

2024 Prescription Drug Formulary

ACA Advantage



PLEASE READ:

This document contains information about the drugs we cover in your plan. This formulary was updated May 1, 2024 and is subject to change.

Coverage is subject to the definitions, limitations, exclusions and parameters set forth in your official plan benefit documents. Please refer to your Certificate or Benefit Book for more information.

Multi-Language Interpreter Services & Nondiscrimination Notice



This document notifies individuals of how to seek assistance if they speak a language other than English.

Spanish

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-382-5729 (TTY: 711).

Chinese

注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 1-800-382-5729 (TTY: 711)。

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-382-5729 (TTY: 711).

Arabic

ملاحظة: إذا كنت تتحدث اللغة العربية، يمكنك الحصول على خدمات الترجمة اللغوية مجاناً. اتصل بنا على رقم 1-800-382-5729 (TTY: 711).

Pennsylvania Dutch

Wann du Deitsch schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-382-5729 (TTY: 711).

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-382-5729 (телетайп: 711).

French

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-382-5729 (ATS: 711).

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-382-5729 (TTY: 711).

Navajo

Díí baa akó nínízin: Díí saad bee yáníłti' go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiił'eh, éí ná hóló, kojí' hódíłnih 1-800-382-5729 (TTY: 711).

Oromo

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-382-5729 (TTY: 711).

Korean

남녀: 뽕국뽕를 사뽕뽕겠는 경뽕, 뽕뽕 뽕뽕 서뽕뽕를 무료로 뽕뽕뽕뽕 뽕뽕뽕뽕. 1-800-382-5729 (TTY: 711)뽕뽕로 뽕뽕뽕 뽕뽕뽕뽕.

Italian

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-382-5729 (TTY: 711).

Japanese

注意事項:日本語を話される場合、無料の言語支援をご利用いただけます。1-800-382-5729 (TTY: 711)まで、お電話にてご連絡ください。

Dutch

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-800-382-5729 (TTY: 711).

Ukrainian

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-382-5729 (телетайп: 711).

Romanian

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-382-5729 (TTY: 711).

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-382-5729 (TTY: 711).

Please Note: Products marketed by Medical Mutual may be underwritten by one of its subsidiaries, such as Medical Health Insuring Corporation of Ohio or MedMutual Life Insurance Company.

QUESTIONS ABOUT YOUR BENEFITS OR OTHER INQUIRIES ABOUT YOUR HEALTH INSURANCE SHOULD BE DIRECTED TO MEDICAL MUTUAL'S CUSTOMER CARE DEPARTMENT AT 1-800-382-5729.

Nondiscrimination Notice

Medical Mutual of Ohio complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex in its operation of health programs and activities. Medical Mutual does not exclude people or treat them differently because of race, color, national origin, age, disability or sex in its operation of health programs and activities.

- Medical Mutual provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, etc.).
- Medical Mutual provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services or if you believe Medical Mutual failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, with respect to your health care benefits or services, you can submit a written complaint to the person listed below. Please include as much detail as possible in your written complaint to allow us to effectively research and respond.

Civil Rights Coordinator

Medical Mutual of Ohio
2060 East Ninth Street
Cleveland, OH 44115-1355
MZ: 01-10-1900

Email: CivilRightsCoordinator@MedMutual.com

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

- Electronically through the Office for Civil Rights Complaint Portal available at:
ocrportal.hhs.gov/ocr/portal/lobby.jsf
- By mail at:
U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F
HHH Building
Washington, DC 20201-0004
- By phone at:
1-800-368-1019 (TDD: 1-800-537-7697)
- Complaint forms are available at:
hhs.gov/ocr/office/file/index.html

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MEDICAL MUTUAL®

ACA Advantage Formulary

What is the ACA Advantage formulary?

The ACA Advantage formulary is a list of medications covered by your plan. It includes a variety of clinically effective medications that may cost you less than other options used to treat the same condition. The formulary includes five tiers:

1. Generic (lowest out-of-pocket cost)
2. Preferred brand
3. Non-preferred brand
4. Specialty (highest out-of-pocket cost)
5. Preventive (\$0 out-of-pocket cost)

Refer to your Certificate or Benefit Book for information about your cost share, including copays, coinsurance and/or deductibles. Not all tiers apply to all plans.

If you are a member of a plan that includes a preferred pharmacy network (e.g., CLE-Care), those preferred pharmacies may offer lower cost sharing to help you save money. Check your benefit materials for more details.

If a medication is not listed on this formulary, it will generally not be covered under the plan, and you will pay the full cost.

How do I use the ACA Advantage formulary?

Covered medications are organized two ways in the ACA Advantage formulary:

1. By condition
2. By name

If you know what your medication is used to treat, you can look it up by condition in the front of the document. If you don't know what condition it is used to treat, you can look for it in the alphabetical Index at the back of the document.

When you visit your doctor or health provider, ask him or her to review this formulary at [MedMutual.com/2024drugs](https://www.MedMutual.com/2024drugs) so he or she can see what medications are covered by your plan.

What if my doctor prescribes a medication that is not on the ACA Advantage formulary?

Talk with your doctor or health provider to see if the formulary includes a medication to treat your condition. In most cases, your provider will find one that meets your needs.

In the rare instance that none of the covered medications is appropriate for you and a non-formulary medication is required, your provider can contact Express Scripts and ask for a formulary coverage review by:

- Calling 1-800-753-2851. Your provider will receive a form to fill out and fax back to Express Scripts. Express Scripts will send you and your doctor a letter confirming if coverage is approved (usually within three business days of receiving the necessary information).
- Accessing our online tool at [Express-PAth.com](https://www.Express-PAth.com). Your provider can initiate new requests, complete existing requests or check the status of previously submitted requests.

If an exception is made based on medical necessity, you will only pay your plan's applicable cost share (e.g., non-preferred brand, specialty). If your provider does *not* request a coverage review and you fill a prescription for a non-formulary medication, you will pay the full cost.

How can I find a covered alternative if my medication is not on the formulary?

If you cannot find your current medication on the ACA Advantage formulary, you can find covered alternatives in two ways:

1. Visit MedMutual.com/member and log in to My Health Plan.
 - Click “Benefits & Coverage,” then “Prescription Drug Benefits.”
 - Click the “Sign on to Express Scripts” button. Once you are redirected to the Express Scripts website, click “Prescriptions,” then “Price a Medication.”
 - Type the name of your medication in the Search bar and follow the instructions to see covered alternatives. On the results page, click “Visit My Rx Choices for potential savings” to identify lowest-cost prescription options based on your current benefit.
2. Call the Rx Information number on your Medical Mutual ID card. A Member Services representative can offer covered clinically appropriate alternatives.

Does the ACA Advantage formulary include generics?

Yes. The ACA Advantage formulary includes a large variety of generic medications to help you pay less out of pocket. Generics are shown in *lower-case italic letters*.

Generic medications are approved by the U.S. Food and Drug Administration (FDA) as having the same active ingredient as their brand-name counterparts. In addition, the FDA requires generics to be just as safe and strong as their brand-name counterparts so you get the same medical benefit.

Does the ACA Advantage formulary include brand medications?

Yes. The ACA Advantage formulary includes a selection of brand medications in most categories. Brand medications are shown in ALL CAPITAL LETTERS.

included on the ACA Advantage formulary. You must fill prescriptions for these medications through one of Medical Mutual’s contracted specialty pharmacies, Accredo or Gentry. In addition, you can only get a 30-day supply for most specialty medications.

If you are a member of a plan that includes a preferred pharmacy network (e.g., CLE-Care), you may be required to use specific preferred pharmacies for specialty drugs. Check your benefit materials for more details about ordering specialty medications.

Does the ACA Advantage formulary include contraceptives?

Yes. Certain prescription contraceptives are included on the ACA Advantage formulary at a \$0 cost share. Prior authorization, step therapy and quantity limit programs may apply. If your provider feels none of the covered contraceptives on the ACA Advantage formulary is right for you, he or she may contact our pharmacy benefit manager to request a formulary coverage review. If an exception is made to cover a non-formulary contraceptive based on medical necessity, Medical Mutual will cover that contraceptive. You will pay your plan’s applicable cost share.

Are there other limitations or coverage rules in addition to what are listed in this guide?

Yes. Medications listed as covered may be subject to additional coverage rules and to your plan’s benefits. In addition, Medical Mutual may limit the dose and/or overall quantity of medications you are able to receive to protect your safety. These limits are developed from evidence-based clinical best practices and both national and state prescribing guidelines. If you require a dose or quantity beyond the limits allowed, your doctor or your pharmacist can call Express Scripts at 1-800-753-2851 to begin the review process.

Do I have to use mail order for my maintenance medications?

If you are a member of a CLE-Care plan, you must fill mail-order medications through the MetroHealth Central Fill Pharmacy. Visit metrohealth.org/pharmacy for more information and to download a form.

If you are NOT a member of a CLE-Care plan, you may be required to use mail order for your maintenance medications (those you take for three months or more), depending on your plan. Please check your Certificate or Benefit Book for details.

Even if you are not required to do so, you may save money on your maintenance medications if you order them through the mail. In addition, you may be able to enroll in Express Scripts' Extended Payment Program. This allows you to split your cost share into three equal monthly payments while still obtaining the full amount of your prescription (limitations may apply).

To get started using mail order, ask your provider to write a prescription for up to a 90-day supply of your medication, plus up to three refills, if applicable. Then:

1. Complete the home delivery form you received in the mail from Express Scripts, and return it with your payment in the envelope provided. If you need another form, visit MedMutual.com and click "Member Forms" at the bottom of the page. Download and print the Prescription Drug Mail Order Form.
2. Ask your provider to call Express Scripts at 1-888-327-9791 for instructions on how to fax the prescription or use the e-prescribing system. Your provider must have your member ID number (which is on your Medical Mutual member ID card).
3. Call the Rx Information number on your Medical Mutual ID card. A Member Services representative can help you transfer your prescriptions to mail order.

When ordering through the Express Scripts PharmacySM, your medication should be delivered in about eight days (10-14 days if it's a new prescription). Please have a one-month supply of your medicine on hand when you place your order. You can check your order status by visiting the Express Scripts website through My Health Plan, or by calling the Rx Information number on your Medical Mutual ID card.

2024 Standard Plus Preventive Medications List (Generics Only)

In addition to a healthy lifestyle, getting preventive care and taking preventive medications can be an important step people take to avoid many illnesses and maintain good health.

Medical Mutual has adopted the following list of preventive medications to support this goal. This list provides examples of commonly prescribed preventive medications. We grouped the medications together based on the medical conditions they are used to prevent. This is not an all-inclusive list; only examples of drugs in each category are listed. This list also does not guarantee coverage of a particular drug or describe the type of payment you may owe. Depending on your plan, you may not have to pay a copay, coinsurance or deductible amount for preventive medications. For more information about your cost of coverage, please check with your plan administrator and/or benefit information materials.

If you have questions about your preventive medication benefits, please call Customer Care at the number on your health plan identification (ID) card.

ASTHMA/COPD

arformoterol
 albuterol HFA
 albuterol nebulizer solution
 albuterol oral
 breyna
 budesonide oral inhalation
 cromolyn nebulizer solution
 ipratropium/albuterol
 nebulizer solution
 ipratropium nebulizer solution
 fluticasone/salmeterol
 formoterol
 levabuterol nebulizer solution
 metaproterenol
 montelukast
 roflumilast
 terbutaline oral
 theophylline
 tiotropium cap-inhaler
 wixela inhub
 zafirlukast
 zileuton er

BONE DISEASE AND FRACTURES

alendronate
 ibandronate oral
 raloxifene
 risedronate
 risedronate dr
 zoledronic acid 5mg

CAVITIES

periomed
 sodium fluoride rinse, gel, cream,
 paste, tabs and drops

COLONOSCOPY PREPARATION*

gavilyte-c
 gavilyte-g
 gavilyte-n
 PEG-3350/electrolytes
 sodium, potassium and
 magnesium sulfates

DEPRESSION

citalopram
 escitalopram
 fluoxetine
 fluoxetine dr
 fluvoxamine
 fluvoxamine er
 paroxetine
 paroxetine er
 sertraline

DIABETES

acarbose
 generic syringes, lancets and
 needles
 glimepiride
 glipizide
 glipizide er
 glipizide/metformin

DIABETES (continued)

glyburide
 glyburide micronized
 glyburide/metformin
 metformin
 metformin er
 miglitol
 nateglinide
 pioglitazone
 pioglitazone/glimepiride
 pioglitazone/metformin
 repaglinide
 repaglinide/metformin
 saxagliptin
 saxagliptin/metformin

HEART DISEASE AND STROKE

BLOOD THINNERS

aspirin, 81 mg* & 325 mg
 aspirin-dipyridamole er
 clopidogrel
 dabigatran
 dipyridamole
 jantoven
 prasugrel
 warfarin

2024 Standard Plus Preventive Medications List (Generics Only)

CHOLESTEROL LOWERING

amlodipine/atorvastatin
atorvastatin
cholestyramine
cholestyramine light
colesevelam
colestipol
ezetimibe
ezetimibe/simvastatin
fenofibrate
fenofibric acid
fenofibric acid dr
fluvastatin
fluvastatin er
gemfibrozil
icosapent ethyl
lovastatin
niacin
niacin er
pravastatin
prevalite
rosuvastatin
simvastatin

HIGH BLOOD PRESSURE

acebutolol
amlodipine
amlodipine/atorvastatin
amlodipine/benazepril
amlodipine/olmesartan
amlodipine/olmesartan/hctz
amlodipine/telmisartan
amlodipine/valsartan
amlodipine/valsartan/hctz
atenolol
atenolol/chlorthalidone
benazepril
benazepril/hctz
betaxolol
bisoprolol
bisoprolol/hctz

HIGH BLOOD PRESSURE (continued)

candesartan
candesartan/hctz
captopril
captopril/hctz
cartia xt
chlorthalidone
diltiazem
diltiazem cd
diltiazem er
enalapril
enalapril/hctz
eprosartan
felodipine er
fosinopril
fosinopril/hctz
hydrochlorothiazide
indapamide
irbesartan
irbesartan/hctz
isradipine
lisinopril
lisinopril/hctz
losartan
losartan/hctz
matzim la
metolazone
metoprolol succinate er
metoprolol tartrate
metoprolol/hctz
moexipril
nadolol
nadolol/bendroflumethiazide
nebivolol
nicardipine
nifedipine
nifedipine er
nisoldipine er
olmesartan
olmesartan/hctz
perindopril

HIGH BLOOD PRESSURE (continued)

pindolol
propranolol
propranolol er
propranolol/hctz
quinapril
quinapril/hctz
ramipril
taztia xt
telmisartan
telmisartan/hctz
tiadyt er
timolol
trandolapril
trandolapril/verapamil er
valsartan
valsartan/hctz
verapamil
verapamil er
verapamil er pm
verapamil sr

MALARIA

atovaquone/proguanil
chloroquine
mefloquine
primaquine

MISC ANTIVIRALS

emtricitabine/tenofovir disoproxil
fumarate (TDF) 200mg/300mg*

SMOKING-CESSATION*

bupropion sr 150mg
nicotine gum, lozenges and
patches
varenicline

VITAMINS OR MINERALS

folic acid*
generic prenatal vitamins
generic pediatric multivitamins
with fluoride*

*Please note that some of these medications are also subject to the Affordable Care Act (ACA) and may be covered by your plan at 100%.

Express Scripts administers your prescription benefit on behalf of Medical Mutual. For specific questions on coverage, please call the phone number on your ID card or log in to My Health Plan at [MedMutual.com/member](https://www.MedMutual.com/member) and click Benefits & Coverage, then Prescription Drug Benefits.

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List of Abbreviations

1A: Tier 1 Generic Standard Plus Preventative* *These medications are available at \$0 cost-share on the Standard Plus Preventive list if you belong to an individual plan which has this benefit in place. If your plan does not have the Standard Plus Preventive list in place then your typical generic copayment will apply

1B: Generic

2: Preferred Brand

3: Non-preferred Brand

4: Specialty

5: ACA

ACA: Affordable Care Act.

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call Customer Service.

OTC: Over the Counter. An OTC drug is a non-prescription drug.

PA: Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.

QL: Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.

ST: Step Therapy. In some cases, the 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.

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	2	
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTIO N 50 MG	3	
<i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i>	1B	
<i>clotrimazole mucous membrane troche 10 mg</i>	1B	
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG, 50 MG	2	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	1B	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	1B	
<i>fluconazole oral tablet 150 mg</i>	1B	QL
<i>flucytosine oral capsule 250 mg, 500 mg</i>	1B	

Drug Name	Drug Tier	Requirements / Limits
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	1B	
<i>griseofulvin microsize oral tablet 500 mg</i>	1B	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1B	
<i>itraconazole oral capsule 100 mg</i>	1B	QL
<i>itraconazole oral solution 10 mg/ml</i>	1B	QL
<i>ketoconazole oral tablet 200 mg</i>	1B	
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON 300 MG	2	
<i>nystatin oral suspension 100,000 unit/ml</i>	1B	
<i>nystatin oral tablet 500,000 unit</i>	1B	
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG	3	
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	1B	
REZZAYO INTRAVENOUS RECON SOLN 200 MG	3	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated May 1, 2024

Drug Name	Drug Tier	Requirements / Limits
TOLSURA ORAL CAPSULE, SOLID DISPERSION 65 MG	3	QL
VIVJOA ORAL CAPSULE 150 MG	3	PA; QL
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	1B	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	1B	
ANTIVIRALS		
<i>abacavir oral solution 20 mg/ml</i>	1B	
<i>abacavir oral tablet 300 mg</i>	1B	
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	1B	
<i>acyclovir oral capsule 200 mg</i>	1B	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1B	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1B	
<i>adefovir oral tablet 10 mg</i>	1B	
<i>amantadine hcl oral capsule 100 mg</i>	1B	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1B	
<i>amantadine hcl oral tablet 100 mg</i>	1B	
APTIVUS ORAL CAPSULE 250 MG	2	

Drug Name	Drug Tier	Requirements / Limits
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	1B	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	2	
BARACLUDE ORAL TABLET 0.5 MG, 1 MG	3	
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML	5	ACA
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	2	
CABENUVA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	4	PA; QL
CIMDUO ORAL TABLET 300-300 MG	2	
COMBIVIR ORAL TABLET 150-300 MG	3	
COMPLERA ORAL TABLET 200-25-300 MG	3	
<i>darunavir oral tablet 600 mg, 800 mg</i>	1B	
DELSTRIGO ORAL TABLET 100-300-300 MG	3	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated May 1, 2024

Drug Name	Drug Tier	Requirements / Limits
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	2	
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	1B	
DOVATO ORAL TABLET 50-300 MG	2	
EDURANT ORAL TABLET 25 MG	2	
<i>efavirenz oral capsule 200 mg, 50 mg</i>	1B	
<i>efavirenz oral tablet 600 mg</i>	1B	
<i>efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg</i>	1B	
<i>efavirenz-lamivudine-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg</i>	1B	
<i>emtricitabine oral capsule 200 mg</i>	1B	
<i>emtricitabine-tenofov (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	1B	
<i>emtricitabine-tenofov (tdf) oral tablet 200-300 mg</i>	5	ACA
EMTRIVA ORAL CAPSULE 200 MG	3	
EMTRIVA ORAL SOLUTION 10 MG/ML	2	

Drug Name	Drug Tier	Requirements / Limits
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1B	
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG	4	PA; LA; QL
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	4	PA; LA; QL
EPZICOM ORAL TABLET 600-300 MG	3	
<i>etravirine oral tablet 100 mg, 200 mg</i>	1B	
EVOTAZ ORAL TABLET 300-150 MG	3	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1B	QL
<i>fosamprenavir oral tablet 700 mg</i>	1B	
<i>foscarnet intravenous solution 24 mg/ml</i>	1B	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	2	QL
GANCICLOVIR INTRAVENOUS SOLUTION 500 MG/250 ML (2 MG/ML)	3	
GENVOYA ORAL TABLET 150-150-200-10 MG	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated May 1, 2024

Drug Name	Drug Tier	Requirements / Limits
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	4	PA; LA; QL
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	4	PA; LA; QL
INTELENCE ORAL TABLET 100 MG, 200 MG	3	
INTELENCE ORAL TABLET 25 MG	2	
ISENTRESS HD ORAL TABLET 600 MG	2	
ISENTRESS ORAL POWDER IN PACKET 100 MG	2	
ISENTRESS ORAL TABLET 400 MG	2	
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	2	
JULUCA ORAL TABLET 50-25 MG	2	
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	5	ACA; QL
<i>lamivudine oral solution 10 mg/ml</i>	1B	
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	1B	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	1B	
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
LIVTENCITY ORAL TABLET 200 MG	3	PA; LA; QL
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	1B	
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	1B	
<i>maraviroc oral tablet 150 mg, 300 mg</i>	1B	
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	4	PA; LA; QL
MAVYRET ORAL TABLET 100-40 MG	4	PA; LA; QL
<i>nevirapine oral suspension 50 mg/5 ml</i>	1B	
<i>nevirapine oral tablet 200 mg</i>	1B	
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	1B	
NORVIR ORAL POWDER IN PACKET 100 MG	2	
ODEFSEY ORAL TABLET 200-25-25 MG	2	
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	1B	QL
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	1B	QL

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Drug Name	Drug Tier	Requirements / Limits
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG, 300 MG (150 MG X 2)-100 MG	2	QL
PIFELTRO ORAL TABLET 100 MG	3	
PREZCOBIX ORAL TABLET 800-150 MG-MG	3	
PREZISTA ORAL SUSPENSION 100 MG/ML	2	
PREZISTA ORAL TABLET 150 MG, 75 MG	2	
PREZISTA ORAL TABLET 600 MG, 800 MG	3	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	3	QL
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	2	
REYATAZ ORAL POWDER IN PACKET 50 MG	2	
<i>ribavirin inhalation recon soln 6 gram</i>	1B	
<i>rimantadine oral tablet 100 mg</i>	1B	
<i>ritonavir oral tablet 100 mg</i>	1B	

Drug Name	Drug Tier	Requirements / Limits
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	3	
SELZENTRY ORAL SOLUTION 20 MG/ML	2	
SELZENTRY ORAL TABLET 150 MG, 300 MG	3	
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	4	PA; LA; QL
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	4	PA; LA; QL
SOVALDI ORAL TABLET 200 MG, 400 MG	4	PA; LA; QL
<i>stavudine oral capsule 40 mg</i>	1B	
STRIBILD ORAL TABLET 150-150-200-300 MG	3	
SUNLENCA ORAL TABLET 300 MG	4	PA; LA
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	4	PA; LA
SYMFI LO ORAL TABLET 400-300-300 MG	2	
SYMFI ORAL TABLET 600-300-300 MG	2	

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Drug Name	Drug Tier	Requirements / Limits
SYMTUZA ORAL TABLET 800-150-200-10 MG	2	
TEMBEXA ORAL SUSPENSION 10 MG/ML	3	
TEMBEXA ORAL TABLET 100 MG	3	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1B	
TIVICAY ORAL TABLET 25 MG, 50 MG	2	
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	2	
TRIUMEQ ORAL TABLET 600-50-300 MG	2	
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	2	
TRIZIVIR ORAL TABLET 300-150-300 MG	3	
TYBOST ORAL TABLET 150 MG	3	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	1B	QL
<i>valganciclovir oral recon soln 50 mg/ml</i>	1B	
<i>valganciclovir oral tablet 450 mg</i>	1B	
VEMLIDY ORAL TABLET 25 MG	2	

Drug Name	Drug Tier	Requirements / Limits
VIRACEPT ORAL TABLET 250 MG, 625 MG	2	
VIRAZOLE INHALATION RECON SOLN 6 GRAM	3	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VOSEVI ORAL TABLET 400-100-100 MG	4	PA; LA; QL
XOFLUZA ORAL TABLET 40 MG, 80 MG	3	QL
ZEPATIER ORAL TABLET 50-100 MG	4	PA; LA; QL
<i>zidovudine oral capsule 100 mg</i>	1B	
<i>zidovudine oral syrup 10 mg/ml</i>	1B	
<i>zidovudine oral tablet 300 mg</i>	1B	
CEPHALOSPORINS		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1B	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1B	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	1B	

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Drug Name	Drug Tier	Requirements / Limits
<i>cefadroxil oral capsule 500 mg</i>	1B	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1B	
<i>cefadroxil oral tablet 1 gram</i>	1B	
<i>cefazolin in 0.9% sod chloride intravenous piggyback 3 gram/100 ml</i>	1B	
<i>cefazolin in 0.9% sod chloride intravenous solution 2 gram/100 ml</i>	1B	
<i>cefazolin in dextrose 5 % intravenous solution 2 gram/100 ml</i>	1B	
CEFAZOLIN IN STERILE WATER INTRAVENOUS SYRINGE 1 GRAM/10 ML, 2 GRAM/20 ML, 3 GRAM/30 ML	3	
<i>cefdinir oral capsule 300 mg</i>	1B	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1B	
<i>cefditoren pivoxil oral tablet 400 mg</i>	1B	

Drug Name	Drug Tier	Requirements / Limits
CEFEPIME INTRAVENOUS RECON SOLN 100 GRAM	3	
<i>cefixime oral capsule 400 mg</i>	1B	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1B	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	1B	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	1B	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1B	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1B	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1B	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	1B	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1B	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	1B	

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Drug Name	Drug Tier	Requirements / Limits
FETROJA INTRAVENOUS RECON SOLN 1 GRAM	3	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	2	
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin oral packet 1 gram</i>	1B	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1B	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1B	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1B	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1B	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	1B	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	3	QL
DIFICID ORAL TABLET 200 MG	3	QL
<i>e.e.s. 400 oral tablet 400 mg</i>	1B	

Drug Name	Drug Tier	Requirements / Limits
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	3	
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	1B	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	3	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1B	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>	1B	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1B	
<i>erythromycin lactobionate intravenous recon soln 500 mg</i>	1B	
<i>erythromycin oral capsule, delayed release (dr/ec) 250 mg</i>	1B	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	1B	

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Drug Name	Drug Tier	Requirements / Limits
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	1B	
MISCELLANEOUS ANTIINFECTIVES		
AEMCOLO ORAL TABLET, DELAYED RELEASE (DR/EC) 194 MG	3	QL
<i>albendazole oral tablet 200 mg</i>	1B	QL
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	2	QL
ARAKODA ORAL TABLET 100 MG	3	QL
ARTESUNATE INTRAVENOUS RECON SOLN 110 MG	3	
<i>atovaquone oral suspension 750 mg/5 ml</i>	1B	
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	1A	QL
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	2	QL
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	4	LA; QL

