>clotrimazole cream 1%</i>	\$0 (Tier 1)	QL (45 GM per 30 days) MO
<i>clotrimazole solution 1%</i>	\$0 (Tier 1)	QL (30 ML per 30 days) MO
<i>econazole nitrate</i>	\$0 (Tier 1)	QL (85 GM per 30 days) MO
ERTACZO	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>ketoconazole cream 2%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>ketoconazole foam 2%</i>	\$0 (Tier 1)	QL (100 GM per 30 days) MO
<i>ketoconazole shampoo 2%</i>	\$0 (Tier 1)	QL (120 ML per 30 days) MO
<i>ketodan</i>	\$0 (Tier 1)	QL (100 GM per 30 days)
<i>klayesta</i>	\$0 (Tier 1)	QL (60 GM per 30 days)
<i>naftifine hcl cream 1%</i>	\$0 (Tier 1)	QL (90 GM per 30 days) MO
<i>nyamyc</i>	\$0 (Tier 1)	QL (60 GM per 30 days)
<i>nystatin cream 100000unit/gm</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>nystatin ointment 100000unit/gm</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>nystatin powder 100000unit/gm</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>nystop</i>	\$0 (Tier 1)	QL (60 GM per 30 days)
<i>selenium sulfide lotion</i>	\$0 (Tier 1)	MO
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i>	\$0 (Tier 1)	PA MO
<i>calcipotriene solution</i>	\$0 (Tier 1)	QL (60 ML per 30 days) PA MO
<i>calcipotriene cream, ointment</i>	\$0 (Tier 1)	QL (120 GM per 30 days) PA MO
<i>calcitrene</i>	\$0 (Tier 1)	QL (120 GM per 30 days) PA MO
CALCITRIOL OINTMENT 3MCG/GM	\$0 (Tier 1)	QL (800 GM per 28 days) PA MO
<i>methoxsalen</i>	\$0 (Tier 1)	MO
<i>tazarotene cream 0.1%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) PA MO
<i>tazarotene cream 0.05%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) PA
<i>tazarotene gel</i>	\$0 (Tier 1)	QL (100 GM per 30 days) PA MO
TAZORAC CREAM 0.05%	\$0 (Tier 1)	QL (60 GM per 30 days) PA MO
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i>	\$0 (Tier 1)	
<i>alclometasone dipropionate</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>betamethasone dipropionate augmented cream</i>	\$0 (Tier 1)	MO
<i>betamethasone dipropionate augmented gel, ointment</i>	\$0 (Tier 1)	MO
<i>betamethasone dipropionate augmented lotion</i>	\$0 (Tier 1)	QL (120 ML per 30 days) MO
<i>betamethasone dipropionate lotion</i>	\$0 (Tier 1)	MO



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Drug Name		Requirements/Limits
<i>betamethasone dipropionate cream, ointment</i>	\$0 (Tier 1)	MO
<i>betamethasone valerate cream, lotion, ointment</i>	\$0 (Tier 1)	MO
<i>clobetasol propionate e</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>clobetasol propionate shampoo</i>	\$0 (Tier 1)	QL (118 ML per 30 days) MO
<i>clobetasol propionate solution</i>	\$0 (Tier 1)	QL (50 ML per 30 days) MO
<i>clobetasol propionate cream, gel, ointment</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>clodan shampoo 0.05%</i>	\$0 (Tier 1)	QL (118 ML per 30 days)
<i>desonide cream, ointment</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>desoximetasone cream 0.25%, ointment 0.25%</i>	\$0 (Tier 1)	QL (100 GM per 30 days) MO
<i>fluocinolone acetonide body</i>	\$0 (Tier 1)	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide scalp</i>	\$0 (Tier 1)	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide cream 0.025%</i>	\$0 (Tier 1)	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide cream 0.01%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>fluocinolone acetonide ointment 0.025%</i>	\$0 (Tier 1)	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide solution 0.01%</i>	\$0 (Tier 1)	QL (60 ML per 30 days) MO
<i>fluocinonide emulsified base</i>	\$0 (Tier 1)	QL (120 GM per 30 days) MO
<i>fluocinonide cream</i>	\$0 (Tier 1)	QL (120 GM per 30 days) MO
<i>fluocinonide gel, ointment</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>fluocinonide solution</i>	\$0 (Tier 1)	QL (60 ML per 30 days) MO
<i>fluticasone propionate cream 0.05%</i>	\$0 (Tier 1)	MO
<i>fluticasone propionate ointment 0.005%</i>	\$0 (Tier 1)	MO
<i>halobetasol propionate cream</i>	\$0 (Tier 1)	QL (50 GM per 30 days) MO
<i>halobetasol propionate ointment</i>	\$0 (Tier 1)	QL (50 GM per 30 days) MO
<i>hydrocortisone valerate ointment 0.2%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>hydrocortisone cream 1%</i>	\$0 (Tier 1)	MO
<i>hydrocortisone cream 2.5%</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>hydrocortisone lotion 2.5%</i>	\$0 (Tier 1)	MO
<i>hydrocortisone ointment 1%, 2.5%</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>mometasone furoate cream 0.1%</i>	\$0 (Tier 1)	MO
<i>mometasone furoate ointment 0.1%</i>	\$0 (Tier 1)	MO
<i>mometasone furoate solution 0.1%</i>	\$0 (Tier 1)	MO
<i>proctosol hc</i>	\$0 (Tier 1)	
<i>triamcinolone acetonide cream 0.025%, 0.5%</i>	\$0 (Tier 1)	MO
<i>triamcinolone acetonide cream 0.1%</i>	\$0 (Tier 1)	QL (454 GM per 30 days) MO
<i>triamcinolone acetonide lotion 0.025%, 0.1%</i>	\$0 (Tier 1)	MO
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	\$0 (Tier 1)	MO
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine/prilocaine</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>lidocaine ointment</i>	\$0 (Tier 1)	QL (35.44 GM per 30 days) PA MO
<i>lidocaine patch</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA MO

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<i>lidocan</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA
<i>tridacaine</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA
<i>tridacaine ii</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>ammonium lactate cream, lotion</i>	\$0 (Tier 1)	MO
<i>azelaic acid</i>	\$0 (Tier 1)	QL (50 GM per 30 days) MO
<i>bexarotene gel 1%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) PA; ACS
<i>diclofenac sodium external solution 1.5%</i>	\$0 (Tier 1)	QL (300 ML per 28 days) MO
DOXEPIN HYDROCHLORIDE CREAM 5%	\$0 (Tier 1)	QL (45 GM per 30 days) PA MO
DOXYCYCLINE CAPSULE DELAYED RELEASE 40MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
FLUOROURACIL CREAM 0.5%	\$0 (Tier 1)	QL (30 GM per 30 days) PA MO
<i>fluorouracil cream 5%</i>	\$0 (Tier 1)	QL (40 GM per 30 days) MO
<i>fluorouracil solution</i>	\$0 (Tier 1)	QL (10 ML per 30 days) MO
<i>hydrocortisone perianal cream 1%</i>	\$0 (Tier 1)	MO
IMIQUIMOD PUMP	\$0 (Tier 1)	QL (15 GM per 28 days) MO
<i>imiquimod cream 5%</i>	\$0 (Tier 1)	QL (24 EA per 30 days) MO
<i>imiquimod cream 3.75%</i>	\$0 (Tier 1)	QL (28 EA per 28 days) MO
<i>metronidazole cream 0.75%</i>	\$0 (Tier 1)	MO
<i>metronidazole gel 0.75%</i>	\$0 (Tier 1)	MO
<i>metronidazole gel 1%</i>	\$0 (Tier 1)	MO
<i>metronidazole lotion 0.75%</i>	\$0 (Tier 1)	MO
<i>nitroglycerin ointment 0.4%</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
NORITATE	\$0 (Tier 1)	QL (60 GM per 30 days) MO
PANRETIN	\$0 (Tier 1)	QL (60 GM per 30 days) PA
<i>pimecrolimus</i>	\$0 (Tier 1)	QL (100 GM per 30 days) MO
<i>podofilox solution</i>	\$0 (Tier 1)	MO
<i>procto-med hc</i>	\$0 (Tier 1)	
<i>proctocort</i>	\$0 (Tier 1)	
<i>proctozone-hc</i>	\$0 (Tier 1)	
RECTIV	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>tacrolimus ointment 0.03%, 0.1%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
VALCHLOR	\$0 (Tier 1)	QL (60 GM per 30 days) PA; LD
ZYCLARA PUMP CREAM 2.5%	\$0 (Tier 1)	QL (7.5 GM per 28 days) MO
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i>	\$0 (Tier 1)	MO
<i>permethrin cream 5%</i>	\$0 (Tier 1)	MO
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX	\$0 (Tier 1)	QL (30 GM per 30 days) PA MO
SANTYL	\$0 (Tier 1)	QL (180 GM per 30 days) MO



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Drug Name		Requirements/Limits
<i>sodium chloride 0.9% irrigation soln</i>	\$0 (Tier 1)	MO
<i>sterile water for irrigation</i>	\$0 (Tier 1)	MO
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hydrochloride</i>	\$0 (Tier 1)	MO
<i>chlorhexidine gluconate oral rinse 0.12%</i>	\$0 (Tier 1)	MO
<i>clinpro 5000</i>	\$0 (Tier 1)	MO
<i>clotrimazole troche 10mg</i>	\$0 (Tier 1)	MO
<i>denta 5000 plus sensitive</i>	\$0 (Tier 1)	MO
<i>dentagel</i>	\$0 (Tier 1)	MO
<i>fluoridex daily defense</i>	\$0 (Tier 1)	
<i>fluoridex sensitivity relief/sls free</i>	\$0 (Tier 1)	
<i>fluorimax 5000</i>	\$0 (Tier 1)	
<i>fluorimax 5000 sensitive</i>	\$0 (Tier 1)	
<i>fraiche 5000 dental</i>	\$0 (Tier 1)	
<i>just right 5000</i>	\$0 (Tier 1)	
<i>kourzeq</i>	\$0 (Tier 1)	
<i>lidocaine hydrochloride viscous solution 2%</i>	\$0 (Tier 1)	MO
<i>lidocaine viscous solution 2%</i>	\$0 (Tier 1)	MO
<i>nystatin suspension 100000unit/ml</i>	\$0 (Tier 1)	MO
<i>oralone dental paste</i>	\$0 (Tier 1)	
<i>periogard</i>	\$0 (Tier 1)	
<i>pilocarpine hydrochloride tablet</i>	\$0 (Tier 1)	MO
PREVIDENT 5000 ENAMEL PROTECT	\$0 (Tier 1)	MO
<i>sf gel 1.1%</i>	\$0 (Tier 1)	MO
<i>sodium fluoride 5000 ppm paste</i>	\$0 (Tier 1)	MO
<i>sodium fluoride 5000 ppm sensitive</i>	\$0 (Tier 1)	
<i>sodium fluoride/potassium nitrate/sensitive</i>	\$0 (Tier 1)	
<i>sodium fluoride gel 1.1%</i>	\$0 (Tier 1)	MO
<i>triamcinolone acetonide dental paste</i>	\$0 (Tier 1)	MO
NON MEDICARE PART D		
Over the Counter		
<i>a & d zinc oxide</i>	\$0 (Tier 1)	OTC
<i>a thru z advantage</i>	\$0 (Tier 1)	OTC
<i>a+d first aid</i>	\$0 (Tier 1)	OTC
<i>a+d prevent</i>	\$0 (Tier 1)	OTC
<i>acerola c 500</i>	\$0 (Tier 1)	OTC
<i>acetaminophen</i>	\$0 (Tier 1)	OTC
<i>acetaminophen er 8 hour arthritis pain relief</i>	\$0 (Tier 1)	OTC
<i>acetaminophen extra strength</i>	\$0 (Tier 1)	OTC
<i>acetaminophen junior strength</i>	\$0 (Tier 1)	OTC
<i>acetaminophen pm extra strength</i>	\$0 (Tier 1)	OTC

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Drug Name	Requirements/Limits	
<i>acetaminophen rapid tabs childrens</i>	\$0 (Tier 1)	OTC
<i>acid gone</i>	\$0 (Tier 1)	OTC
<i>acid reducer</i>	\$0 (Tier 1)	OTC
<i>acid reducer maximum strength</i>	\$0 (Tier 1)	OTC
<i>acidophilus</i>	\$0 (Tier 1)	OTC
<i>acidophilus lactobacilli</i>	\$0 (Tier 1)	OTC
<i>acidophilus pearls</i>	\$0 (Tier 1)	OTC
<i>acidophilus/bacillus coagulans extra strength</i>	\$0 (Tier 1)	OTC
<i>acidophilus/citrus pectin</i>	\$0 (Tier 1)	OTC
<i>acidophilus/l-sporogenes extra strength</i>	\$0 (Tier 1)	OTC
<i>acidophilus/pectin</i>	\$0 (Tier 1)	OTC
<i>acne medication 10</i>	\$0 (Tier 1)	OTC
<i>acne medication 5</i>	\$0 (Tier 1)	OTC
<i>acne pads</i>	\$0 (Tier 1)	OTC
<i>actidom dmx</i>	\$0 (Tier 1)	OTC
<i>actinel dm</i>	\$0 (Tier 1)	OTC
<i>activessentials</i>	\$0 (Tier 1)	OTC
<i>activessentials for women</i>	\$0 (Tier 1)	OTC
<i>activessentials/oncoplex & d3</i>	\$0 (Tier 1)	OTC
<i>adapalene</i>	\$0 (Tier 1)	OTC
<i>adrenal manager</i>	\$0 (Tier 1)	OTC
<i>adrenalin</i>	\$0 (Tier 1)	OTC
<i>adrenoid</i>	\$0 (Tier 1)	OTC
<i>advanced acne wash</i>	\$0 (Tier 1)	OTC
<i>advil junior strength</i>	\$0 (Tier 1)	OTC
<i>aerobika</i>	\$0 (Tier 1)	OTC
<i>aftera</i>	\$0 (Tier 1)	OTC
<i>alahist d</i>	\$0 (Tier 1)	OTC
<i>albustix</i>	\$0 (Tier 1)	OTC
<i>alcon tears</i>	\$0 (Tier 1)	OTC
<i>alive multi-vitamin</i>	\$0 (Tier 1)	OTC
<i>alka-seltzer plus day cold & flu formula</i>	\$0 (Tier 1)	OTC
<i>alka-seltzer plus mucus & congestion break up formula</i>	\$0 (Tier 1)	OTC
<i>alka-seltzer plus severe sinus congestion & cough</i>	\$0 (Tier 1)	OTC
<i>allegra allergy childrens</i>	\$0 (Tier 1)	OTC
<i>allergy childrens</i>	\$0 (Tier 1)	OTC
<i>allergy relief childrens</i>	\$0 (Tier 1)	OTC
<i>allerwell allergy formula</i>	\$0 (Tier 1)	OTC
<i>aloe vesta skin conditioner</i>	\$0 (Tier 1)	OTC
<i>alp high3</i>	\$0 (Tier 1)	OTC



