

# 2025 Prescription Drug Formulary

ACA Advantage



**PLEASE READ:**

This document contains information about the drugs we cover in your plan. This formulary was updated December 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: 뽣국뽣를 사뽣뽣는 경뽣, 뽣뽣 뽣뽣 서뽣뽣를 무료로 뽣뽣뽣 뽣뽣뽣. 1-800-382-5729 (TTY: 711)뽣뽣로 뽣뽣뽣 뽣뽣뽣뽣.

## 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).

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**Civil Rights Coordinator**

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

**Email:** [CivilRightsCoordinator@MedMutual.com](mailto: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](http://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](http://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/2025drugs](http://MedMutual.com/2025drugs) 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](http://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](http://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](http://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](http://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 Pharmacy<sup>SM</sup>, 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.

## 2025 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 medications in each category are listed. This list also does not guarantee coverage of a particular medication 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.

### ASTHMA/COPD

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

### BONE DISEASE AND FRACTURES

alendronate  
risedronate  
isedronate dr  
raloxifene  
ibandronate oral  
zoledronic acid

### CAVITIES

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

### COLONOSCOPY PREPARATION\*

[ Uj ] nM!W  
gavilyte-g  
[ Uj ] nM!b  
D9, !' ' ) \$#YVWfc` nM!Yg  
gcX]i a ž dchUgg]i a `UbX  
a U[ bYg]i a `gi `ZU!Yg`

### DEPRESSION

citalopram  
escitalopram  
fluoxetine  
fluoxetine DR  
fluvoxamine  
fluvoxamine ER  
paroxetine  
paroxetine er  
sertraline

### DIABETES

acarbose  
generic syringes, lancets and needles  
glipizide  
glipizide er  
glipizide/metformin  
glyburide  
glyburide micronized  
glyburide/metformin  
metformin  
metformin er  
miglitol  
nateglinide  
pioglitazone/glimepiride  
pioglitazone/metformin  
repaglinide  
saxagliptin  
saxagliptin/metformin

### HEART DISEASE AND STROKE

#### BLOOD THINNERS

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

# 2025 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  
pitavastatin  
pravastatin  
prevalite  
rosuvastatin  
simvastatin

## HIGH BLOOD PRESSURE (HBP)

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

## HIGH BLOOD PRESSURE (HBP) (continued)

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

## HIGH BLOOD PRESSURE (HBP) (continued)

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

## MALARIA

chloroquine  
mefloquine  
atovaquone/proguanil  
primaquine

## MISC ANTIVIRALS

emtricitabine/tenofovir  
disoproxil  
fumarate(tdfd)-200mg/300mg\*

## SMOKING-CESSATION\*

bupropion sr 150mg varenicline  
nicotine gum and lozenges  
nicotine patches

## 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 by Evernorth® manages your prescription benefit for your employer, plan sponsor or health plan. For specific questions on coverage, please call the phone number on your ID card or log into 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
<b>ANTI - INFECTIVES</b>		
<b>ANTIFUNGAL AGENTS</b>		
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	
MICAFUNGIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 100 MG/100 ML, 50 MG/50 ML	3	
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	

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

Drug Name	Drug Tier	Requirements / Limits
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	1B	
REZZAYO INTRAVENOUS RECON SOLN 200 MG	3	
TOLSURA ORAL CAPSULE, SOLID DISPERSION 65 MG	3	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	
<b>ANTIVIRALS</b>		
<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	

Drug Name	Drug Tier	Requirements / Limits
<i>amantadine hcl oral tablet 100 mg</i>	1B	
APTIVUS ORAL CAPSULE 250 MG	2	
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	1B	
BARACLUDGE ORAL SOLUTION 0.05 MG/ML	2	
BARACLUDGE 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	
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 December 1, 2024.

Drug Name	Drug Tier	Requirements / Limits
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	2	ST
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-tenofovir oral tablet 600-200-300 mg</i>	1B	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg, 600-300-300 mg</i>	1B	
<i>emtricitabine oral capsule 200 mg</i>	1B	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	1B	
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	5	ACA
EMTRIVA ORAL CAPSULE 200 MG	3	
EMTRIVA ORAL SOLUTION 10 MG/ML	2	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1B	

Drug Name	Drug Tier	Requirements / Limits
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG	3	PA; LA; QL
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	3	PA; LA; QL
<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	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	2	QL
GENVOYA ORAL TABLET 150-150-200-10 MG	2	
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	3	PA; LA; QL
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	3	PA; LA; QL
INTELENCE ORAL TABLET 100 MG, 200 MG	3	
INTELENCE ORAL TABLET 25 MG	2	
ISENTRESS HD ORAL TABLET 600 MG	2	