Drug Name	Drug Tier	Requirements / Limits
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	4	PA; LA; QL
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1A	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1B	
<i>clindamycin pediatric oral reconstruction soln 75 mg/5 ml</i>	1B	
COARTEM ORAL TABLET 20-120 MG	2	QL
CYCLOSERINE ORAL CAPSULE 250 MG	3	
<i>dapsone oral tablet 100 mg, 25 mg</i>	1B	
DAPTOMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK 1,000 MG/100 ML, 350 MG/50 ML, 500 MG/50 ML, 700 MG/100 ML	3	
DARAPRIM ORAL TABLET 25 MG	4	LA
EMVERM ORAL TABLET, CHEWABLE 100 MG	2	QL
<i>ethambutol oral tablet 100 mg, 400 mg</i>	1B	
HUMATIN ORAL CAPSULE 250 MG	4	LA

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Drug Name	Drug Tier	Requirements / Limits
<i>hydroxychloroquine oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	1B	
<i>isoniazid injection solution 100 mg/ml</i>	1B	
<i>isoniazid oral solution 50 mg/5 ml</i>	1B	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1B	
<i>ivermectin oral tablet 3 mg</i>	1B	PA; QL
KIMYRSA INTRAVENOUS RECON SOLN 1,200 MG	3	
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	4	LA; QL
KRINTAFEL ORAL TABLET 150 MG	3	QL
LAMPIT ORAL TABLET 120 MG, 30 MG	3	QL
LIKMEZ ORAL SUSPENSION 500 MG/5 ML	3	
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	1B	
<i>linezolid oral tablet 600 mg</i>	1B	
<i>mefloquine oral tablet 250 mg</i>	1A	QL

Drug Name	Drug Tier	Requirements / Limits
MEROPENEM INTRAVENOUS RECON SOLN 2 GRAM	3	
<i>metronidazole oral capsule 375 mg</i>	1B	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1B	
<i>neomycin oral tablet 500 mg</i>	1B	
<i>nitazoxanide oral tablet 500 mg</i>	1B	QL
<i>paromomycin oral capsule 250 mg</i>	1B	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	3	
<i>pentamidine inhalation recon soln 300 mg</i>	1B	QL
<i>praziquantel oral tablet 600 mg</i>	1B	
PRETOMANID ORAL TABLET 200 MG	3	
PRIFTIN ORAL TABLET 150 MG	2	
<i>primaquine oral tablet 26.3 mg</i>	1A	QL
<i>pyrazinamide oral tablet 500 mg</i>	1B	
<i>pyrimethamine oral tablet 25 mg</i>	4	LA
<i>quinine sulfate oral capsule 324 mg</i>	1B	QL

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Drug Name	Drug Tier	Requirements / Limits
RECARBRIO INTRAVENOUS RECON SOLN 1.25 GRAM	3	
<i>rifabutin oral capsule 150 mg</i>	1B	
<i>rifampin intravenous recon soln 600 mg</i>	1B	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1B	
SIRTURO ORAL TABLET 100 MG, 20 MG	2	
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG	3	
SIVEXTRO ORAL TABLET 200 MG	3	
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM	2	QL
SOVUNA ORAL TABLET 200 MG, 300 MG	3	
STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM	2	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1B	QL
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	4	LA; QL
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	4	LA; QL
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	4	LA; QL
TRECTOR ORAL TABLET 250 MG	3	
XACDURO INTRAVENOUS RECON SOLN 1 GRAM-1 GRAM (0.5 GRAM X 2)	3	
XENLETA INTRAVENOUS SOLUTION 150 MG/15 ML	3	
XENLETA ORAL TABLET 600 MG	3	
XIFAXAN ORAL TABLET 200 MG, 550 MG	2	QL
ZEMDRI INTRAVENOUS SOLUTION 50 MG/ML	3	
ZYVOX INTRAVENOUS PIGGYBACK 200 MG/100 ML	3	

PENICILLINS

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Drug Name	Drug Tier	Requirements / Limits
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1B	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1B	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1B	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1B	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	1B	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1B	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	1B	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	1B	
<i>ampicillin oral capsule 500 mg</i>	1B	

Drug Name	Drug Tier	Requirements / Limits
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram</i>	1B	
AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION 600-42.9 MG/5 ML	3	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)	2	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	2	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1B	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 1 MILLION UNIT/50 ML, 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	2	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1B	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1B	
QUINOLONES		
BAXDELA INTRAVENOUS RECON SOLN 300 MG	2	
BAXDELA ORAL TABLET 450 MG	2	QL
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	1B	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	1B	
FACTIVE ORAL TABLET 320 MG	3	
<i>levofloxacin oral solution 250 mg/10 ml</i>	1B	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1B	

Drug Name	Drug Tier	Requirements / Limits
<i>moxifloxacin oral tablet 400 mg</i>	1B	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1B	
SULFA'S & RELATED AGENTS		
<i>sulfadiazine oral tablet 500 mg</i>	1B	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	1B	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1B	
<i>sulfatrim oral suspension 200-40 mg/5 ml</i>	1B	
TETRACYCLINES		
AVIDOXY DK KIT 100 MG-2 % -SPF 30	3	ST
<i>avidoxy oral tablet 100 mg</i>	1B	
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	1B	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1B	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1B	
<i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>	1B	ST

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Drug Name	Drug Tier	Requirements / Limits
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1B	ST
DOXYCYCLINE HYCLATE ORAL TABLET, DELAYED RELEASE (DR/EC) 80 MG	3	ST
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	1B	
<i>doxycycline monohydrate oral capsule 150 mg</i>	1B	ST
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE, IR - DELAY REL, BIPHASE 40 MG	3	ST
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	1B	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1B	
LYMEPAK ORAL TABLET 100 MG	3	
MINOCIN INTRAVENOUS RECON SOLN 100 MG	2	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1B	

Drug Name	Drug Tier	Requirements / Limits
MINOCYCLINE ORAL CAPSULE, EXTENDED RELEASE 24HR 135 MG, 45 MG, 90 MG	3	ST
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	1B	
<i>minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	1B	ST
MINOLIRA ER ORAL TABLET, IR - ER, BIPHASIC 24HR 105 MG, 135 MG	3	ST
<i>mondoxyne nl oral capsule 100 mg, 75 mg</i>	1B	
MORGIDOX 1X 50 KIT 50 MG	3	ST
MORGIDOX 1X100 KIT 100 MG	3	ST
<i>morgidox oral capsule 100 mg</i>	1B	
NUZYRA INTRAVENOUS RECON SOLN 100 MG	3	
NUZYRA ORAL TABLET 150 MG	3	QL
ORACEA ORAL CAPSULE, IR - DELAY REL, BIPHASE 40 MG	3	ST

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Drug Name	Drug Tier	Requirements / Limits
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG	3	ST
TARGADOX ORAL TABLET 50 MG	3	ST
<i>tetracycline oral capsule 250 mg, 500 mg</i>	1B	
<i>tetracycline oral tablet 250 mg, 500 mg</i>	1B	ST
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine oral packet 3 gram</i>	1B	
MACROBID ORAL CAPSULE 100 MG	3	
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG	3	
<i>methenamine hippurate oral tablet 1 gram</i>	1B	
<i>methenamine mandelate oral tablet 0.5 g, 1 gram</i>	1B	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	1B	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	1B	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	1B	

Drug Name	Drug Tier	Requirements / Limits
PRIMSOL ORAL SOLUTION 50 MG/5 ML	3	
<i>trimethoprim oral tablet 100 mg</i>	1B	
VANCOMYCIN		
FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML	3	QL
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS SOLUTION 1 GRAM/250 ML, 1.25 GRAM/250 ML, 1.5 GRAM/250 ML, 1.75 GRAM/250 ML, 1.75 GRAM/500 ML, 2 GRAM/500 ML, 750 MG/150 ML	2	
<i>vancomycin in 0.9 % sodium chl intravenous solution 1.5 gram/500 ml</i>	1B	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1.25 GRAM/250 ML, 1.5 GRAM/300 ML, 750 MG/150 ML	2	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS SOLUTION 1.25 GRAM/250 ML, 1.5 GRAM/250 ML	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>vancomycin oral capsule 125 mg, 250 mg</i>	1B	QL
<i>vancomycin oral recon soln 25 mg/ml, 50 mg/ml</i>	1B	QL
VANCOMYCIN-DILUENT COMBO NO.1 INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 1.25 GRAM/250 ML, 1.5 GRAM/300 ML, 1.75 GRAM/350 ML, 2 GRAM/400 ML, 500 MG/100 ML, 750 MG/150 ML	3	
VIBATIV INTRAVENOUS RECON SOLN 750 MG	2	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	1B	
<i>leucovorin calcium injection solution 10 mg/ml</i>	1B	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1B	
MESNEX ORAL TABLET 400 MG	2	

Drug Name	Drug Tier	Requirements / Limits
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	4	LA; QL
VORAXAZE INTRAVENOUS RECON SOLN 1,000 UNIT	2	
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	4	PA; LA; QL
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg, 500 mg</i>	4	PA; LA; QL
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	4	PA; LA; QL
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	4	PA; LA; QL
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	4	PA; LA; QL
ALECENSA ORAL CAPSULE 150 MG	4	PA; LA; QL
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	4	PA; LA; QL
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)-180 MG (23)	4	PA; LA; QL
<i>anastrozole oral tablet 1 mg</i>	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
ASTAGRAF XL ORAL CAPSULE, EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	3	PA
AUGTYRO ORAL CAPSULE 40 MG	4	PA; LA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	4	PA; LA; QL
AZASAN ORAL TABLET 100 MG, 75 MG	3	ST
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	1B	
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	4	LA
<i>bexarotene oral capsule 75 mg</i>	4	PA; LA
<i>bexarotene topical gel 1 %</i>	4	PA; LA
<i>bicalutamide oral tablet 50 mg</i>	1B	
BOSULIF ORAL CAPSULE 100 MG, 50 MG	4	PA; LA; QL
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	4	PA; LA; QL
BRUKINSA ORAL CAPSULE 80 MG	4	PA; LA
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	4	PA; LA; QL
<i>capecitabine oral tablet 150 mg, 500 mg</i>	4	LA; QL
CAPRELSA ORAL TABLET 100 MG, 300 MG	4	PA; LA; QL
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	4	PA; LA; QL
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	4	PA; LA; QL
COTELLIC ORAL TABLET 20 MG	4	PA; LA; QL
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 500 MG/ML	3	
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1B	
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	3	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1B	

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Drug Name	Drug Tier	Requirements / Limits
<i>cyclosporine modified oral solution 100 mg/ml</i>	1B	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1B	
DAURISMO ORAL TABLET 100 MG, 25 MG	4	PA; LA; QL
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	2	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	4	PA; LA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	4	PA; LA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	4	PA; LA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	4	PA; LA
EMCYT ORAL CAPSULE 140 MG	2	
ERIVEDGE ORAL CAPSULE 150 MG	4	PA; LA; QL
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	4	PA; LA; QL
<i>etoposide oral capsule 50 mg</i>	1B	

Drug Name	Drug Tier	Requirements / Limits
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	4	PA; LA; QL
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i>	4	PA; LA; QL
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	1B	
EVOMELA INTRAVENOUS RECON SOLN 50 MG	4	LA
<i>exemestane oral tablet 25 mg</i>	5	ACA
FENSOLVI SUBCUTANEOUS SYRINGE 45 MG	4	PA; LA
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	4	PA; LA
<i>gefitinib oral tablet 250 mg</i>	4	PA; LA; QL
<i>gengraf oral capsule 100 mg, 25 mg</i>	1B	
<i>gengraf oral solution 100 mg/ml</i>	1B	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	4	PA; LA; QL
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	2	
GLIADEL WAFER IMPLANT WAFER 7.7 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>hydroxyurea oral capsule 500 mg</i>	1B	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	4	PA; LA; QL
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	4	PA; LA; QL
IDHIFA ORAL TABLET 100 MG, 50 MG	4	PA; LA; QL
<i>imatinib oral tablet 100 mg, 400 mg</i>	4	PA; LA; QL
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	4	PA; LA; QL
IMBRUVICA ORAL SUSPENSION 70 MG/ML	4	PA; LA; QL
IMBRUVICA ORAL TABLET 420 MG	4	PA; LA; QL
IMBRUVICA ORAL TABLET 560 MG	4	PA; LA
INLYTA ORAL TABLET 1 MG, 5 MG	4	PA; LA; QL
INREBIC ORAL CAPSULE 100 MG	4	PA; LA; QL
IODOPEN INTRAVENOUS SOLUTION 100 MCG/ML	2	
IRESSA ORAL TABLET 250 MG	4	PA; LA; QL
IWILFIN ORAL TABLET 192 MG	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	4	PA; LA; QL
JAYPIRCA ORAL TABLET 100 MG, 50 MG	4	PA; LA; QL
JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG X 2	4	LA
JYLAMVO ORAL SOLUTION 2 MG/ML	3	PA
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG	4	PA; LA; QL
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	4	PA; LA; QL
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	4	PA; LA
KRAZATI ORAL TABLET 200 MG	4	PA; LA; QL
LANREOTIDE SUBCUTANEOUS SYRINGE 120 MG/0.5 ML	4	PA; LA; QL
<i>lapatinib oral tablet 250 mg</i>	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	4	PA; LA; QL
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	4	PA; LA; QL
<i>letrozole oral tablet 2.5 mg</i>	1B	
LEUKERAN ORAL TABLET 2 MG	2	
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	4	PA; LA
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	4	PA; LA
LORBRENA ORAL TABLET 100 MG, 25 MG	4	PA; LA; QL
LUMAKRAS ORAL TABLET 120 MG, 320 MG	4	PA; LA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	4	PA; LA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	4	PA; LA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	4	PA; LA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	4	PA; LA
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	4	PA; LA
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	4	PA; LA
LYNPARZA ORAL TABLET 100 MG, 150 MG	4	PA; LA; QL
LYSODREN ORAL TABLET 500 MG	4	LA
LYTGOBI ORAL TABLET 4 MG	4	PA; LA
MATULANE ORAL CAPSULE 50 MG	4	LA

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Drug Name	Drug Tier	Requirements / Limits
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	1B	
<i>megestrol oral tablet 20 mg, 40 mg</i>	1B	
MEKINIST ORAL RECON SOLN 0.05 MG/ML	4	PA; LA; QL
MEKINIST ORAL TABLET 0.5 MG, 2 MG	4	PA; LA; QL
MEKTOVI ORAL TABLET 15 MG	4	PA; LA; QL
<i>melphalan oral tablet 2 mg</i>	1B	
<i>mercaptopurine oral tablet 50 mg</i>	1B	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	1B	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1B	
<i>methotrexate sodium injection solution 25 mg/ml</i>	1B	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1B	
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	4	PA; LA; QL
<i>mycophenolate mofetil oral capsule 250 mg</i>	1B	

Drug Name	Drug Tier	Requirements / Limits
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	1B	
<i>mycophenolate mofetil oral tablet 500 mg</i>	1B	
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	1B	
MYLERAN ORAL TABLET 2 MG	2	
NEXAVAR ORAL TABLET 200 MG	4	PA; LA; QL
<i>nilutamide oral tablet 150 mg</i>	1B	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	4	PA; LA; QL
NIPENT INTRAVENOUS RECON SOLN 10 MG	3	
ODOMZO ORAL CAPSULE 200 MG	4	PA; LA; QL
OGSIVEO ORAL TABLET 50 MG	4	PA; LA
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	4	PA; LA; QL
ORSERDU ORAL TABLET 345 MG, 86 MG	4	PA; LA; QL
<i>pazopanib oral tablet 200 mg</i>	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	4	PA; LA; QL
PHEGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG- 30000 UNIT/15ML, 600 MG-600 MG- 20000 UNIT/10ML	4	PA; LA
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	4	PA; LA
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	2	
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	2	ST
RETEVMO ORAL CAPSULE 40 MG, 80 MG	4	PA; LA; QL
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	4	PA; LA; QL
REZLIDHIA ORAL CAPSULE 150 MG	4	PA; LA; QL
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	4	PA; LA
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	4	PA; QL
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	4	PA; LA
RYDAPT ORAL CAPSULE 25 MG	4	PA; LA; QL
SANDIMMUNE ORAL SOLUTION 100 MG/ML	2	ST
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 10 MG, 20 MG, 30 MG	4	PA; LA; QL
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MG, 20 MG, 30 MG, 40 MG, 60 MG	4	PA; LA; QL
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	4	LA
SIKLOS ORAL TABLET 1,000 MG, 100 MG	3	PA
<i>sirolimus oral solution 1 mg/ml</i>	1B	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1B	
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	3	

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Drug Name	Drug Tier	Requirements / Limits
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	4	PA; LA; QL
<i>sorafenib oral tablet 200 mg</i>	4	PA; LA; QL
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	4	PA; LA; QL
STIVARGA ORAL TABLET 40 MG	4	PA; LA; QL
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	4	PA; LA; QL
TABLOID ORAL TABLET 40 MG	3	
TABRECTA ORAL TABLET 150 MG, 200 MG	4	PA; LA
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1B	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	4	PA; LA; QL
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	4	PA; LA; QL
TAGRISSE ORAL TABLET 40 MG, 80 MG	4	PA; LA; QL
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	4	PA; LA; QL
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	5	ACA
TARGRETIN TOPICAL GEL 1 %	4	PA; LA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	4	PA; LA; QL
TAZVERIK ORAL TABLET 200 MG	4	PA; LA
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	4	PA; LA
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	4	PA; LA; QL
TIBSOVO ORAL TABLET 250 MG	4	PA; LA
<i>toremifene oral tablet 60 mg</i>	1B	
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	3	PA
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	1B	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
TRUQAP ORAL TABLET 160 MG, 200 MG	4	PA; LA
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	4	PA; LA
TURALIO ORAL CAPSULE 125 MG	4	PA; LA; QL
TYKERB ORAL TABLET 250 MG	4	PA; LA; QL
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	4	PA; LA; QL
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	4	PA; LA; QL
VENCLEXTA STARTING PACK ORAL TABLETS, DOSE PACK 10 MG-50 MG- 100 MG	4	PA; LA; QL
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	PA; LA; QL
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	4	PA; LA; QL
VITRAKVI ORAL SOLUTION 20 MG/ML	4	PA; LA; QL
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	4	PA; LA; QL
VOTRIENT ORAL TABLET 200 MG	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
XALKORI ORAL CAPSULE 200 MG, 250 MG	4	PA; LA; QL
XALKORI ORAL PELLET 150 MG, 20 MG, 50 MG	4	PA; LA
XATMEP ORAL SOLUTION 2.5 MG/ML	3	PA
XOSPATA ORAL TABLET 40 MG	4	PA; LA; QL
XTANDI ORAL CAPSULE 40 MG	4	PA; LA; QL
XTANDI ORAL TABLET 40 MG, 80 MG	4	PA; LA; QL
ZEJULA ORAL CAPSULE 100 MG	4	PA; LA; QL
ZEJULA ORAL TABLET 100 MG	4	PA; LA; QL
ZEJULA ORAL TABLET 200 MG, 300 MG	4	PA; LA
ZELBORAF ORAL TABLET 240 MG	4	PA; LA; QL
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	4	LA
ZOLINZA ORAL CAPSULE 100 MG	4	PA; LA; QL
ZYDELIG ORAL TABLET 100 MG, 150 MG	4	PA; LA; QL
ZYKADIA ORAL TABLET 150 MG	4	PA; LA; QL

**AUTONOMIC & CNS DRUGS,
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Drug Name	Drug Tier	Requirements / Limits
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	3	
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	3	
BRIVIACT ORAL SOLUTION 10 MG/ML	3	ST
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	3	ST
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	1B	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1B	
<i>carbamazepine oral tablet 200 mg</i>	1B	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	1B	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1B	
CELONTIN ORAL CAPSULE 300 MG	3	
<i>clobazam oral suspension 2.5 mg/ml</i>	1B	
<i>clobazam oral tablet 10 mg, 20 mg</i>	1B	

Drug Name	Drug Tier	Requirements / Limits
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1B	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1B	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	4	PA; LA
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	4	PA; LA
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	1B	
DILANTIN EXTENDED ORAL CAPSULE 100 MG	3	
DILANTIN INFATABS ORAL TABLET, CHEWABLE 50 MG	3	
DILANTIN ORAL CAPSULE 30 MG	2	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	3	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	1B	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	1B	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	1B	

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Drug Name	Drug Tier	Requirements / Limits
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG, 1,500 MG	3	ST
EPIDIOLEX ORAL SOLUTION 100 MG/ML	4	PA; LA
<i>epitol oral tablet 200 mg</i>	1B	
EPRONTIA ORAL SOLUTION 25 MG/ML	3	ST
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	3	
<i>ethosuximide oral capsule 250 mg</i>	1B	
<i>ethosuximide oral solution 250 mg/5 ml</i>	1B	
<i>felbamate oral suspension 600 mg/5 ml</i>	1B	
<i>felbamate oral tablet 400 mg, 600 mg</i>	1B	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	2	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	2	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1B	

Drug Name	Drug Tier	Requirements / Limits
<i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i>	1B	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1B	
<i>gabapentin oral tablet extended release 24 hr 300 mg, 600 mg</i>	1B	ST
<i>lacosamide intravenous solution 200 mg/20 ml</i>	1B	
<i>lacosamide oral solution 10 mg/ml</i>	1B	
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1B	
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)	3	
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	3	
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1B	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) - 50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)</i>	1B	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1B	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	1B	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	1B	
<i>lamotrigine oral tablets, dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i>	1B	
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)</i>	1B	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	1B	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	1B	
<i>methsuximide oral capsule 300 mg</i>	1B	

Drug Name	Drug Tier	Requirements / Limits
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	1B	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1B	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG	3	ST
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	1B	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1B	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	3	
<i>phenytoin oral suspension 125 mg/5 ml</i>	1B	
<i>phenytoin oral tablet, chewable 50 mg</i>	1B	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1B	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	1B	ST
<i>pregabalin oral solution 20 mg/ml</i>	1B	ST

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Drug Name	Drug Tier	Requirements / Limits
<i>pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg</i>	1B	PA
PRIMIDONE ORAL TABLET 125 MG	3	
<i>primidone oral tablet 250 mg, 50 mg</i>	1B	
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	3	ST
<i>roweepra oral tablet 500 mg</i>	1B	
<i>rufinamide oral suspension 40 mg/ml</i>	1B	PA
<i>rufinamide oral tablet 200 mg, 400 mg</i>	1B	PA
SABRIL ORAL POWDER IN PACKET 500 MG	4	LA; QL
SABRIL ORAL TABLET 500 MG	4	LA; QL
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	3	ST
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1B	
<i>subvenite starter (blue) kit oral tablets, dose pack 25 mg (35)</i>	1B	

Drug Name	Drug Tier	Requirements / Limits
<i>subvenite starter (green) kit oral tablets, dose pack 25 mg (84) -100 mg (14)</i>	1B	
<i>subvenite starter (orange) kit oral tablets, dose pack 25 mg (42) -100 mg (7)</i>	1B	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	3	
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	3	
TEGRETOL ORAL TABLET 200 MG	3	
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1B	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1B	
<i>topiramate oral capsule, extended release 24hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1B	ST
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	1B	ST
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1B	

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Drug Name	Drug Tier	Requirements / Limits
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 50 MG	3	ST
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	1B	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	1B	
<i>valproic acid oral capsule 250 mg</i>	1B	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	3	PA; QL
<i>vigabatrin oral powder in packet 500 mg</i>	4	LA; QL
<i>vigabatrin oral tablet 500 mg</i>	4	LA; QL
<i>vigadrone oral powder in packet 500 mg</i>	4	LA; QL
<i>vigadrone oral tablet 500 mg</i>	4	LA; QL
<i>vigpoder oral powder in packet 500 mg</i>	4	LA; QL

Drug Name	Drug Tier	Requirements / Limits
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	3	PA; QL
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	PA; QL
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	3	PA; QL
ZONISADE ORAL SUSPENSION 100 MG/5 ML	3	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1B	
ANTIPARKINSONISM AGENTS		
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	4	PA; LA; QL
<i>apomorphine subcutaneous cartridge 10 mg/ml</i>	4	PA; LA; QL
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1B	
<i>bromocriptine oral capsule 5 mg</i>	1B	

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Drug Name	Drug Tier	Requirements / Limits
<i>bromocriptine oral tablet 2.5 mg</i>	1B	
<i>carbidopa oral tablet 25 mg</i>	1B	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1B	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	1B	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	1B	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1B	
DHIVY ORAL TABLET 25-100 MG	3	
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML	4	LA
<i>entacapone oral tablet 200 mg</i>	1B	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	3	
NOURIANZ ORAL TABLET 20 MG, 40 MG	4	PA; LA; QL
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	3	PA; QL
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1B	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	1B	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	1B	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1B	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1B	
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>selegiline hcl oral capsule 5 mg</i>	1B	
<i>selegiline hcl oral tablet 5 mg</i>	1B	
<i>tolcapone oral tablet 100 mg</i>	1B	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1B	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1B	
XADAGO ORAL TABLET 100 MG, 50 MG	3	
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG	3	
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	2	PA; QL
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	2	PA; QL
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	1B	ST; QL
<i>dihydroergotamine injection solution 1 mg/ml</i>	1B	

Drug Name	Drug Tier	Requirements / Limits
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	1B	PA; QL
<i>eletriptan oral tablet 20 mg, 40 mg</i>	1B	ST; QL
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	2	PA; QL
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML, 300 MG/3 ML (100 MG/ML X 3)	2	PA; QL
ERGOMAR SUBLINGUAL TABLET 2 MG	3	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1B	
<i>frovatriptan oral tablet 2.5 mg</i>	1B	ST; QL
<i>migergot rectal suppository 2-100 mg</i>	1B	
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	1B	ST; QL
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	2	PA; QL
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	2	PA; QL
REYVOW ORAL TABLET 100 MG, 50 MG	3	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	1B	QL
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i>	1B	QL
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i>	1B	QL
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1B	QL
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1B	QL
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i>	1B	PA; QL
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	1B	QL
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	1B	QL
<i>sumatriptan-naproxen oral tablet 85-500 mg</i>	1B	PA; QL
TOSYMRA NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
TRUDHESA NASAL SPRAY, NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML)	3	PA; QL
UBRELVY ORAL TABLET 100 MG, 50 MG	2	PA; QL
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML	3	PA; QL
<i>zolmitriptan nasal spray, non-aerosol 5 mg</i>	1B	PA; QL
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	1B	ST; QL
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	1B	ST; QL
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	4	PA; LA; QL
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG, 6 MG	4	PA; LA; QL
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14)	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	4	PA; LA; QL
DAYBUE ORAL SOLUTION 200 MG/ML	4	PA; LA
<i>dichlorphenamide oral tablet 50 mg</i>	4	PA; LA
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i>	1B	
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	1B	
FIRDAPSE ORAL TABLET 10 MG	4	PA; LA
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	1B	
<i>galantamine oral solution 4 mg/ml</i>	1B	
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	1B	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG	3	ST
KEYEYIS ORAL TABLET 50 MG	4	PA; LA
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	1B	
<i>memantine oral solution 2 mg/ml</i>	1B	
<i>memantine oral tablet 10 mg, 5 mg</i>	1B	