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Drug Name	Requirements/Limits	
<i>aluminum hydroxide</i>	\$0 (Tier 1)	OTC
<i>americerin</i>	\$0 (Tier 1)	OTC
<i>ameriwash</i>	\$0 (Tier 1)	OTC
<i>amlactin rapid relief</i>	\$0 (Tier 1)	OTC
<i>amlactin ultra smoothing</i>	\$0 (Tier 1)	OTC
<i>ammonium lactate</i>	\$0 (Tier 1)	OTC
<i>anasept</i>	\$0 (Tier 1)	OTC
<i>anasept antimicrobial skin & wound gel</i>	\$0 (Tier 1)	OTC
<i>anbesol cold sore therapy</i>	\$0 (Tier 1)	OTC
<i>antacid anti-gas maximum strength</i>	\$0 (Tier 1)	OTC
<i>antacid extra strength</i>	\$0 (Tier 1)	OTC
<i>antacid plus anti-gas relief</i>	\$0 (Tier 1)	OTC
<i>antacid soft chews</i>	\$0 (Tier 1)	OTC
<i>antacid ultra strength</i>	\$0 (Tier 1)	OTC
<i>anti-bacterial hand lotion</i>	\$0 (Tier 1)	OTC
<i>antibacterial liquid soap</i>	\$0 (Tier 1)	OTC
<i>anti-dandruff shampoo</i>	\$0 (Tier 1)	OTC
<i>anti-diarrheal</i>	\$0 (Tier 1)	OTC
<i>anti-itch</i>	\$0 (Tier 1)	OTC
<i>anti-itch maximum strength</i>	\$0 (Tier 1)	OTC
<i>antioxidant formula</i>	\$0 (Tier 1)	OTC
<i>aplicare povidone/iodine</i>	\$0 (Tier 1)	OTC
<i>aprodine</i>	\$0 (Tier 1)	OTC
<i>aqua glycolic face cream</i>	\$0 (Tier 1)	OTC
<i>aqua glycolic hand & bodylotion</i>	\$0 (Tier 1)	OTC
<i>aqua lacten</i>	\$0 (Tier 1)	OTC
<i>aqua-cerin</i>	\$0 (Tier 1)	OTC
<i>aquamed</i>	\$0 (Tier 1)	OTC
<i>aquanaz</i>	\$0 (Tier 1)	OTC
<i>aquaphilic/carbamide</i>	\$0 (Tier 1)	OTC
<i>ar caps #1 clear/acid resistant</i>	\$0 (Tier 1)	OTC
<i>arglaes film 2-3/8" x 3-1/8"</i>	\$0 (Tier 1)	OTC
<i>arglaes film 3" x 14"</i>	\$0 (Tier 1)	OTC
<i>arglaes film 4-3/4" x 10"</i>	\$0 (Tier 1)	OTC
<i>arthritis pain relieving</i>	\$0 (Tier 1)	OTC
<i>artificial tears</i>	\$0 (Tier 1)	OTC
<i>asperflex original</i>	\$0 (Tier 1)	OTC
<i>aspirin</i>	\$0 (Tier 1)	OTC
<i>aspirin regular strength</i>	\$0 (Tier 1)	OTC
<i>asthmanefrin refill</i>	\$0 (Tier 1)	OTC
<i>athletes foot powder spray</i>	\$0 (Tier 1)	OTC

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Drug Name	Requirements/Limits	
<i>atp ignite</i>	\$0 (Tier 1)	OTC
<i>aveeno baby soothing multi-purpose</i>	\$0 (Tier 1)	OTC
<i>aveeno daily moisturizing face</i>	\$0 (Tier 1)	OTC
<i>aveeno daily moisturizing sheer hydration</i>	\$0 (Tier 1)	OTC
<i>aveeno intense relief hand</i>	\$0 (Tier 1)	OTC
<i>aveeno intense relief overnight</i>	\$0 (Tier 1)	OTC
<i>aveeno positively radiantintensive night</i>	\$0 (Tier 1)	OTC
<i>aveeno restorative skin therapy oat repairing</i>	\$0 (Tier 1)	OTC
<i>aveeno skin relief moisture repair</i>	\$0 (Tier 1)	OTC
<i>aveeno stress relief moisturizing</i>	\$0 (Tier 1)	OTC
<i>ayr nasal drops</i>	\$0 (Tier 1)	OTC
<i>ayr nasal mist allergy & sinus hypertonic saline</i>	\$0 (Tier 1)	OTC
<i>b complex</i>	\$0 (Tier 1)	OTC
<i>b-100</i>	\$0 (Tier 1)	OTC
<i>b-100 complex tr</i>	\$0 (Tier 1)	OTC
<i>b-12</i>	\$0 (Tier 1)	OTC
<i>b-12 1000</i>	\$0 (Tier 1)	OTC
<i>b-12 dots</i>	\$0 (Tier 1)	OTC
<i>b-12 dual spectrum</i>	\$0 (Tier 1)	OTC
<i>b-50 complex</i>	\$0 (Tier 1)	OTC
<i>baby cornstarch</i>	\$0 (Tier 1)	OTC
<i>baby ddrops</i>	\$0 (Tier 1)	OTC
<i>baby super daily d3</i>	\$0 (Tier 1)	OTC
<i>baby vitamin d3 drops</i>	\$0 (Tier 1)	OTC
<i>bacitracin</i>	\$0 (Tier 1)	OTC
<i>bacitracin zinc</i>	\$0 (Tier 1)	OTC
<i>balamine dm</i>	\$0 (Tier 1)	OTC
<i>balmbarr hand & body</i>	\$0 (Tier 1)	OTC
<i>balmbarr moisturizing</i>	\$0 (Tier 1)	OTC
<i>balmbarr stretch mark cream</i>	\$0 (Tier 1)	OTC
<i>balmex multi-purpose</i>	\$0 (Tier 1)	OTC
<i>bama freeze</i>	\$0 (Tier 1)	OTC
<i>basis facial moisturizer</i>	\$0 (Tier 1)	OTC
<i>basis overnight</i>	\$0 (Tier 1)	OTC
<i>baza protect skin protectant moisture barrier</i>	\$0 (Tier 1)	OTC
<i>b-complex</i>	\$0 (Tier 1)	OTC
<i>b-complex plus b-12</i>	\$0 (Tier 1)	OTC
<i>b-complex/c</i>	\$0 (Tier 1)	OTC
<i>b-complex/vitamin c/folic acid/ biotin</i>	\$0 (Tier 1)	OTC
<i>beauty 360 advanced skin care</i>	\$0 (Tier 1)	OTC
<i>beauty lotion</i>	\$0 (Tier 1)	OTC



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Drug Name	Requirements/Limits
<i>beelith</i>	\$0 (Tier 1) OTC
<i>benadryl itch relief stick</i>	\$0 (Tier 1) OTC
<i>benefiber drink mix</i>	\$0 (Tier 1) OTC
<i>bengay vanishing scent</i>	\$0 (Tier 1) OTC
<i>benzonatate</i>	\$0 (Tier 1) OTC
<i>benzoyl peroxide</i>	\$0 (Tier 1) OTC
<i>benzoyl peroxide wash</i>	\$0 (Tier 1) OTC
<i>benzphetamine hcl</i>	\$0 (Tier 1) PA; OTC
<i>berri-freez pain relieving</i>	\$0 (Tier 1) OTC
<i>beta care</i>	\$0 (Tier 1) OTC
<i>beta care betatar gel</i>	\$0 (Tier 1) OTC
<i>beta med</i>	\$0 (Tier 1) OTC
<i>beta xma</i>	\$0 (Tier 1) OTC
<i>betadine</i>	\$0 (Tier 1) OTC
<i>betadine surgical scrub</i>	\$0 (Tier 1) OTC
<i>bicarsim</i>	\$0 (Tier 1) OTC
<i>bicarsim forte</i>	\$0 (Tier 1) OTC
<i>bilberry plus</i>	\$0 (Tier 1) OTC
<i>biodesp dm</i>	\$0 (Tier 1) OTC
<i>biofreeze</i>	\$0 (Tier 1) OTC
<i>biofreeze cool the pain</i>	\$0 (Tier 1) OTC
<i>biofreeze professional</i>	\$0 (Tier 1) OTC
<i>biogtuss</i>	\$0 (Tier 1) OTC
<i>biolle tears</i>	\$0 (Tier 1) OTC
<i>bion tears</i>	\$0 (Tier 1) OTC
<i>bio-rytuss</i>	\$0 (Tier 1) OTC
<i>biospec dmx</i>	\$0 (Tier 1) OTC
<i>biotin</i>	\$0 (Tier 1) OTC
<i>biotin fast dissolve maximum strength</i>	\$0 (Tier 1) OTC
<i>biotin gummies</i>	\$0 (Tier 1) OTC
<i>biotin high potency</i>	\$0 (Tier 1) OTC
<i>biotin plus keratin</i>	\$0 (Tier 1) OTC
<i>bisacodyl</i>	\$0 (Tier 1) OTC
<i>bisacodyl ec</i>	\$0 (Tier 1) OTC
<i>bismuth subsalicylate</i>	\$0 (Tier 1) OTC
<i>black draught</i>	\$0 (Tier 1) OTC
<i>b-natal</i>	\$0 (Tier 1) OTC
<i>boro-packs</i>	\$0 (Tier 1) OTC
<i>boudreauxs butt paste</i>	\$0 (Tier 1) OTC
<i>boudreauxs butt paste butt barrier</i>	\$0 (Tier 1) OTC
<i>boudreauxs rash preventor</i>	\$0 (Tier 1) OTC

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Drug Name	Requirements/Limits	
<i>bp wash</i>	\$0 (Tier 1)	OTC
<i>bprotected multi-vite</i>	\$0 (Tier 1)	OTC
<i>bromphen/pseudoephedrine hcl/dextromethorphan hydrobromide</i>	\$0 (Tier 1)	OTC
<i>bronkids</i>	\$0 (Tier 1)	OTC
<i>budesonide nasal spray</i>	\$0 (Tier 1)	OTC
<i>buried treasure active 55plus senior complex</i>	\$0 (Tier 1)	OTC
<i>butenafine hydrochloride</i>	\$0 (Tier 1)	OTC
<i>caffeine anhydrous</i>	\$0 (Tier 1)	OTC
<i>calamine</i>	\$0 (Tier 1)	OTC
<i>calamine phenolated</i>	\$0 (Tier 1)	OTC
<i>calcium</i>	\$0 (Tier 1)	OTC
<i>calcium 1000 + d</i>	\$0 (Tier 1)	OTC
<i>calcium 500/vitamin d</i>	\$0 (Tier 1)	OTC
<i>calcium 500/vitamin d3</i>	\$0 (Tier 1)	OTC
<i>calcium 600 + minerals</i>	\$0 (Tier 1)	OTC
<i>calcium 600 with vitamin d</i>	\$0 (Tier 1)	OTC
<i>calcium 600+d high potency</i>	\$0 (Tier 1)	OTC
<i>calcium acetate</i>	\$0 (Tier 1)	OTC
<i>calcium antacid extra strength</i>	\$0 (Tier 1)	OTC
<i>calcium carbonate</i>	\$0 (Tier 1)	OTC
<i>calcium citrate</i>	\$0 (Tier 1)	OTC
<i>calcium citrate + d3 maximum</i>	\$0 (Tier 1)	OTC
<i>calcium citrate/vitamin d</i>	\$0 (Tier 1)	OTC
<i>calcium citrate+d3 petites</i>	\$0 (Tier 1)	OTC
<i>calcium oyster shell</i>	\$0 (Tier 1)	OTC
<i>calcium plus d3 absorbable</i>	\$0 (Tier 1)	OTC
<i>calcium/c/d</i>	\$0 (Tier 1)	OTC
<i>calcium/magnesium/zinc</i>	\$0 (Tier 1)	OTC
<i>calcium/vitamin d</i>	\$0 (Tier 1)	OTC
<i>calcium/vitamin d3</i>	\$0 (Tier 1)	OTC
<i>calcium+d3</i>	\$0 (Tier 1)	OTC
<i>calmoseptine</i>	\$0 (Tier 1)	OTC
<i>cal-quick</i>	\$0 (Tier 1)	OTC
<i>caltrate 600+d3 soft chews</i>	\$0 (Tier 1)	OTC
<i>cam</i>	\$0 (Tier 1)	OTC
<i>capsaicin</i>	\$0 (Tier 1)	OTC
<i>capzasin-p</i>	\$0 (Tier 1)	OTC
<i>carboxymethylcellulose sodium</i>	\$0 (Tier 1)	OTC
<i>cardiopress</i>	\$0 (Tier 1)	OTC
<i>ca-rezz</i>	\$0 (Tier 1)	OTC