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Drug Name	Drug Tier	Requirements / Limits
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
<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	
<i>nevirapine oral suspension 50 mg/5 ml</i>	1B	
<i>nevirapine oral tablet 200 mg</i>	1B	

Drug Name	Drug Tier	Requirements / Limits
<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
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	

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Drug Name	Drug Tier	Requirements / Limits
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	
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

Drug Name	Drug Tier	Requirements / Limits
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	
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 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	

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Drug Name	Drug Tier	Requirements / Limits
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	
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	3	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	

Drug Name	Drug Tier	Requirements / Limits
<b>CEPHALOSPORINS</b>		
<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	
<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	

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Drug Name	Drug Tier	Requirements / Limits
<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	
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	

Drug Name	Drug Tier	Requirements / Limits
<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	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	2	
<b>ERYTHROMYCINS &amp; OTHER MACROLIDES</b>		
<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

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Drug Name	Drug Tier	Requirements / Limits
<i>e.e.s. 400 oral tablet 400 mg</i>	1B	
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	

Drug Name	Drug Tier	Requirements / Limits
<i>erythromycin oral tablet 250 mg, 500 mg</i>	1B	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	1B	
<b>MISCELLANEOUS ANTIINFECTIVES</b>		
<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
<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
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	

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Drug Name	Drug Tier	Requirements / Limits
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	1B	
COARTEM ORAL TABLET 20-120 MG	2	QL
<i>cycloserine oral capsule 250 mg</i>	1B	
<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	
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
<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

Drug Name	Drug Tier	Requirements / Limits
KRINTAFEL ORAL TABLET 150 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
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	

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Drug Name	Drug Tier	Requirements / Limits
PRETOMANID ORAL TABLET 200 MG	3	
PRIFTIN ORAL TABLET 150 MG	2	
<i>primaquine oral tablet 26.3 mg (15 mg base)</i>	1A	QL
<i>pyrazinamide oral tablet 500 mg</i>	1B	
<i>pyrimethamine oral tablet 25 mg</i>	1B	
<i>quinine sulfate oral capsule 324 mg</i>	1B	QL
<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
STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM	2	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1B	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	
XIFAXAN ORAL TABLET 200 MG, 550 MG	2	QL
ZYVOX INTRAVENOUS PIGGYBACK 200 MG/100 ML	3	
<b>PENICILLINS</b>		
<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	

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Drug Name	Drug Tier	Requirements / Limits
<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	
<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	

Drug Name	Drug Tier	Requirements / Limits
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	
EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT	3	
LENTOCILIN S INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT	3	
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 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	
<b>QUINOLONES</b>		
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	
<i>moxifloxacin oral tablet 400 mg</i>	1B	

Drug Name	Drug Tier	Requirements / Limits
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1B	
<b>SULFA'S &amp; RELATED AGENTS</b>		
<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	
<b>TETRACYCLINES</b>		
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
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 75 mg</i>	1B	ST

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Drug Name	Drug Tier	Requirements / Limits
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	1B	
<i>doxycycline monohydrate oral capsule 150 mg</i>	1B	ST
<i>doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg</i>	1B	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	
MINOCIN INTRAVENOUS RECON SOLN 100 MG	2	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1B	
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

Drug Name	Drug Tier	Requirements / Limits
<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
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
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
<b>URINARY TRACT AGENTS</b>		
<i>fosfomycin tromethamine oral packet 3 gram</i>	1B	
MACROBID ORAL CAPSULE 100 MG	3	
MACRODANTIN ORAL CAPSULE 100 MG, 50 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>methenamine hippurate oral tablet 1 gram</i>	1B	
<i>methenamine mandelate oral tablet 0.5 gram, 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	
PRIMSOL ORAL SOLUTION 50 MG/5 ML	3	
<i>trimethoprim oral tablet 100 mg</i>	1B	
<b>VANCOMYCIN</b>		
FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML	3	QL
<i>vancomycin in 0.9 % sodium chl intravenous solution 1 gram/250 ml, 1.25 gram/250 ml, 1.5 gram/250 ml, 1.5 gram/500 ml, 1.75 gram/500 ml, 2 gram/500 ml</i>	1B	

Drug Name	Drug Tier	Requirements / Limits
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS SOLUTION 1.75 GRAM/250 ML, 750 MG/150 ML, 750 MG/250 ML	2	
<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	