Drug Name	Drug Tier	Requirements / Limits
MEMANTINE ORAL TABLETS, DOSE PACK 5-10 MG	3	
NAMENDA TITRATION PAK ORAL TABLETS, DOSE PACK 5-10 MG	3	
NAMENDA XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7-14-21-28 MG	3	
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	2	
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	2	
NUEDEXTA ORAL CAPSULE 20-10 MG	2	PA
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	4	PA; LA
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1B	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	1B	

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Drug Name	Drug Tier	Requirements / Limits
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	4	PA; LA; QL
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	4	PA; LA; QL
WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML	4	PA; LA
ZEPOSIA ORAL CAPSULE 0.92 MG	4	PA; LA; QL
ZEPOSIA STARTER KIT (28- DAY) ORAL CAPSULE,DOSE PACK 0.23 MG- 0.46 MG -0.92 MG (21)	4	PA; LA; QL
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	4	PA; LA; QL
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
<i>baclofen oral suspension 25 mg/5 ml (5 mg/ml)</i>	1B	
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1B	
BRIDION INTRAVENOUS SOLUTION 100 MG/ML	3	
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	1B	PA

Drug Name	Drug Tier	Requirements / Limits
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	1B	PA
<i>carisoprodol- aspirin-codeine oral tablet 200-325-16 mg</i>	1B	PA; QL
<i>chlorzoxazone oral tablet 500 mg</i>	1B	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1B	
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	1B	
LYVISPAH ORAL GRANULES IN PACKET 10 MG, 20 MG, 5 MG	3	PA
<i>meprobamate oral tablet 200 mg, 400 mg</i>	1B	
<i>metaxalone oral tablet 400 mg, 800 mg</i>	1B	
<i>methocarbamol injection solution 100 mg/ml</i>	1B	
METHOCARBAM OL ORAL TABLET 1,000 MG	3	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1B	
<i>neostigmine in sterile water injection syringe 5 mg/5 ml</i>	1B	
<i>orphenadrine citrate injection solution 30 mg/ml</i>	1B	

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Drug Name	Drug Tier	Requirements / Limits
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	1B	
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg, 50-770-60 mg</i>	1B	
<i>orphengesic forte oral tablet 50-770-60 mg</i>	1B	
PREVDUO INTRAVENOUS SYRINGE 0.6 MG-3 MG/3ML (0.2 MG-1MG/ML)	3	
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	1B	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	3	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1B	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	1B	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	1B	
<i>vanadom oral tablet 350 mg</i>	1B	PA
ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML	4	PA; LA
NARCOTIC ANALGESICS		

Drug Name	Drug Tier	Requirements / Limits
<i>acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg</i>	1B	PA; QL
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1B	PA; QL
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	1B	PA; QL
<i>ascomp with codeine oral capsule 30-50-325-40 mg</i>	1B	PA; QL
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	2	PA; QL
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 128 MG/0.36 ML, 16 MG/0.32 ML, 24 MG/0.48 ML, 32 MG/0.64 ML, 64 MG/0.18 ML, 8 MG/0.16 ML, 96 MG/0.27 ML	4	LA
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1B	
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	1B	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>butalbital compound w/codeine oral capsule 30-50-325-40 mg</i>	1B	PA; QL
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	1B	PA; QL
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	1B	
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	1B	
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg</i>	1B	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1B	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1B	
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	1B	
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	1B	PA; QL
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i>	1B	PA; QL

Drug Name	Drug Tier	Requirements / Limits
DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML	3	PA; QL
DEMEROL INJECTION SOLUTION 50 MG/ML	3	PA; QL
<i>diskets oral tablet, soluble 40 mg</i>	1B	PA; QL
DSUVIA SUBLINGUAL TABLET IN APPLICATOR 30 MCG	3	PA
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1B	PA; QL
FENTANYL (PF)-BUPIVACAINE-NACL INJECTION PREFILLED PUMP RESERVOIR 5-0.04 MCG/ML-%, 5-0.075 MCG/ML-%	3	PA; QL
FENTANYL (PF)-BUPIVACAINE-NACL INJECTION SOLUTION 2 MCG/ML- 0.0625 %, 2 MCG/ML- 0.1 %, 2 MCG/ML- 0.125 %, 4 MCG/ML- 0.125 %	3	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
FENTANYL CITRATE (PF)-0.9%NACL INJECTION PREFILLED PUMP RESERVOIR 10 MCG/ML	3	PA; QL
<i>fentanyl citrate (pf)-0.9%nacl injection pt controlled analgesia syring 1,250 mcg/25 ml</i>	1B	PA; QL
FENTANYL CITRATE (PF)-0.9%NACL INJECTION PT CONTROLLED ANALGESIA SYRING 550 MCG/55 ML	3	PA; QL
FENTANYL CITRATE (PF)-0.9%NACL INJECTION SOLUTION 25 MCG/ML	3	PA; QL
FENTANYL CITRATE (PF)-0.9%NACL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 1,000 MCG/20 ML (50 MCG/ML), 1,500 MCG/30 ML (50 MCG/ML), 500 MCG/50 ML (10 MCG/ML)	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syring 2,500 mcg/50 ml (50 mcg/ml)</i>	1B	PA; QL
FENTANYL CITRATE (PF)-0.9%NACL INTRAVENOUS SOLUTION 10 MCG/ML, 16 MCG/ML, 20 MCG/ML, 50 MCG/ML	3	PA; QL
<i>fentanyl citrate (pf)-0.9%nacl intravenous solution 5 mcg/ml</i>	1B	PA; QL
<i>fentanyl citrate (pf)-0.9%nacl intravenous syringe 10 mcg/ml</i>	1B	PA; QL
FENTANYL CITRATE (PF)-0.9%NACL INTRAVENOUS SYRINGE 100 MCG/10 ML (10 MCG/ML), 100 MCG/2 ML (50 MCG/ML), 20 MCG/2 ML (10 MCG/ML), 250 MCG/5 ML (50 MCG/ML), 50 MCG/5 ML (10 MCG/ML)	3	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	1B	PA; QL
FENTANYL CITRATE BUCCAL TABLET, EFFERVESCENT 100 MCG	3	PA; QL
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour</i>	1B	PA; QL
FENTANYL-ROPIVACAINE-NACL (PF) INJECTION PREFILLED PUMP RESERVOIR 2 MCG/ML-0.1 %	3	PA; QL
FENTANYL-ROPIVACAINE-NACL (PF) INJECTION SOLUTION 2-0.2 MCG/ML-%	3	PA; QL
FENTORA BUCCAL TABLET, EFFERVESCENT 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	1B	PA; QL
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	1B	PA; QL
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml), 7.5-325 mg/15 ml</i>	1B	PA; QL
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1B	PA; QL
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1B	PA; QL
HYDROMORPHONE (PF) IN WATER INJECTION SYRINGE 1 MG/ML, 2 MG/2 ML (1 MG/ML)	3	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
HYDROMORPHONE (PF) IN WATER INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 10 MG/50 ML (0.2 MG/ML), 30 MG/30 ML (1 MG/ML), 6 MG/30 ML (0.2 MG/ML)	3	PA; QL
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PATIENT CONTROL.ANALGESIA SOLN 30 MG/30 ML (1 MG/ML), 6 MG/30 ML (0.2 MG/ML)	3	PA; QL
<i>hydromorphone (pf)-0.9 % nacl intravenous prefilled pump reservoir 10 mg/50 ml (0.2 mg/ml)</i>	1B	PA; QL
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PREFILLED PUMP RESERVOIR 20 MG/100 ML (0.2 MG/ML), 50 MG/50 ML (1 MG/ML)	3	PA; QL
<i>hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syring 10 mg/50 ml (0.2 mg/ml), 15 mg/30 ml (0.5 mg/ml)</i>	1B	PA; QL

Drug Name	Drug Tier	Requirements / Limits
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 25 MG/25 ML (1 MG/ML), 30 MG/30 ML (1 MG/ML), 50 MG/50 ML (1 MG/ML), 55 MG/55 ML (1 MG/ML), 6 MG/30 ML (0.2 MG/ML)	3	PA; QL
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS SOLUTION 0.2 MG/ML, 0.5 MG/ML, 1 MG/ML	3	PA; QL
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS SYRINGE 1 MG/5 ML (0.2 MG/ML), 1 MG/ML, 2 MG/ML	3	PA; QL
<i>hydromorphone oral liquid 1 mg/ml</i>	1B	PA; QL
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	1B	PA; QL
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>	1B	PA; QL
<i>hydromorphone rectal suppository 3 mg</i>	1B	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
HYDROMORPHONE(PF)-NACL,ISO-OSM INJECTION SYRINGE 0.2 MG/ML, 0.5 MG/ML, 2 MG/10 ML (0.2 MG/ML)	3	PA; QL
HYDROMORPHONE(PF)-NACL,ISO-OSM INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 10 MG/50 ML (0.2 MG/ML), 6 MG/30 ML (0.2 MG/ML)	3	PA; QL
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	2	PA; QL
<i>meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	1B	PA; QL
<i>meperidine oral solution 50 mg/5 ml</i>	1B	PA; QL
<i>meperidine oral tablet 50 mg</i>	1B	PA; QL
<i>methadone intravenous syringe 10 mg/ml</i>	1B	PA; QL
<i>methadone oral tablet 10 mg, 5 mg</i>	1B	PA; QL
<i>methadone oral tablet,soluble 40 mg</i>	1B	PA; QL
<i>methadose oral tablet,soluble 40 mg</i>	1B	PA; QL

Drug Name	Drug Tier	Requirements / Limits
MORPHINE (PF) IN 0.9 % SOD CHL INJECTION SYRINGE 1 MG/ML, 2 MG/2 ML (1 MG/ML)	3	PA; QL
MORPHINE (PF) IN 0.9 % SOD CHL INTRAVENOUS PATIENT CONTROL.ANALGESIA SOLN 30 MG/30 ML (1 MG/ML)	3	PA; QL
MORPHINE (PF) IN 0.9 % SOD CHL INTRAVENOUS PREFILLED PUMP RESERVOIR 100 MG/100 ML (1 MG/ML), 50 MG/50 ML (1 MG/ML)	3	PA; QL
MORPHINE (PF) IN 0.9 % SOD CHL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 150 MG/30 ML (5 MG/ML), 55 MG/55 ML (1 MG/ML)	3	PA; QL
<i>morphine (pf) in 0.9 % sod chl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml)</i>	1B	PA; QL
<i>morphine (pf) in 0.9 % sod chl intravenous solution 1 mg/ml</i>	1B	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>morphine (pf) in 0.9 % sod chl intravenous syringe 1 mg/ml, 2 mg/2 ml (1 mg/ml)</i>	1B	PA; QL
MORPHINE (PF) IN 0.9 % SOD CHL INTRAVENOUS SYRINGE 2 MG/ML, 4 MG/ML	3	PA; QL
<i>morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml (1 mg/ml)</i>	1B	PA; QL
MORPHINE (PF) INTRAVENOUS SYRINGE 1 MG/2 ML	3	PA; QL
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1B	PA; QL
MORPHINE IN 0.9 % SODIUM CHLOR INJECTION PT CONTROLLED ANALGESIA SYRING 55 MG/55 ML (1 MG/ML)	3	PA; QL
<i>morphine in 0.9 % sodium chlor intravenous prefilled pump reservoir 100 mg/100 ml (1 mg/ml), 250 mg/50 ml (5 mg/ml), 50 mg/50 ml (1 mg/ml)</i>	1B	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>morphine in 0.9 % sodium chlor intravenous pt controlled analgesia syring 150 mg/30 ml (5 mg/ml), 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml)</i>	1B	PA; QL
MORPHINE IN 0.9 % SODIUM CHLOR INTRAVENOUS SOLUTION 1 MG/ML, 5 MG/ML	3	PA; QL
MORPHINE INTRAMUSCULAR PEN INJECTOR 10 MG/0.7 ML	3	PA; QL
<i>morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	1B	PA; QL
<i>morphine oral capsule, extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	1B	PA; QL
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	1B	PA; QL
<i>morphine oral tablet 15 mg, 30 mg</i>	1B	PA; QL
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1B	PA; QL
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	1B	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
OXAYDO ORAL TABLET, ORAL ONLY 5 MG, 7.5 MG	3	PA; QL
<i>oxycodone oral capsule 5 mg</i>	1B	PA; QL
<i>oxycodone oral concentrate 20 mg/ml</i>	1B	PA; QL
<i>oxycodone oral solution 5 mg/5 ml</i>	1B	PA; QL
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1B	PA; QL
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	1B	PA; QL
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1B	PA; QL
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	2	PA; QL
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	1B	PA; QL
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	1B	PA; QL

Drug Name	Drug Tier	Requirements / Limits
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML	4	LA
<i>tencon oral tablet 50-325 mg</i>	1B	
TREZIX ORAL CAPSULE 320.5-30-16 MG	3	PA; QL
XTAMPZA ER ORAL CAP, SPRINKL, ER 1 2HR (DONT CRUSH) 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	3	PA; QL
NON-NARCOTIC ANALGESICS		
<i>adult aspirin regimen oral tablet, delayed release (dr/ec) 81 mg</i>	5	ACA; OTC
ANJESO INTRAVENOUS SUSPENSION 30 MG/ML	3	
<i>aspirin childrens oral tablet, chewable 81 mg</i>	5	ACA; OTC
<i>aspirin oral tablet, chewable 81 mg</i>	5	ACA; OTC
<i>aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	5	ACA; OTC

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Drug Name	Drug Tier	Requirements / Limits
<i>bayer low dose aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	5	ACA; OTC
<i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	1B	
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	1B	
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	1B	PA; QL
CALDOLOR INTRAVENOUS PIGGYBACK 800 MG/200 ML (4 MG/ML)	3	
CALDOLOR INTRAVENOUS RECON SOLN 800 MG/8 ML (100 MG/ML)	2	
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1B	ST
CONZIP ORAL CAPSULE, ER BIPHASE 24 HR 17-83 300 MG	3	PA; QL
CONZIP ORAL CAPSULE, ER BIPHASE 24 HR 25-75 100 MG, 200 MG	3	PA; QL
<i>diclofenac potassium oral tablet 50 mg</i>	1B	

Drug Name	Drug Tier	Requirements / Limits
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	1B	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	1B	
<i>diclofenac sodium topical drops 1.5 %</i>	1B	QL
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	1B	
<i>diflunisal oral tablet 500 mg</i>	1B	
EC-NAPROSYN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG, 500 MG	3	ST
<i>ecotrin low strength oral tablet, delayed release (dr/ec) 81 mg</i>	5	ACA; OTC
<i>etodolac oral capsule 200 mg, 300 mg</i>	1B	
<i>etodolac oral tablet 400 mg, 500 mg</i>	1B	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	1B	
<i>flurbiprofen oral tablet 100 mg</i>	1B	
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	1B	

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Drug Name	Drug Tier	Requirements / Limits
<i>ibuprofen oral suspension 100 mg/5 ml</i>	1B	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1B	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1B	
<i>indomethacin oral capsule, extended release 75 mg</i>	1B	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1B	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	1B	ST
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml)</i>	1B	
<i>ketorolac injection syringe 15 mg/ml, 30 mg/ml</i>	1B	
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	1B	
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	1B	
KETOROLAC NASAL SPRAY, NON-AEROSOL 15.75 MG/SPRAY	3	ST; QL
<i>ketorolac oral tablet 10 mg</i>	1B	QL

Drug Name	Drug Tier	Requirements / Limits
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	2	QL
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	2	ST; QL
LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG	3	
LUCEMYRA ORAL TABLET 0.18 MG	2	QL
MELOXICAM ORAL SUSPENSION 7.5 MG/5 ML	3	ST; QL
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1B	QL
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1B	
NALMEFENE INJECTION SOLUTION 1 MG/ML	3	
<i>naloxone injection solution 0.4 mg/ml</i>	1B	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1B	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i>	1B	QL
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>naltrexone oral tablet 50 mg</i>	1B	
<i>naproxen oral suspension 125 mg/5 ml</i>	1B	ST
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1B	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	1B	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1B	
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	3	QL
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	3	PA; QL
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	2	PA; QL
OLINVYK INTRAVENOUS PATIENT CONTROL ANALGESIA SOLN 30 MG/30 ML (1 MG/ML)	3	PA
OLINVYK INTRAVENOUS SOLUTION 1 MG/ML	3	PA

Drug Name	Drug Tier	Requirements / Limits
OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION	3	
<i>oxaprozin oral tablet 600 mg</i>	1B	
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	1B	PA; QL
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1B	
QDOLO ORAL SOLUTION 5 MG/ML	3	PA; QL
<i>salsalate oral tablet 500 mg, 750 mg</i>	1B	
<i>st joseph aspirin oral tablet, chewable 81 mg</i>	5	ACA; OTC
<i>st. joseph aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	5	ACA; OTC
<i>sulindac oral tablet 150 mg, 200 mg</i>	1B	
TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 17-83 300 MG	3	PA; QL
TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 25-75 100 MG, 200 MG	3	PA; QL
TRAMADOL ORAL SOLUTION 5 MG/ML	3	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
TRAMADOL ORAL TABLET 100 MG, 25 MG	3	PA; QL
<i>tramadol oral tablet 50 mg</i>	1B	PA; QL
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	1B	PA; QL
<i>tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg</i>	1B	PA; QL
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1B	PA; QL
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON 380 MG	4	LA
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML	3	
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	2	
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET WITH SENSOR AND STRIP 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	3	QL

Drug Name	Drug Tier	Requirements / Limits
ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	3	QL
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED 10 MG	3	
ADZENYS XR-ODT ORAL TABLET, DISINTEGRATING BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	3	ST
<i>alprazolam intensol oral concentrate 1 mg/ml</i>	1B	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1B	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1B	
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1B	
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1B	

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Drug Name	Drug Tier	Requirements / Limits
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	1B	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1B	
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	1B	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG	3	ST; QL
<i>aripiprazole oral solution 1 mg/ml</i>	1B	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1B	QL
<i>aripiprazole oral tablet, disintegrating 10 mg, 15 mg</i>	1B	QL
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	1B	PA; QL
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	1B	QL
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	1B	
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
AZSTARYS ORAL CAPSULE 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG	3	ST
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	ST; QL
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1B	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1B	QL
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	3	ST; QL
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	1B	QL
<i>bupropion hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1B	
BYFAVO INTRAVENOUS RECON SOLN 20 MG	3	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	3	ST; QL
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1B	
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	1B	

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Drug Name	Drug Tier	Requirements / Limits
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1B	
CITALOPRAM ORAL CAPSULE 30 MG	3	ST; QL
<i>citalopram oral solution 10 mg/5 ml</i>	1A	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	1A	QL
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	1B	
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	1B	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	1B	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1B	
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	1B	
COTEMPLA XR-ODT ORAL TABLET, DISINTEGRATING BIPHASE 24H 17.3 MG, 25.9 MG, 8.6 MG	3	ST

Drug Name	Drug Tier	Requirements / Limits
DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR	3	ST
DAYVIGO ORAL TABLET 10 MG, 5 MG	3	ST
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1B	
DESVENLAFAXIN E ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 50 MG	3	ST; QL
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	1B	ST; QL
<i>dexmethylphenidate oral capsule, er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	1B	
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1B	
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	1B	
<i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i>	1B	

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Drug Name	Drug Tier	Requirements / Limits
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1B	
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	1B	
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1B	
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1B	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	1B	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1B	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1B	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1B	
<i>doxepin oral concentrate 10 mg/ml</i>	1B	
<i>doxepin oral tablet 3 mg, 6 mg</i>	1B	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1B	QL
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	1B	ST; QL
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML	2	ST
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG	2	ST
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG	3	ST; QL
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	3	
<i>ergoloid oral tablet 1 mg</i>	1B	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1A	ST
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1A	QL
<i>estazolam oral tablet 1 mg, 2 mg</i>	1B	
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	1B	QL

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Drug Name	Drug Tier	Requirements / Limits
EVEKEO ODT ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG	3	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	QL
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	3	QL
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24HR DOSE PACK 20 MG (2)-40 MG (26)	2	ST; QL
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	2	ST; QL
<i>fluoxetine oral capsule 10 mg, 40 mg</i>	1A	QL
<i>fluoxetine oral capsule 20 mg</i>	1A	
<i>fluoxetine oral capsule,delayed release(dr/ec) 90 mg</i>	1A	ST; QL
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1A	
<i>fluoxetine oral tablet 10 mg</i>	1A	ST; QL
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	1A	ST

Drug Name	Drug Tier	Requirements / Limits
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	1B	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	1B	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1B	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	1B	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1B	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	1B	
<i>fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg</i>	1A	ST; QL
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	1A	QL
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	3	ST; QL
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	1B	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	1B	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1B	

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Drug Name	Drug Tier	Requirements / Limits
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1B	
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG	3	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1B	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	1B	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML, 1,560 MG/5 ML	3	
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML	3	
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML, 410 MG/1.32 ML, 546 MG/1.75 ML, 819 MG/2.63 ML	3	

Drug Name	Drug Tier	Requirements / Limits
JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	3	ST
KETAMINE SUBLINGUAL TROCHE 100 MG	3	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	3	QL
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	1B	QL
<i>lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1B	ST
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1B	
<i>lithium carbonate oral tablet 300 mg</i>	1B	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	1B	
<i>lithium citrate oral solution 8 meq/5 ml</i>	1B	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	1B	
<i>lorazepam oral concentrate 2 mg/ml</i>	1B	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated May 1, 2024

Drug Name	Drug Tier	Requirements / Limits
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1B	
LOREEV XR ORAL CAPSULE, EXTENDED RELEASE 24HR 1 MG, 1.5 MG, 2 MG, 3 MG	3	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1B	
LUMRYZ ORAL EXTENDED RELEASE GRANULES, PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM	4	PA; LA; QL
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1B	QL
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	3	PA; QL
MARPLAN ORAL TABLET 10 MG	3	
METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	3	ST
<i>methamphetamine oral tablet 5 mg</i>	1B	

Drug Name	Drug Tier	Requirements / Limits
<i>methylphenidate hcl oral cap, er sprinkle, biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1B	ST
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1B	
<i>methylphenidate hcl oral capsule, er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	1B	
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1B	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1B	
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	1B	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	1B	
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG, 72 MG	3	ST
<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	1B	

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Drug Name	Drug Tier	Requirements / Limits
<i>methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr</i>	1B	ST
MIDAZOLAM (PF) IN 0.9 % NACL INTRAVENOUS PREFILLED PUMP RESERVOIR 100 MG/100 ML (1 MG/ML)	3	
<i>midazolam (pf) in 0.9 % nacl intravenous solution 1 mg/ml</i>	1B	
MIDAZOLAM (PF) IN 0.9 % NACL INTRAVENOUS SYRINGE 2 MG/2 ML (1 MG/ML), 5 MG/5 ML (1 MG/ML)	3	
<i>midazolam (pf) injection solution 1 mg/ml, 5 mg/ml</i>	1B	
<i>midazolam (pf) injection syringe 2 mg/2 ml (1 mg/ml), 5 mg/ml</i>	1B	
MIDAZOLAM IN 0.9 % SOD CHLORID INTRAVENOUS SOLUTION 1 MG/ML	3	

Drug Name	Drug Tier	Requirements / Limits
MIDAZOLAM IN 0.9 % SOD CHLORID INTRAVENOUS SYRINGE 2 MG/2 ML (1 MG/ML), 5 MG/5 ML (1 MG/ML)	3	
MIDAZOLAM IN NACL, ISO-OSMOTIC INJECTION SYRINGE 2 MG/2 ML (1 MG/ML), 3 MG/3 ML (1 MG/ML), 5 MG/5 ML (1 MG/ML)	3	
MIDAZOLAM IN NACL, ISO-OSMOTIC INTRAVENOUS SOLUTION 1 MG/ML	3	
MIDAZOLAM IN NACL, ISO-OSMOTIC INTRAVENOUS SYRINGE 30 MG/30 ML (1 MG/ML), 50 MG/50 ML (1 MG/ML)	3	
MIDAZOLAM IN NACL,ISO-OSMO(PF) INTRAVENOUS SOLUTION 1 MG/ML	3	

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Drug Name	Drug Tier	Requirements / Limits
MIDAZOLAM IN NAACL,ISO-OSMO(PF) INTRAVENOUS SYRINGE 25 MG/25 ML (1 MG/ML), 50 MG/50 ML (1 MG/ML)	3	
<i>midazolam injection solution 1 mg/ml, 5 mg/ml</i>	1B	
MIDAZOLAM INTRAVENOUS SYRINGE 150 MG/30 ML (5 MG/ML)	3	
MIDAZOLAM ORAL SYRUP 10 MG/5 ML (2 MG/ML)	3	
<i>midazolam oral syrup 2 mg/ml</i>	1B	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1B	
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i>	1B	
<i>modafinil oral tablet 100 mg, 200 mg</i>	1B	PA; QL
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	1B	
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG	3	ST

Drug Name	Drug Tier	Requirements / Limits
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1B	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1B	
<i>nortriptyline oral solution 10 mg/5 ml</i>	1B	
NUPLAZID ORAL CAPSULE 34 MG	4	PA; LA; QL
NUPLAZID ORAL TABLET 10 MG	4	PA; LA; QL
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1B	QL
<i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	1B	QL
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	1B	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	1B	
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg</i>	1B	QL
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG	3	
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	1A	ST

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Drug Name	Drug Tier	Requirements / Limits
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1A	QL
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	1A	ST; QL
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i>	1B	ST; QL
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1B	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1B	
PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG	3	
<i>phenelzine oral tablet 15 mg</i>	1B	
<i>pimozide oral tablet 1 mg, 2 mg</i>	1B	
<i>procentra oral solution 5 mg/5 ml</i>	1B	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	1B	
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG	3	PA