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Drug Name	Requirements/Limits
<i>ca-rezz norisc</i>	\$0 (Tier 1) OTC
<i>castellani paint</i>	\$0 (Tier 1) OTC
<i>castile soap towelettes</i>	\$0 (Tier 1) OTC
<i>castiva cooling</i>	\$0 (Tier 1) OTC
<i>castor oil</i>	\$0 (Tier 1) OTC
<i>castor oil stimulant laxative</i>	\$0 (Tier 1) OTC
<i>centrum multivitamin flavor burst drink</i>	\$0 (Tier 1) OTC
<i>centrum performance</i>	\$0 (Tier 1) OTC
<i>centrum specialist energy</i>	\$0 (Tier 1) OTC
<i>cepacol sore throat maximum numbing</i>	\$0 (Tier 1) OTC
<i>cerave am facial moisturizing lotion/spf30</i>	\$0 (Tier 1) OTC
<i>cerave baby healing ointment</i>	\$0 (Tier 1) OTC
<i>cerave daily moisturizing</i>	\$0 (Tier 1) OTC
<i>cerave diabetics dry skin relief</i>	\$0 (Tier 1) OTC
<i>cerave moisturizing</i>	\$0 (Tier 1) OTC
<i>cerave pm facial moisturizing lotion ultra lightweight</i>	\$0 (Tier 1) OTC
<i>cerave sa/rough and bumpyskin</i>	\$0 (Tier 1) OTC
<i>cerave therapeutic hand cream</i>	\$0 (Tier 1) OTC
<i>cetaphil advanced relief</i>	\$0 (Tier 1) OTC
<i>cetaphil daily advance ultra hydrating</i>	\$0 (Tier 1) OTC
<i>cetaphil daily facial moisturizer</i>	\$0 (Tier 1) OTC
<i>cetaphil moisturizing</i>	\$0 (Tier 1) OTC
<i>cetaphil restoraderm</i>	\$0 (Tier 1) OTC
<i>cetaphil therapeutic hand</i>	\$0 (Tier 1) OTC
<i>cetirizine hcl</i>	\$0 (Tier 1) OTC
<i>cetirizine hydrochloride</i>	\$0 (Tier 1) OTC
<i>cetirizine hydrochloride/pseudoephedrine hydrochloride</i>	\$0 (Tier 1) OTC
<i>chemstrip ugk</i>	\$0 (Tier 1) OTC
<i>cherry syrup</i>	\$0 (Tier 1) OTC
<i>chest rub</i>	\$0 (Tier 1) OTC
<i>chew q</i>	\$0 (Tier 1) OTC
<i>chewable vitamin d3</i>	\$0 (Tier 1) OTC
<i>children's chewable acetaminophen</i>	\$0 (Tier 1) OTC
<i>childrens chewable multivitamin</i>	\$0 (Tier 1) OTC
<i>childrens gummies</i>	\$0 (Tier 1) OTC
<i>childrens non-aspirin</i>	\$0 (Tier 1) OTC
<i>chlophedianol/dexchlopheniramine./pseudoephedrine</i>	\$0 (Tier 1) OTC
<i>chloraseptic kids</i>	\$0 (Tier 1) OTC

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Drug Name		Requirements/Limits
<i>chloraseptic max sore throat</i>	\$0 (Tier 1)	OTC
<i>chlorhexidine gluconate</i>	\$0 (Tier 1)	OTC
<i>chlorocaps</i>	\$0 (Tier 1)	OTC
<i>chlorpheniramine maleate</i>	\$0 (Tier 1)	OTC
<i>chocolated laxative</i>	\$0 (Tier 1)	OTC
<i>cholase control</i>	\$0 (Tier 1)	OTC
<i>cicaplast baume b5 soothing multi-purpose balm</i>	\$0 (Tier 1)	OTC
<i>cimetidine 200</i>	\$0 (Tier 1)	OTC
<i>clean & clear acne tripleclear exfoliating scrub</i>	\$0 (Tier 1)	OTC
<i>clean & clear advantage acne spot treatment</i>	\$0 (Tier 1)	OTC
<i>clear soluble fiber</i>	\$0 (Tier 1)	OTC
<i>clearasil daily clear vanishing acne treatment</i>	\$0 (Tier 1)	OTC
<i>cln facial moisturizer nourishing</i>	\$0 (Tier 1)	OTC
<i>clotrimazole</i>	\$0 (Tier 1)	OTC
<i>clotrimazole 3</i>	\$0 (Tier 1)	OTC
<i>co q-10</i>	\$0 (Tier 1)	OTC
<i>coal tar</i>	\$0 (Tier 1)	OTC
<i>cocoa butter</i>	\$0 (Tier 1)	OTC
<i>cocoa butter hand & body lotion</i>	\$0 (Tier 1)	OTC
<i>cocoa butter skin cream</i>	\$0 (Tier 1)	OTC
<i>coconut oil beauty</i>	\$0 (Tier 1)	OTC
<i>cod liver oil</i>	\$0 (Tier 1)	OTC
<i>coditussin dac</i>	\$0 (Tier 1)	OTC
<i>coenzyme q10</i>	\$0 (Tier 1)	OTC
<i>coenzyme q-10</i>	\$0 (Tier 1)	OTC
<i>coenzyme q-10/high poten cy</i>	\$0 (Tier 1)	OTC
<i>colace 2-in-1</i>	\$0 (Tier 1)	OTC
<i>cold & allergy</i>	\$0 (Tier 1)	OTC
<i>cold & allergy d maximum strength</i>	\$0 (Tier 1)	OTC
<i>cold & cough childrens</i>	\$0 (Tier 1)	OTC
<i>cold & flu relief multi-symptom nighttime</i>	\$0 (Tier 1)	OTC
<i>cold & sinus relief</i>	\$0 (Tier 1)	OTC
<i>cold/cough dm childrens</i>	\$0 (Tier 1)	OTC
<i>collagen</i>	\$0 (Tier 1)	OTC
<i>collagen premium skin cream</i>	\$0 (Tier 1)	OTC
<i>collagen ultra</i>	\$0 (Tier 1)	OTC
<i>complete moisture</i>	\$0 (Tier 1)	OTC
<i>complete multivitamin/multimineral supplement</i>	\$0 (Tier 1)	OTC
<i>compound w one step invisible wart remover</i>	\$0 (Tier 1)	OTC
<i>conceptionxr motility support formula</i>	\$0 (Tier 1)	OTC
<i>contac cold+flu maximum strength</i>	\$0 (Tier 1)	OTC



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Drug Name	Requirements/Limits
<i>cool 'n heat</i>	\$0 (Tier 1) OTC
<i>cooling pain relief</i>	\$0 (Tier 1) OTC
<i>coq-10</i>	\$0 (Tier 1) OTC
<i>coq10 gummies adult</i>	\$0 (Tier 1) OTC
<i>coq-10 tr</i>	\$0 (Tier 1) OTC
<i>coricidin hbp chest congestion & cough</i>	\$0 (Tier 1) OTC
<i>corn and callus remover</i>	\$0 (Tier 1) OTC
<i>corn huskers</i>	\$0 (Tier 1) OTC
<i>coromega omega 3 squeeze</i>	\$0 (Tier 1) OTC
<i>corticare b</i>	\$0 (Tier 1) OTC
<i>cortizone-10 feminine itch relief maximum strength</i>	\$0 (Tier 1) OTC
<i>cottonseed oil</i>	\$0 (Tier 1) OTC
<i>cough & cold hbp</i>	\$0 (Tier 1) OTC
<i>cough drops</i>	\$0 (Tier 1) OTC
<i>cranberry</i>	\$0 (Tier 1) OTC
<i>cranberry extract</i>	\$0 (Tier 1) OTC
<i>creo-terpin</i>	\$0 (Tier 1) OTC
<i>cromolyn sodium</i>	\$0 (Tier 1) OTC
<i>culturelle health & wellness</i>	\$0 (Tier 1) OTC
<i>culturelle womens wellness probiotic</i>	\$0 (Tier 1) OTC
<i>cutter dry</i>	\$0 (Tier 1) OTC
<i>cvs acetaminophen</i>	\$0 (Tier 1) OTC
<i>cvs advanced acne spot treatment</i>	\$0 (Tier 1) OTC
<i>cvs allergy relief</i>	\$0 (Tier 1) OTC
<i>cvs all-purpose skin protectant</i>	\$0 (Tier 1) OTC
<i>cvs antacid/anti-gas maximum strength</i>	\$0 (Tier 1) OTC
<i>cvs b12</i>	\$0 (Tier 1) OTC
<i>cvs beauty 360 dry skin</i>	\$0 (Tier 1) OTC
<i>cvs chest congestion/cough hbp</i>	\$0 (Tier 1) OTC
<i>cvs childrens triacting cough/runny nose</i>	\$0 (Tier 1) OTC
<i>cvs cold & flu hbp</i>	\$0 (Tier 1) OTC
<i>cvs cold & sinus relief</i>	\$0 (Tier 1) OTC
<i>cvs cortisone maximum strength</i>	\$0 (Tier 1) OTC
<i>cvs daily fiber</i>	\$0 (Tier 1) OTC
<i>cvs daily ultra moisture lotion</i>	\$0 (Tier 1) OTC
<i>cvs diabetes health support</i>	\$0 (Tier 1) OTC
<i>cvs dry skin therapy</i>	\$0 (Tier 1) OTC
<i>cvs extra moisturizing</i>	\$0 (Tier 1) OTC
<i>cvs gentle skin cleanser</i>	\$0 (Tier 1) OTC
<i>cvs glucosamine/chondroitin maximum strength</i>	\$0 (Tier 1) OTC
<i>cvs hair/skin/nails</i>	\$0 (Tier 1) OTC

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Drug Name	Requirements/Limits	
<i>cvs immune support vitamin c</i>	\$0 (Tier 1)	OTC
<i>cvs intense dry skin therapy</i>	\$0 (Tier 1)	OTC
<i>cvs laxative dietary supplement</i>	\$0 (Tier 1)	OTC
<i>cvs menopause support</i>	\$0 (Tier 1)	OTC
<i>cvs miconazole 1 combination pack</i>	\$0 (Tier 1)	OTC
<i>cvs mini enema kids</i>	\$0 (Tier 1)	OTC
<i>cvs moisturizing cream</i>	\$0 (Tier 1)	OTC
<i>cvs moisturizing lotion</i>	\$0 (Tier 1)	OTC
<i>cvs nasal decongestant</i>	\$0 (Tier 1)	OTC
<i>cvs skin therapy ultra restoring</i>	\$0 (Tier 1)	OTC
<i>cvs sore throat</i>	\$0 (Tier 1)	OTC
<i>cvs special care</i>	\$0 (Tier 1)	OTC
<i>cvs stomach relief</i>	\$0 (Tier 1)	OTC
<i>cvs stool softener</i>	\$0 (Tier 1)	OTC
<i>cvs stuffy nose & cold childrens</i>	\$0 (Tier 1)	OTC
<i>cvs therapeutic dandruff extra strength</i>	\$0 (Tier 1)	OTC
<i>cyanocobalamin</i>	\$0 (Tier 1)	OTC
<i>d3</i>	\$0 (Tier 1)	OTC
<i>daily diabetes health pack</i>	\$0 (Tier 1)	OTC
<i>daily fiber</i>	\$0 (Tier 1)	OTC
<i>daily heart health support</i>	\$0 (Tier 1)	OTC
<i>daily moisturizing</i>	\$0 (Tier 1)	OTC
<i>daily pak maximum multivitamin/asian ginseng extract</i>	\$0 (Tier 1)	OTC
<i>daily vitamin formula</i>	\$0 (Tier 1)	OTC
<i>daily vitamins</i>	\$0 (Tier 1)	OTC
<i>dandruff shampoo</i>	\$0 (Tier 1)	OTC
<i>dayhist allergy 12 hour relief</i>	\$0 (Tier 1)	OTC
<i>daytime cough</i>	\$0 (Tier 1)	OTC
<i>d-cerin</i>	\$0 (Tier 1)	OTC
<i>ddrops</i>	\$0 (Tier 1)	OTC
<i>decara</i>	\$0 (Tier 1)	OTC
<i>deconex ir</i>	\$0 (Tier 1)	OTC
<i>decorel forte plus severe cold/cough relief</i>	\$0 (Tier 1)	OTC
<i>dekas essential</i>	\$0 (Tier 1)	OTC
<i>delsym cough + cold nighttime childrens</i>	\$0 (Tier 1)	OTC
<i>dermabase oil in water</i>	\$0 (Tier 1)	OTC
<i>dermaide aloe</i>	\$0 (Tier 1)	OTC
<i>dermal therapy extra strength body lotion</i>	\$0 (Tier 1)	OTC
<i>dermal therapy face care moisturizing lotion</i>	\$0 (Tier 1)	OTC
<i>dermal therapy foot massage</i>	\$0 (Tier 1)	OTC



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Drug Name		Requirements/Limits
<i>dermal therapy hand elbo w & knee cream</i>	\$0 (Tier 1)	OTC
<i>dermal therapy heel care</i>	\$0 (Tier 1)	OTC
<i>dermamed</i>	\$0 (Tier 1)	OTC
<i>dermarest psoriasis</i>	\$0 (Tier 1)	OTC
<i>dermazinc cream</i>	\$0 (Tier 1)	OTC
<i>dermazinc shampoo</i>	\$0 (Tier 1)	OTC
<i>dermazinc spray</i>	\$0 (Tier 1)	OTC
<i>dermend fragile skin moisturizing formula</i>	\$0 (Tier 1)	OTC
<i>dermend moisturizing bruise formula</i>	\$0 (Tier 1)	OTC
<i>dermoplast</i>	\$0 (Tier 1)	OTC
<i>desenex</i>	\$0 (Tier 1)	OTC
<i>desgen pediatric</i>	\$0 (Tier 1)	OTC
<i>desitin</i>	\$0 (Tier 1)	OTC
<i>desitin multi-purpose healing</i>	\$0 (Tier 1)	OTC
<i>despec dm</i>	\$0 (Tier 1)	OTC
<i>despec eda</i>	\$0 (Tier 1)	OTC
<i>dexbrompheniramine/dm/phenylephrine</i>	\$0 (Tier 1)	OTC
<i>dextromethorphan hbr</i>	\$0 (Tier 1)	OTC
<i>dextromethorphan hydrobromide/guaiifenesin</i>	\$0 (Tier 1)	OTC
<i>dextromethorphan hydrobromide/ guaiifenesin/phenylephrine hydr</i>	\$0 (Tier 1)	OTC
<i>dextromethorphan polistirex er</i>	\$0 (Tier 1)	OTC
<i>dextromethorphan/guaiifenesin</i>	\$0 (Tier 1)	OTC
<i>dextromethorphan/guaiifenesin/phenylephrine</i>	\$0 (Tier 1)	OTC
<i>diabetes health pack</i>	\$0 (Tier 1)	OTC
<i>diabetic tussin cough/chest congestion dm maximum strength</i>	\$0 (Tier 1)	OTC
<i>diabetiderm</i>	\$0 (Tier 1)	OTC
<i>diabetiderm foot rejuvenating</i>	\$0 (Tier 1)	OTC
<i>diabet-x daily preventionskin therapy</i>	\$0 (Tier 1)	OTC
<i>dialyvite 800</i>	\$0 (Tier 1)	OTC
<i>dialyvite 800/zinc</i>	\$0 (Tier 1)	OTC
<i>diaper rash</i>	\$0 (Tier 1)	OTC
<i>diastix</i>	\$0 (Tier 1)	OTC
<i>diclofenac sodium</i>	\$0 (Tier 1)	OTC
<i>di-dak-sol</i>	\$0 (Tier 1)	OTC
<i>diethylpropion hcl</i>	\$0 (Tier 1)	PA; OTC
<i>diethylpropion hcl er</i>	\$0 (Tier 1)	PA; OTC
<i>di-gel</i>	\$0 (Tier 1)	OTC
<i>dimaphen dm cold & cough</i>	\$0 (Tier 1)	OTC
<i>dimetapp children's cold & cough</i>	\$0 (Tier 1)	OTC