## 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	

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Drug Name	Drug Tier	Requirements / Limits
MESNEX ORAL TABLET 400 MG	2	
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
<b>ANTINEOPLASTIC &amp; IMMUNOSUPPRESSANT DRUGS</b>		
<i>abiraterone oral tablet 250 mg</i>	4	LA; QL
<i>abiraterone oral tablet 500 mg</i>	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
<i>anastrozole oral tablet 1 mg</i>	5	ACA
ASTAGRAF XL ORAL CAPSULE, EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	3	PA
AUGTYRO ORAL CAPSULE 40 MG	4	PA; LA
AZASAN ORAL TABLET 100 MG, 75 MG	3	ST

Drug Name	Drug Tier	Requirements / Limits
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	1B	
<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
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	4	PA; LA; QL
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
COTELLIC ORAL TABLET 20 MG	4	PA; LA; QL

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

Drug Name	Drug Tier	Requirements / Limits
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 100 MG/ML, 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	
<i>cyclosporine modified oral solution 100 mg/ml</i>	1B	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1B	
<i>dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg</i>	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

Drug Name	Drug Tier	Requirements / Limits
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	4	PA; LA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	4	PA; LA
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	
<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	
<i>exemestane oral tablet 25 mg</i>	5	ACA
FENSOLVI SUBCUTANEOUS SYRINGE 45 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	

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Drug Name	Drug Tier	Requirements / Limits
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	
<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	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
INLYTA ORAL TABLET 1 MG, 5 MG	4	PA; LA; QL
IODOPEN INTRAVENOUS SOLUTION 100 MCG/ML	2	

Drug Name	Drug Tier	Requirements / Limits
IWILFIN ORAL TABLET 192 MG	4	PA; LA
JYLAMVO ORAL SOLUTION 2 MG/ML	3	PA
KISQALI FEMARA CO-PACK ORAL TABLET 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
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	4	QL
<i>lapatinib oral tablet 250 mg</i>	4	PA; LA; QL
LAZCLUZE ORAL TABLET 240 MG, 80 MG	4	PA; LA
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	4	PA; LA; QL
<i>letrozole oral tablet 2.5 mg</i>	1B	
LEUKERAN ORAL TABLET 2 MG	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	4	PA; LA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	4	PA; LA
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

Drug Name	Drug Tier	Requirements / Limits
MATULANE ORAL CAPSULE 50 MG	4	LA
<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
<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	

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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	
MYHIBBIN ORAL SUSPENSION 200 MG/ML	2	ST; LA
MYLERAN ORAL TABLET 2 MG	2	
<i>nilutamide oral tablet 150 mg</i>	1B	
NIPENT INTRAVENOUS RECON SOLN 10 MG	3	
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	4	LA
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	4	LA
<i>octreotide, microspheres intramuscular suspension, extended rel recon 20 mg, 30 mg</i>	4	LA; QL

Drug Name	Drug Tier	Requirements / Limits
ODOMZO ORAL CAPSULE 200 MG	4	PA; LA; QL
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG	4	PA; LA
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	4	PA; LA
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)	4	PA; LA
<i>pazopanib oral tablet 200 mg</i>	4	PA; LA; QL
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
RETEVMO ORAL TABLET 120 MG, 160 MG, 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

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Drug Name	Drug Tier	Requirements / Limits
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	4	PA; LA; QL
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	4	PA; LA; QL
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	4	PA; LA
RYDAPT ORAL CAPSULE 25 MG	4	PA; LA; QL
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	4	LA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON 10 MG, 20 MG, 30 MG	4	LA; QL
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MG, 20 MG, 30 MG, 40 MG, 60 MG	4	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

Drug Name	Drug Tier	Requirements / Limits
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	
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	4	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	
<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

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Drug Name	Drug Tier	Requirements / Limits
TAGRISSO ORAL TABLET 40 MG, 80 MG	4	PA; LA; QL
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	4	PA; LA; QL
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	5	ACA
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	LA
THALOMID ORAL CAPSULE 100 MG, 50 MG	4	PA; LA; QL
<i>toremifene oral tablet 60 mg</i>	1B	
<i>torpenz oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	4	PA; LA; QL
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	

Drug Name	Drug Tier	Requirements / Limits
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	4	PA; LA
TURALIO ORAL CAPSULE 125 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
VIJOICE ORAL GRANULES IN PACKET 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
VORANIGO ORAL TABLET 10 MG, 40 MG	4	PA; LA
XALKORI ORAL CAPSULE 200 MG, 250 MG	4	PA; LA; QL
XALKORI ORAL PELLETT 150 MG, 20 MG, 50 MG	4	PA; LA; QL
XATMEP ORAL SOLUTION 2.5 MG/ML	3	PA