Drug Name	Drug Tier	Requirements / Limits
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1B	QL
QUETIAPINE ORAL TABLET 150 MG	3	QL
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	1B	QL
QUILLICHEW ER ORAL TABLET,CHEW,IR - ER.BIPHASIC24HR 20 MG, 30 MG, 40 MG	2	ST
QUILLIVANT XR ORAL SUSPENSION,EXTENDED REL 24HR,RECON 5 MG/ML (25 MG/5 ML)	2	ST
QUVIVIQ ORAL TABLET 25 MG, 50 MG	3	ST
<i>ramelteon oral tablet 8 mg</i>	1B	QL
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 45 MG, 54 MG, 63 MG, 72 MG	3	ST
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	ST; QL
<i>risperidone oral solution 1 mg/ml</i>	1B	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1B	QL
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1B	QL
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	3	QL
SERTRALINE ORAL CAPSULE 150 MG, 200 MG	3	ST; QL
<i>sertraline oral concentrate 20 mg/ml</i>	1A	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	1A	QL
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	4	PA
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	1B	

Drug Name	Drug Tier	Requirements / Limits
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1B	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1B	
<i>tranylcypromine oral tablet 10 mg</i>	1B	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1B	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	1B	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1B	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	1B	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	ST; QL
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED RELEASE SYRING 100 MG/0.28 ML, 125 MG/0.35 ML, 150 MG/0.42 ML, 200 MG/0.56 ML, 250 MG/0.7 ML, 50 MG/0.14 ML, 75 MG/0.21 ML	2	
VENLAFAXINE BESYLATE ORAL TABLET EXTENDED RELEASE 24HR 112.5 MG	3	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	1B	QL
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1B	QL
VERSACLOZ ORAL SUSPENSION 50 MG/ML	3	
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	1B	ST; QL
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	3	QL
VRAYLAR ORAL CAPSULE, DOSE PACK 1.5 MG (1)-3 MG (6)	3	QL
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	3	ST; QL
VYVANSE ORAL TABLET, CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	2	ST
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR	3	ST
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1B	QL
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1B	
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1B	QL
ZOLPIDEM ORAL CAPSULE 7.5 MG	3	ST; QL
<i>zolpidem oral tablet 10 mg, 5 mg</i>	1B	QL
<i>zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg</i>	1B	QL
<i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i>	1B	ST; QL
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG	4	PA; QL
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
CARDIOVASCULAR, HYPERTENSION & LIPIDS		
ANTIARRHYTHMIC AGENTS		
<i>adenosine intravenous solution 3 mg/ml</i>	1B	
<i>amiodarone intravenous solution 50 mg/ml</i>	1B	
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	1B	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	1B	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	1B	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1B	
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	1B	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	1B	
NEXTERONE INTRAVENOUS SOLUTION 150 MG/100 ML (1.5 MG/ML), 360 MG/200 ML (1.8 MG/ML)	3	

Drug Name	Drug Tier	Requirements / Limits
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	3	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1B	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	1B	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	1B	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	1B	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1B	
<i>sorine oral tablet 120 mg, 80 mg</i>	1B	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	1B	
SOTALOL INTRAVENOUS SOLUTION 150 MG/10 ML (15 MG/ML)	3	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1B	
SOTYLIZE ORAL SOLUTION 5 MG/ML	2	
ANTIHYPERTENSIVE THERAPY		

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Drug Name	Drug Tier	Requirements / Limits
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1A	
<i>aliskiren oral tablet 150 mg, 300 mg</i>	1B	
<i>amiloride oral tablet 5 mg</i>	1B	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1B	
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1A	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1A	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1A	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1A	
<i>amlodipine-valsartan-hcthiazyd oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1A	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1A	

Drug Name	Drug Tier	Requirements / Limits
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1A	
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1A	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1A	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	1A	
BIDIL ORAL TABLET 20-37.5 MG	3	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1A	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1A	
BREVIBLOC IN NAACL (ISO-OSM) INTRAVENOUS PARENTERAL SOLUTION 2,000 MG/100 ML, 2,500 MG/250 ML (10 MG/ML)	3	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1B	
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1A	

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Drug Name	Drug Tier	Requirements / Limits
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1A	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1A	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1A	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	3	QL
CAROSPIR ORAL SUSPENSION 25 MG/5 ML	3	PA
<i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1A	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1B	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	1B	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1A	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1B	

Drug Name	Drug Tier	Requirements / Limits
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	1B	QL
CONJUPRI ORAL TABLET 2.5 MG, 5 MG	3	ST
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1A	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1A	
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1A	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1A	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1A	
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1A	
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1A	
DIURIL ORAL SUSPENSION 250 MG/5 ML	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1B	QL
<i>enalapril maleate oral solution 1 mg/ml</i>	1A	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1A	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1A	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1B	
<i>epoprostenol intravenous recon soln 0.5 mg, 1.5 mg</i>	4	PA; LA
<i>eprosartan oral tablet 600 mg</i>	1A	
<i>ethacrynic acid oral tablet 25 mg</i>	1B	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1A	
FLOLAN INTRAVENOUS RECON SOLN 0.5 MG, 1.5 MG	4	PA; LA
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1A	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1A	
FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML	3	

Drug Name	Drug Tier	Requirements / Limits
FUROSEMIDE IN 0.9 % NACL INTRAVENOUS PIGGYBACK 100 MG/100 ML (1 MG/ML)	3	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1B	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1B	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1B	
<i>hydralazine injection solution 20 mg/ml</i>	1B	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1B	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1A	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1A	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1A	
INNOPRAN XL ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 80 MG	3	ST
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1A	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1A	

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Drug Name	Drug Tier	Requirements / Limits
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i>	1B	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1A	
KERENDIA ORAL TABLET 10 MG, 20 MG	2	PA; QL
LABETALOL IN NAACL (ISO-OSMOT) INTRAVENOUS SOLUTION 1 MG/ML	3	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1B	
LEVAMLODIPINE ORAL TABLET 2.5 MG, 5 MG	3	ST
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1A	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1A	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1A	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1A	

Drug Name	Drug Tier	Requirements / Limits
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1A	
<i>methyl dopa oral tablet 250 mg, 500 mg</i>	1B	
<i>methyl dopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	1B	
<i>methyl dopate intravenous solution 250 mg/5 ml</i>	1B	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1A	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1A	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1A	
<i>metoprolol tartrate intravenous solution 5 mg/5 ml</i>	1B	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1A	
<i>metyrosine oral capsule 250 mg</i>	1B	PA
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1B	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1A	

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Drug Name	Drug Tier	Requirements / Limits
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1A	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1A	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	1A	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1A	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	1A	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	1A	
<i>nimodipine oral capsule 30 mg</i>	1B	
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	1A	
NORLIQVA ORAL SOLUTION 1 MG/ML	3	ST
NYMALIZE ORAL SOLUTION 60 MG/10 ML	3	
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML	3	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	1A	

Drug Name	Drug Tier	Requirements / Limits
<i>olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1A	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1A	
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)-0.25 MG (42)	4	PA; LA; QL
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)-0.25 MG (210)	4	PA; LA; QL
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)-0.25 MG(42)-1MG	4	PA; LA; QL
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	4	PA; LA; QL
<i>papaverine injection solution 30 mg/ml</i>	1B	

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Drug Name	Drug Tier	Requirements / Limits
<i>perindopril erbumine oral tablet</i> 2 mg, 4 mg, 8 mg	1A	
<i>phenoxybenzamine oral capsule</i> 10 mg	1B	PA
<i>pindolol oral tablet</i> 10 mg, 5 mg	1A	
<i>prazosin oral capsule</i> 1 mg, 2 mg, 5 mg	1B	
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG	3	
<i>propranolol intravenous solution</i> 1 mg/ml	1B	
<i>propranolol oral capsule, extended release</i> 24 hr 120 mg, 160 mg, 60 mg, 80 mg	1A	
<i>propranolol oral solution</i> 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	1A	
<i>propranolol oral tablet</i> 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1A	
<i>propranolol-hydrochlorothiazid oral tablet</i> 40-25 mg, 80-25 mg	1A	
QBRELIS ORAL SOLUTION 1 MG/ML	3	PA
<i>quinapril oral tablet</i> 10 mg, 20 mg, 40 mg, 5 mg	1A	

Drug Name	Drug Tier	Requirements / Limits
<i>quinapril-hydrochlorothiazide oral tablet</i> 10-12.5 mg, 20-12.5 mg, 20-25 mg	1A	
<i>ramipril oral capsule</i> 1.25 mg, 10 mg, 2.5 mg, 5 mg	1A	
<i>spironolactone oral suspension</i> 25 mg/5 ml	1B	
<i>spironolactone oral tablet</i> 100 mg, 25 mg, 50 mg	1B	
<i>spironolacton-hydrochlorothiaz oral tablet</i> 25-25 mg	1B	
<i>taztia xt oral capsule, extended release</i> 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1A	
TEKTURNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG	2	
<i>telmisartan oral tablet</i> 20 mg, 40 mg, 80 mg	1A	
<i>telmisartan-amlodipine oral tablet</i> 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	1A	
<i>telmisartan-hydrochlorothiazid oral tablet</i> 40-12.5 mg, 80-12.5 mg, 80-25 mg	1A	

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Drug Name	Drug Tier	Requirements / Limits
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG	3	ST
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1B	QL
THALITONE ORAL TABLET 15 MG	3	
<i>tiadylt er oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1A	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1A	
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1B	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1A	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	1A	
<i>triamterene oral capsule 100 mg, 50 mg</i>	1B	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1B	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1B	

Drug Name	Drug Tier	Requirements / Limits
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	4	PA; LA; QL
UPTRAVI ORAL TABLETS, DOSE PACK 200 MCG (140)- 800 MCG (60)	4	PA; LA; QL
VALSARTAN ORAL SOLUTION 4 MG/ML	3	ST
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1A	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1A	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	1A	
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1A	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1A	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1A	

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Drug Name	Drug Tier	Requirements / Limits
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	3	
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG	3	
CARDIAC GLYCOSIDES		
<i>digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1B	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	1B	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg)</i>	1B	
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG)	3	
COAGULATION THERAPY		
AGGRASTAT CONCENTRATE INTRAVENOUS CONCENTRATE 250 MCG/ML	3	
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>	1B	
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i>	1B	

Drug Name	Drug Tier	Requirements / Limits
ANDEXXA INTRAVENOUS RECON SOLN 200 MG	3	
<i>argatroban in 0.9 % sod chlor intravenous solution 1 mg/ml</i>	1B	
ARGATROBAN INTRAVENOUS SOLUTION 100 MG/ML	3	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	1A	
ASPIRIN- OMEPRAZOLE ORAL TABLET,IR,DELAYED REL,BIPHASIC 81-40 MG	3	PA
BALFAXAR INTRAVENOUS RECON SOLN 1,000 UNIT, 500 UNIT	3	
BRILINTA ORAL TABLET 60 MG, 90 MG	2	
CABLIVI INJECTION KIT 11 MG	4	PA; LA
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1B	
<i>clopidogrel oral tablet 300 mg, 75 mg</i>	1A	
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i>	1A	PA

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Drug Name	Drug Tier	Requirements / Limits
DEFITELIO INTRAVENOUS SOLUTION 80 MG/ML	3	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1A	
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	4	PA; LA; QL
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	2	PA
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	2	PA
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	4	
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	4	
<i>eptifibatide intravenous solution 2 mg/ml</i>	1B	
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700- 1,300 UNIT	4	LA

Drug Name	Drug Tier	Requirements / Limits
FIBRYGA INTRAVENOUS RECON SOLN 1 GRAM (700 MG- 1,300 MG)	4	LA
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	4	
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML, 25,000 ANTI-XA UNIT/ML	4	
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI- XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML, 7,500 ANTI- XA UNIT/0.3 ML	4	

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Drug Name	Drug Tier	Requirements / Limits
HEPARIN (PORCINE) IN 0.9% NACL INTRAVENOUS PARENTERAL SOLUTION 2,500 UNIT/500 ML (5 UNIT/ML), 30,000 UNIT/1,000 ML, 5,000 UNIT/1,000 ML, 5,000 UNIT/500 ML (10 UNIT/ML)	3	
<i>heparin lock flush intravenous syringe 10 unit/ml</i>	1B	
<i>heparin lockflush(porcine)(pf) intravenous syringe 10 unit/ml, 100 unit/ml</i>	1B	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml</i>	1B	
HEPARIN, PORCINE (PF) SUBCUTANEOUS SYRINGE 5,000 UNIT/0.5 ML	3	
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1A	
KCENTRA INTRAVENOUS RECON SOLN 1,000 UNIT (800-1240 UNIT), 500 UNIT (400-620 UNIT)	3	

Drug Name	Drug Tier	Requirements / Limits
KENGREAL INTRAVENOUS RECON SOLN 50 MG	3	
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	4	
MULPLETA ORAL TABLET 3 MG	4	PA; LA; QL
<i>pentoxifylline oral tablet extended release 400 mg</i>	1B	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1B	QL
PRADAXA ORAL PELLETS IN PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG	4	PA; LA
<i>prasugrel oral tablet 10 mg, 5 mg</i>	1A	
PRAXBIND INTRAVENOUS SOLUTION 2.5 GRAM/50 ML	3	
TAVALISSE ORAL TABLET 100 MG, 150 MG	4	PA; LA; QL
<i>tirofiban-0.9% sodium chloride intravenous solution 12.5 mg/250 ml (50 mcg/ml)</i>	1B	

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Drug Name	Drug Tier	Requirements / Limits
<i>tranexamic acid in nacl,iso-os intravenous piggyback 1,000 mg/100 ml (10 mg/ml)</i>	1B	
<i>tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)</i>	1B	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1A	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)-20 MG (9)	2	PA
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	2	PA
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	2	PA
YOSPRALA ORAL TABLET,IR,DELAYED REL,BIPHASIC 325-40 MG, 81-40 MG	3	PA
ZONTIVITY ORAL TABLET 2.08 MG	3	
LIPID/CHOLESTEROL LOWERING AGENTS		

Drug Name	Drug Tier	Requirements / Limits
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	1A	QL
ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	3	ST; QL
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	5	ACA; QL
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1A	QL
<i>cholestyramine (with sugar) oral powder 4 gram</i>	1A	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	1A	
<i>cholestyramine light oral powder 4 gram</i>	1A	
<i>cholestyramine light oral powder in packet 4 gram</i>	1A	
<i>colesevelam oral powder in packet 3.75 gram</i>	1A	
<i>colesevelam oral tablet 625 mg</i>	1A	
<i>colestipol oral granules 5 gram</i>	1A	
<i>colestipol oral packet 5 gram</i>	1A	
<i>colestipol oral tablet 1 gram</i>	1A	

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Drug Name	Drug Tier	Requirements / Limits
<i>ezetimibe oral tablet 10 mg</i>	1A	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1A	ST; QL
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1A	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1A	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1A	
<i>fenofibrate oral tablet 40 mg</i>	1A	ST
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	1A	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	1A	
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML)	3	ST; QL
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	5	ACA; QL
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	5	ACA; QL
<i>gemfibrozil oral tablet 600 mg</i>	1A	

Drug Name	Drug Tier	Requirements / Limits
<i>icosapent ethyl oral capsule 0.5 gram, 1 gram</i>	1A	PA
LIPOFEN ORAL CAPSULE 150 MG, 50 MG	3	ST
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	5	ACA; QL
NEXLETOL ORAL TABLET 180 MG	2	PA
NEXLIZET ORAL TABLET 180-10 MG	2	PA
<i>niacin oral tablet 500 mg</i>	1A	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	1A	
NIACOR ORAL TABLET 500 MG	3	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	1B	PA
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	5	ST; ACA; QL
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	3	PA; QL
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	5	ACA; QL
<i>prevalite oral powder 4 gram</i>	1A	
<i>prevalite oral powder in packet 4 gram</i>	1A	

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Drug Name	Drug Tier	Requirements / Limits
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	2	PA; QL
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	2	PA; QL
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	2	PA; QL
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	5	ACA; QL
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1A	QL
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	5	ACA; QL
<i>simvastatin oral tablet 80 mg</i>	1A	QL
TRICOR ORAL TABLET 145 MG, 48 MG	3	ST
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	2	PA
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ASPRUZYO SPRINKLE ORAL EXTEND RELEASE GRANULES,PACK ET 1,000 MG, 500 MG	3	

Drug Name	Drug Tier	Requirements / Limits
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97- 103 MG	2	PA; QL
FILSPARI ORAL TABLET 200 MG, 400 MG	4	PA; LA; QL
GIAPREZA INTRAVENOUS SOLUTION 0.5 MG/ML, 2.5 MG/ML	3	
<i>isoproterenol hcl injection solution 0.2 mg/ml</i>	1B	
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	1B	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	2	PA; QL
NITRATES		
GONITRO SUBLINGUAL POWDER IN PACKET 400 MCG	3	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1B	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1B	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1B	

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Drug Name	Drug Tier	Requirements / Limits
<i>nitro-bid transdermal ointment 2 %</i>	1B	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR	3	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	1B	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1B	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i>	1B	
NITROMIST TRANSLINGUAL AEROSOL, SPRAY 400 MCG/SPRAY	3	
NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG	3	
<i>nitro-time oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg</i>	1B	

DERMATOLOGICALS/TOPICAL THERAPY
ANTIPSORIATIC / ANTISEBORRHEIC

Drug Name	Drug Tier	Requirements / Limits
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1B	
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML	4	PA; LA; QL
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML	4	PA; LA; QL
<i>calcipotriene scalp solution 0.005 %</i>	1B	QL
<i>calcipotriene topical cream 0.005 %</i>	1B	QL
CALCIPOTRIENE TOPICAL FOAM 0.005 %	3	ST; QL
<i>calcipotriene topical ointment 0.005 %</i>	1B	QL
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	1B	ST; QL
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i>	1B	QL
<i>calcitriol topical ointment 3 mcg/gram</i>	1B	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; LA; QL
COSENTYX INTRAVENOUS SOLUTION 25 MG/ML	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; LA; QL
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; LA; QL
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	4	PA; LA; QL
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML)	4	PA; LA; QL
ENSTILAR TOPICAL FOAM 0.005-0.064 %	2	ST; QL
EPIFOAM TOPICAL FOAM 1-1 %	3	ST
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	1B	ST
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; LA; QL
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 %	3	
OVACE PLUS TOPICAL CREAM 10 %	3	

Drug Name	Drug Tier	Requirements / Limits
OVACE PLUS TOPICAL LOTION 9.8 %	3	
PLEXION NS TOPICAL SHAMPOO 9.8 %	3	
PRAMOSONE TOPICAL CREAM 1-1 %, 2.5-1 %	3	ST
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %	3	ST
PRAMOSONE TOPICAL OINTMENT 1-1 %, 2.5-1 %	3	ST
<i>selenium sulfide topical lotion 2.5 %</i>	1B	
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	1B	
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	4	PA; LA; QL
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; LA; QL
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; LA; QL
SOTYKTU ORAL TABLET 6 MG	4	PA; LA; QL
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	4	PA; LA; QL
<i>sulfacetamide sodium topical cleanser 10 %</i>	1B	
<i>sulfacetamide sodium topical cleanser, gel 10 %</i>	1B	
<i>sulfacetamide sodium topical shampoo 10 %, 9.8 %</i>	1B	
TACLONEX TOPICAL OINTMENT 0.005- 0.064 %	3	ST; QL
TACLONEX TOPICAL SUSPENSION 0.005-0.064 %	3	QL
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	4	PA; LA; QL
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	4	PA; LA; QL
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	4	PA; LA; QL
TERSI FOAM TOPICAL FOAM 2.25 %	3	
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	4	PA; LA; QL
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; LA; QL
WYNZORA TOPICAL CREAM 0.005-0.064 %	3	ST; QL
BURN THERAPY		
<i>silver sulfadiazine topical cream 1 %</i>	1B	
<i>ssd topical cream 1 %</i>	1B	
MISCELLANEOUS DERMATOLOGICALS		
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; LA; QL
AMELUZ TOPICAL GEL 10 %	3	
<i>ammonium lactate topical cream 12 %</i>	1B	
<i>ammonium lactate topical lotion 12 %</i>	1B	
CANTHARIDIN IN ACETONE TOPICAL SOLUTION 0.7 %	3	

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Drug Name	Drug Tier	Requirements / Limits
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	4	PA; LA; QL
CONDYLOX TOPICAL GEL 0.5 %	3	ST; QL
<i>diclofenac sodium topical gel 3 %</i>	1B	PA; QL
<i>doxepin topical cream 5 %</i>	1B	QL
DRYSOL DAB-OMATIC TOPICAL SOLUTION 20 %	3	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	4	PA; LA; QL
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	4	PA; LA; QL
EUCRISA TOPICAL OINTMENT 2 %	2	ST; QL
FLUOROPLEX TOPICAL CREAM 1 %	3	
<i>fluorouracil topical cream 5 %</i>	1B	
<i>fluorouracil topical solution 2 %, 5 %</i>	1B	
HYFTOR TOPICAL GEL 0.2 %	4	PA; LA
<i>iodine-sodium iodide topical tincture 2 %</i>	1B	

Drug Name	Drug Tier	Requirements / Limits
IODOFLEX TOPICAL PADS, MEDICATED 0.9 %	3	
IODOSORB TOPICAL GEL 0.9 %	3	
LEVULAN TOPICAL SOLUTION 20 %	3	
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	1B	
<i>methyl salicylate oil</i>	1B	
<i>methyl salicylate topical liquid</i>	1B	
OPZELURA TOPICAL CREAM 1.5 %	3	PA; QL
PANRETIN TOPICAL GEL 0.1 %	3	PA
<i>pimecrolimus topical cream 1 %</i>	1B	ST; QL
<i>podofilox topical gel 0.5 %</i>	1B	ST; QL
<i>podofilox topical solution 0.5 %</i>	1B	
<i>pradoxin topical cream 5 %</i>	1B	QL
QBREXZA TOPICAL TOWELETTE 2.4 %	3	PA
REGRANEX TOPICAL GEL 0.01 %	2	QL
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	1B	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
TOLAK TOPICAL CREAM 4 %	3	
VALCHLOR TOPICAL GEL 0.016 %	4	LA
VEREGEN TOPICAL OINTMENT 15 %	3	PA; QL
<i>wintergreen oil oil</i>	1B	
THERAPY FOR ACNE		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG	3	ST
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG	3	ST
<i>accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1B	
ACZONE TOPICAL GEL 5 %	3	ST
ACZONE TOPICAL GEL WITH PUMP 7.5 %	3	ST
<i>adapalene topical cream 0.1 %</i>	1B	PA
<i>adapalene topical gel 0.3 %</i>	1B	PA
<i>adapalene topical gel with pump 0.3 %</i>	1B	PA
ADAPALENE TOPICAL LOTION 0.1 %	3	PA
<i>adapalene topical solution 0.1 %</i>	1B	PA
<i>adapalene topical swab 0.1 %</i>	1B	PA

Drug Name	Drug Tier	Requirements / Limits
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %, 0.3-2.5 %</i>	1B	PA
AKLIEF TOPICAL CREAM 0.005 %	3	PA
ALTRENO TOPICAL LOTION 0.05 %	3	PA
<i>amnestem oral capsule 10 mg, 20 mg, 40 mg</i>	1B	
AMZEEQ TOPICAL FOAM 4 %	3	ST
ARAZLO TOPICAL LOTION 0.045 %	3	PA
AVAR LS TOPICAL CLEANSER 10-2 %	3	ST
<i>avar topical cleanser 10-5 % (w/w)</i>	1B	
AVAR-E GREEN TOPICAL CREAM 10-5 % (W/W)	3	ST
AVAR-E LS TOPICAL CREAM 10-2 %	3	ST
<i>azelaic acid topical gel 15 %</i>	1B	
AZELEX TOPICAL CREAM 20 %	3	ST
BENZEPRO (MICROSPHERES) TOPICAL CLEANSER 7 %	3	ST
<i>benzoyl peroxide topical cleanser 7 %</i>	1B	

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Drug Name	Drug Tier	Requirements / Limits
<i>benzoyl peroxide topical foam 9.8 %</i>	1B	
<i>brimonidine topical gel with pump 0.33 %</i>	1B	PA
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1B	
CLINDACIN ETZ TOPICAL KIT 1 %	3	ST
<i>clindacin etz topical swab 1 %</i>	1B	
<i>clindacin p topical swab 1 %</i>	1B	
CLINDACIN PAC TOPICAL KIT 1 %	3	ST
<i>clindacin topical foam 1 %</i>	1B	QL
<i>clindamycin phosphate topical foam 1 %</i>	1B	QL
<i>clindamycin phosphate topical gel 1 %</i>	1B	ST; QL
<i>clindamycin phosphate topical gel, once daily 1 %</i>	1B	ST; QL
<i>clindamycin phosphate topical lotion 1 %</i>	1B	QL
<i>clindamycin phosphate topical solution 1 %</i>	1B	QL
<i>clindamycin phosphate topical swab 1 %</i>	1B	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %</i>	1B	

Drug Name	Drug Tier	Requirements / Limits
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2 %(1 % base) -3.75 %, 1.2-2.5 %</i>	1B	
<i>clindamycin-tretinoin topical gel 1.2-0.025 %</i>	1B	PA
<i>dapsone topical gel 5 %</i>	1B	
<i>dapsone topical gel with pump 7.5 %</i>	1B	
DIFFERIN TOPICAL LOTION 0.1 %	3	PA
EPIDUO FORTE TOPICAL GEL WITH PUMP 0.3-2.5 %	3	PA
<i>ery pads topical swab 2 %</i>	1B	
<i>erygel topical gel 2 %</i>	1B	
<i>erythromycin with ethanol topical gel 2 %</i>	1B	
<i>erythromycin with ethanol topical solution 2 %</i>	1B	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	1B	
FINACEA TOPICAL FOAM 15 %	2	ST
FINACEA TOPICAL GEL 15 %	3	ST