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Drug Name	Requirements/Limits
<i>dimetapp long acting cough plus cold</i>	\$0 (Tier 1) OTC
<i>diphenhydramine hcl</i>	\$0 (Tier 1) OTC
<i>diphenhydramine hcl/zinc acetate</i>	\$0 (Tier 1) OTC
<i>diphenhydramine hydrochloride</i>	\$0 (Tier 1) OTC
<i>dml</i>	\$0 (Tier 1) OTC
<i>dml forte</i>	\$0 (Tier 1) OTC
<i>docosanol</i>	\$0 (Tier 1) OTC
<i>docusate calcium</i>	\$0 (Tier 1) OTC
<i>docusate mini</i>	\$0 (Tier 1) OTC
<i>docusate sodium</i>	\$0 (Tier 1) OTC
<i>dok</i>	\$0 (Tier 1) OTC
<i>dometuss-dmx</i>	\$0 (Tier 1) OTC
<i>dona</i>	\$0 (Tier 1) OTC
<i>double antibiotic</i>	\$0 (Tier 1) OTC
<i>dr smiths diaper</i>	\$0 (Tier 1) OTC
<i>dr smiths rash + skin</i>	\$0 (Tier 1) OTC
<i>dramamine motion sicknessfor kids</i>	\$0 (Tier 1) OTC
<i>dry eye relief</i>	\$0 (Tier 1) OTC
<i>dulcolax liquid</i>	\$0 (Tier 1) OTC
<i>duofilm</i>	\$0 (Tier 1) OTC
<i>duravent dm</i>	\$0 (Tier 1) OTC
<i>duravent pe</i>	\$0 (Tier 1) OTC
<i>durex realfeel non-latex</i>	\$0 (Tier 1) OTC
<i>earwax removal</i>	\$0 (Tier 1) QL (15 ML per 30 days); OTC
<i>easy flow black/blue</i>	\$0 (Tier 1) OTC
<i>easy flow black/orange</i>	\$0 (Tier 1) OTC
<i>easy flow black/red</i>	\$0 (Tier 1) OTC
<i>easy flow black/white</i>	\$0 (Tier 1) OTC
<i>easy flow black/yellow</i>	\$0 (Tier 1) OTC
<i>easy flow white/blue</i>	\$0 (Tier 1) OTC
<i>easy flow white/green</i>	\$0 (Tier 1) OTC
<i>easy flow white/pink</i>	\$0 (Tier 1) OTC
<i>easy flow white/white</i>	\$0 (Tier 1) OTC
<i>easy flow white/yellow</i>	\$0 (Tier 1) OTC
<i>ed a-hist dm</i>	\$0 (Tier 1) OTC
<i>ed bron gp</i>	\$0 (Tier 1) OTC
<i>ed chlorped jr</i>	\$0 (Tier 1) OTC
<i>effervescent pain relief</i>	\$0 (Tier 1) OTC
<i>eldertonic</i>	\$0 (Tier 1) OTC
<i>electrolyte solution</i>	\$0 (Tier 1) OTC
<i>elon matrix 5000</i>	\$0 (Tier 1) OTC



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Drug Name	Requirements/Limits	
<i>elon matrix plus</i>	\$0 (Tier 1)	OTC
<i>elon matrix 5000 complete</i>	\$0 (Tier 1)	OTC
<i>elon matrix complete</i>	\$0 (Tier 1)	OTC
<i>elon r3</i>	\$0 (Tier 1)	OTC
<i>elon skin repair system</i>	\$0 (Tier 1)	OTC
<i>emergen-c blue</i>	\$0 (Tier 1)	OTC
<i>emergen-c five</i>	\$0 (Tier 1)	OTC
<i>emergen-c heart health</i>	\$0 (Tier 1)	OTC
<i>emergen-c immune</i>	\$0 (Tier 1)	OTC
<i>emergen-c immune plus</i>	\$0 (Tier 1)	OTC
<i>emergen-c immune+</i>	\$0 (Tier 1)	OTC
<i>emergen-c immune+ warmers</i>	\$0 (Tier 1)	OTC
<i>emergen-c joint health</i>	\$0 (Tier 1)	OTC
<i>emergen-c kidz</i>	\$0 (Tier 1)	OTC
<i>emergen-c msm lite</i>	\$0 (Tier 1)	OTC
<i>emergen-c pink</i>	\$0 (Tier 1)	OTC
<i>emergen-c super fruit</i>	\$0 (Tier 1)	OTC
<i>emergen-c vitamin c</i>	\$0 (Tier 1)	OTC
<i>emergen-c vitamin c lite</i>	\$0 (Tier 1)	OTC
<i>emergen-c vitamin d & calcium</i>	\$0 (Tier 1)	OTC
<i>emollia-creme</i>	\$0 (Tier 1)	OTC
<i>emollia-lotion</i>	\$0 (Tier 1)	OTC
<i>empty vegetable capsule/snap closure #0</i>	\$0 (Tier 1)	OTC
<i>empty vegetable capsule/snap closure #00</i>	\$0 (Tier 1)	OTC
<i>empty vegetable capsule/snap closure #1</i>	\$0 (Tier 1)	OTC
<i>encare</i>	\$0 (Tier 1)	OTC
<i>endacof-dm</i>	\$0 (Tier 1)	OTC
<i>endur-acin</i>	\$0 (Tier 1)	OTC
<i>enema disposable</i>	\$0 (Tier 1)	OTC
<i>enema mineral oil</i>	\$0 (Tier 1)	OTC
<i>energy booster</i>	\$0 (Tier 1)	OTC
<i>ephrine nose drops</i>	\$0 (Tier 1)	OTC
<i>epilyt</i>	\$0 (Tier 1)	OTC
<i>eq therapeutic dry skin</i>	\$0 (Tier 1)	OTC
<i>eq therapeutic moisturizing cream</i>	\$0 (Tier 1)	OTC
<i>eql absolute moisture dry skin</i>	\$0 (Tier 1)	OTC
<i>eql advanced recovery skin care</i>	\$0 (Tier 1)	OTC
<i>eql advanced skin therapy</i>	\$0 (Tier 1)	OTC
<i>eql aloe after sun</i>	\$0 (Tier 1)	OTC
<i>eql antibacterial deodorant soapface</i>	\$0 (Tier 1)	OTC
<i>eql calcium/vitamin d</i>	\$0 (Tier 1)	OTC

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Drug Name	Requirements/Limits	
<i>eql melatonin/vitamin b-6</i>	\$0 (Tier 1)	OTC
<i>eql moisturizing cream</i>	\$0 (Tier 1)	OTC
<i>eql one daily womens</i>	\$0 (Tier 1)	OTC
<i>eql ultra moisturizing daily lotion</i>	\$0 (Tier 1)	OTC
<i>equalactinrface.</i>	\$0 (Tier 1)	OTC
<i>ergocalciferol</i>	\$0 (Tier 1)	OTC
<i>esomeprazole magnesium dr24hr</i>	\$0 (Tier 1)	OTC
<i>ethyl oleate</i>	\$0 (Tier 1)	OTC
<i>ethyl rubbing alcohol</i>	\$0 (Tier 1)	OTC
<i>eucerin</i>	\$0 (Tier 1)	OTC
<i>eucerin advanced repair</i>	\$0 (Tier 1)	OTC
<i>eucerin advanced repair hand</i>	\$0 (Tier 1)	OTC
<i>eucerin baby</i>	\$0 (Tier 1)	OTC
<i>eucerin daily hydration</i>	\$0 (Tier 1)	OTC
<i>eucerin daily hydration spf15</i>	\$0 (Tier 1)	OTC
<i>eucerin daily protection/spf 30</i>	\$0 (Tier 1)	OTC
<i>eucerin intensive repair</i>	\$0 (Tier 1)	OTC
<i>eucerin original healing</i>	\$0 (Tier 1)	OTC
<i>eucerin plus</i>	\$0 (Tier 1)	OTC
<i>eucerin professional repair rich feel</i>	\$0 (Tier 1)	OTC
<i>eucerin redness relief night creme</i>	\$0 (Tier 1)	OTC
<i>eucerin roughness relief</i>	\$0 (Tier 1)	OTC
<i>eucerin smoothing repair advanced formula</i>	\$0 (Tier 1)	OTC
<i>evolution60</i>	\$0 (Tier 1)	OTC
<i>ex-lax</i>	\$0 (Tier 1)	OTC
<i>ex-lax maximum strength</i>	\$0 (Tier 1)	OTC
<i>eye allergy relief</i>	\$0 (Tier 1)	OTC
<i>ezfe 200</i>	\$0 (Tier 1)	OTC
<i>fast freeze pro style therapy</i>	\$0 (Tier 1)	OTC
<i>fc2 female condom</i>	\$0 (Tier 1)	OTC
<i>femquil</i>	\$0 (Tier 1)	OTC
<i>ferretts</i>	\$0 (Tier 1)	OTC
<i>ferretts chewable iron</i>	\$0 (Tier 1)	OTC
<i>ferrimin 150</i>	\$0 (Tier 1)	OTC
<i>ferrous fumarate</i>	\$0 (Tier 1)	OTC
<i>ferrous fumarate 324</i>	\$0 (Tier 1)	OTC
<i>ferrous gluconate</i>	\$0 (Tier 1)	OTC
<i>ferrous sulfate</i>	\$0 (Tier 1)	OTC
<i>feverall infants</i>	\$0 (Tier 1)	OTC
<i>feverall junior strength</i>	\$0 (Tier 1)	OTC
<i>fexofenadine hydrochloride</i>	\$0 (Tier 1)	OTC



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Drug Name	Requirements/Limits
<i>fexofenadine hydrochloride/pseudoephedrine hydrochloride er</i>	\$0 (Tier 1) OTC
<i>fiber</i>	\$0 (Tier 1) OTC
<i>fiber tabs</i>	\$0 (Tier 1) OTC
<i>fiber therapy</i>	\$0 (Tier 1) OTC
<i>first aid antiseptic ointment</i>	\$0 (Tier 1) OTC
<i>fish oil</i>	\$0 (Tier 1) OTC
<i>fish oil pearls</i>	\$0 (Tier 1) OTC
<i>fish oil triple strength</i>	\$0 (Tier 1) OTC
<i>flanders buttocks</i>	\$0 (Tier 1) OTC
<i>fleet liquid glycerin suppositories</i>	\$0 (Tier 1) OTC
<i>flonase allergy relief</i>	\$0 (Tier 1) OTC
<i>flonase sensimist</i>	\$0 (Tier 1) OTC
<i>flonase sensimist childrens</i>	\$0 (Tier 1) OTC
<i>floranex one</i>	\$0 (Tier 1) OTC
<i>flu/severe cold & cough daytime</i>	\$0 (Tier 1) OTC
<i>folbee plus</i>	\$0 (Tier 1) OTC
<i>folic acid capsule</i>	\$0 (Tier 1) OTC
<i>folic acid tablet 1mg</i>	\$0 (Tier 1) OTC
<i>folic acid tablet 400mcg, 800mcg</i>	\$0 (Tier 1) OTC
<i>folitab 500</i>	\$0 (Tier 1) OTC
<i>foltanx rf</i>	\$0 (Tier 1) OTC
<i>fora gtel blood ketone test strips</i>	\$0 (Tier 1) OTC
<i>fora test n' go advance/voice/6 connect</i>	\$0 (Tier 1) OTC
<i>freeze it fast pain relief</i>	\$0 (Tier 1) OTC
<i>freshkote</i>	\$0 (Tier 1) OTC
<i>full spectrum b/vitamin c</i>	\$0 (Tier 1) OTC
<i>fungoid tincture</i>	\$0 (Tier 1) OTC
<i>garlic</i>	\$0 (Tier 1) OTC
<i>garlic oil 1000</i>	\$0 (Tier 1) OTC
<i>gas relief infants</i>	\$0 (Tier 1) OTC
<i>gas-x extra strength</i>	\$0 (Tier 1) OTC
<i>gas-x infant drops</i>	\$0 (Tier 1) OTC
<i>gaviscon</i>	\$0 (Tier 1) OTC
<i>gaviscon extra strength</i>	\$0 (Tier 1) OTC
<i>gcon ir</i>	\$0 (Tier 1) OTC
<i>gencontuss</i>	\$0 (Tier 1) OTC
<i>genteal severe tears</i>	\$0 (Tier 1) OTC
<i>genteal tears liquid drops moderate</i>	\$0 (Tier 1) OTC
<i>genteal tears moderate pf</i>	\$0 (Tier 1) OTC
<i>genteal tears severe day/night</i>	\$0 (Tier 1) OTC

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Drug Name	Requirements/Limits	
<i>gentle skin cleanser</i>	\$0 (Tier 1)	OTC
<i>giltuss allergy plus cough & congestion</i>	\$0 (Tier 1)	OTC
<i>giltuss cough & cold</i>	\$0 (Tier 1)	OTC
<i>giltuss ex expectorant childrens</i>	\$0 (Tier 1)	OTC
<i>giltuss ex maximum strength</i>	\$0 (Tier 1)	OTC
<i>giltuss sinus & congestion</i>	\$0 (Tier 1)	OTC
<i>glenmax peb dm</i>	\$0 (Tier 1)	OTC
<i>glucosamine chondroitin complex</i>	\$0 (Tier 1)	OTC
<i>glucosamine msm complex</i>	\$0 (Tier 1)	OTC
<i>glucosamine sulfate</i>	\$0 (Tier 1)	OTC
<i>glucosamine/chondroitin</i>	\$0 (Tier 1)	OTC
<i>glucose</i>	\$0 (Tier 1)	OTC
<i>glucose instant energy</i>	\$0 (Tier 1)	OTC
<i>glucose liquid</i>	\$0 (Tier 1)	OTC
<i>glycerin</i>	\$0 (Tier 1)	OTC
<i>glycerin adult</i>	\$0 (Tier 1)	OTC
<i>glycerin infants & children</i>	\$0 (Tier 1)	OTC
<i>glycotrol</i>	\$0 (Tier 1)	OTC
<i>glycotrol complete</i>	\$0 (Tier 1)	OTC
<i>gnp fish oil</i>	\$0 (Tier 1)	OTC
<i>gnp immune support</i>	\$0 (Tier 1)	OTC
<i>gnp iron</i>	\$0 (Tier 1)	OTC
<i>gnp l-lysine</i>	\$0 (Tier 1)	OTC
<i>gnp natural fiber</i>	\$0 (Tier 1)	OTC
<i>gnp vitamin a/d</i>	\$0 (Tier 1)	OTC
<i>gojji blood ketone test strips</i>	\$0 (Tier 1)	OTC
<i>gold bond age renew crepe corrector</i>	\$0 (Tier 1)	OTC
<i>gold bond diabetics dry skin relief hand</i>	\$0 (Tier 1)	OTC
<i>gold bond essentials everyday moisture mens</i>	\$0 (Tier 1)	OTC
<i>gold bond everyday moisture mens essentials</i>	\$0 (Tier 1)	OTC
<i>gold bond healing</i>	\$0 (Tier 1)	OTC
<i>gold bond healing hand</i>	\$0 (Tier 1)	OTC
<i>gold bond medicated body lotion</i>	\$0 (Tier 1)	OTC
<i>gold bond medicated body lotion extra strength</i>	\$0 (Tier 1)	OTC
<i>gold bond pain relieving foot</i>	\$0 (Tier 1)	OTC
<i>gold bond pure moisture daily body & face</i>	\$0 (Tier 1)	OTC
<i>gold bond radiance renewal hydrating</i>	\$0 (Tier 1)	OTC
<i>gold bond ultimate diabetics' dry relief</i>	\$0 (Tier 1)	OTC
<i>gold bond ultimate healing</i>	\$0 (Tier 1)	OTC
<i>gold bond ultimate overnight</i>	\$0 (Tier 1)	OTC
<i>gold bond ultimate protection</i>	\$0 (Tier 1)	OTC