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Drug Name	Drug Tier	Requirements / Limits
<i>isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	1B	
<i>ivermectin topical cream 1 %</i>	1B	QL
<i>metronidazole topical cream 0.75 %</i>	1B	
<i>metronidazole topical gel 0.75 %, 1 %</i>	1B	
<i>metronidazole topical gel with pump 1 %</i>	1B	
<i>metronidazole topical lotion 0.75 %</i>	1B	
MIRVASO TOPICAL GEL WITH PUMP 0.33 %	2	PA
NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL 1.2-5 %	3	ST
<i>neuac topical gel 1.2 % (1 % base) -5 %</i>	1B	
ONEXTON TOPICAL GEL WITH PUMP 1.2 % (1 % BASE) -3.75 %	3	ST
PLEXION CLEANSING CLOTHS TOPICAL PADS, MEDICATED 9.8-4.8 %	3	ST

Drug Name	Drug Tier	Requirements / Limits
PLEXION TOPICAL CLEANSER 9.8-4.8 %	3	ST
PLEXION TOPICAL CREAM 9.8-4.8 %	3	ST
PLEXION TOPICAL LOTION 9.8-4.8 %	3	ST
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %	3	ST
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %	3	PA
RHOFADE TOPICAL CREAM 1 %	3	PA
<i>rosadan topical cream 0.75 %</i>	1B	
<i>rosadan topical gel 0.75 %</i>	1B	
ROSADAN TOPICAL KIT, CLEANSER AND GEL 0.75 %	3	ST
ROSADAN TOPICAL KIT, CLEANSER AND CREAM 0.75 %	3	ST
<i>rosula cleansing cloths topical pads, medicated 10-5 %</i>	1B	
ROSULA TOPICAL CLEANSER 10-4.5 %	3	ST

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Drug Name	Drug Tier	Requirements / Limits
SOOLANTRA TOPICAL CREAM 1 %	3	ST; QL
<i>sss 10-5 topical cream 10-5 % (w/w)</i>	1B	
<i>sss 10-5 topical foam 10-5 %</i>	1B	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 10-5 % (w/w), 9- 4 %, 9-4.5 %, 9.8- 4.8 %</i>	1B	
<i>sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w), 9.8-4.8 %</i>	1B	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %</i>	1B	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i>	1B	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %</i>	1B	
SUMADAN TOPICAL CLEANSER 9-4.5 %	3	ST
SUMADAN TOPICAL KIT 9-4.5 %	3	ST

Drug Name	Drug Tier	Requirements / Limits
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %- 4.5 % -SPF 25	3	ST
SUMAXIN TOPICAL CLEANSER 9-4 %	3	ST
<i>tazarotene topical cream 0.1 %</i>	1B	PA
TAZAROTENE TOPICAL FOAM 0.1 %	3	PA
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	1B	PA
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i>	1B	PA
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.08 %, 0.1 %</i>	1B	PA
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	1B	PA
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	1B	PA
WINLEVI TOPICAL CREAM 1 %	3	PA
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1B	
TOPICAL ANESTHETICS		
<i>bupivacaine (pf) injection solution 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml), 0.75 % (7.5 mg/ml)</i>	1B	

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Drug Name	Drug Tier	Requirements / Limits
<i>bupivacaine-epinephrine (pf) injection solution 0.25 %-1:200,000, 0.5 %-1:200,000</i>	1B	
<i>chloroprocaine (pf) injection solution 20 mg/ml (2 %)</i>	1B	
<i>dermacinrx lidocaine topical adhesive patch,medicated 5 %</i>	1B	ST
EXPAREL (PF) LOCAL INFILTRATION SUSPENSION 1.3 % (13.3 MG/ML)	3	
GOPRELTO NASAL SOLUTION 4 %	3	
<i>lidocaine hcl laryngotracheal solution 4 %</i>	1B	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1B	
<i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i>	1B	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1B	PA
<i>lidocaine topical ointment 5 %</i>	1B	QL
<i>lidocaine viscous mucous membrane solution 2 %</i>	1B	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1B	QL

Drug Name	Drug Tier	Requirements / Limits
<i>lidocaine-prilocaine topical kit 2.5-2.5 %</i>	1B	
<i>lidocaine iii topical adhesive patch,medicated 5 %</i>	1B	ST
<i>lidocort topical cream 3-0.5 %</i>	1B	
NUMBRINO NASAL SOLUTION 4 %	3	
<i>polocaine-mpf injection solution 10 mg/ml (1 %), 20 mg/ml (2 %)</i>	1B	
<i>ropivacaine (pf) injection solution 10 mg/ml (1 %), 2 mg/ml (0.2 %), 5 mg/ml (0.5 %), 7.5 mg/ml (0.75 %)</i>	1B	
XARACOLL IMPLANT IMPLANT 100 MG	3	
TOPICAL ANTIBACTERIALS		
ALTABAX TOPICAL OINTMENT 1 %	3	ST; QL
CENTANY AT TOPICAL OINTMENT KIT 2 %	3	ST; QL
CENTANY TOPICAL OINTMENT 2 %	3	ST; QL
<i>gentamicin topical cream 0.1 %</i>	1B	QL
<i>gentamicin topical ointment 0.1 %</i>	1B	QL
<i>lugols topical solution 5-10 %</i>	1B	

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Drug Name	Drug Tier	Requirements / Limits
<i>mafenide acetate topical packet 50 gram</i>	1B	
<i>mupirocin calcium topical cream 2 %</i>	1B	ST; QL
<i>mupirocin topical ointment 2 %</i>	1B	QL
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	3	
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	3	
<i>strong iodine topical solution 5-10 %</i>	1B	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	1B	
SULFAMYLON TOPICAL CREAM 85 MG/G	2	
XEPI TOPICAL CREAM 1 %	3	ST; QL
TOPICAL ANTIFUNGALS		
CICLODAN KIT TOPICAL COMBO PACK 0.77 %	3	
<i>ciclodan topical cream 0.77 %</i>	1B	QL
<i>ciclopirox topical cream 0.77 %</i>	1B	QL
<i>ciclopirox topical gel 0.77 %</i>	1B	QL
<i>ciclopirox topical shampoo 1 %</i>	1B	QL

Drug Name	Drug Tier	Requirements / Limits
<i>ciclopirox topical suspension 0.77 %</i>	1B	QL
<i>clotrimazole topical cream 1 %</i>	1B	QL
<i>clotrimazole topical solution 1 %</i>	1B	QL
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	1B	QL
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	1B	QL
<i>econazole topical cream 1 %</i>	1B	QL
ECOZA TOPICAL FOAM 1 %	3	QL
ERTACZO TOPICAL CREAM 2 %	3	QL
EXELDERM TOPICAL CREAM 1 %	3	QL
EXELDERM TOPICAL SOLUTION 1 %	3	QL
<i>ketoconazole topical cream 2 %</i>	1B	QL
<i>ketoconazole topical foam 2 %</i>	1B	QL
<i>ketoconazole topical shampoo 2 %</i>	1B	QL
<i>ketodan kit topical combo pack 2 %</i>	1B	
<i>ketodan topical foam 2 %</i>	1B	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>klayesta topical powder 100,000 unit/gram</i>	1B	QL
LULICONAZOLE TOPICAL CREAM 1 %	3	PA; QL
LUZU TOPICAL CREAM 1 %	3	PA; QL
MICONAZOLE NITRATE-ZINC OX-PET TOPICAL OINTMENT 0.25-15-81.35 %	3	QL
<i>naftifine topical cream 1 %, 2 %</i>	1B	QL
<i>naftifine topical gel 2 %</i>	1B	QL
<i>nyamyc topical powder 100,000 unit/gram</i>	1B	QL
<i>nystatin topical cream 100,000 unit/gram</i>	1B	QL
<i>nystatin topical ointment 100,000 unit/gram</i>	1B	QL
<i>nystatin topical powder 100,000 unit/gram</i>	1B	QL
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	1B	QL
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	1B	QL

Drug Name	Drug Tier	Requirements / Limits
<i>nystop topical powder 100,000 unit/gram</i>	1B	QL
<i>oxiconazole topical cream 1 %</i>	1B	QL
OXISTAT TOPICAL LOTION 1 %	3	QL
SULCONAZOLE TOPICAL CREAM 1 %	3	QL
SULCONAZOLE TOPICAL SOLUTION 1 %	3	QL
VUSION TOPICAL OINTMENT 0.25-15-81.35 %	3	QL
XOLEGEL TOPICAL GEL 2 %	3	QL
TOPICAL ANTIVIRALS		
<i>acyclovir topical cream 5 %</i>	1B	PA; QL
<i>acyclovir topical ointment 5 %</i>	1B	PA; QL
DENAVIR TOPICAL CREAM 1 %	3	
<i>peniclovir topical cream 1 %</i>	1B	
XERESE TOPICAL CREAM 5-1 %	3	
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	1B	
ALA-SCALP TOPICAL LOTION 2 %	3	ST

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Drug Name	Drug Tier	Requirements / Limits
<i>alclometasone topical cream 0.05 %</i>	1B	
<i>alclometasone topical ointment 0.05 %</i>	1B	
<i>amcinonide topical ointment 0.1 %</i>	1B	ST
<i>beser topical lotion 0.05 %</i>	1B	ST
<i>betamethasone dipropionate topical cream 0.05 %</i>	1B	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1B	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	1B	
<i>betamethasone valerate topical cream 0.1 %</i>	1B	
<i>betamethasone valerate topical foam 0.12 %</i>	1B	ST
<i>betamethasone valerate topical lotion 0.1 %</i>	1B	
<i>betamethasone valerate topical ointment 0.1 %</i>	1B	
<i>betamethasone, augmented topical cream 0.05 %</i>	1B	
<i>betamethasone, augmented topical gel 0.05 %</i>	1B	
<i>betamethasone, augmented topical lotion 0.05 %</i>	1B	

Drug Name	Drug Tier	Requirements / Limits
<i>betamethasone, augmented topical ointment 0.05 %</i>	1B	
CAPEX TOPICAL SHAMPOO 0.01 %	3	ST
<i>clobetasol scalp solution 0.05 %</i>	1B	QL
<i>clobetasol topical cream 0.05 %</i>	1B	QL
<i>clobetasol topical foam 0.05 %</i>	1B	ST; QL
<i>clobetasol topical gel 0.05 %</i>	1B	QL
<i>clobetasol topical lotion 0.05 %</i>	1B	ST; QL
<i>clobetasol topical ointment 0.05 %</i>	1B	QL
<i>clobetasol topical shampoo 0.05 %</i>	1B	ST; QL
<i>clobetasol topical spray, non-aerosol 0.05 %</i>	1B	ST; QL
<i>clobetasol-emollient topical cream 0.05 %</i>	1B	QL
<i>clobetasol-emollient topical foam 0.05 %</i>	1B	ST; QL
<i>clocortolone pivalate topical cream 0.1 %</i>	1B	
CLODAN KIT TOPICAL KIT, SHAMPOO AND CLEANSER 0.05 %	3	ST; QL
<i>clodan topical shampoo 0.05 %</i>	1B	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2	3	ST
CORDRAN TOPICAL CREAM 0.025 %	3	ST; QL
<i>desonide topical cream 0.05 %</i>	1B	
<i>desonide topical gel 0.05 %</i>	1B	ST
<i>desonide topical lotion 0.05 %</i>	1B	ST
<i>desonide topical ointment 0.05 %</i>	1B	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i>	1B	ST
<i>desoximetasone topical gel 0.05 %</i>	1B	ST
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i>	1B	ST
<i>desoximetasone topical spray,non- aerosol 0.25 %</i>	1B	ST
<i>diflorasone topical cream 0.05 %</i>	1B	ST; QL
<i>diflorasone topical ointment 0.05 %</i>	1B	ST; QL
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	1B	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	1B	
<i>fluocinolone topical oil 0.01 %</i>	1B	

Drug Name	Drug Tier	Requirements / Limits
<i>fluocinolone topical ointment 0.025 %</i>	1B	
<i>fluocinolone topical solution 0.01 %</i>	1B	
<i>fluocinonide topical cream 0.05 %</i>	1B	QL
<i>fluocinonide topical cream 0.1 %</i>	1B	ST; QL
<i>fluocinonide topical gel 0.05 %</i>	1B	QL
<i>fluocinonide topical ointment 0.05 %</i>	1B	QL
<i>fluocinonide topical solution 0.05 %</i>	1B	QL
<i>fluocinonide-e topical cream 0.05 %</i>	1B	QL
<i>flurandrenolide topical cream 0.05 %</i>	1B	ST; QL
<i>flurandrenolide topical lotion 0.05 %</i>	1B	ST; QL
<i>flurandrenolide topical ointment 0.05 %</i>	1B	ST; QL
<i>fluticasone propionate topical cream 0.05 %</i>	1B	
<i>fluticasone propionate topical lotion 0.05 %</i>	1B	ST
<i>fluticasone propionate topical ointment 0.005 %</i>	1B	
<i>halcinonide topical cream 0.1 %</i>	1B	ST
<i>halobetasol propionate topical cream 0.05 %</i>	1B	

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Drug Name	Drug Tier	Requirements / Limits
<i>halobetasol propionate topical foam 0.05 %</i>	1B	ST
<i>halobetasol propionate topical ointment 0.05 %</i>	1B	
<i>hydrocortisone butyrate topical cream 0.1 %</i>	1B	QL
<i>hydrocortisone butyrate topical lotion 0.1 %</i>	1B	ST; QL
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	1B	ST; QL
<i>hydrocortisone butyrate topical solution 0.1 %</i>	1B	ST; QL
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1B	
<i>hydrocortisone topical lotion 2.5 %</i>	1B	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1B	
<i>hydrocortisone valerate topical cream 0.2 %</i>	1B	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	1B	
IMPOYZ TOPICAL CREAM 0.025 %	3	ST; QL
<i>mometasone topical cream 0.1 %</i>	1B	
<i>mometasone topical ointment 0.1 %</i>	1B	
<i>mometasone topical solution 0.1 %</i>	1B	

Drug Name	Drug Tier	Requirements / Limits
NUCORT TOPICAL LOTION 2 %	3	ST
PANDEL TOPICAL CREAM 0.1 %	3	ST
<i>prednicarbate topical cream 0.1 %</i>	1B	
<i>prednicarbate topical ointment 0.1 %</i>	1B	
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %	3	ST
<i>scalacort topical lotion 2 %</i>	1B	
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %	3	ST
TEXACORT TOPICAL SOLUTION 2.5 %	3	ST
<i>tovet emollient topical foam 0.05 %</i>	1B	ST; QL
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	1B	ST; QL
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	1B	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	1B	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1B	

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Drug Name	Drug Tier	Requirements / Limits
<i>triamcinolone acetonide topical ointment 0.05 %</i>	1B	ST
<i>triderm topical cream 0.1 %</i>	1B	
<i>triderm topical cream 0.5 %</i>	1B	ST
TOPICAL ENZYMES		
NEXOBRID TOPICAL GEL 8.8 %	3	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	2	QL
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan topical lotion 10 %</i>	1B	
EURAX TOPICAL CREAM 10 %	3	
EURAX TOPICAL LOTION 10 %	3	
<i>malathion topical lotion 0.5 %</i>	1B	
<i>permethrin topical cream 5 %</i>	1B	
<i>spinosad topical suspension 0.9 %</i>	1B	
ULESFIA TOPICAL LOTION 5 %	3	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
ANTIDOTES		
PROVAYBLUE INTRAVENOUS SOLUTION 5 MG/ML	3	

Drug Name	Drug Tier	Requirements / Limits
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation solution</i>	1B	
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	1B	
<i>ringer's irrigation solution</i>	1B	
SORBITOL IRRIGATION SOLUTION 3 %	3	
SORBITOL-MANNITOL TRANSURETHRAL SOLUTION 2.7-0.54 GRAM/100 ML	3	
<i>tis-u-sol pentalyte irrigation irrigation solution 800-40-20-8.75- 6.25 mg/100 ml</i>	1B	
MISCELLANEOUS AGENTS		
<i>acamprosate oral tablet,delayed release (dr/ec) 333 mg</i>	1B	
<i>acetic acid irrigation solution 0.25 %</i>	1B	
AMPHADASE INJECTION SOLUTION 150 UNIT/ML	3	
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	1B	
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	1B	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated May 1, 2024

Drug Name	Drug Tier	Requirements / Limits
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	4	LA
<i>carglumic acid oral tablet, dispersible 200 mg</i>	4	LA
<i>cevimeline oral capsule 30 mg</i>	1B	
CHEMET ORAL CAPSULE 100 MG	2	
DEFENCATH INTRA-CATHETER SOLUTION 13.5 MG- 1,000 UNIT/ML	3	
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	4	PA; LA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	4	PA; LA
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	4	PA; LA
<i>deferiprone oral tablet 1,000 mg, 500 mg</i>	4	PA; LA
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1B	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	4	PA; LA
ENDARI ORAL POWDER IN PACKET 5 GRAM	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
EXSERVAN ORAL FILM 50 MG	4	PA; LA
FABHALTA ORAL CAPSULE 200 MG	4	PA; LA
HYLENEX INJECTION SOLUTION 150 UNIT/ML	3	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	4	PA; LA
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	PA; QL
JOENJA ORAL TABLET 70 MG	4	PA; LA; QL
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	1B	
<i>levocarnitine intravenous solution 200 mg/ml</i>	1B	
<i>levocarnitine oral solution 100 mg/ml</i>	1B	
<i>levocarnitine oral tablet 330 mg</i>	1B	
LITFULO ORAL CAPSULE 50 MG	4	PA; LA; QL
LITHOSTAT ORAL TABLET 250 MG	3	
METOPIRONE ORAL CAPSULE 250 MG	3	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1B	

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Drug Name	Drug Tier	Requirements / Limits
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	4	PA; LA
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM	4	PA; LA
PHEBURANE ORAL GRANULES 483 MG/GRAM	4	PA; LA
<i>pilocarpine hcl oral tablet 5 mg</i>	1B	
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	4	PA; LA; QL
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7)	4	PA; LA; QL
RADIOGARDASE ORAL CAPSULE 0.5 GRAM	3	
<i>riluzole oral tablet 50 mg</i>	1B	
<i>risedronate oral tablet 30 mg</i>	1A	QL
<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>	1B	
<i>sodium chloride 0.9 % injection solution</i>	1B	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1B	

Drug Name	Drug Tier	Requirements / Limits
<i>sodium chloride 0.9 % intravenous piggyback</i>	1B	
<i>sodium chloride injection syringe 0.9 %</i>	1B	
<i>sodium chloride irrigation solution 0.9 %</i>	1B	
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	1B	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	1B	PA
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG	4	PA; LA; QL
TAVNEOS ORAL CAPSULE 10 MG	4	PA; LA; QL
TEGLUTIK ORAL SUSPENSION 50 MG/10 ML	4	PA; LA
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	4	PA; LA
<i>trientine oral capsule 250 mg</i>	1B	PA
TRIENTINE ORAL CAPSULE 500 MG	3	PA
ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML	4	PA; LA
<i>water for irrigation, sterile irrigation solution</i>	1B	

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Drug Name	Drug Tier	Requirements / Limits
ZYNRELEF SURGICAL SITE INSTILLATION SOLUTION, EXTENDED RELEASE 200 MG-6 MG /7 ML, 400 MG-12 MG /14 ML	3	
SMOKING DETERRENENTS		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	5	ACA
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	5	ACA
CHANTIX ORAL TABLET 1 MG	5	ACA
CHANTIX STARTING MONTH BOX ORAL TABLETS, DOSE PACK 0.5 MG (11)-1 MG (42)	5	ACA
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24 HR, 21 MG/24 HR, 7 MG/24 HR	2	OTC; QL
NICORETTE BUCCAL GUM 2 MG	2	OTC; QL
<i>nicorette buccal gum 4 mg</i>	5	ACA; OTC; QL

Drug Name	Drug Tier	Requirements / Limits
NICORETTE BUCCAL LOZENGE 2 MG, 4 MG	2	OTC; QL
NICORETTE BUCCAL MINI LOZENGE 2 MG, 4 MG	2	OTC; QL
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	5	ACA; OTC; QL
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	5	ACA; OTC; QL
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	5	ACA; OTC; QL
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	5	ACA; OTC; QL
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	5	ACA; OTC; QL
NICOTROL INHALATION CARTRIDGE 10 MG	5	ACA
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	5	ACA
<i>quit 2 buccal gum 2 mg</i>	5	ACA; OTC; QL
<i>quit 2 buccal lozenge 2 mg</i>	5	ACA; OTC; QL
<i>quit 4 buccal gum 4 mg</i>	5	ACA; OTC; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>quit 4 buccal lozenge 4 mg</i>	5	ACA; OTC; QL
<i>stop smoking aid buccal lozenge 2 mg, 4 mg</i>	5	ACA; OTC; QL
<i>varenicline oral tablet 0.5 mg, 1 mg</i>	5	ACA
<i>varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i>	5	ACA
EAR, NOSE & THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine nasal aerosol, spray 137 mcg (0.1 %)</i>	1B	QL
<i>azelastine nasal spray, non-aerosol 205.5 mcg (0.15 %)</i>	1B	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	1B	
CLINPRO 5000 DENTAL PASTE 1.1 %	3	
<i>denta 5000 plus dental cream 1.1 %</i>	1A	
<i>dentagel dental gel 1.1 %</i>	1A	
<i>fluoride (sodium) dental cream 1.1 %</i>	1A	
<i>fluoride (sodium) dental gel 1.1 %</i>	1A	
<i>fluoride (sodium) dental paste 1.1 %</i>	1A	

Drug Name	Drug Tier	Requirements / Limits
<i>fluoride (sodium) dental solution 0.2 %</i>	1A	
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 %	3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 %	3	
FLUORIMAX 5000 DENTAL PASTE 1.1 %	3	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 %	3	
GELX MUCOUS MEMBRANE GEL	3	
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	1B	QL
JUST RIGHT 5000 DENTAL PASTE 1.1 %	3	
<i>kourzeq dental paste 0.1 %</i>	1B	
<i>olopatadine nasal spray, non-aerosol 0.6 %</i>	1B	QL
<i>oralone dental paste 0.1 %</i>	1B	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	1B	
<i>periogard mucous membrane mouthwash 0.12 %</i>	1B	
<i>pilocarpine hcl oral tablet 7.5 mg</i>	1B	
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 %	3	
PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 %	3	
<i>sf 5000 plus dental cream 1.1 %</i>	1A	
<i>sf dental gel 1.1 %</i>	1A	
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	1A	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	1A	
<i>triamcinolone acetonide dental paste 0.1 %</i>	1B	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear) solution 2 %</i>	1B	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	1B	
<i>flac otic oil otic (ear) drops 0.01 %</i>	1B	

Drug Name	Drug Tier	Requirements / Limits
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	1B	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	1B	
<i>ofloxacin otic (ear) drops 0.3 %</i>	1B	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	3	ST
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	1B	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML	3	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	1B	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	1B	
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	3	ST
ENDOCRINE/DIABETES		
ADRENAL HORMONES		

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Drug Name	Drug Tier	Requirements / Limits
ACTHAR INJECTION GEL 80 UNIT/ML	4	PA; LA; QL
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG	3	PA
ASMALPRED PLUS ORAL SOLUTION 15 MG/5 ML	3	
<i>cortisone oral tablet 25 mg</i>	1B	
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	4	PA; LA
CORTROSYN INJECTION RECON SOLN 0.25 MG	3	
<i>cosyntropin injection recon soln 0.25 mg</i>	1B	
<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i>	4	PA; LA
<i>dexabliss oral tablets,dose pack 1.5 mg (39 tabs)</i>	1B	PA
<i>dexamethasone intensol oral drops 1 mg/ml</i>	1B	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	1B	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	1B	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1B	

Drug Name	Drug Tier	Requirements / Limits
<i>dexamethasone oral tablets,dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs), 1.5 mg (51 tabs)</i>	1B	PA
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	4	PA; LA
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	4	PA; LA
<i>fludrocortisone oral tablet 0.1 mg</i>	1B	
HEMADY ORAL TABLET 20 MG	3	PA
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1B	
MEDROL ORAL TABLET 2 MG	3	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1B	
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	1B	
<i>millipred dp oral tablets,dose pack 5 mg (21 tabs), 5 mg (48 tabs)</i>	1B	
<i>millipred oral tablet 5 mg</i>	1B	
<i>prednisolone oral solution 15 mg/5 ml</i>	1B	
<i>prednisolone oral tablet 5 mg</i>	1B	

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Drug Name	Drug Tier	Requirements / Limits
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1B	
<i>prednisolone sodium phosphate oral tablet, disintegrating 10 mg, 15 mg, 30 mg</i>	1B	
<i>prednisone intensol oral concentrate 5 mg/ml</i>	1B	
<i>prednisone oral solution 5 mg/5 ml</i>	1B	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1B	
<i>prednisone oral tablets, dose pack 10 mg, 5 mg</i>	1B	
TAPERDEX ORAL TABLETS, DOSE PACK 1.5 MG (21 TABS), 1.5 MG (27 TABS), 1.5 MG (49 TABS)	3	PA
ZCORT ORAL TABLETS, DOSE PACK 1.5 MG (25 TABS)	3	PA
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1B	
<i>potassium iodide oral solution 1 gram/ml</i>	1B	

Drug Name	Drug Tier	Requirements / Limits
<i>propylthiouracil oral tablet 50 mg</i>	1B	
SSKI ORAL SOLUTION 1 GRAM/ML	3	
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
EUA PATIENT ASSESSMENT	5	ACA
GLUCAGON HCL INJECTION RECON SOLN 1 MG/ML	3	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	3	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide oral suspension 50 mg/ml</i>	1B	
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	3	QL
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	3	QL
<i>glucagon emergency kit (human) injection recon soln 1 mg</i>	1B	QL

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Drug Name	Drug Tier	Requirements / Limits
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	QL
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	QL
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	2	QL
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	3	QL
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	3	QL
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
BD INTEGRA NEEDLE NEEDLE 23 GAUGE X 1"	2	
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	2	
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	2	OTC

Drug Name	Drug Tier	Requirements / Limits
ECLIPSE NEEDLE NEEDLE 27 GAUGE X 1/2"	3	
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN	3	PA
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN	3	PA
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE	2	QL
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	2	QL
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	3	QL
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	3	QL
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	2	QL
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	2	QL
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	3	ST; OTC

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Drug Name	Drug Tier	Requirements / Limits
INSULIN THERAPY		
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	3	
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
BASAGLAR TEMPO PEN(U-100)INSLN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML (3 ML)	3	
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	2	
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)	2	

Drug Name	Drug Tier	Requirements / Limits
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	2	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	2	
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	2	
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	2	
HUMALOG TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML	2	ST
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	

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Drug Name	Drug Tier	Requirements / Limits
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	
HUMULIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML	2	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	2	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	2	

Drug Name	Drug Tier	Requirements / Limits
INSULIN DEGLUDEC SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML), 200 UNIT/ML (3 ML)	3	
INSULIN DEGLUDEC SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
INSULIN GLARGINE SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
INSULIN GLARGINE SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
INSULIN GLARGINE U-300 CONC SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML), 300 UNIT/ML (3 ML)	2	
INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	

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Drug Name	Drug Tier	Requirements / Limits
INSULIN LISPRO PROTAMIN- LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	2	
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	2	
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	2	
INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
LEVEMIR FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	

Drug Name	Drug Tier	Requirements / Limits
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	2	
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	
LYUMJEV TEMPO PEN(U- 100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML	2	ST
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
MYXREDLIN INTRAVENOUS SOLUTION 100 UNIT/100 ML (1 UNIT/ML)	3	
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	

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Drug Name	Drug Tier	Requirements / Limits
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	3	
NOVOLOG MIX 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
RELION NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	
RELION NOVOLIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	
RELION NOVOLIN INJECTION SOLUTION 100 UNIT/ML	3	
REZVOGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	

Drug Name	Drug Tier	Requirements / Limits
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	2	QL
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	2	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	2	
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	

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Drug Name	Drug Tier	Requirements / Limits
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	2	QL
MISCELLANEOUS HORMONES		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	2	PA; QL
<i>cabergoline oral tablet 0.5 mg</i>	1B	QL
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	1B	
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>	1B	
<i>calcitriol intravenous solution 1 mcg/ml</i>	1B	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1B	
<i>calcitriol oral solution 1 mcg/ml</i>	1B	
CERDELGA ORAL CAPSULE 84 MG	4	PA; LA; QL
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i>	1B	PA

Drug Name	Drug Tier	Requirements / Limits
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1B	PA
<i>desmopressin injection solution 4 mcg/ml</i>	4	LA
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	1B	ST
DESMOPRESSIN NASAL SPRAY,NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	2	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	1B	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	1B	
ISTURISA ORAL TABLET 1 MG, 5 MG	4	PA; LA; QL
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG	3	PA; QL
<i>javygtor oral tablet,soluble 100 mg</i>	4	PA; LA
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	4	PA; LA
KUVAN ORAL TABLET,SOLUBL E 100 MG	4	PA; LA
METHITEST ORAL TABLET 10 MG	2	PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated May 1, 2024

Drug Name	Drug Tier	Requirements / Limits
<i>methyltestosterone oral capsule 10 mg</i>	1B	PA
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	3	
<i>mifepristone oral tablet 300 mg</i>	4	PA
<i>miglustat oral capsule 100 mg</i>	4	PA; LA; QL
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	4	PA; LA
NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION	3	PA; QL
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG	3	ST; QL
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG	3	ST; QL
NOCTIVA NASAL SPRAY,NON-AEROSOL 0.83 MCG/SPRAY (0.1 ML), 1.66 MCG/SPRAY (0.1 ML)	3	QL

Drug Name	Drug Tier	Requirements / Limits
OPFOLDA ORAL CAPSULE 65 MG	4	PA; LA; QL
ORILISSA ORAL TABLET 150 MG, 200 MG	2	PA; QL
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1B	
POMBILITI INTRAVENOUS RECON SOLN 105 MG	4	PA; LA
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	3	
SAMSCA ORAL TABLET 15 MG, 30 MG	4	PA; LA; QL
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	4	PA; LA
<i>sapropterin oral tablet,soluble 100 mg</i>	4	PA; LA
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	4	PA; LA
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML	2	PA
TESTOPEL IMPLANT PELLETT 75 MG	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1B	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1B	PA
TESTOSTERONE IMPLANT PELLETT 100 MG, 200 MG, 50 MG	3	PA
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	1B	PA; QL
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation, 12.5 mg/1.25 gram (1 %), 20.25 mg/1.25 gram (1.62 %)</i>	1B	PA; QL
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i>	1B	PA; QL
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	1B	PA; QL
TLANDO ORAL CAPSULE 112.5 MG	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	4	PA; LA; QL
VAPRISOL IN 5 % DEXTROSE INTRAVENOUS SOLUTION 20 MG/100 ML	3	
VASOPRESSIN IN 0.9 % SOD CHLOR INTRAVENOUS SOLUTION 20 UNIT/100 ML (0.2 UNIT/ML)	3	
VASOPRESSIN IN DEXTROSE 5 % INTRAVENOUS SOLUTION 20 UNIT/100 ML (0.2 UNIT/ML)	3	
<i>vasopressin intravenous solution 20 unit/ml</i>	1B	
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	2	PA; QL
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1A	
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	QL

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Drug Name	Drug Tier	Requirements / Limits
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	2	PA; QL
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML, 5 MCG/DOSE (250 MCG/ML) 1.2 ML	2	PA; QL
CYCLOSET ORAL TABLET 0.8 MG	3	
DAPAGLIFLOZ PROPANED- METFORMIN ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 5-1,000 MG	3	ST; QL
FARXIGA ORAL TABLET 10 MG, 5 MG	2	ST; QL
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1A	
<i>glipizide oral tablet 10 mg, 5 mg</i>	1A	
GLIPIZIDE ORAL TABLET 2.5 MG	3	
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	1A	
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5- 500 mg</i>	1A	

Drug Name	Drug Tier	Requirements / Limits
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1A	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1A	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5- 500 mg</i>	1A	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	2	ST; QL
INPEFA ORAL TABLET 200 MG, 400 MG	3	PA; QL
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	2	QL
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	2	QL
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	QL
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	ST; QL
<i>metformin oral solution 500 mg/5 ml</i>	1A	PA
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1A	
METFORMIN ORAL TABLET 625 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	1A	QL
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	1A	
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	2	PA; QL
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1A	
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	QL
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA; QL
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	1A	QL
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	1A	QL

Drug Name	Drug Tier	Requirements / Limits
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	1A	QL
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1A	
RIOMET ER ORAL SUSPENSION,EXTENDED REL RECON 500 MG/5 ML	3	PA
RIOMET ORAL SOLUTION 500 MG/5 ML	3	PA
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	PA; QL
<i>saxagliptin oral tablet 2.5 mg, 5 mg</i>	1A	QL
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg, 5-1,000 mg, 5-500 mg</i>	1A	QL
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG	2	ST; QL
STEGLATRO ORAL TABLET 15 MG, 5 MG	2	ST; QL
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	2	QL

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Drug Name	Drug Tier	Requirements / Limits
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	2	QL
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	2	ST; QL
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 25-1,000 MG, 5-1,000 MG	2	ST; QL
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 12.5-2.5-1,000 MG, 25-5-1,000 MG, 5-2.5-1,000 MG	2	ST
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	2	PA; QL
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	2	ST; QL
THYROID HORMONES		
<i>adthyza oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1B	

Drug Name	Drug Tier	Requirements / Limits
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG	3	
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	2	
ERMEZA ORAL SOLUTION 30 MCG/ML	3	
<i>euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1B	
<i>levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1B	
LEVOTHYROXINE ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1B	

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Drug Name	Drug Tier	Requirements / Limits
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1B	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1B	
<i>niva thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1B	
<i>np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1B	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
THYQUIDITY ORAL SOLUTION 20 MCG/ML	3	
<i>thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1B	

Drug Name	Drug Tier	Requirements / Limits
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG	3	
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	3	
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1B	

GASTROENTEROLOGY

ANTIDIARRHEALS & ANTISPASMODICS

<i>anaspaz oral tablet, disintegrating 0.125 mg</i>	1B	
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Drug Name	Drug Tier	Requirements / Limits
<i>atropine in 0.9 % sod chloride intravenous syringe 0.8 mg/2 ml (0.4 mg/ml)</i>	1B	
ATROPINE IN 0.9 % SOD CHLORIDE INTRAVENOUS SYRINGE 1 MG/2.5 ML (0.4 MG/ML), 1.2 MG/3 ML (0.4 MG/ML)	3	
<i>atropine intravenous solution 0.4 mg/ml, 1 mg/ml</i>	1B	
BENTYL INTRAMUSCULAR SOLUTION 10 MG/ML	3	
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	1B	
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)	3	
<i>dicyclomine intramuscular solution 10 mg/ml</i>	1B	
<i>dicyclomine oral capsule 10 mg</i>	1B	
<i>dicyclomine oral solution 10 mg/5 ml</i>	1B	
<i>dicyclomine oral tablet 20 mg</i>	1B	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	1B	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1B	

Drug Name	Drug Tier	Requirements / Limits
DONNATAL ORAL TABLET 16.2-0.1037 -0.0194 MG	3	
<i>ed-spaz oral tablet, disintegrating 0.125 mg</i>	1B	
GLYCATE ORAL TABLET 1.5 MG	3	
GLYCOPYRROLATE (PF) IN WATER INJECTION SYRINGE 0.2 MG/ML	3	
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml), 1 mg/5 ml (0.2 mg/ml)</i>	1B	
GLYCOPYRROLATE (PF) IN WATER INTRAVENOUS SYRINGE 0.6 MG/3 ML (0.2 MG/ML)	3	
<i>glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)</i>	1B	
<i>glycopyrrolate injection solution 0.2 mg/ml</i>	1B	
GLYCOPYRROLATE INTRAVENOUS SYRINGE 0.6 MG/3 ML (0.2 MG/ML), 1 MG/5 ML (0.2 MG/ML)	3	
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i>	1B	

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Drug Name	Drug Tier	Requirements / Limits
<i>glycopyrrolate oral tablet 1 mg, 1.5 mg, 2 mg</i>	1B	
GLYRX-PF INJECTION SOLUTION 0.2 MG/ML	3	
GLYRX-PF INJECTION SYRINGE 0.6 MG/3 ML (0.2 MG/ML), 1 MG/5 ML (0.2 MG/ML)	3	
HYOSCYAMINE SULFATE INJECTION SOLUTION 0.5 MG/ML	3	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>	1B	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	1B	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	1B	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	1B	
<i>hyoscyamine sulfate oral tablet, disintegrating 0.125 mg</i>	1B	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	1B	
<i>hyosyne oral drops 0.125 mg/ml</i>	1B	
<i>hyosyne oral elixir 0.125 mg/5 ml</i>	1B	

Drug Name	Drug Tier	Requirements / Limits
<i>loperamide oral capsule 2 mg</i>	1B	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	1B	
MOTOFEN ORAL TABLET 1-0.025 MG	3	
NULEV ORAL TABLET, DISINTEGRATING 0.125 MG	3	
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	1B	
<i>oscimin oral tablet 0.125 mg</i>	1B	
<i>oscimin sl sublingual tablet 0.125 mg</i>	1B	
<i>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 - 0.0194 mg/5 ml</i>	1B	
<i>phenobarb-hyoscy-atropine-scop oral tablet 16.2-0.1037 - 0.0194 mg</i>	1B	
SYMAX DUOTAB ORAL TABLET, EXTENDED RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG)	3	
<i>symax fastabs oral tablet, disintegrating 0.125 mg</i>	1B	
<i>symax-sl sublingual tablet 0.125 mg</i>	1B	

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Drug Name	Drug Tier	Requirements / Limits
<i>symax-sr oral tablet extended release 12 hr 0.375 mg</i>	1B	
MISCELLANEOUS AGENTS		
AURYXIA ORAL TABLET 210 MG IRON	3	PA
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	3	QL
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i>	1B	QL
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	1B	QL
<i>sevelamer carbonate oral tablet 800 mg</i>	1B	QL
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	1B	QL
<i>sodium polystyrene sulfonate oral powder</i>	1B	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	1B	
<i>sps (with sorbitol) rectal enema 30-40 gram/120 ml</i>	1B	
VELPHORO ORAL TABLET, CHEWABLE 500 MG	2	QL

Drug Name	Drug Tier	Requirements / Limits
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	2	QL
XPHOZAH ORAL TABLET 20 MG, 30 MG	3	PA; QL
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG	3	
AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION 235 MG-0.25 MG /20 ML	3	
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	1B	
<i>alvimopan oral capsule 12 mg</i>	1B	
ANTIVERT ORAL TABLET 50 MG	3	PA
<i>anucort-hc rectal suppository 25 mg</i>	1B	
ANZEMET ORAL TABLET 50 MG	3	
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	1B	QL
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>	1B	QL

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Drug Name	Drug Tier	Requirements / Limits
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM	3	ST
<i>balsalazide oral capsule 750 mg</i>	1B	
BARHEMSYS INTRAVENOUS SOLUTION 10 MG/4 ML (2.5 MG/ML), 5 MG/2 ML (2.5 MG/ML)	3	
<i>betaine oral powder 1 gram/scoop</i>	4	PA
<i>budesonide oral capsule,delayed,extended.release 3 mg</i>	1B	
<i>budesonide oral tablet,delayed and ext.release 9 mg</i>	1B	
<i>budesonide rectal foam 2 mg/actuation</i>	1B	
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	4	PA; LA; QL
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	4	PA; LA; QL
<i>citrate of magnesia oral solution</i>	5	ACA; OTC
<i>citroma oral solution</i>	5	ACA; OTC
<i>clearlax oral powder 17 gram/dose</i>	5	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML, 10 MG-3.5 GRAM- 12 GRAM/175 ML	5	ACA
<i>compro rectal suppository 25 mg</i>	1B	
<i>constulose oral solution 10 gram/15 ml</i>	1B	
CORTIFOAM RECTAL FOAM 10 % (80 MG)	3	
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	2	
<i>cromolyn oral concentrate 100 mg/5 ml</i>	1B	
CYSTADANE ORAL POWDER 1 GRAM/SCOOP	4	PA; LA
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC) 10-10 MG	3	PA; QL
DIPENTUM ORAL CAPSULE 250 MG	3	ST

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Drug Name	Drug Tier	Requirements / Limits
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec) 10-10 mg</i>	1B	PA; QL
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1B	
<i>dulcolax (magnesium hydroxide) oral suspension 400 mg/5 ml</i>	5	ACA; OTC
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ML FINAL CONC.)	3	QL
ENTEREG ORAL CAPSULE 12 MG	3	
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	4	PA; LA; QL
<i>enulose oral solution 10 gram/15 ml</i>	1B	
<i>fleet laxative (bisacodyl) oral tablet, delayed release (dr/ec) 5 mg</i>	5	ACA; OTC
<i>gavilax oral powder 17 gram/dose</i>	5	ACA; OTC
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	5	ACA
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	5	ACA
<i>generlac oral solution 10 gram/15 ml</i>	1B	

Drug Name	Drug Tier	Requirements / Limits
<i>gentle laxative (bisacodyl) oral tablet, delayed release (dr/ec) 5 mg</i>	5	ACA; OTC
<i>gentlelax oral powder 17 gram/dose</i>	5	ACA; OTC
<i>granisetron hcl oral tablet 1 mg</i>	1B	QL
<i>hemmorex-hc rectal suppository 25 mg</i>	1B	
<i>hydrocortisone acetate rectal suppository 25 mg</i>	1B	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	1B	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	1B	
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	1B	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)</i>	1B	ST
KINEVAC INJECTION RECON SOLN 5 MCG	2	
KRISTALOSE ORAL PACKET 10 GRAM, 20 GRAM	3	
<i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i>	1B	

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Drug Name	Drug Tier	Requirements / Limits
<i>laxative (bisacodyl) oral tablet, delayed release (dr/ec) 5 mg</i>	5	ACA; OTC
<i>laxative peg 3350 oral powder 17 gram/dose</i>	5	ACA; OTC
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	1B	
<i>lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram), 3-0.5 %, 3-1 % (7 gram)</i>	1B	
<i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>	1B	
<i>lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)</i>	1B	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	2	QL
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	1B	QL
<i>magnesium citrate oral solution</i>	5	ACA; OTC
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1B	
MECLIZINE ORAL TABLET 50 MG	3	PA
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	1B	
<i>mesalamine oral capsule, extended release 500 mg</i>	1B	

Drug Name	Drug Tier	Requirements / Limits
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	1B	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram, 800 mg</i>	1B	
<i>mesalamine rectal enema 4 gram/60 ml</i>	1B	
<i>mesalamine rectal suppository 1,000 mg</i>	1B	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	1B	
<i>metoclopramide hcl injection solution 5 mg/ml</i>	1B	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1B	ST
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1B	
<i>milk of magnesia concentrated oral suspension 2,400 mg/10 ml</i>	5	ACA; OTC
<i>milk of magnesia oral suspension 400 mg/5 ml</i>	5	ACA; OTC
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	2	PA; QL
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM	3	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated May 1, 2024

Drug Name	Drug Tier	Requirements / Limits
<i>natura-lax oral powder 17 gram/dose</i>	5	ACA; OTC
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i>	1B	
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; LA; QL
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	1B	QL
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1B	QL
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1B	QL
<i>onelax magnesium citrate oral solution</i>	5	ACA; OTC
<i>oral saline laxative oral liquid 7.2-2.7 gram/15 ml</i>	5	ACA; OTC
PANCREAZE ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800-98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700-83,900 UNIT, 37,000-97,300-149,900 UNIT, 4,200-14,200-24,600 UNIT	2	

Drug Name	Drug Tier	Requirements / Limits
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	5	ACA
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i>	5	ACA
<i>peg-electrolyte soln oral recon soln 420 gram</i>	5	ACA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	2	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	3	
<i>phosphate laxative oral liquid 7.2-2.7 gram/15 ml</i>	5	ACA; OTC
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	5	ACA
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i>	5	ACA; OTC
<i>powderlax oral powder 17 gram/dose</i>	5	ACA; OTC
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1B	
<i>prochlorperazine rectal suppository 25 mg</i>	1B	

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Drug Name	Drug Tier	Requirements / Limits
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	1B	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	1B	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	1B	
<i>purelax oral powder 17 gram/dose</i>	5	ACA; OTC
RECTIV RECTAL OINTMENT 0.4 % (W/W)	2	
RELTONE ORAL CAPSULE 200 MG, 400 MG	3	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	3	QL
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	1B	
SINCALIDE INJECTION RECON SOLN 5 MCG	3	
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>smoothlax oral powder 17 gram/dose</i>	5	ACA; OTC
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	5	ACA
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	4	PA; LA
SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM	2	
<i>sulfasalazine oral tablet 500 mg</i>	1B	
<i>sulfasalazine oral tablet,delayed release (dr/ec) 500 mg</i>	1B	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	2	
SUSTOL SUBCUTANEOUS LIQUID,EXTENDED RELEASE SYRING 10 MG/0.4 ML	3	
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	5	ACA
SYMPROIC ORAL TABLET 0.2 MG	2	PA
SYNDROS ORAL SOLUTION 5 MG/ML	3	

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Drug Name	Drug Tier	Requirements / Limits
TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML	3	
<i>trimethobenzamide oral capsule 300 mg</i>	1B	
TRULANCE ORAL TABLET 3 MG	2	
UCERIS ORAL TABLET, DELAYED AND EXT.RELEASE 9 MG	3	
UCERIS RECTAL FOAM 2 MG/ACTUATION	2	
<i>ursodiol oral capsule 200 mg, 300 mg, 400 mg</i>	1B	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1B	
VARUBI ORAL TABLET 90 MG	2	QL
VELSIPITY ORAL TABLET 2 MG	4	PA; LA; QL
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT	2	
VOWST ORAL CAPSULE	4	PA; LA
<i>women's gentle laxative(bisac) oral tablet, delayed release (dr/ec) 5 mg</i>	5	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000-24,000 UNIT, 60,000-189,600-252,600 UNIT	2	
ULCER THERAPY		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	1B	QL
<i>bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg</i>	1B	
CARAFATE ORAL SUSPENSION 100 MG/ML	3	
CARAFATE ORAL TABLET 1 GRAM	3	
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	1B	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	1B	

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Drug Name	Drug Tier	Requirements / Limits
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i>	1B	ST; QL
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>	1B	ST
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	1B	ST; QL
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	1B	ST
<i>esomeprazole sodium intravenous recon soln 20 mg, 40 mg</i>	1B	
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	1B	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1B	
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	1B	ST; QL
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	1B	ST
<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg</i>	1B	ST; QL
<i>lansoprazole oral tablet, disintegrat, delay rel 30 mg</i>	1B	ST

Drug Name	Drug Tier	Requirements / Limits
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1B	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	1B	
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)	3	QL
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg</i>	1B	QL
<i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>	1B	
<i>pantoprazole intravenous recon soln 40 mg</i>	1B	
<i>pantoprazole oral granules dr for susp in packet 40 mg</i>	1B	ST
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1B	QL
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1B	
PYLERA ORAL CAPSULE 140-125-125 MG	3	
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1B	ST

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Drug Name	Drug Tier	Requirements / Limits
<i>sucralfate oral suspension 100 mg/ml</i>	1B	
<i>sucralfate oral tablet 1 gram</i>	1B	
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG	2	QL
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)	3	
VOQUEZNA ORAL TABLET 10 MG, 20 MG	3	ST
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG	3	
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY		
ANTIVIRALS		
<i>ribavirin oral capsule 200 mg</i>	4	LA
<i>ribavirin oral tablet 200 mg</i>	4	LA
BIOTECHNOLOGY DRUGS		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PA; LA
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; LA; QL
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	4	PA; LA
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA; LA
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 120 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	4	PA; LA
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	4	LA

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Drug Name	Drug Tier	Requirements / Limits
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	4	PA; LA; QL
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; LA; QL
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	4	PA; LA
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA; LA
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	4	PA; LA
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA; LA
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; LA; QL
<i>plerixafor subcutaneous solution 24 mg/1.2 ml (20 mg/ml)</i>	4	LA

Drug Name	Drug Tier	Requirements / Limits
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	4	PA; LA
STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; LA; QL
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML	4	PA; LA; QL
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	4	PA; LA; QL
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; LA; QL
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA; LA
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; LA; QL

GROWTH HORMONES

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Drug Name	Drug Tier	Requirements / Limits
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	4	PA; LA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	4	PA; LA
NGENLA SUBCUTANEOUS PEN INJECTOR 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML)	4	PA; LA
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	4	PA; LA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	4	PA; LA
INTERFERONS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	4	PA; LA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	4	LA; QL
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	4	LA; QL
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO ORAL TABLET 14 MG, 7 MG	4	PA; LA; QL
AVONEX INTRAMUSCULA R PEN INJECTOR KIT 30 MCG/0.5 ML	4	PA; LA; QL
AVONEX INTRAMUSCULA R SYRINGE KIT 30 MCG/0.5 ML	4	PA; LA; QL
BAFIERTAM ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 95 MG	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
BETASERON SUBCUTANEOUS KIT 0.3 MG	4	PA; LA; QL
BRIUMVI INTRAVENOUS SOLUTION 25 MG/ML	4	PA; LA
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	4	PA; LA; QL
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)-240 mg (46), 240 mg</i>	4	PA; LA; QL
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	4	PA; LA; QL
EXTAVIA SUBCUTANEOUS RECON SOLN 0.3 MG	4	PA; LA; QL
<i>fingolimod oral capsule 0.5 mg</i>	4	PA; LA; QL
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG	4	PA; LA; QL
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	4	PA; LA; QL
<i>glatopa subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	4	PA; LA; QL
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	4	PA; LA; QL
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	4	PA; LA; QL
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	4	PA; LA; QL
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	4	PA; LA; QL
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	4	PA; LA; QL
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	4	PA; LA; QL
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	4	PA; LA; QL
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	4	PA; LA; QL
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	4	PA; LA; QL
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	4	PA; LA; QL
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; LA; QL
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; LA; QL
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3)	4	PA; LA; QL
PONVORY ORAL TABLET 20 MG	4	PA; LA; QL
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; LA; QL
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; LA; QL
TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG, 0.5 MG	4	PA; LA; QL
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	4	PA; LA; QL
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	4	PA; LA; QL
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	5	ACA
ACAM2000 (NATIONAL STOCKPILE) PERCUTANEOUS RECON SOLN 1-5X10EXP8 UNIT/ML	2	
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	5	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	5	ACA
AFLURIA QD 2023-24(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	5	ACA
AFLURIA QUAD 2023-2024(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	5	ACA
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	5	ACA
ATGAM INTRAVENOUS SOLUTION 50 MG/ML	2	
BABYBIG INTRAVENOUS RECON SOLN 100 MG	3	

Drug Name	Drug Tier	Requirements / Limits
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	5	ACA
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	5	ACA
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	5	ACA
COMIRNATY 2023-24 (12Y UP)(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML	5	ACA
COMIRNATY 2023-24 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	5	ACA
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %)	4	PA; LA
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML	4	LA

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Drug Name	Drug Tier	Requirements / Limits
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	5	ACA
DENGVAIXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	5	ACA
DYSPORT INTRAMUSCULAR RECON SOLN 300 UNIT, 500 UNIT	4	PA; LA
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	5	ACA
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	5	ACA
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	5	ACA
FLUAD QUAD 2023-24(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	5	ACA

Drug Name	Drug Tier	Requirements / Limits
FLUARIX QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	5	ACA
FLUBLOK QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	5	ACA
FLUCELVAX QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	5	ACA
FLUCELVAX QUAD 2023-2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	5	ACA
FLULAVAL QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	5	ACA
FLUMIST QUAD 2023-2024 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	5	ACA
FLUZONE HIGHDOSE QUAD 23-24 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
FLUZONE QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	5	ACA
FLUZONE QUAD 2023-2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	5	ACA
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	4	
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	5	ACA
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	5	ACA
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	5	ACA
HEPAGAM B INJECTION SOLUTION >312 UNIT/ML, GREATER THAN 312 UNIT/ML (5 ML)	2	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	5	ACA

Drug Name	Drug Tier	Requirements / Limits
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	5	ACA
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	4	PA; LA
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	4	PA; LA
HYPERTET (PF) INTRAMUSCULAR SYRINGE 250 UNIT/ML	2	
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	4	PA; LA
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated May 1, 2024

Drug Name	Drug Tier	Requirements / Limits
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	5	ACA
IPOLETT INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	5	ACA
IXCHIQ INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	2	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	2	
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	2	
KEDRAB (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	5	ACA
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	5	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	5	ACA

Drug Name	Drug Tier	Requirements / Limits
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	5	ACA
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	5	ACA
MODERNA COVID 23-24(6M-11Y)PF INTRAMUSCULAR SUSPENSION 25 MCG/0.25 ML	5	ACA
MYOBLOC INTRAMUSCULAR SOLUTION 10,000 UNIT/2 ML, 2,500 UNIT/0.5 ML, 5,000 UNIT/ML	4	PA; LA
NOVAVAX COVID 2023-24(PF)(EUA) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML	5	ACA
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	5	ACA
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	5	ACA
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	5	ACA
PFIZER COVID 2023-24(5Y-11Y)PF INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	5	ACA
PFIZER COVID 2023-24(6MO-4Y)PF INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 MCG/0.3 ML	5	ACA
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML	5	ACA
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	5	ACA
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	5	ACA
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	5	ACA
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2-3.3CCID50/0.5ML	5	ACA