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Drug Name		Requirements/Limits
<i>gold bond ultimate restoring</i>	\$0 (Tier 1)	OTC
<i>gold bond ultimate rough & bumpy skin</i>	\$0 (Tier 1)	OTC
<i>gold bond ultimate sheer ribbons pearlradiance</i>	\$0 (Tier 1)	OTC
<i>gold bond ultimate softening</i>	\$0 (Tier 1)	OTC
<i>gold bond ultimate soothing</i>	\$0 (Tier 1)	OTC
<i>good start supreme sterile water</i>	\$0 (Tier 1)	OTC
<i>goodsense 24-hour allergy nasal spray</i>	\$0 (Tier 1)	OTC
<i>goodsense all day allergychildrens</i>	\$0 (Tier 1)	OTC
<i>goodsense anti-itch maximum strength</i>	\$0 (Tier 1)	OTC
<i>goodsense capsaicin arthritis pain relief</i>	\$0 (Tier 1)	OTC
<i>goodsense corn & callus remover</i>	\$0 (Tier 1)	OTC
<i>goodsense esomeprazole magnesium</i>	\$0 (Tier 1)	OTC
<i>goodsense ibuprofen childrens</i>	\$0 (Tier 1)	OTC
<i>goodsense lansoprazole</i>	\$0 (Tier 1)	OTC
<i>goodsense miconazole 1</i>	\$0 (Tier 1)	OTC
<i>goodsense mucus dm</i>	\$0 (Tier 1)	OTC
<i>goodys extra strength</i>	\$0 (Tier 1)	OTC
<i>gordomatic</i>	\$0 (Tier 1)	OTC
<i>gordons urea</i>	\$0 (Tier 1)	OTC
<i>gordons-vite a</i>	\$0 (Tier 1)	OTC
<i>g-supress dx pediatric</i>	\$0 (Tier 1)	OTC
<i>g-tron ped</i>	\$0 (Tier 1)	OTC
<i>g-tron pediatric drops</i>	\$0 (Tier 1)	OTC
<i>g-tusicof</i>	\$0 (Tier 1)	OTC
<i>guaifenesin</i>	\$0 (Tier 1)	OTC
<i>guaifenesin dac</i>	\$0 (Tier 1)	OTC
<i>guaifenesin er</i>	\$0 (Tier 1)	OTC
<i>guaifenesin/codeine</i>	\$0 (Tier 1)	OTC
<i>guaifenesin/dextromethorphan</i>	\$0 (Tier 1)	OTC
<i>guaifenesin/dextromethorphan hydrobromide</i>	\$0 (Tier 1)	OTC
<i>guaifenesin/phenylephrine</i>	\$0 (Tier 1)	OTC
<i>guaifenesin/pseudoephedrine hydrochloride</i>	\$0 (Tier 1)	OTC
<i>guaifenesin/pseudoephedrine hydrochloride er</i>	\$0 (Tier 1)	OTC
<i>g-zyncof</i>	\$0 (Tier 1)	OTC
<i>hair nourishing supplement</i>	\$0 (Tier 1)	OTC
<i>h-chlor 12</i>	\$0 (Tier 1)	OTC
<i>h-chlor 6</i>	\$0 (Tier 1)	OTC
<i>headache formula</i>	\$0 (Tier 1)	OTC
<i>heart savior</i>	\$0 (Tier 1)	OTC
<i>heart tabs</i>	\$0 (Tier 1)	OTC
<i>heartburn relief extra strength</i>	\$0 (Tier 1)	OTC

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Drug Name	Requirements/Limits
<i>hemorrhoidal</i>	\$0 (Tier 1) OTC
<i>hemorrhoidal relief cream</i>	\$0 (Tier 1) OTC
<i>herbiomed severe cold & flu</i>	\$0 (Tier 1) OTC
<i>histex</i>	\$0 (Tier 1) OTC
<i>histex pd</i>	\$0 (Tier 1) OTC
<i>hm docosanol</i>	\$0 (Tier 1) OTC
<i>hm dry eye relief</i>	\$0 (Tier 1) OTC
<i>hm eye drops</i>	\$0 (Tier 1) OTC
<i>hm hemorrhoidal</i>	\$0 (Tier 1) OTC
<i>honey bears</i>	\$0 (Tier 1) OTC
<i>honey bears w/iron and zinc</i>	\$0 (Tier 1) OTC
<i>hydrasyn25</i>	\$0 (Tier 1) OTC
<i>hydrazone lotion</i>	\$0 (Tier 1) OTC
<i>hydrocerin</i>	\$0 (Tier 1) OTC
<i>hydrocortisone</i>	\$0 (Tier 1) OTC
<i>hydrogen peroxide</i>	\$0 (Tier 1) OTC
<i>hysept 25</i>	\$0 (Tier 1) OTC
<i>hysept 50</i>	\$0 (Tier 1) OTC
<i>ibuprofen</i>	\$0 (Tier 1) OTC
<i>ibuprofen infants</i>	\$0 (Tier 1) OTC
<i>ice blue gel</i>	\$0 (Tier 1) OTC
<i>icy hot</i>	\$0 (Tier 1) OTC
<i>icy hot advanced relief pain relief patch</i>	\$0 (Tier 1) OTC
<i>icy hot naturals</i>	\$0 (Tier 1) OTC
<i>icy hot original pain relief</i>	\$0 (Tier 1) OTC
<i>immublast-c</i>	\$0 (Tier 1) OTC
<i>immunerx</i>	\$0 (Tier 1) OTC
<i>immunicare</i>	\$0 (Tier 1) OTC
<i>insta-glucose</i>	\$0 (Tier 1) OTC
<i>instant ear-dry</i>	\$0 (Tier 1) OTC
<i>intense cough reliever</i>	\$0 (Tier 1) OTC
<i>intense cough reliever double strength</i>	\$0 (Tier 1) OTC
<i>inulose blood sugar support</i>	\$0 (Tier 1) OTC
<i>iodex</i>	\$0 (Tier 1) OTC
<i>iron</i>	\$0 (Tier 1) OTC
<i>iron 100 plus</i>	\$0 (Tier 1) OTC
<i>iron chews pediatric</i>	\$0 (Tier 1) OTC
<i>iron er</i>	\$0 (Tier 1) OTC
<i>iron infant/toddler</i>	\$0 (Tier 1) OTC
<i>iron polysaccharide complex</i>	\$0 (Tier 1) OTC
<i>iron slow release</i>	\$0 (Tier 1) OTC



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Drug Name	Requirements/Limits
<i>iron up</i>	\$0 (Tier 1) OTC
<i>iron/vitamin c</i>	\$0 (Tier 1) OTC
<i>isopropyl rubbing alcohol</i>	\$0 (Tier 1) OTC
<i>itch relief extra strength</i>	\$0 (Tier 1) OTC
<i>ivermectin</i>	\$0 (Tier 1) OTC
<i>j & j burn cream</i>	\$0 (Tier 1) OTC
<i>johnsons skin nourish moisturizing</i>	\$0 (Tier 1) OTC
<i>kaopectate</i>	\$0 (Tier 1) OTC
<i>kaopectate extra strength</i>	\$0 (Tier 1) OTC
<i>kendall gel skin scrub pack/large winged sponges</i>	\$0 (Tier 1) OTC
<i>kendall vaginal prep pack</i>	\$0 (Tier 1) OTC
<i>kendall wet skin scrub pack</i>	\$0 (Tier 1) OTC
<i>kera tek</i>	\$0 (Tier 1) OTC
<i>keradan</i>	\$0 (Tier 1) OTC
<i>keralyt</i>	\$0 (Tier 1) OTC
<i>keri nourishing shea butter</i>	\$0 (Tier 1) OTC
<i>keri original daily moisture</i>	\$0 (Tier 1) OTC
<i>keto-diastrix</i>	\$0 (Tier 1) OTC
<i>ketone test strips</i>	\$0 (Tier 1) OTC
<i>ketotifen fumarate</i>	\$0 (Tier 1) OTC
<i>konsyl</i>	\$0 (Tier 1) OTC
<i>konsyl daily fiber</i>	\$0 (Tier 1) OTC
<i>konsyl-d</i>	\$0 (Tier 1) OTC
<i>kp mens daily pack</i>	\$0 (Tier 1) OTC
<i>kp womens daily pack</i>	\$0 (Tier 1) OTC
<i>lac-hydrin five</i>	\$0 (Tier 1) OTC
<i>lactinol hx</i>	\$0 (Tier 1) OTC
<i>lactobacillus</i>	\$0 (Tier 1) OTC
<i>lactose monohydrate</i>	\$0 (Tier 1) OTC
<i>lanaphilic/urea</i>	\$0 (Tier 1) OTC
<i>land before time multivitamin/iron</i>	\$0 (Tier 1) OTC
<i>leader finger cream</i>	\$0 (Tier 1) OTC
<i>lecithin</i>	\$0 (Tier 1) OTC
<i>levonorgestrel</i>	\$0 (Tier 1) OTC
<i>lice killing shampoo</i>	\$0 (Tier 1) QL (240 ML per 30 days); OTC
<i>lice treatment</i>	\$0 (Tier 1) QL (120 ML per 30 days); OTC
<i>lice treatment creme rinse</i>	\$0 (Tier 1) QL (120 ML per 30 days); OTC
<i>lidocaine</i>	\$0 (Tier 1) OTC
<i>lidocaine hydrochloride</i>	\$0 (Tier 1) OTC
<i>lidocaine pain relief patch</i>	\$0 (Tier 1) OTC
<i>lidocaine topical anesthetic</i>	\$0 (Tier 1) OTC

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Drug Name	Requirements/Limits
<i>life pack mens</i>	\$0 (Tier 1) OTC
<i>life pack womens</i>	\$0 (Tier 1) OTC
<i>lintera wash</i>	\$0 (Tier 1) OTC
<i>lipidshield plus</i>	\$0 (Tier 1) OTC
<i>lipotriad vision support</i>	\$0 (Tier 1) OTC
<i>lipotriad vision support plus</i>	\$0 (Tier 1) OTC
<i>lipotriad visionary</i>	\$0 (Tier 1) OTC
<i>liqsorb</i>	\$0 (Tier 1) OTC
<i>liquid b12</i>	\$0 (Tier 1) OTC
<i>liquid calcium with d3 maximum strength</i>	\$0 (Tier 1) OTC
<i>little tummys laxative</i>	\$0 (Tier 1) OTC
<i>l-lysine</i>	\$0 (Tier 1) OTC
<i>l-lysine hcl</i>	\$0 (Tier 1) OTC
<i>l-methylfolate forte</i>	\$0 (Tier 1) OTC
<i>lohist-dm</i>	\$0 (Tier 1) OTC
<i>loperamide hydrochloride</i>	\$0 (Tier 1) OTC
<i>loratadine</i>	\$0 (Tier 1) OTC
<i>loratadine childrens</i>	\$0 (Tier 1) OTC
<i>loratadine-d 12hr</i>	\$0 (Tier 1) OTC
<i>loratadine-d 24hr</i>	\$0 (Tier 1) OTC
<i>lortuss ex</i>	\$0 (Tier 1) OTC
<i>lubricant eye</i>	\$0 (Tier 1) OTC
<i>lubricant eye drops</i>	\$0 (Tier 1) OTC
<i>lubricant eye drops/dual-action</i>	\$0 (Tier 1) OTC
<i>lubricating skin lotion</i>	\$0 (Tier 1) OTC
<i>lubriderm</i>	\$0 (Tier 1) OTC
<i>lubriderm advanced therapy</i>	\$0 (Tier 1) OTC
<i>lubriderm daily moisture/normal to dry skin</i>	\$0 (Tier 1) OTC
<i>lubriderm intense skin repair</i>	\$0 (Tier 1) OTC
<i>lubrisoft</i>	\$0 (Tier 1) OTC
<i>lysiplex plus</i>	\$0 (Tier 1) OTC
<i>mag-al plus</i>	\$0 (Tier 1) OTC
<i>magdelay</i>	\$0 (Tier 1) OTC
<i>magnesium</i>	\$0 (Tier 1) OTC
<i>magnesium citrate</i>	\$0 (Tier 1) OTC
<i>magnesium elemental</i>	\$0 (Tier 1) OTC
<i>magnesium oxide</i>	\$0 (Tier 1) OTC
<i>mag-oxide</i>	\$0 (Tier 1) OTC
<i>mapap</i>	\$0 (Tier 1) OTC
<i>mapap cold formula multi-symptom</i>	\$0 (Tier 1) OTC
<i>maximin pack</i>	\$0 (Tier 1) OTC



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Drug Name	Requirements/Limits	
<i>maxi-tuss gmx</i>	\$0 (Tier 1)	OTC
<i>maxi-tuss pe max</i>	\$0 (Tier 1)	OTC
<i>maxorb extra ag+</i>	\$0 (Tier 1)	OTC
<i>m-clear wc</i>	\$0 (Tier 1)	OTC
<i>meclizine hcl</i>	\$0 (Tier 1)	OTC
<i>meclizine hydrochloride</i>	\$0 (Tier 1)	OTC
<i>medcaps dpo</i>	\$0 (Tier 1)	OTC
<i>medcaps gi</i>	\$0 (Tier 1)	OTC
<i>medcaps is</i>	\$0 (Tier 1)	OTC
<i>medcaps t3</i>	\$0 (Tier 1)	OTC
<i>mederma ag face cream</i>	\$0 (Tier 1)	OTC
<i>mederma ag hand & body lotion</i>	\$0 (Tier 1)	OTC
<i>mederma stretch marks therapy</i>	\$0 (Tier 1)	OTC
<i>medicated callus removers</i>	\$0 (Tier 1)	OTC
<i>medicated corn removers</i>	\$0 (Tier 1)	OTC
<i>medicated wipes</i>	\$0 (Tier 1)	OTC
<i>medi-first antacid</i>	\$0 (Tier 1)	OTC
<i>medi-paste</i>	\$0 (Tier 1)	OTC
<i>melatonin</i>	\$0 (Tier 1)	OTC
<i>melatonin cr</i>	\$0 (Tier 1)	OTC
<i>melatonin extra strength</i>	\$0 (Tier 1)	OTC
<i>melatonin fast dissolve</i>	\$0 (Tier 1)	OTC
<i>melatonin fast meltz</i>	\$0 (Tier 1)	OTC
<i>melatonin gummies</i>	\$0 (Tier 1)	OTC
<i>melatonin maximum strength</i>	\$0 (Tier 1)	OTC
<i>melatonin prolonged release</i>	\$0 (Tier 1)	OTC
<i>melatonin quick dissolve</i>	\$0 (Tier 1)	OTC
<i>melatonin timed release</i>	\$0 (Tier 1)	OTC
<i>melatonin tr/vitamin b6</i>	\$0 (Tier 1)	OTC
<i>melatonin tr/vitamin b-6</i>	\$0 (Tier 1)	OTC
<i>memorall</i>	\$0 (Tier 1)	OTC
<i>memory complex brain health</i>	\$0 (Tier 1)	OTC
<i>mens daily pack</i>	\$0 (Tier 1)	OTC
<i>mens pack</i>	\$0 (Tier 1)	OTC
<i>menthol and zinc oxide</i>	\$0 (Tier 1)	OTC
<i>menthol cold/hot extra strength</i>	\$0 (Tier 1)	OTC
<i>metafolbic plus rf</i>	\$0 (Tier 1)	OTC
<i>metamucil</i>	\$0 (Tier 1)	OTC
<i>metamucil 3-in-1 daily fiber</i>	\$0 (Tier 1)	OTC
<i>metamucil 4 in 1 fiber</i>	\$0 (Tier 1)	OTC
<i>metamucil 4-in-1 fiber</i>	\$0 (Tier 1)	OTC

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Drug Name	Requirements/Limits
<i>metamucil multihealth fiber singles</i>	\$0 (Tier 1) OTC
<i>methyl protect</i>	\$0 (Tier 1) OTC
<i>methylcobalamin</i>	\$0 (Tier 1) OTC
<i>methyl-guard</i>	\$0 (Tier 1) OTC
<i>methyl-guard plus</i>	\$0 (Tier 1) OTC
<i>mg plus protein</i>	\$0 (Tier 1) OTC
<i>mg217 psoriasis multi-symptom</i>	\$0 (Tier 1) OTC
<i>miconazole 1</i>	\$0 (Tier 1) OTC
<i>miconazole 3 combination pack</i>	\$0 (Tier 1) OTC
<i>miconazole 3 combo pack</i>	\$0 (Tier 1) OTC
<i>miconazole 7</i>	\$0 (Tier 1) OTC
<i>miconazole nitrate</i>	\$0 (Tier 1) OTC
<i>migraine formula</i>	\$0 (Tier 1) OTC
<i>mil adregen</i>	\$0 (Tier 1) OTC
<i>milk of magnesia</i>	\$0 (Tier 1) OTC
<i>mineral oil</i>	\$0 (Tier 1) OTC
<i>minerin</i>	\$0 (Tier 1) OTC
<i>minerin creme</i>	\$0 (Tier 1) OTC
<i>mintox plus</i>	\$0 (Tier 1) OTC
<i>mm biotin/keratin</i>	\$0 (Tier 1) OTC
<i>moisture lotion</i>	\$0 (Tier 1) OTC
<i>moisture recovery</i>	\$0 (Tier 1) OTC
<i>moisturizing skin protectant/once a day</i>	\$0 (Tier 1) OTC
<i>moisturizing cream</i>	\$0 (Tier 1) OTC
<i>moisturizing lotion</i>	\$0 (Tier 1) OTC
<i>moisturizing lubricant eye drops</i>	\$0 (Tier 1) OTC
<i>moisturizing sensitive skin</i>	\$0 (Tier 1) OTC
<i>monistat 7 combination pack</i>	\$0 (Tier 1) OTC
<i>monistat complete care chafing relief powder gel</i>	\$0 (Tier 1) OTC
<i>motion sickness relief</i>	\$0 (Tier 1) OTC
<i>msm skin lotion</i>	\$0 (Tier 1) OTC
<i>mucinex childrens</i>	\$0 (Tier 1) OTC
<i>mucinex cough & chest congestion</i>	\$0 (Tier 1) OTC
<i>mucinex cough for kids</i>	\$0 (Tier 1) OTC
<i>mucinex fast max severe congestion & cough</i>	\$0 (Tier 1) OTC
<i>mucinex fast-max cold flu& sore throat maximum strength</i>	\$0 (Tier 1) OTC
<i>mucinex fast-max cold/flu</i>	\$0 (Tier 1) OTC
<i>mucinex fast-max congestion & headache maximum strength</i>	\$0 (Tier 1) OTC
<i>mucinex fast-max night time cold & flu</i>	\$0 (Tier 1) OTC



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Drug Name	Requirements/Limits
<i>mucinex fast-max severe congestion & cough</i>	\$0 (Tier 1) OTC
<i>mucinex for kids</i>	\$0 (Tier 1) OTC
<i>mucinex multi-symptom cold night time childrens</i>	\$0 (Tier 1) OTC
<i>mucinex sinus-max</i>	\$0 (Tier 1) OTC
<i>mucinex sinus-max night time congestion & cough</i>	\$0 (Tier 1) OTC
<i>mucinex sinus-max severe congestion & pain</i>	\$0 (Tier 1) OTC
<i>mucinex sinus-max severe congestion & pain maximum strength</i>	\$0 (Tier 1) OTC
<i>mucinex sinus-max severe congestion and pain</i>	\$0 (Tier 1) OTC
<i>mucus congestion & cough relief childrens</i>	\$0 (Tier 1) OTC
<i>mucus dm</i>	\$0 (Tier 1) OTC
<i>mucus relief cold flu & sore throat</i>	\$0 (Tier 1) OTC
<i>mucus relief cold/flu/sore throat</i>	\$0 (Tier 1) OTC
<i>multi antibiotic plus</i>	\$0 (Tier 1) OTC
<i>multi complete</i>	\$0 (Tier 1) OTC
<i>multi for her</i>	\$0 (Tier 1) OTC
<i>multi for him</i>	\$0 (Tier 1) OTC
<i>multi vitamin/minerals full spectrum</i>	\$0 (Tier 1) OTC
<i>multi-vit/iron/fluoride</i>	\$0 (Tier 1) OTC
<i>multivitamin</i>	\$0 (Tier 1) OTC
<i>multi-vitamin</i>	\$0 (Tier 1) OTC
<i>multivitamin & multimineral adults</i>	\$0 (Tier 1) OTC
<i>multivitamin childrens</i>	\$0 (Tier 1) OTC
<i>multi-vitamin gummies</i>	\$0 (Tier 1) OTC
<i>multivitamin gummies childrens</i>	\$0 (Tier 1) OTC
<i>multivitamin plus iron childrens</i>	\$0 (Tier 1) OTC
<i>multivitamin w/iron/infant/toddler</i>	\$0 (Tier 1) OTC
<i>multivitamin with fluoride</i>	\$0 (Tier 1) OTC
<i>multivitamin/multimineral</i>	\$0 (Tier 1) OTC
<i>multi-vitamins/iron</i>	\$0 (Tier 1) OTC
<i>muro 128</i>	\$0 (Tier 1) OTC
<i>muscle & joint</i>	\$0 (Tier 1) OTC
<i>mv-one</i>	\$0 (Tier 1) OTC
<i>mvw complete formulation pediatric</i>	\$0 (Tier 1) OTC
<i>mygrex</i>	\$0 (Tier 1) OTC
<i>naphcon-a</i>	\$0 (Tier 1) OTC
<i>naproxen sodium</i>	\$0 (Tier 1) OTC
<i>nasadrops saline on the go</i>	\$0 (Tier 1) OTC
<i>nasal mist</i>	\$0 (Tier 1) OTC
<i>nasal spray extra moisturizing 12 hour</i>	\$0 (Tier 1) OTC
<i>natural fiber</i>	\$0 (Tier 1) OTC

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Drug Name	Requirements/Limits	
<i>natural fiber laxative</i>	\$0 (Tier 1)	OTC
<i>natural oatmeal</i>	\$0 (Tier 1)	OTC
<i>natural psyllium seed indian husks</i>	\$0 (Tier 1)	OTC
<i>nebulizer cup/tubing</i>	\$0 (Tier 1)	OTC
<i>neoq10</i>	\$0 (Tier 1)	OTC
<i>neotuss</i>	\$0 (Tier 1)	OTC
<i>neotuss-d</i>	\$0 (Tier 1)	OTC
<i>nephro vitamins</i>	\$0 (Tier 1)	OTC
<i>nephro-vite</i>	\$0 (Tier 1)	OTC
<i>neutrogena hand</i>	\$0 (Tier 1)	OTC
<i>neutrogena moisture sensitive skin</i>	\$0 (Tier 1)	OTC
<i>niacin</i>	\$0 (Tier 1)	OTC
<i>niacin sr</i>	\$0 (Tier 1)	OTC
<i>niacin timed release</i>	\$0 (Tier 1)	OTC
<i>niacin tr</i>	\$0 (Tier 1)	OTC
<i>niacinamide</i>	\$0 (Tier 1)	OTC
<i>niacinamide prolonged release</i>	\$0 (Tier 1)	OTC
<i>nicotine</i>	\$0 (Tier 1)	OTC
<i>nicotine polacrilex</i>	\$0 (Tier 1)	OTC
<i>nicotine transdermal system</i>	\$0 (Tier 1)	OTC
<i>nighttime cough</i>	\$0 (Tier 1)	OTC
<i>niseko hydrating facial moisturizer</i>	\$0 (Tier 1)	OTC
<i>nivanex dmx</i>	\$0 (Tier 1)	OTC
<i>nivea</i>	\$0 (Tier 1)	OTC
<i>nivea essentially enriched</i>	\$0 (Tier 1)	OTC
<i>nivea extra enriched</i>	\$0 (Tier 1)	OTC
<i>nivea in-shower</i>	\$0 (Tier 1)	OTC
<i>nivea intense healing</i>	\$0 (Tier 1)	OTC
<i>nivea original moisture</i>	\$0 (Tier 1)	OTC
<i>nivea shea nourish</i>	\$0 (Tier 1)	OTC
<i>nivea visage</i>	\$0 (Tier 1)	OTC
<i>nivea visage inner beauty nighttime renewal</i>	\$0 (Tier 1)	OTC
<i>nix complete lice treatment kit</i>	\$0 (Tier 1)	OTC
<i>noble formula</i>	\$0 (Tier 1)	OTC
<i>normlshield</i>	\$0 (Tier 1)	OTC
<i>nova max plus ketone teststrips</i>	\$0 (Tier 1)	OTC
<i>novaferrum 50</i>	\$0 (Tier 1)	OTC
<i>novaferrum pediatric drops</i>	\$0 (Tier 1)	OTC
<i>nozin nasal sanitizer</i>	\$0 (Tier 1)	OTC
<i>nutraderm</i>	\$0 (Tier 1)	OTC
<i>nutraderm advanced formula</i>	\$0 (Tier 1)	OTC



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Drug Name	Requirements/Limits	
<i>nutra-z+</i>	\$0 (Tier 1)	OTC
<i>odorless coated fish oil/omega-3</i>	\$0 (Tier 1)	OTC
<i>odorless garlic</i>	\$0 (Tier 1)	OTC
<i>off deep woods</i>	\$0 (Tier 1)	OTC
<i>okeeffes working hands</i>	\$0 (Tier 1)	OTC
<i>olive oil</i>	\$0 (Tier 1)	OTC
<i>olopatadine hydrochloride</i>	\$0 (Tier 1)	OTC
<i>omega-3</i>	\$0 (Tier 1)	OTC
<i>omega-3 fish oil</i>	\$0 (Tier 1)	OTC
<i>omega-3 fish oil extra strength</i>	\$0 (Tier 1)	OTC
<i>omega-3 fish oil maximum strength</i>	\$0 (Tier 1)	OTC
<i>omegapure 780 ec</i>	\$0 (Tier 1)	OTC
<i>omeprazole</i>	\$0 (Tier 1)	OTC
<i>omeprazole dr</i>	\$0 (Tier 1)	OTC
<i>omeprazole magnesium</i>	\$0 (Tier 1)	OTC
<i>onelax fiber therapy</i>	\$0 (Tier 1)	OTC
<i>opcon-a</i>	\$0 (Tier 1)	OTC
<i>optimal d3 m</i>	\$0 (Tier 1)	OTC
<i>optimal d3 pack</i>	\$0 (Tier 1)	OTC
<i>options gynol ii vaginal contraceptive</i>	\$0 (Tier 1)	OTC
<i>oral electrolyte solution/freezer pops pediatric</i>	\$0 (Tier 1)	OTC
<i>oral mix flavored suspending vehicle</i>	\$0 (Tier 1)	OTC
<i>oral suspend</i>	\$0 (Tier 1)	OTC
<i>oral syrup flavored vehicle</i>	\$0 (Tier 1)	OTC
<i>orazinc</i>	\$0 (Tier 1)	OTC
<i>orlistat</i>	\$0 (Tier 1)	PA; OTC
<i>orthogel</i>	\$0 (Tier 1)	OTC
<i>os-cal calcium + d3</i>	\$0 (Tier 1)	OTC
<i>os-cal extra d3</i>	\$0 (Tier 1)	OTC
<i>oyster shell calcium/d</i>	\$0 (Tier 1)	OTC
<i>oyster shell calcium/vitamin d3</i>	\$0 (Tier 1)	OTC
<i>pain reliever extra strength</i>	\$0 (Tier 1)	OTC
<i>pain relieving gel</i>	\$0 (Tier 1)	OTC
<i>paladin</i>	\$0 (Tier 1)	OTC
<i>palmers cocoa butter formula cream</i>	\$0 (Tier 1)	OTC
<i>palmers cocoa butter formula intensive relief hand cream</i>	\$0 (Tier 1)	OTC
<i>palmers cocoa butter formula lotion</i>	\$0 (Tier 1)	OTC
<i>palmers cocoa butter formula massage cream/stretch marks</i>	\$0 (Tier 1)	OTC