Drug Name	Drug Tier	Requirements / Limits
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3-3.99 TCID50/0.5	5	ACA
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	5	ACA
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	5	ACA
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	2	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	5	ACA
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	5	ACA
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	5	ACA
ROTATEQ VACCINE ORAL SOLUTION 2 ML	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	5	ACA; QL
SPIKEVAX 2023-2024(12Y UP)(PF) INTRAMUSCULAR SUSPENSION 50 MCG/0.5 ML	5	ACA
SPIKEVAX 2023-2024(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	5	ACA
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML	2	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	5	ACA
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	5	ACA
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	5	ACA
THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG	2	

Drug Name	Drug Tier	Requirements / Limits
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML	2	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	5	ACA
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	5	ACA
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	2	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	2	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	5	ACA
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	5	ACA
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	5	ACA
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML	2	

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Drug Name	Drug Tier	Requirements / Limits
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	2	
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML	5	ACA
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML	5	ACA
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML	5	ACA
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	2	
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 200 UNIT, 50 UNIT	4	PA; LA
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	2	
IMMUNOLOGY		
INTERLEUKINS		

Drug Name	Drug Tier	Requirements / Limits
<i>imiquimod topical cream in packet 3.75 %, 5 %</i>	1B	
MUSCULOSKELETAL & RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1B	
ALLOPURINOL ORAL TABLET 200 MG	3	
<i>colchicine oral capsule 0.6 mg</i>	1B	
<i>colchicine oral tablet 0.6 mg</i>	1B	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	1B	ST
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML	3	
MITIGARE ORAL CAPSULE 0.6 MG	2	
<i>probenecid oral tablet 500 mg</i>	1B	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	1B	
OSTEOPOROSIS THERAPY		
<i>alendronate oral solution 70 mg/75 ml</i>	1A	QL
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1A	QL
BINOSTO ORAL TABLET, EFFERVESCENT 70 MG	3	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	4	PA; LA; QL
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	3	ST; QL
<i>ibandronate oral tablet 150 mg</i>	1A	QL
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	4	LA; QL
<i>raloxifene oral tablet 60 mg</i>	5	ACA
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	1A	QL
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>	1A	QL
<i>teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml)</i>	4	PA; QL
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	4	PA; LA; QL
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	4	PA; LA; QL

OTHER RHEUMATOLOGICALS

Drug Name	Drug Tier	Requirements / Limits
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	4	PA; LA; QL
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	4	PA; LA; QL
ADALIMUMAB- ADAZ SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML	4	PA; LA; QL
ADALIMUMAB- ADAZ SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	4	PA; LA; QL
ADALIMUMAB- ADBM SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; LA; QL
ADALIMUMAB- ADBM SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	4	PA; LA; QL
ADALIMUMAB- ADBM(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
ADALIMUMAB- ADB(M)(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; LA; QL
CYLTEZO(CF) PEN CROHN'S-UC- HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; LA; QL
CYLTEZO(CF) PEN PSORIASIS- UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; LA; QL
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; LA; QL
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	4	PA; LA; QL
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	4	PA; LA; QL
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	4	PA; LA; QL
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	4	PA; LA; QL
HUMIRA (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; LA; QL
HUMIRA PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; LA; QL
HUMIRA PEN CROHN'S-UC-HS START (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; LA; QL
HUMIRA PEN PSOR-UEVITS- ADOL HS (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; LA; QL
HUMIRA(CF) (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
HUMIRA(CF) PEDI CROHNS STARTER (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; LA; QL
HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; LA; QL
HUMIRA(CF) PEN CROHNS-UC-HS (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA; LA; QL
HUMIRA(CF) PEN PEDIATRIC UC (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA; LA; QL
HUMIRA(CF) PEN PSOR-UV-ADOL HS (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	4	PA; LA; QL
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR 80MG/0.8ML(X1)-40 MG/0.4ML(X2)	4	PA; LA; QL
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML, 80 MG/0.8 ML- 40 MG/0.4 ML	4	PA; LA; QL
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML	4	PA; LA; QL
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	4	PA; LA; QL
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	4	PA; LA; QL
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	4	PA; LA; QL
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1B	QL
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	4	PA; LA; QL
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	4	PA; LA; QL
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	4	PA; LA; QL
OTEZLA ORAL TABLET 30 MG	4	PA; LA; QL
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	4	PA; LA; QL
<i>penicillamine oral tablet 250 mg</i>	1B	PA
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	2	ST

Drug Name	Drug Tier	Requirements / Limits
RIDAURA ORAL CAPSULE 3 MG	2	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	4	PA; LA; QL
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	2	ST; QL
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	2	ST; QL
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	4	PA; LA; QL
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	4	PA; LA; QL
XELJANZ ORAL SOLUTION 1 MG/ML	4	PA; LA; QL
XELJANZ ORAL TABLET 10 MG, 5 MG	4	PA; LA; QL
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	4	PA; LA; QL

OBSTETRICS & GYNECOLOGY

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Drug Name	Drug Tier	Requirements / Limits
DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	5	ACA
DUREX AVANTI BARE REAL FEEL	5	ACA; OTC
FC2 FEMALE CONDOM	5	ACA; OTC
FEMCAP VAGINAL DEVICE 22 MM	5	ACA
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG	5	ACA; LA
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	5	ACA; LA
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24 HR (8 YRS) 52 MG	5	ACA; LA
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	5	ACA; LA

Drug Name	Drug Tier	Requirements / Limits
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG	5	ACA; LA
TRUSTEX LUBRICATED CONDOMS DEVICE	5	ACA; OTC
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	5	ACA; OTC
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM	5	ACA
ESTROGENS & PROGESTINS		
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1B	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	3	
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG	3	
<i>camila oral tablet 0.35 mg</i>	5	ACA
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	2	
<i>covaryx h.s. oral tablet 0.625-1.25 mg</i>	1B	
<i>covaryx oral tablet 1.25-2.5 mg</i>	1B	

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Drug Name	Drug Tier	Requirements / Limits
CRINONE VAGINAL GEL 4 %	3	
<i>deblitane oral tablet 0.35 mg</i>	5	ACA
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	2	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	5	ACA; QL
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %), 1.25 MG/1.25 GRAM (0.1 %)	2	ST; QL
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1B	QL
DUAVEE ORAL TABLET 0.45-20 MG	2	
<i>eemt hs oral tablet 0.625-1.25 mg</i>	1B	
<i>eemt oral tablet 1.25-2.5 mg</i>	1B	
<i>errin oral tablet 0.35 mg</i>	5	ACA

Drug Name	Drug Tier	Requirements / Limits
ESTRADIOL IMPLANT PELLETT 6 MG	3	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1B	
<i>estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%), 1 mg/gram (0.1 %), 1.25 mg/1.25 gram (0.1 %)</i>	1B	ST; QL
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1B	QL
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1B	QL
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	1B	
<i>estradiol vaginal tablet 10 mcg</i>	1B	
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	1B	

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Drug Name	Drug Tier	Requirements / Limits
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1B	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	2	
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>	1B	
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%)	3	ST; QL
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	3	
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1B	
<i>heather oral tablet 0.35 mg</i>	5	ACA
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	1B	
<i>incassia oral tablet 0.35 mg</i>	5	ACA
<i>jencycla oral tablet 0.35 mg</i>	5	ACA
<i>jinteli oral tablet 1-5 mg-mcg</i>	1B	
<i>lyleq oral tablet 0.35 mg</i>	5	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1B	QL
<i>lyza oral tablet 0.35 mg</i>	5	ACA
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	5	ACA; QL
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	5	ACA; QL
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1B	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	3	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	3	QL
<i>mimvey oral tablet 1-0.5 mg</i>	1B	
<i>nora-be oral tablet 0.35 mg</i>	5	ACA
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	5	ACA
<i>norethindrone acetate oral tablet 5 mg</i>	1B	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1B	

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Drug Name	Drug Tier	Requirements / Limits
OPILL ORAL TABLET 0.075 MG	5	ACA; OTC
PREMARIN INJECTION RECON SOLN 25 MG	2	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	2	
<i>progesterone intramuscular oil 50 mg/ml</i>	4	LA
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	1B	
<i>sharobel oral tablet 0.35 mg</i>	5	ACA
<i>tulana oral tablet 0.35 mg</i>	5	ACA
<i>yuvafem vaginal tablet 10 mcg</i>	1B	
MISCELLANEOUS OB/GYN		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	5	ST; ACA; QL
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG	3	

Drug Name	Drug Tier	Requirements / Limits
CLEOCIN VAGINAL SUPPOSITORY 100 MG	3	
<i>clindamycin phosphate vaginal cream 2 %</i>	1B	
CLINDESSE VAGINAL CREAM, EXTENDED RELEASE 2 %	3	
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	5	ACA
<i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i>	5	ACA
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	5	ACA
GYNAZOLE-1 VAGINAL CREAM 2 %	3	
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	5	ACA
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1B	
<i>miconazole-3 vaginal suppository 200 mg</i>	1B	
MYFEMBREE ORAL TABLET 40-1-0.5 MG	2	PA
NEXPLANON SUBDERMAL IMPLANT 68 MG	5	ACA; LA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated May 1, 2024

Drug Name	Drug Tier	Requirements / Limits
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	5	ACA
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	3	ST
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM)	3	
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	2	PA
PREPIDIL VAGINAL GEL 0.5 MG/3 G	3	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1B	
<i>terconazole vaginal suppository 80 mg</i>	1B	
<i>tranexamic acid oral tablet 650 mg</i>	1B	
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 %	2	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR	5	ST; ACA
<i>vandazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1B	
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	5	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	5	ACA; OTC
VEOZAH ORAL TABLET 45 MG	3	PA
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	5	ACA
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	5	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	5	ACA
<i>after pill oral tablet 1.5 mg</i>	5	ACA; OTC; QL
AFTERA ORAL TABLET 1.5 MG	3	OTC; QL
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	5	ACA
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	5	ACA
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	5	ACA
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	5	ACA
<i>amethyst (28) oral tablet 90-20 mcg (28)</i>	5	ACA
<i>apri oral tablet 0.15-0.03 mg</i>	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	5	ACA
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	5	ACA
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	5	ACA
<i>aubra oral tablet 0.1-20 mg-mcg</i>	5	ACA
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	5	ACA
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	5	ACA
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	5	ACA
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	5	ACA
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	5	ACA
<i>aviane oral tablet 0.1-20 mg-mcg</i>	5	ACA
<i>ayuna oral tablet 0.15-0.03 mg</i>	5	ACA
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	5	ACA
BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	3	ST

Drug Name	Drug Tier	Requirements / Limits
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	5	ACA
BEYAZ ORAL TABLET 3-0.02-0.451 MG (24) (4)	3	ST
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	5	ACA
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	5	ACA
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	5	ACA
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	5	ACA
<i>camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	5	ACA
<i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	5	ACA
<i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	5	ACA
<i>charlotte 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	5	ACA
<i>chateal (28) oral tablet 0.15-0.03 mg</i>	5	ACA
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	5	ACA
<i>cryselles (28) oral tablet 0.3-30 mg-mcg</i>	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>curae oral tablet 1.5 mg</i>	5	ACA; OTC; QL
<i>cyred eq oral tablet 0.15-0.03 mg</i>	5	ACA
<i>cyred oral tablet 0.15-0.03 mg</i>	5	ACA
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	5	ACA
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	5	ACA
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	5	ACA
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	5	ACA
<i>dolishale oral tablet 90-20 mcg (28)</i>	5	ACA
<i>drospirenone-e.estradiol-lm,fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)</i>	5	ACA
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	5	ACA
<i>econtra ez oral tablet 1.5 mg</i>	5	ACA; OTC; QL
<i>econtra one-step oral tablet 1.5 mg</i>	5	ACA; OTC; QL
<i>elinest oral tablet 0.3-30 mg-mcg</i>	5	ACA

Drug Name	Drug Tier	Requirements / Limits
ELLA ORAL TABLET 30 MG	5	ACA; QL
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	5	ACA
<i>enskyce oral tablet 0.15-0.03 mg</i>	5	ACA
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	5	ACA
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	5	ACA
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	5	ACA
<i>finzala oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	5	ACA
<i>gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	5	ACA
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	5	ACA
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	5	ACA
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	5	ACA
<i>hailey oral tablet 1.5-30 mg-mcg</i>	5	ACA
<i>her style oral tablet 1.5 mg</i>	5	ACA; OTC; QL
<i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>isibloom oral tablet 0.15-0.03 mg</i>	5	ACA
<i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	5	ACA
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	5	ACA
<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	5	ACA
<i>joyeaux oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	5	ACA
<i>juleber oral tablet 0.15-0.03 mg</i>	5	ACA
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	5	ACA
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	5	ACA
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	5	ACA
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	5	ACA
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	5	ACA
<i>kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	5	ACA
<i>kalliga oral tablet 0.15-0.03 mg</i>	5	ACA
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	5	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	5	ACA
<i>kelnor 1-50 (28) oral tablet 1-50 mg-mcg</i>	5	ACA
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	5	ACA
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7)</i>	5	ACA
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	5	ACA
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	5	ACA
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	5	ACA
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	5	ACA
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	5	ACA
<i>layolis fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	5	ACA
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	5	ACA
<i>lessina oral tablet 0.1-20 mg-mcg</i>	5	ACA
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	5	ACA
<i>levonorgestrel oral tablet 1.5 mg</i>	5	ACA; OTC; QL
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	5	ACA
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	5	ACA
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	5	ACA
<i>levora-28 oral tablet 0.15-0.03 mg</i>	5	ACA
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	5	ACA
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	3	ST
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	3	ST
LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	3	ST

Drug Name	Drug Tier	Requirements / Limits
LOESTRIN FE 1/20 (28-DAY) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	3	ST
<i>lojaimiess oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	5	ACA
<i>loryna (28) oral tablet 3-0.02 mg</i>	5	ACA
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	5	ACA
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	5	ACA
<i>lutera (28) oral tablet 0.1-20 mg-mcg</i>	5	ACA
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	5	ACA
<i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	5	ACA
<i>mibelas 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	5	ACA
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	5	ACA
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	5	ACA
<i>microgestin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	5	ACA
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	5	ACA
<i>mili oral tablet 0.25-35 mg-mcg</i>	5	ACA
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	5	ACA
<i>my choice oral tablet 1.5 mg</i>	5	ACA; OTC; QL
<i>my way oral tablet 1.5 mg</i>	5	ACA; OTC; QL
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	5	ST; ACA
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	5	ACA
<i>new day oral tablet 1.5 mg</i>	5	ACA; OTC; QL
NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28)	5	ST; ACA
<i>nikki (28) oral tablet 3-0.02 mg</i>	5	ACA
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)</i>	5	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	5	ACA
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	5	ACA
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9), 1.5 mg-30 mcg (21)/75 mg (7)</i>	5	ACA
<i>norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	5	ACA
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	5	ACA
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	5	ACA
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	5	ACA
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	5	ACA
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	5	ACA
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i>	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg-35 mcg</i>	5	ACA
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	5	ACA
<i>ocella oral tablet 3-0.03 mg</i>	5	ACA
<i>opcicon one-step oral tablet 1.5 mg</i>	5	ACA; OTC; QL
<i>option-2 oral tablet 1.5 mg</i>	5	ACA; OTC; QL
<i>philith oral tablet 0.4-35 mg-mcg</i>	5	ACA
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	5	ACA
<i>portia 28 oral tablet 0.15-0.03 mg</i>	5	ACA
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	5	ACA
<i>rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	5	ACA
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	5	ACA
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	5	ACA
<i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	5	ACA
SLYND ORAL TABLET 4 MG (28)	5	ST; ACA

Drug Name	Drug Tier	Requirements / Limits
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	5	ACA
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	5	ACA
<i>syeda oral tablet 3-0.03 mg</i>	5	ACA
TAKE ACTION ORAL TABLET 1.5 MG	3	OTC; QL
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	5	ACA
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	5	ACA
<i>taysofy oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	5	ACA
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	3	ST
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	5	ACA
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	5	ACA
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	5	ACA
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>tri-lo-estarylla oral tablet</i> 0.18/0.215/0.25 mg-25 mcg	5	ACA
<i>tri-lo-marzia oral tablet</i> 0.18/0.215/0.25 mg-25 mcg	5	ACA
<i>tri-lo-mili oral tablet</i> 0.18/0.215/0.25 mg-25 mcg	5	ACA
<i>tri-lo-sprintec oral tablet</i> 0.18/0.215/0.25 mg-25 mcg	5	ACA
<i>tri-mili oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	5	ACA
<i>tri-nymyo oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	5	ACA
<i>tri-sprintec (28) oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	5	ACA
<i>trivora (28) oral tablet</i> 50-30 (6)/75-40 (5)/125-30(10)	5	ACA
<i>tri-vylibra lo oral tablet</i> 0.18/0.215/0.25 mg-25 mcg	5	ACA
<i>tri-vylibra oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	5	ACA
<i>turqoz (28) oral tablet</i> 0.3-30 mg-mcg	5	ACA

Drug Name	Drug Tier	Requirements / Limits
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG	5	ST; ACA
<i>tydemy oral tablet</i> 3-0.03-0.451 mg (21) (7)	5	ACA
<i>velivet triphasic regimen (28) oral tablet</i> 0.1/.125/.15-25 mg-mcg	5	ACA
<i>vestura (28) oral tablet</i> 3-0.02 mg	5	ACA
<i>vienva oral tablet</i> 0.1-20 mg-mcg	5	ACA
<i>viorele (28) oral tablet</i> 0.15-0.02 mgx21 /0.01 mg x 5	5	ACA
<i>volnea (28) oral tablet</i> 0.15-0.02 mgx21 /0.01 mg x 5	5	ACA
<i>vyfemla (28) oral tablet</i> 0.4-35 mg-mcg	5	ACA
<i>vylibra oral tablet</i> 0.25-35 mg-mcg	5	ACA
<i>wera (28) oral tablet</i> 0.5-35 mg-mcg	5	ACA
<i>wymzya fe oral tablet, chewable</i> 0.4mg-35mcg(21) and 75 mg (7)	5	ACA
<i>zarah oral tablet</i> 3-0.03 mg	5	ACA
<i>zovia 1-35 (28) oral tablet</i> 1-35 mg-mcg	5	ACA
<i>zumandimine (28) oral tablet</i> 3-0.03 mg	5	ACA

OXYTOCICS

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Drug Name	Drug Tier	Requirements / Limits
<i>methylergonovine oral tablet 0.2 mg</i>	1B	QL
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE OPHTHALMIC (EYE) DROPS 1 %	2	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	1B	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1B	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	3	
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 %	3	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	3	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	1B	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1B	

Drug Name	Drug Tier	Requirements / Limits
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	1B	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1B	
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	1B	
MOXIFLOXACIN (PF)-BSS INTRACAMERAL SOLUTION 1 MG/ML	3	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	1B	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	1B	
MOXIFLOXACIN-SOD CHLOR,ISO(PF) INTRAOCULAR SOLUTION 0.8 MG/0.8 ML, 4 MG/0.8 ML, 5 MG/ML	3	
MOXIFLOXACIN-SOD CHLOR,ISO(PF) INTRAOCULAR SYRINGE 0.3 MG/0.3 ML, 1.6 MG/ML	3	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1B	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	1B	
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1B	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	1B	
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1B	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1B	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1B	
TOBRAMYCIN-VANCOMYCIN OPTHALMIC (EYE) DROPS 1.5-5 %	3	
TOBREX OPTHALMIC (EYE) OINTMENT 0.3 %	3	

Drug Name	Drug Tier	Requirements / Limits
ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	1B	
ZIRGAN OPTHALMIC (EYE) GEL 0.15 %	3	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1B	
BETOPTIC S OPTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	
<i>carteolol ophthalmic (eye) drops 1 %</i>	1B	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1B	
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %</i>	1B	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1B	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i>	1B	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	1B	
CHOLINESTERASE INHIBITOR MIOTICS		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated May 1, 2024

Drug Name	Drug Tier	Requirements / Limits
PHOSPHOLINE IODIDE OPTHALMIC (EYE) DROPS 0.125 %	4	LA
CYCLOPLEGIC MYDRIATICS		
ATROPINE OPTHALMIC (EYE) DROPS 0.01 %, 0.025 %, 0.05 %	3	
<i>atropine ophthalmic (eye) drops 1 %</i>	1B	
<i>atropine ophthalmic (eye) ointment 1 %</i>	1B	
ATROPINE SULFATE (PF) OPTHALMIC (EYE) DROPPERETTE 1 %	3	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	1B	
<i>homatropaire ophthalmic (eye) drops 5 %</i>	1B	
PHENYLEPH-TROPICAMIDE IN WATER OPTHALMIC (EYE) DROPS 2.5-1 %	3	
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	1B	
DIRECT ACTING MIOTICS		
MIOCHOL-E INTRAOCULAR KIT 1 % (10 MG/ML)	3	

Drug Name	Drug Tier	Requirements / Limits
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1B	
MISCELLANEOUS OPTHALMOLOGICS		
AKTEN (PF) OPTHALMIC (EYE) GEL 3.5 %	3	
ALOCRILO OPTHALMIC (EYE) DROPS 2 %	3	
ALOMIDE OPTHALMIC (EYE) DROPS 0.1 %	3	
<i>altacaine ophthalmic (eye) drops 0.5 %</i>	1B	
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1B	
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i>	1B	
CEQUA OPTHALMIC (EYE) DROPPERETTE 0.09 %	3	PA; QL
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1B	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	1B	PA; QL
CYSTARAN OPTHALMIC (EYE) DROPS 0.44 %	4	LA

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Drug Name	Drug Tier	Requirements / Limits
DEXAMET-MOXIFL-KETORO-NACL(PF) INTRAOCULAR SOLUTION 1-0.5-0.4 MG/ML	3	
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	1B	
<i>fluorescein-propraparacaine ophthalmic (eye) drops 0.25-0.5 %</i>	1B	
IHEEZO (PF) OPHTHALMIC (EYE) DROPPERETTE, GEL 3 %	3	
KLARITY-A (AZITHRO-CHONDR)(PF) OPHTHALMIC (EYE) DROPS 1-0.25 %	3	
KLARITY-L (LOTEPRED-CHOND)(PF) OPHTHALMIC (EYE) DROPS 0.5-0.25 %	3	
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG	3	PA; QL
OMIDRIA INTRAOCULAR CONCENTRATE 1-0.3 %	3	

Drug Name	Drug Tier	Requirements / Limits
PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS 0.146 % -0.146 %	3	
PHOTREXA VISCOUS OPHTHALMIC (EYE) DROPS, VISCOUS 0.146 %	3	
PREDNISOL ACE-GATIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS, SUSPENSION 1-0.5-0.075 %	3	
PREDNISOLN SP-GATIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS 1-0.5-0.075 %	3	
PREDNISOLN SP-MOXIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS 1-0.5-0.075 %	3	
PREDNISOLONE ACETATE-BROMFENAC OPHTHALMIC (EYE) DROPS, SUSPENSION 1-0.075 %	3	

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Drug Name	Drug Tier	Requirements / Limits
PREDNISOLONE ACETATE-NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.1 %	3	
PREDNISOLONE-MOXIFLO-NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5-0.1 %	3	
PREDNISOLONE-MOXIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5-0.075 %	3	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	1B	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	2	PA; QL
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	3	PA; QL
TETRACAINE HCL (PF) OPHTHALMIC (EYE) DROPS 0.5 %	3	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>	1B	

Drug Name	Drug Tier	Requirements / Limits
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY	3	PA
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 %	3	PA; QL
XDEMVIY OPHTHALMIC (EYE) DROPS 0.25 %	4	PA; LA; QL
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	2	PA; QL
ZERVIATE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	3	ST
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	3	ST
<i>bromfenac ophthalmic (eye) drops 0.07 %, 0.075 %</i>	1B	
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	1B	ST

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Drug Name	Drug Tier	Requirements / Limits
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	3	ST
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1B	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1B	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	3	ST
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	1B	
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	ST
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	3	ST

ORAL DRUGS FOR GLAUCOMA

<i>acetazolamide oral capsule, extended release 500 mg</i>	1B	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1B	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1B	

OTHER GLAUCOMA DRUGS

Drug Name	Drug Tier	Requirements / Limits
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	1B	ST
BRIMONIDINE- DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS 0.15- 2 %	3	
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	1B	
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>	1B	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2- 0.5 %	3	ST
DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS 2 %	3	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1B	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	1B	
DORZOLAMIDE- TIMOLOL (PF) OPHTHALMIC (EYE) DROPS 2-0.5 %	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	1B	
IDOSE TR INTRACAMERAL IMPLANT 75 MCG	4	LA
IYUZEH OPTHALMIC (EYE) DROPPERETTE 0.005 %	3	ST
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1B	
LUMIGAN OPTHALMIC (EYE) DROPS 0.01 %	3	
<i>miostat intraocular solution 0.01 %</i>	1B	
SIMBRINZA OPTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	3	
<i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i>	1B	ST
TIMOLOL-BRIMONIDI-DORZOLAM(PF) OPTHALMIC (EYE) DROPS 0.5-0.15-2 %	3	
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	1B	ST

Drug Name	Drug Tier	Requirements / Limits
VYZULTA OPTHALMIC (EYE) DROPS 0.024 %	3	ST
XELPROS OPTHALMIC (EYE) DROPS, EMULSION 0.005 %	3	ST
STEROID-ANTIBIOTIC COMBINATIONS		
DEXAMETH-MOXIFLOX(PF)-NACL,ISO INTRAOCULAR SOLUTION 1-5 MG/ML	3	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1B	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	1B	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	1B	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	1B	

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Drug Name	Drug Tier	Requirements / Limits
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1B	
PREDNISOLONE SOD PH-MOXIFLOX OPHTHALMIC (EYE) DROPS 1-0.5 %	3	
PREDNISOLONE-MOXIFLOXACIN HCL OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5 %	3	
TOBRADEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.1 %	3	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	3	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	3	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	1B	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	3	

Drug Name	Drug Tier	Requirements / Limits
STEROIDS		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1B	
DEXYCU (PF) INTRAOCULAR SUSPENSION 9 %	3	
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	1B	ST
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	PA; QL
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	ST
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	1B	
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	ST
ILUVIEN INTRAVITREAL IMPLANT 0.19 MG	4	LA
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	ST

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Drug Name	Drug Tier	Requirements / Limits
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	3	ST
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	3	ST
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	1B	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i>	1B	ST
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	1B	
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSIO N 0.1 %	3	ST
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSIO N 0.12 %	3	ST
PREDNISOLONE ACETATE (PF) OPHTHALMIC (EYE) DROPS,SUSPENSIO N 1 %	3	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	1B	

Drug Name	Drug Tier	Requirements / Limits
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1B	
RETISERT INTRAVITREAL IMPLANT 0.59 MG	4	LA
STEROID-SULFONAMIDE COMBINATIONS		
<i>sulfacetamide- prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1B	
SULFONAMIDES		
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	1B	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	1B	
SYMPATHOMIMETICS		
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	1B	
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %, 0.2 %</i>	1B	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	3	ST
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	1B	
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 %	3	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI-HISTAMINE & ANTI-ALLERGENIC AGENTS		
AUVI-Q INJECTION AUTO- INJECTOR 0.1 MG/0.1 ML, 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	2	QL
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	1B	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1B	
<i>cetirizine oral solution 1 mg/ml</i>	1B	
<i>clemastine oral tablet 2.68 mg</i>	1B	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	1B	
<i>cyproheptadine oral tablet 4 mg</i>	1B	
<i>desloratadine oral tablet 5 mg</i>	1B	QL
<i>desloratadine oral tablet, disintegrating 2.5 mg, 5 mg</i>	1B	QL

Drug Name	Drug Tier	Requirements / Limits
DIPHEN ORAL ELIXIR 12.5 MG/5 ML	3	
EPINEPHRINE HCL (PF) INJECTION SOLUTION 1 MG/ML (1 ML)	3	
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	3	QL
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1B	QL
EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	2	ST; QL
EPIPEN JR INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	2	ST; QL
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1B	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1B	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1B	
KARBINAL ER ORAL SUSPENSION, EXTENDED REL 12 HR 4 MG/5 ML	3	
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	1B	

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Drug Name	Drug Tier	Requirements / Limits
<i>levocetirizine oral tablet 5 mg</i>	1B	QL
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	1B	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1B	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1B	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1B	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1B	
RACEPINEPH IN SOD CHL,ISO (PF) INJECTION SYRINGE 1 MG/ML	3	
RYCLORA ORAL SOLUTION 2 MG/5 ML	3	
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML	2	QL
COUGH & COLD THERAPY		
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	1B	
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML	3	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	1B	

Drug Name	Drug Tier	Requirements / Limits
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG	3	QL
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	1B	
CODITUSSIN AC ORAL LIQUID 10-200 MG/5 ML	3	
CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5 ML	3	
<i>g tussin ac oral liquid 10-100 mg/5 ml</i>	1B	
HISTEX-AC ORAL SYRUP 2.5-10-10 MG/5 ML	3	
<i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr 10-8 mg/5 ml</i>	1B	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1B	
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	1B	
<i>hydromet oral syrup 5-1.5 mg/5 ml</i>	1B	
MAR-COF CG ORAL LIQUID 7.5-225 MG/5 ML	3	
<i>maxi-tuss ac oral liquid 10-100 mg/5 ml</i>	1B	

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Drug Name	Drug Tier	Requirements / Limits
MAXI-TUSS CD ORAL LIQUID 4-10-10 MG/5 ML	3	
NINJACOF-XG ORAL LIQUID 8-200 MG/5 ML	3	
<i>pe-guai oral drops 1.5-20 mg/ml</i>	1B	
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML	3	
<i>promethazine vc oral syrup 6.25-5 mg/5 ml</i>	1B	
<i>promethazine vc-codeine oral syrup 6.25-5-10 mg/5 ml</i>	1B	
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	1B	
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	1B	
<i>r-tanna oral tablet 9-25 mg</i>	1B	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG	3	
PULMONARY AGENTS		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	1A	
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
ADRENALIN NASAL SOLUTION 1 MG/ML	3	
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	3	ST; QL
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION , 230-21 MCG/ACTUATION , 45-21 MCG/ACTUATION	2	QL
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG-14 MCG/ACTUATION , 232-14 MCG/ACTUATION , 55-14 MCG/ACTUATION	3	ST; QL
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	2	
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	1A	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	1A	
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1A	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1A	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	1A	
<i>alyq oral tablet 20 mg</i>	4	PA; LA; QL
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	4	PA; LA; QL
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	2	QL
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	1A	QL
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 200 MCG/ACTUATION , 50 MCG/ACTUATION	2	QL

Drug Name	Drug Tier	Requirements / Limits
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION , 200 MCG/ACTUATION , 50 MCG/ACTUATION	2	QL
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	QL
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	3	QL
<i>azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray</i>	1B	ST; QL
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	4	PA; LA; QL
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	2	QL
<i>breyana inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	1A	QL
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	2	QL
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	4	PA; LA
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	3	ST; QL
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	1A	QL
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	1A	QL

Drug Name	Drug Tier	Requirements / Limits
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	QL
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	1A	
DALIRESP ORAL TABLET 250 MCG	3	PA; QL
DALIRESP ORAL TABLET 500 MCG	3	PA
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	2	QL
DYMISTA NASAL SPRAY, NON-AEROSOL 137-50 MCG/SPRAY	3	ST; QL
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	3	
<i>epinephrine hcl nasal solution 1 mg/ml</i>	1B	
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL

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Drug Name	Drug Tier	Requirements / Limits
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION , 220 MCG/ACTUATION , 44 MCG/ACTUATION	3	QL
<i>fluticasone nasal spray, non-aerosol 25 mcg (0.025 %)</i>	1B	QL
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i>	1B	QL
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1A	QL
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	1A	ST; QL
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %, 7 %	3	
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	4	PA; QL
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	2	QL

Drug Name	Drug Tier	Requirements / Limits
<i>ipratropium bromide inhalation solution 0.02 %</i>	1A	
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1A	QL
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML)	4	PA; LA; QL
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	4	PA; LA; QL
KALYDECO ORAL TABLET 150 MG	4	PA; LA; QL
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	1A	
LIQREV ORAL SUSPENSION 10 MG/ML	4	PA; LA; QL
<i>mometasone nasal spray, non-aerosol 50 mcg/actuation</i>	1B	ST; QL
<i>montelukast oral granules in packet 4 mg</i>	1A	
<i>montelukast oral tablet 10 mg</i>	1A	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	1A	

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Drug Name	Drug Tier	Requirements / Limits
<i>nebusal inhalation solution for nebulization 3 %</i>	1B	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	3	
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	4	PA; LA; QL
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	4	PA; LA; QL
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; LA; QL
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	4	PA; QL
OFEV ORAL CAPSULE 100 MG, 150 MG	4	PA; LA; QL
OPSUMIT ORAL TABLET 10 MG	4	PA; LA; QL
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	4	PA; LA; QL
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	4	PA; LA; QL
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>pirfenidone oral capsule 267 mg</i>	4	PA; LA; QL
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	4	PA; LA; QL
<i>pulmosal inhalation solution for nebulization 7 %</i>	1B	
PULMOZYME INHALATION SOLUTION 1 MG/ML	4	PA; LA
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION , 80 MCG/ACTUATION	2	QL
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5 ML	4	LA
REVATIO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML	4	PA; LA; QL
REVATIO ORAL TABLET 20 MG	4	PA; LA; QL
<i>roflumilast oral tablet 250 mcg</i>	1A	PA; QL
<i>roflumilast oral tablet 500 mcg</i>	1A	PA
<i>sajazir subcutaneous syringe 30 mg/3 ml</i>	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	2	QL
<i>sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml</i>	4	LA
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	4	PA; LA; QL
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	4	PA; LA; QL
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %</i>	1B	
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION , 2.5 MCG/ACTUATION	2	QL
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	2	QL
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	QL

Drug Name	Drug Tier	Requirements / Limits
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	2	QL
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION , 80-4.5 MCG/ACTUATION	3	ST; QL
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	4	PA; LA; QL
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	4	PA; LA; QL
TADLIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	4	PA; LA
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	4	PA; LA; QL
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)	4	PA; LA; QL
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1A	
<i>terbutaline subcutaneous solution 1 mg/ml</i>	1B	

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Drug Name	Drug Tier	Requirements / Limits
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)	4	PA; LA; QL
TEZSPIRE SUBCUTANEOUS SYRINGE 210 MG/1.91 ML (110 MG/ML)	4	PA; LA; QL
THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	3	
<i>theophylline oral elixir 80 mg/15 ml</i>	1A	
<i>theophylline oral solution 80 mg/15 ml</i>	1A	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	1A	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1A	
<i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i>	1A	
TRACLEER ORAL TABLET 125 MG, 62.5 MG	4	PA; LA; QL
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	2	QL
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	4	PA; LA; QL
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	4	PA; LA; QL
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16 MCG (112)- 32 MCG (84), 16(112)-32(112) - 48(28) MCG, 32 MCG, 48 MCG, 64 MCG	4	PA; LA
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	4	PA; LA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	4	PA; LA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	4	PA; LA
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	2	QL
<i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1A	QL
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	4	PA; LA; QL
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	4	PA; LA; QL
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	2	QL
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1A	
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	1A	PA
ZYFLO ORAL TABLET 600 MG	3	PA
UROLOGICALS		
ANTICHOLINERGICS & ANTISPASMODICS		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	1B	
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i>	1B	
<i>flavoxate oral tablet 100 mg</i>	1B	
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM)	2	QL
GEMTESA ORAL TABLET 75 MG	3	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1B	
<i>oxybutynin chloride oral tablet 5 mg</i>	1B	

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Drug Name	Drug Tier	Requirements / Limits
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	1B	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR	3	ST; QL
<i>solifenacin oral tablet 10 mg, 5 mg</i>	1B	ST
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	1B	ST
<i>tolterodine oral tablet 1 mg, 2 mg</i>	1B	ST
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	3	ST
<i>trospium oral capsule, extended release 24hr 60 mg</i>	1B	ST
<i>trospium oral tablet 20 mg</i>	1B	
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	1B	
<i>dutasteride oral capsule 0.5 mg</i>	1B	ST
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	1B	ST

Drug Name	Drug Tier	Requirements / Limits
<i>finasteride oral tablet 5 mg</i>	1B	
<i>silodosin oral capsule 4 mg, 8 mg</i>	1B	
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1B	PA
<i>tamsulosin oral capsule 0.4 mg</i>	1B	
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1B	
MISCELLANEOUS UROLOGICALS		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	LA
ELMIRON ORAL CAPSULE 100 MG	2	
K-PHOS NO 2 ORAL TABLET 305-700 MG	3	
K-PHOS ORIGINAL ORAL TABLET, SOLUBLE 500 MG	2	
<i>methen-sod phosph meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i>	1B	
ORACIT ORAL SOLUTION 490-640 MG/5 ML	3	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	1B	

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Drug Name	Drug Tier	Requirements / Limits
PROSTIN VR PEDIATRIC INJECTION SOLUTION 500 MCG/ML	3	
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML)	4	PA; LA
RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML	4	PA; LA
<i>sodium citrate-citric acid oral solution 490-640 mg/5 ml</i>	1B	
URELLE ORAL TABLET 81-10.8-40.8 MG	3	
<i>uretron d-s oral tablet 81.6-10.8-40.8 mg</i>	1B	
URIBEL ORAL CAPSULE 118-10-40.8-36 MG	3	
URIBEL TABS ORAL TABLET 81.6-0.12-10.8 MG	3	
URIMAR-T ORAL CAPSULE 120-10.8-40.8 MG	3	
<i>urimar-t oral tablet 120-10.8-0.12 mg</i>	1B	
URNEVA ORAL CAPSULE 120-10.8-40.8 MG	3	
<i>uro-458 oral tablet 81-10.8-40.8 mg</i>	1B	

Drug Name	Drug Tier	Requirements / Limits
<i>urogesic-blue oral tablet 81.6-40.8-0.12 mg</i>	1B	
<i>uro-mp oral capsule 118-10-40.8-36 mg</i>	1B	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG	3	
<i>uro-sp oral capsule 118-10-40.8-36 mg</i>	1B	
<i>uryl oral tablet 81.6-40.8-0.12 mg</i>	1B	
URINARY ANESTHETICS		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1B	
PYRIDIDIUM ORAL TABLET 100 MG, 200 MG	3	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	1B	QL
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	1B	QL
CALCIUM GLUC IN NA ₂ CO ₃ , ISO-OSM INTRAVENOUS SOLUTION 1 GRAM/100 ML	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>calcium gluc in nacl, iso-osm intravenous solution 1 gram/50 ml, 2 gram/100 ml</i>	1B	
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	3	
<i>effer-k oral tablet, effervescent 25 meq</i>	1B	
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)	3	
<i>klor-con 10 oral tablet extended release 10 meq</i>	1B	
<i>klor-con 8 oral tablet extended release 8 meq</i>	1B	
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	1B	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	1B	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	1B	
<i>klor-con oral packet 20 meq</i>	1B	
<i>klor-con/ef oral tablet, effervescent 25 meq</i>	1B	
<i>lugols oral solution 5 %</i>	1B	

Drug Name	Drug Tier	Requirements / Limits
<i>magnesium chloride injection solution 200 mg/ml (20 %)</i>	1B	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	2	
<i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)</i>	1B	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)</i>	1B	
<i>magnesium sulfate injection solution 500 mg/ml (50 %)</i>	1B	
<i>magnesium sulfate injection syringe 500 mg/ml (50 %)</i>	1B	
NORMOSOL-R INTRAVENOUS PARENTERAL SOLUTION	3	
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	2	QL
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	1B	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	1B	

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Drug Name	Drug Tier	Requirements / Limits
<i>potassium chloride oral packet 20 meq</i>	1B	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1B	
<i>potassium chloride oral tablet, er particles/crystals 10 meq, 15 meq, 20 meq</i>	1B	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	1B	
<i>sodium chloride 3 % hypertonic intravenous parenteral solution 3 %</i>	1B	
<i>sodium chloride 5 % hypertonic intravenous parenteral solution 5 %</i>	1B	
<i>sodium chloride intravenous solution 2.5 meq/ml, 4 meq/ml</i>	1B	
<i>strong iodine oral solution 5 %</i>	1B	
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	2	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	2	

Drug Name	Drug Tier	Requirements / Limits
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	2	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	2	
VITAMINS & HEMATINICS		
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP, DR 27 MG IRON-1 MG - 374 MG	3	
<i>bal-care dha oral combo pack, tablet and cap, dr 27-1-430 mg</i>	1A	
CITRANATAL (DUAL-IRON) ORAL TABLET 27 MG IRON-1 MG - 50 MG	3	
CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK 90 MG IRON-1 MG -50 MG-300 MG	3	
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG - 50 MG-300 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
CITRANATAL B-CALM (FE GLUC) ORAL TABLETS, SEQUENTIAL 20 MG IRON-1 MG - 25 MG/25 MG	3	
CITRANATAL BLOOM ORAL TABLET 90-1-12-50 MG-MG-MCG-MG	3	
CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK 27 MG IRON-1 MG -50 MG-250 MG	3	
CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE 27 MG IRON-1 MG -50 MG-260 MG	3	
CITRANATAL MEDLEY ORAL CAPSULE 27 MG IRON-1 MG -200 MG	3	
<i>c-nate dha oral capsule 28 mg iron-1 mg -200 mg</i>	1A	
<i>complete natal dha oral combo pack 29 mg iron- 1 mg-200 mg</i>	1A	
CONCEPT DHA ORAL CAPSULE 35-1-200 MG	3	
CONCEPT OB ORAL CAPSULE 85-1 MG	3	

Drug Name	Drug Tier	Requirements / Limits
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	1B	
<i>cyanocobalamin (vitamin b-12) nasal spray,non-aerosol 500 mcg/spray</i>	1B	ST; QL
<i>dodex injection solution 1,000 mcg/ml</i>	1B	
DUET DHA WITH OMEGA-3 ORAL COMBO PACK 25 MG IRON-1 MG - 400 MG	3	
<i>elite-ob oral tablet 50 mg iron- 1.25 mg</i>	1B	
ENBRACE HR ORAL CAPSULE,IR - DELAY REL,BIPHASE 1.5 MG IRON- 8.73 MG-6.4 MG	3	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1B	
<i>ferumoxytol intravenous solution 510 mg/17 ml (30 mg/ml)</i>	1B	
FLORIVA (FLUORIDE-VITAMIN D3) ORAL DROPS 0.25 MG (0.55 MG)-400 UNIT/ML	3	OTC

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Drug Name	Drug Tier	Requirements / Limits
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	5	ACA; OTC
<i>fluoride (sodium) oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	5	ACA; OTC
<i>folic acid injection solution 5 mg/ml</i>	1B	
<i>folic acid oral tablet 1 mg</i>	1A	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	5	ACA; OTC
<i>folivane-ob oral capsule 85-1 mg</i>	1B	
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION 80 MG-400 UNIT- 200 MCG/5 ML	2	
INJECTAFER INTRAVENOUS SOLUTION 100 MG IRON/2 ML, 50 MG IRON/ML	3	
KOSHER PRENATAL PLUS IRON ORAL TABLET 30 MG IRON- 1 MG	3	
<i>ludent fluoride oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	5	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
MARNATAL-F ORAL CAPSULE 60 MG IRON-1 MG	3	
MECOBALAMIN (VITAMIN B12) INJECTION RECON SOLN 10,000 MCG	3	
<i>m-natal plus oral tablet 27 mg iron- 1 mg</i>	1A	
MONOFERRIC INTRAVENOUS SOLUTION 100 MG IRON/ML	3	
<i>multi-vitamin with fluoride oral drops 0.25 mg/ml, 0.5 mg/ml</i>	5	ACA; OTC
<i>multi-vitamin with fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg</i>	5	ACA; OTC
<i>mvc-fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg</i>	5	ACA; OTC
<i>mynatal oral capsule 65 mg iron- 1 mg</i>	1A	
<i>mynatal oral tablet 90-1-50 mg</i>	1A	
<i>mynatal plus oral tablet 65 mg iron- 1 mg</i>	1A	
<i>mynatal-z oral tablet 65 mg iron- 1 mg</i>	1A	
NASCOBAL NASAL SPRAY, NON-AEROSOL 500 MCG/SPRAY	2	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
NATACHEW (FE BIS-GLYCINATE) ORAL TABLET,CHEWABLE 28 MG IRON -1 MG	3	
NATAL PNV ORAL TABLET 6 MG IRON- 833.5 MCG DFE	3	
NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE 27 MG IRON-1.13 MG-581.92 MG	3	
NEONATAL PLUS VITAMIN ORAL TABLET 27 MG IRON- 1 MG	3	
NEONATAL-DHA ORAL COMBO PACK 29-1-200-500 MG	3	
NESTABS ABC ORAL COMBO PACK 32 MG IRON-1 MG -120 MG-180 MG	3	
NESTABS DHA ORAL COMBO PACK 32 MG IRON- 1,000 MCG-230MG	3	
NESTABS ONE ORAL CAPSULE 38-1-225 MG	3	
NESTABS ORAL TABLET 32-1,000 MG-MCG	3	
<i>newgen oral tablet 32-1,000 mg-mcg</i>	1A	

Drug Name	Drug Tier	Requirements / Limits
OB COMPLETE ONE ORAL CAPSULE 40-10-1-300 MG	3	
OB COMPLETE ORAL TABLET 50 MG IRON- 1.25 MG	3	
OB COMPLETE PETITE ORAL CAPSULE 35 MG IRON-5 MG IRON-1 MG	3	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG	3	
OB COMPLETE WITH DHA ORAL CAPSULE 30 MG IRON-10 MG IRON-1 MG	3	
OBSTETRIX EC ORAL TABLET,DELAYED RELEASE (DR/EC) 29 MG IRON-1 MG -50 MG	3	
OBTREX DHA ORAL COMBO PACK, TABLET AND CAP,DR 29 MG IRON-1 MG -50 MG	3	
<i>pnv-dha + docusate oral capsule 27-1.25-55-300 mg</i>	1A	
<i>pnv-dha oral capsule 27 mg iron-1 mg -300 mg</i>	1B	
<i>pnv-omega oral capsule 28-1-300 mg</i>	1B	

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Drug Name	Drug Tier	Requirements / Limits
<i>pnv-select oral tablet 27-1 mg</i>	1A	
<i>pr natal 400 ec oral combo pack,tablet and cap,dr 29-1-400 mg</i>	1A	
<i>pr natal 400 oral combo pack 29-1-400 mg</i>	1A	
<i>pr natal 430 ec oral combo pack,tablet and cap,dr 29-1-430 mg</i>	1A	
<i>pr natal 430 oral combo pack 29 mg iron-1 mg -430 mg</i>	1A	
<i>prena1 chew oral tablet,chew,ir - dr,biphase 1.4 mg</i>	1A	
<i>prena1 pearl oral capsule,ir - delay rel,biphase 30-1.4-200 mg</i>	1A	
<i>prena1 true oral combo pack 30 mg iron- 1.4 mg-300 mg</i>	1A	
<i>prenaissance oral capsule 29-1.25-55-325 mg</i>	1A	
<i>prenaissance plus oral capsule 28-1-50-250 mg</i>	1A	
PRENATA ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	3	
<i>prenatabs fa oral tablet 29-1 mg</i>	1A	

Drug Name	Drug Tier	Requirements / Limits
<i>prenatabs rx oral tablet 29 mg iron- 1 mg</i>	1A	
PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG- 25 MG	3	
<i>prenatal plus (calcium carb) oral tablet 27 mg iron- 1 mg</i>	1A	
PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG - 312 MG-250 MG	3	
<i>prenatal plus oral tablet 29 mg iron- 1 mg</i>	1A	
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET 27 MG IRON- 1 MG	3	
<i>prenatal-u oral capsule 106.5-1 mg</i>	1B	
PRENATE AM ORAL TABLET 1- 500 MG	3	
PRENATE CHEWABLE ORAL TABLET,CHEWABLE 1 MG	3	
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE 18 MG IRON-1 MG -300 MG	3	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated May 1, 2024

Drug Name	Drug Tier	Requirements / Limits
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET 20 MG IRON- 1 MG	3	
PRENATE ENHANCE ORAL CAPSULE 28 MG IRON- 1 MG-400 MG	3	
PRENATE ESSENTIAL(IRON-ASP-GL) ORAL CAPSULE 18 MG IRON- 1 MG-300 MG	3	
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE 18-1-350 MG	3	
PRENATE PIXIE ORAL CAPSULE 10 MG IRON- 1 MG-200 MG	3	
PRENATE RESTORE ORAL CAPSULE 27 MG IRON- 1 MG-400 MG	3	
PRENATE STAR ORAL TABLET 20 MG IRON- 1 MG	3	
PRIMACARE ORAL CAPSULE 30-1-300 MG	3	
PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG	3	

Drug Name	Drug Tier	Requirements / Limits
R-NATAL OB ORAL CAPSULE 20 MG IRON- 1 MG-320 MG	3	
SELECT-OB (FOLIC ACID) ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	3	
SELECT-OB + DHA ORAL COMBO PACK 29 MG IRON-1 MG - 250 MG	3	
SELECT-OB ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	3	
<i>se-natal 19 chewable oral tablet,chewable 29 mg iron- 1 mg</i>	1A	
<i>se-natal-19 oral tablet 29 mg iron- 1 mg</i>	1A	
<i>taron-c dha oral capsule 35-1-200 mg</i>	1B	
<i>taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg</i>	1B	
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG	3	
TRICARE ORAL TABLET 27 MG IRON- 1 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
TRIFERIC HEMODIALYSIS POWDER IN PACKET 272 MG IRON	3	
TRIFERIC HEMODIALYSIS SOLUTION 27.2 MG IRON/5 ML	3	
<i>trinatal rx 1 oral tablet 60 mg iron-1 mg</i>	1A	
<i>trinate oral tablet 28 mg iron- 1 mg</i>	1A	
TRISTART DHA ORAL CAPSULE 31 MG IRON- 1 MG-200 MG	3	
<i>tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	5	ACA; OTC
VITAFOL FE PLUS ORAL CAPSULE 90 MG IRON- 1 MG-200 MG	3	
VITAFOL GUMMIES ORAL TABLET,CHEWABLE 3.33 MG IRON-0.33 MG	3	
VITAFOL ULTRA ORAL CAPSULE 29 MG IRON- 1 MG-200 MG	3	
VITAFOL-OB ORAL TABLET 65-1 MG	3	

Drug Name	Drug Tier	Requirements / Limits
VITAFOL-OB+DHA ORAL COMBO PACK 65-1-250 MG	3	
VITAFOL-ONE ORAL CAPSULE 29 MG IRON- 1 MG-200 MG	3	
VITALIPID N INFANT INTRAVENOUS SOLUTION 69 MCG-1 MCG-0. 64 MG-20 MCG/ML	3	
VITAMEDMD ONE RX ORAL CAPSULE 30 MG IRON-1MG -200 MG	3	
VITAMEDMD REDICHEW RX ORAL TABLET,CHEW,IR - DR,BIPHASE 1.4 MG	3	
<i>vitamins a,c,d and fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	5	ACA; OTC
VITATRUE ORAL COMBO PACK 30 MG IRON- 1.4 MG-300 MG	3	
VITLIPID N INFANT INTRAVENOUS SOLUTION 69 MCG-1 MCG-0. 64 MG-20 MCG/ML	3	
<i>wescap-c dha oral capsule 35-1-200 mg</i>	1B	

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Drug Name	Drug Tier	Requirements / Limits
<i>wescap-pn dha oral capsule 27 mg iron-1 mg -300 mg</i>	1B	
<i>wesnata dha complete oral combo pack 29 mg iron- 1 mg-200 mg</i>	1A	
<i>wesnate dha oral capsule 28 mg iron-1 mg -200 mg</i>	1A	
<i>westab plus oral tablet 27 mg iron- 1 mg</i>	1A	

Drug Name	Drug Tier	Requirements / Limits
<i>westgel dha oral capsule 31 mg iron-1 mg-200 mg</i>	1A	
<i>zatean-pn dha oral capsule 27 mg iron-1 mg -300 mg</i>	1B	
<i>zatean-pn plus oral capsule 28-1-300 mg</i>	1B	
<i>zingiber oral tablet 1.2 mg-40 mg- 124.1 mg-100 mg</i>	1B	

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