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Drug Name		Requirements/Limits
<i>palmers cocoa butter formula massage lotion/ stretch marks</i>	\$0 (Tier 1)	OTC
<i>palmers cocoa butter formula night cream moisture rich</i>	\$0 (Tier 1)	OTC
<i>palmers coconut oil formula body lotion</i>	\$0 (Tier 1)	OTC
<i>palmers coconut oil formula hand cream</i>	\$0 (Tier 1)	OTC
<i>pataday extra strength</i>	\$0 (Tier 1)	OTC
<i>pecgen dmx</i>	\$0 (Tier 1)	OTC
<i>pedia-lax</i>	\$0 (Tier 1)	OTC
<i>pediatric enema</i>	\$0 (Tier 1)	OTC
<i>pen-ker</i>	\$0 (Tier 1)	OTC
<i>pentravan</i>	\$0 (Tier 1)	OTC
<i>pentravan plus</i>	\$0 (Tier 1)	OTC
<i>percogesic extra strength</i>	\$0 (Tier 1)	OTC
<i>petrolatum</i>	\$0 (Tier 1)	OTC
<i>petroleum jelly</i>	\$0 (Tier 1)	OTC
<i>petroleum jelly lip treatment</i>	\$0 (Tier 1)	OTC
<i>pharmabase barrier</i>	\$0 (Tier 1)	OTC
<i>phenaseptic</i>	\$0 (Tier 1)	OTC
<i>phenazopyridine hydrochloride</i>	\$0 (Tier 1)	OTC
<i>phendimetrazine tartrate</i>	\$0 (Tier 1)	PA; OTC
<i>phendimetrazine tartrate er</i>	\$0 (Tier 1)	PA; OTC
<i>phentermine hydrochloride</i>	\$0 (Tier 1)	PA; OTC
<i>phenylephrine hydrochloride</i>	\$0 (Tier 1)	OTC
<i>pink bismuth</i>	\$0 (Tier 1)	OTC
<i>pink bismuth maximum strength</i>	\$0 (Tier 1)	OTC
<i>pinxav</i>	\$0 (Tier 1)	OTC
<i>polyethylene glycol 3350</i>	\$0 (Tier 1)	OTC
<i>poly-vent ir</i>	\$0 (Tier 1)	OTC
<i>polyvinyl alcohol</i>	\$0 (Tier 1)	OTC
<i>poly-vi-sol</i>	\$0 (Tier 1)	OTC
<i>poly-vi-sol/iron</i>	\$0 (Tier 1)	OTC
<i>poly-vite/iron</i>	\$0 (Tier 1)	OTC
<i>povidone/iodine swabsticks</i>	\$0 (Tier 1)	OTC
<i>povidone-iodine</i>	\$0 (Tier 1)	OTC
<i>povidone-iodine prep pad</i>	\$0 (Tier 1)	OTC
<i>povidone-iodine scrub small winged sponge</i>	\$0 (Tier 1)	OTC
<i>pramoxine hcl</i>	\$0 (Tier 1)	OTC
<i>pramoxine hydrochloride</i>	\$0 (Tier 1)	OTC
<i>precision xtra</i>	\$0 (Tier 1)	OTC
<i>premium packets</i>	\$0 (Tier 1)	OTC



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Drug Name	Requirements/Limits
<i>pre-moistened witch hazel</i>	\$0 (Tier 1) OTC
<i>prenatabs fa</i>	\$0 (Tier 1) OTC
<i>prenatabs rx</i>	\$0 (Tier 1) OTC
<i>prenatal</i>	\$0 (Tier 1) OTC
<i>prenatal 19</i>	\$0 (Tier 1) OTC
<i>pres gen pediatric</i>	\$0 (Tier 1) OTC
<i>pretty feet & hands</i>	\$0 (Tier 1) OTC
<i>primadophilus bifidus</i>	\$0 (Tier 1) OTC
<i>probiotic chewable childrens</i>	\$0 (Tier 1) OTC
<i>probiotic formula</i>	\$0 (Tier 1) OTC
<i>proctozone-hc</i>	\$0 (Tier 1) OTC
<i>profe</i>	\$0 (Tier 1) OTC
<i>proxeed plus</i>	\$0 (Tier 1) OTC
<i>pseudoephedrine hydrochloride</i>	\$0 (Tier 1) OTC
<i>pseudoephedrine hydrochloride er maximum strength</i>	\$0 (Tier 1) OTC
<i>pseudoephedrine hydrochloride/ guaifenesin</i>	\$0 (Tier 1) OTC
<i>psoriasis</i>	\$0 (Tier 1) OTC
<i>psyllium fiber</i>	\$0 (Tier 1) OTC
<i>pure comfort 3-ball breath exerciser</i>	\$0 (Tier 1) OTC
<i>qc athletes foot relief</i>	\$0 (Tier 1) OTC
<i>qc gas relief</i>	\$0 (Tier 1) OTC
<i>ra biotin</i>	\$0 (Tier 1) OTC
<i>ra daylogic healing dry skin therapy</i>	\$0 (Tier 1) OTC
<i>ra ear care</i>	\$0 (Tier 1) OTC
<i>ra essence-c</i>	\$0 (Tier 1) OTC
<i>ra garlic</i>	\$0 (Tier 1) OTC
<i>ra glucosamine/chondroitin</i>	\$0 (Tier 1) OTC
<i>ra glycerin adult</i>	\$0 (Tier 1) OTC
<i>ra melatonin</i>	\$0 (Tier 1) OTC
<i>ra oyster shell calcium/vitamin d</i>	\$0 (Tier 1) OTC
<i>ra vitamin b-12</i>	\$0 (Tier 1) OTC
<i>radiaguard advanced</i>	\$0 (Tier 1) OTC
<i>ranitidine hcl</i>	\$0 (Tier 1) OTC
<i>rapid b-12 energy</i>	\$0 (Tier 1) OTC
<i>raspberry syrup</i>	\$0 (Tier 1) OTC
<i>redness reliever eye drops</i>	\$0 (Tier 1) OTC
<i>refresh</i>	\$0 (Tier 1) OTC
<i>refresh celluvisc</i>	\$0 (Tier 1) OTC
<i>refresh digital</i>	\$0 (Tier 1) OTC
<i>refresh liquigel</i>	\$0 (Tier 1) OTC

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Drug Name	Requirements/Limits
<i>refresh optive</i>	\$0 (Tier 1) OTC
<i>refresh optive advanced</i>	\$0 (Tier 1) OTC
<i>refresh optive advanced sensitive</i>	\$0 (Tier 1) OTC
<i>refresh optive preservative free</i>	\$0 (Tier 1) OTC
<i>refresh plus</i>	\$0 (Tier 1) OTC
<i>refresh relieva pf</i>	\$0 (Tier 1) OTC
<i>refresh tears</i>	\$0 (Tier 1) OTC
<i>refreshing aloe</i>	\$0 (Tier 1) OTC
<i>remedy calazime</i>	\$0 (Tier 1) OTC
<i>remedy cleansing body lotion</i>	\$0 (Tier 1) OTC
<i>remedy skin repair</i>	\$0 (Tier 1) OTC
<i>renal vitamin</i>	\$0 (Tier 1) OTC
<i>rena-vite</i>	\$0 (Tier 1) OTC
<i>rena-vite rx</i>	\$0 (Tier 1) OTC
<i>repel sportsmen max</i>	\$0 (Tier 1) OTC
<i>replesta</i>	\$0 (Tier 1) OTC
<i>replesta nx</i>	\$0 (Tier 1) OTC
<i>resta</i>	\$0 (Tier 1) OTC
<i>resta lite</i>	\$0 (Tier 1) OTC
<i>restore cleanser & moisturizer</i>	\$0 (Tier 1) OTC
<i>restore dimethicreme</i>	\$0 (Tier 1) OTC
<i>retaine vision</i>	\$0 (Tier 1) OTC
<i>rhinaris</i>	\$0 (Tier 1) OTC
<i>riax</i>	\$0 (Tier 1) OTC
<i>ricola</i>	\$0 (Tier 1) OTC
<i>risabal-ph</i>	\$0 (Tier 1) OTC
<i>risacal-d</i>	\$0 (Tier 1) OTC
<i>robitussin childrens cough & cold cf</i>	\$0 (Tier 1) OTC
<i>robitussin cough & chest congestion dm adult</i>	\$0 (Tier 1) OTC
<i>robitussin cough+chest congestion dm</i>	\$0 (Tier 1) OTC
<i>robitussin severe multi-symptom cough/cold + flu</i>	\$0 (Tier 1) OTC
<i>robitussin severe multi-symptom cough/cold + flu nighttime</i>	\$0 (Tier 1) OTC
<i>rompe pecho max multi symptoms</i>	\$0 (Tier 1) OTC
<i>ru-hist d</i>	\$0 (Tier 1) OTC
<i>rydex</i>	\$0 (Tier 1) OTC
<i>rynex dm</i>	\$0 (Tier 1) OTC
<i>saccharomyces boulardii</i>	\$0 (Tier 1) OTC
<i>salicylic acid</i>	\$0 (Tier 1) OTC
<i>saline nasal gel</i>	\$0 (Tier 1) OTC
<i>saline nasal spray infants/childrens</i>	\$0 (Tier 1) OTC



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Drug Name		Requirements/Limits
<i>salonpas pain relieving jet spray</i>	\$0 (Tier 1)	OTC
<i>sawyer insect repellent controlled release</i>	\$0 (Tier 1)	OTC
<i>sb natural fiber laxative</i>	\$0 (Tier 1)	OTC
<i>scalpicin</i>	\$0 (Tier 1)	OTC
<i>scot-tussin diabetes</i>	\$0 (Tier 1)	OTC
<i>scytera</i>	\$0 (Tier 1)	OTC
<i>sebex</i>	\$0 (Tier 1)	OTC
<i>secura dimethicone protectant</i>	\$0 (Tier 1)	OTC
<i>selenium sulfide</i>	\$0 (Tier 1)	OTC
<i>selenium sulfide shampoo</i>	\$0 (Tier 1)	OTC
<i>senna</i>	\$0 (Tier 1)	OTC
<i>senna plus</i>	\$0 (Tier 1)	OTC
<i>senna s</i>	\$0 (Tier 1)	OTC
<i>senna smooth</i>	\$0 (Tier 1)	OTC
<i>senokot extra strength</i>	\$0 (Tier 1)	OTC
<i>sensi-care body cream</i>	\$0 (Tier 1)	OTC
<i>sensi-care moisturizing</i>	\$0 (Tier 1)	OTC
<i>sentia</i>	\$0 (Tier 1)	OTC
<i>sesame oil</i>	\$0 (Tier 1)	OTC
<i>severe allergy</i>	\$0 (Tier 1)	OTC
<i>shur-seal</i>	\$0 (Tier 1)	OTC
<i>simethicone</i>	\$0 (Tier 1)	OTC
<i>simple syrup</i>	\$0 (Tier 1)	OTC
<i>skin beauty & wellness</i>	\$0 (Tier 1)	OTC
<i>skin repair</i>	\$0 (Tier 1)	OTC
<i>sleep aid</i>	\$0 (Tier 1)	OTC
<i>sleep-aid</i>	\$0 (Tier 1)	OTC
<i>slow iron</i>	\$0 (Tier 1)	OTC
<i>slow magnesium chloride/ calcium</i>	\$0 (Tier 1)	OTC
<i>slow-mag</i>	\$0 (Tier 1)	OTC
<i>sm coral calcium</i>	\$0 (Tier 1)	OTC
<i>sm cough & sore throat daytime pain reliever</i>	\$0 (Tier 1)	OTC
<i>sm dry skin therapy</i>	\$0 (Tier 1)	OTC
<i>sm fish oil</i>	\$0 (Tier 1)	OTC
<i>sm foaming antacid</i>	\$0 (Tier 1)	OTC
<i>sm garlic</i>	\$0 (Tier 1)	OTC
<i>sm medicated chest rub</i>	\$0 (Tier 1)	OTC
<i>sm muscle rub</i>	\$0 (Tier 1)	OTC
<i>sm slow release iron</i>	\$0 (Tier 1)	OTC
<i>sm vitamin d3 maximum strength</i>	\$0 (Tier 1)	OTC
<i>sodium bicarbonate</i>	\$0 (Tier 1)	OTC

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Drug Name	Requirements/Limits	
<i>sodium chloride</i>	\$0 (Tier 1)	OTC
<i>soluble fiber</i>	\$0 (Tier 1)	OTC
<i>soluvita</i>	\$0 (Tier 1)	OTC
<i>sombra cool therapy</i>	\$0 (Tier 1)	OTC
<i>soothe</i>	\$0 (Tier 1)	OTC
<i>soothe & cool inzo barrier</i>	\$0 (Tier 1)	OTC
<i>sorbidon hydrate</i>	\$0 (Tier 1)	OTC
<i>sorbitol</i>	\$0 (Tier 1)	OTC
<i>sore throat</i>	\$0 (Tier 1)	OTC
<i>sore throat & cough lozenges</i>	\$0 (Tier 1)	OTC
<i>special care cream</i>	\$0 (Tier 1)	OTC
<i>sterile lubricant drops</i>	\$0 (Tier 1)	OTC
<i>stevia</i>	\$0 (Tier 1)	OTC
<i>stool softener</i>	\$0 (Tier 1)	OTC
<i>stool softener plus laxative</i>	\$0 (Tier 1)	OTC
<i>stop lice</i>	\$0 (Tier 1)	OTC
<i>stop lice complete lice treatment</i>	\$0 (Tier 1)	OTC
<i>stop lice maximum strength</i>	\$0 (Tier 1)	QL (118 ML per 30 days); OTC
<i>stopain</i>	\$0 (Tier 1)	OTC
<i>stress b-complex/vitamin c/zinc</i>	\$0 (Tier 1)	OTC
<i>studio 35 extra moisturizing lotion</i>	\$0 (Tier 1)	OTC
<i>studio 35 moisturizing skin</i>	\$0 (Tier 1)	OTC
<i>sudafed childrens</i>	\$0 (Tier 1)	OTC
<i>sudafed pe head congestion + flu severe</i>	\$0 (Tier 1)	OTC
<i>sudafed pe head congestion + mucus</i>	\$0 (Tier 1)	OTC
<i>sudafed pe sinus pressure+ pain maximum strength</i>	\$0 (Tier 1)	OTC
<i>sudafed sinus congestion 24 hour</i>	\$0 (Tier 1)	OTC
<i>summers eve medicated</i>	\$0 (Tier 1)	OTC
<i>super daily d3</i>	\$0 (Tier 1)	OTC
<i>supress dm pediatric</i>	\$0 (Tier 1)	OTC
<i>supress-dx pediatric</i>	\$0 (Tier 1)	OTC
<i>supress-pe pediatric</i>	\$0 (Tier 1)	OTC
<i>sween 24 once a day moisturizing body</i>	\$0 (Tier 1)	OTC
<i>sween moisturizing body</i>	\$0 (Tier 1)	OTC
<i>swimmers ear drops</i>	\$0 (Tier 1)	OTC
<i>synertropin</i>	\$0 (Tier 1)	OTC
<i>syrspend sf</i>	\$0 (Tier 1)	OTC
<i>systane balance restorative formula</i>	\$0 (Tier 1)	OTC
<i>systane complete</i>	\$0 (Tier 1)	OTC
<i>systane gel</i>	\$0 (Tier 1)	OTC
<i>systane hydration pf</i>	\$0 (Tier 1)	OTC



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Drug Name	Requirements/Limits
<i>systane preservative free</i>	\$0 (Tier 1) OTC
<i>systane ultra</i>	\$0 (Tier 1) OTC
<i>systane ultra preservative free</i>	\$0 (Tier 1) OTC
<i>tegaderm alginate ag dressing</i>	\$0 (Tier 1) OTC
<i>tension headache</i>	\$0 (Tier 1) OTC
<i>terbinafine hcl</i>	\$0 (Tier 1) OTC
<i>tgt hemorrhoidal suppositories</i>	\$0 (Tier 1) OTC
<i>the very finest fish oil</i>	\$0 (Tier 1) OTC
<i>the very finest fish oil for kids</i>	\$0 (Tier 1) OTC
<i>theracran hp</i>	\$0 (Tier 1) OTC
<i>theracran hp for kids</i>	\$0 (Tier 1) OTC
<i>thera-d 4000</i>	\$0 (Tier 1) OTC
<i>thera-derm</i>	\$0 (Tier 1) OTC
<i>theraflu expressmax severe cold & cough/daytime</i>	\$0 (Tier 1) OTC
<i>theraflu expressmax severe cold & flu</i>	\$0 (Tier 1) OTC
<i>theraflu severe cold & cough daytime</i>	\$0 (Tier 1) OTC
<i>theraflu severe cold daytime</i>	\$0 (Tier 1) OTC
<i>thera-gesic plus</i>	\$0 (Tier 1) OTC
<i>theranatal lactation complete</i>	\$0 (Tier 1) OTC
<i>therapeutic dandruff</i>	\$0 (Tier 1) OTC
<i>therapeutic moisturizing</i>	\$0 (Tier 1) OTC
<i>therapeutic shampoo</i>	\$0 (Tier 1) OTC
<i>theraseal hand protection</i>	\$0 (Tier 1) OTC
<i>theratears</i>	\$0 (Tier 1) OTC
<i>tiger balm liniment</i>	\$0 (Tier 1) OTC
<i>tioconazole 1</i>	\$0 (Tier 1) OTC
<i>titralac</i>	\$0 (Tier 1) OTC
<i>tm-tolnaftate</i>	\$0 (Tier 1) OTC
<i>today sponge</i>	\$0 (Tier 1) OTC
<i>tolnaftate</i>	\$0 (Tier 1) OTC
<i>triamcinolone acetonide</i>	\$0 (Tier 1) OTC
<i>triaminic fever reducer pain reliever infants</i>	\$0 (Tier 1) OTC
<i>tri-buffered aspirin</i>	\$0 (Tier 1) OTC
<i>triple antibiotic</i>	\$0 (Tier 1) OTC
<i>triple antibiotic with pain relief maximum strength</i>	\$0 (Tier 1) OTC
<i>triple omega-3-6-9</i>	\$0 (Tier 1) OTC
<i>triple paste</i>	\$0 (Tier 1) OTC
<i>triprolidine hci</i>	\$0 (Tier 1) OTC
<i>triprolidine hydrochloride</i>	\$0 (Tier 1) OTC
<i>trispec dmx</i>	\$0 (Tier 1) OTC
<i>tri-vi-sol a/c/d</i>	\$0 (Tier 1) OTC

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Drug Name	Requirements/Limits	
<i>tri-vite pediatric</i>	\$0 (Tier 1)	OTC
<i>trustex lubricated/spermicide</i>	\$0 (Tier 1)	OTC
<i>trustex/ria non-lubricated</i>	\$0 (Tier 1)	OTC
<i>tums</i>	\$0 (Tier 1)	OTC
<i>tums chewy delights</i>	\$0 (Tier 1)	OTC
<i>tums extra strength 750</i>	\$0 (Tier 1)	OTC
<i>tums ultra 1000</i>	\$0 (Tier 1)	OTC
<i>tusicof</i>	\$0 (Tier 1)	OTC
<i>tusnel c</i>	\$0 (Tier 1)	OTC
<i>tusnel dm</i>	\$0 (Tier 1)	OTC
<i>tusnel pediatric</i>	\$0 (Tier 1)	OTC
<i>tussin cf cough & cold</i>	\$0 (Tier 1)	OTC
<i>tussin cf severe multi-symptom cough cold + flu adult</i>	\$0 (Tier 1)	OTC
<i>tussin cough</i>	\$0 (Tier 1)	OTC
<i>tussi-pres pe pediatric</i>	\$0 (Tier 1)	OTC
<i>tusslin</i>	\$0 (Tier 1)	OTC
<i>tusslin pediatric</i>	\$0 (Tier 1)	OTC
<i>tylenol cold/cough/sore throat childrens</i>	\$0 (Tier 1)	OTC
<i>udderly smooth</i>	\$0 (Tier 1)	OTC
<i>udderly smooth extra care</i>	\$0 (Tier 1)	OTC
<i>udderly smooth extra care20</i>	\$0 (Tier 1)	OTC
<i>ulcerease</i>	\$0 (Tier 1)	OTC
<i>ultimate fat burner</i>	\$0 (Tier 1)	OTC
<i>ultra coq10</i>	\$0 (Tier 1)	OTC
<i>ultracin-m</i>	\$0 (Tier 1)	OTC
<i>ultra-mega</i>	\$0 (Tier 1)	OTC
<i>ultrathon insect repellent</i>	\$0 (Tier 1)	OTC
<i>upcal d</i>	\$0 (Tier 1)	OTC
<i>upspring he natal</i>	\$0 (Tier 1)	OTC
<i>urea 20 intensive hydrating cream</i>	\$0 (Tier 1)	OTC
<i>urea cream 10%</i>	\$0 (Tier 1)	OTC
<i>urea cream 39%</i>	\$0 (Tier 1)	OTC
<i>urea hydrating</i>	\$0 (Tier 1)	OTC
<i>urea lotion</i>	\$0 (Tier 1)	OTC
<i>urea topical</i>	\$0 (Tier 1)	OTC
<i>urea-c40</i>	\$0 (Tier 1)	OTC
<i>urinary pain relief</i>	\$0 (Tier 1)	OTC
<i>uro mag</i>	\$0 (Tier 1)	OTC
<i>vagisil</i>	\$0 (Tier 1)	OTC
<i>vanacof</i>	\$0 (Tier 1)	OTC



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Drug Name	Requirements/Limits
<i>vanatab dm</i>	\$0 (Tier 1) OTC
<i>vanicream</i>	\$0 (Tier 1) OTC
<i>varisan vitality</i>	\$0 (Tier 1) OTC
<i>vcf vaginal contraceptive film</i>	\$0 (Tier 1) OTC
<i>vcf vaginal contraceptive foam</i>	\$0 (Tier 1) OTC
<i>vcf vaginal contraceptivegel</i>	\$0 (Tier 1) OTC
<i>velvachol</i>	\$0 (Tier 1) OTC
<i>ventiva tears</i>	\$0 (Tier 1) OTC
<i>vicks dayquil cold & flu</i>	\$0 (Tier 1) OTC
<i>vicks dayquil cold & flu multi-symptom relief</i>	\$0 (Tier 1) OTC
<i>vicks dayquil severe cold & flu</i>	\$0 (Tier 1) OTC
<i>vicks nyquil childrens cold/cough</i>	\$0 (Tier 1) OTC
<i>vicks vapodrops</i>	\$0 (Tier 1) OTC
<i>vinate care</i>	\$0 (Tier 1) OTC
<i>visine</i>	\$0 (Tier 1) OTC
<i>visine-ac</i>	\$0 (Tier 1) OTC
<i>vitamelts energy vitamin b-12</i>	\$0 (Tier 1) OTC
<i>vitamelts zinc fast dissolve</i>	\$0 (Tier 1) OTC
<i>vitamin a</i>	\$0 (Tier 1) OTC
<i>vitamin a/c/d infant/toddler</i>	\$0 (Tier 1) OTC
<i>vitamin b 12</i>	\$0 (Tier 1) OTC
<i>vitamin b-1</i>	\$0 (Tier 1) OTC
<i>vitamin b-12</i>	\$0 (Tier 1) OTC
<i>vitamin b-12 tr</i>	\$0 (Tier 1) OTC
<i>vitamin b6</i>	\$0 (Tier 1) OTC
<i>vitamin b-6</i>	\$0 (Tier 1) OTC
<i>vitamin c</i>	\$0 (Tier 1) OTC
<i>vitamin c cr</i>	\$0 (Tier 1) OTC
<i>vitamin c drops</i>	\$0 (Tier 1) OTC
<i>vitamin c effervescent blend</i>	\$0 (Tier 1) OTC
<i>vitamin c gummies</i>	\$0 (Tier 1) OTC
<i>vitamin c/bioflavonoids</i>	\$0 (Tier 1) OTC
<i>vitamin c/bioflavonoids/wild rose hips</i>	\$0 (Tier 1) OTC
<i>vitamin c/natural rose hips</i>	\$0 (Tier 1) OTC
<i>vitamin d</i>	\$0 (Tier 1) OTC
<i>vitamin d 400</i>	\$0 (Tier 1) OTC
<i>vitamin d2</i>	\$0 (Tier 1) OTC
<i>vitamin d3</i>	\$0 (Tier 1) OTC
<i>vitamin d-3</i>	\$0 (Tier 1) OTC
<i>vitamin d3 fast dissolve</i>	\$0 (Tier 1) OTC
<i>vitamin d3 gummies</i>	\$0 (Tier 1) OTC

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)



Drug Name	Requirements/Limits	
<i>vitamin d3 maximum strength</i>	\$0 (Tier 1)	OTC
<i>vitamin d3 ultra potency</i>	\$0 (Tier 1)	OTC
<i>vitamin e</i>	\$0 (Tier 1)	OTC
<i>vitamin e with panthenol</i>	\$0 (Tier 1)	OTC
<i>vitamin e/d-alpha</i>	\$0 (Tier 1)	OTC
<i>vitamins a/c/d/fluoride</i>	\$0 (Tier 1)	OTC
<i>vitamins for hair</i>	\$0 (Tier 1)	OTC
<i>viteyes classic zinc free</i>	\$0 (Tier 1)	OTC
<i>vitron-c</i>	\$0 (Tier 1)	OTC
<i>wal-finat</i>	\$0 (Tier 1)	OTC
<i>wal-som</i>	\$0 (Tier 1)	OTC
<i>wal-tussin cough relief childrens</i>	\$0 (Tier 1)	OTC
<i>wart remover</i>	\$0 (Tier 1)	OTC
<i>white petrolatum</i>	\$0 (Tier 1)	OTC
<i>wibi</i>	\$0 (Tier 1)	OTC
<i>womens 50 billion</i>	\$0 (Tier 1)	OTC
<i>womens daily pack</i>	\$0 (Tier 1)	OTC
<i>womens pack</i>	\$0 (Tier 1)	OTC
<i>xanthan gum</i>	\$0 (Tier 1)	OTC
<i>xenical</i>	\$0 (Tier 1)	PA; OTC
<i>xoten</i>	\$0 (Tier 1)	OTC
<i>zeasorb</i>	\$0 (Tier 1)	OTC
<i>zeldana</i>	\$0 (Tier 1)	OTC
<i>zephrex-d</i>	\$0 (Tier 1)	OTC
<i>zims max-freeze</i>	\$0 (Tier 1)	OTC
<i>zinc</i>	\$0 (Tier 1)	OTC
<i>zinc 15</i>	\$0 (Tier 1)	OTC
<i>zinc gluconate</i>	\$0 (Tier 1)	OTC
<i>zinc oxide</i>	\$0 (Tier 1)	OTC
<i>zinc sulfate</i>	\$0 (Tier 1)	OTC
<i>zinc-oxyde plus</i>	\$0 (Tier 1)	OTC
<i>zyncof</i>	\$0 (Tier 1)	OTC



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D. Index of Covered Drugs

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ຖ້າທ່ານເວົ້າພາສານອກເໝືອນຈາກອັງກິດ, ການບໍລິການ ຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສັຽຄ່າແມ່ນມີໃຫ້ທ່ານ. ໄປທີ່ເວັບໄຊທ໌ຂອງພວກເຮົາ ຫຼື ໂທຕາມເບີໂທລະສັບທີ່ລະບຸໃນເອກະສານນີ້. (Lao)

Bilagáana bizaad doo bee yáníłti'da dóó saad nááná la' bee yáníłti'go, ata' hane' t'áá jíík'e bee áká i'doolwołígíí hóló. Béésh nitsékeesí bee na'ídíkíd bá haz'ánígí áą'ádiłíłíł éí doodago béésh bee hane'í bee nihich'í' hodíłlnih díí naaltsos bikáá'íjį'. (Navajo)

This formulary was updated on 01/01/2025. For more recent information or other questions, contact us at **1-855-463-0933** and TTY users: **711**, 8 a.m. to 8 p.m., E.T., 7 days a week or visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

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