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Drug Name	Drug Tier	Requirements / Limits
XTANDI ORAL CAPSULE 40 MG	4	PA; LA; QL
XTANDI ORAL TABLET 40 MG, 80 MG	4	PA; LA; QL
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	4	PA; LA; QL
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, NEUROLOGY & PSYCH**

### **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

Drug Name	Drug Tier	Requirements / Limits
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	1B	
<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 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	
CARBAMAZEPINE ORAL TABLET, CHEWABLE 200 MG	3	
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	
<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

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Drug Name	Drug Tier	Requirements / Limits
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 release 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	
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

Drug Name	Drug Tier	Requirements / Limits
<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	
<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

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Drug Name	Drug Tier	Requirements / Limits
<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	
<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	

Drug Name	Drug Tier	Requirements / Limits
<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	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	3	PA
<i>methsuximide oral capsule 300 mg</i>	1B	
<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	

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Drug Name	Drug Tier	Requirements / Limits
<i>oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg, 600 mg</i>	1B	ST
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

Drug Name	Drug Tier	Requirements / Limits
<i>pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg</i>	1B	ST
PRIMIDONE ORAL TABLET 125 MG	3	
<i>primidone oral tablet 250 mg, 50 mg</i>	1B	
<i>roweepra oral tablet 500 mg</i>	1B	
<i>rufinamide oral suspension 40 mg/ml</i>	1B	
<i>rufinamide oral tablet 200 mg, 400 mg</i>	1B	
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	
<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	

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Drug Name	Drug Tier	Requirements / Limits
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	
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	

Drug Name	Drug Tier	Requirements / Limits
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)	2	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
VIGAFYDE ORAL SOLUTION 100 MG/ML	4	LA
<i>vigpoder oral powder in packet 500 mg</i>	4	LA; QL
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, 25 MG, 50 MG	3	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
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	
<b>ANTIPARKINSONISM AGENTS</b>		
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	
<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	

Drug Name	Drug Tier	Requirements / Limits
<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
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	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	3	PA; QL

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

Drug Name	Drug Tier	Requirements / Limits
<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	
<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	
ZELAPAR ORAL TABLET, DISINTEGRATING 1.25 MG	3	

Drug Name	Drug Tier	Requirements / Limits
<b>MIGRAINE &amp; CLUSTER HEADACHE THERAPY</b>		
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	
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	1B	ST; 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

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Drug Name	Drug Tier	Requirements / Limits
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,DISINTE GRATING 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
<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

Drug Name	Drug Tier	Requirements / Limits
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 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	ST; QL
TOSYMRA NASAL SPRAY, NON- AEROSOL 10 MG/ACTUATION	3	ST; QL
UBRELVY ORAL TABLET 100 MG, 50 MG	2	PA; QL
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML	3	ST; QL
<i>zolmitriptan nasal spray,non-aerosol 5 mg</i>	1B	ST; 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
ZOMIG NASAL SPRAY, NON- AEROSOL 2.5 MG	2	ST; QL
<b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	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
<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
<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	
MEMANTINE ORAL TABLETS, DOSE PACK 5-10 MG	3	

Drug Name	Drug Tier	Requirements / Limits
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	
NUEDEXTA ORAL CAPSULE 20-10 MG	2	PA
<i>ormaldi oral tablet 50 mg</i>	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	
<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

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Drug Name	Drug Tier	Requirements / Limits
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE, DOSE PACK 0.23 MG (4)-0.46 MG (3)	4	PA; LA; QL
<b>MUSCLE RELAXANTS &amp; ANTISPASMODIC THERAPY</b>		
<i>baclofen oral suspension 25 mg/5 ml (5 mg/ml)</i>	1B	
<i>baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i>	1B	
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	1B	PA
<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	

Drug Name	Drug Tier	Requirements / Limits
<i>metaxalone oral tablet 400 mg, 800 mg</i>	1B	
<i>methocarbamol injection solution 100 mg/ml</i>	1B	
<i>methocarbamol oral tablet 1,000 mg, 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	
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	1B	
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 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	

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Drug Name	Drug Tier	Requirements / Limits
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	1B	
<i>tanlor oral tablet 1,000 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
<b>NARCOTIC ANALGESICS</b>		
<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, 300 mg-30 mg /12.5 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
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1B	

Drug Name	Drug Tier	Requirements / Limits
<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
<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

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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
<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
FENTANYL CITRATE (PF)- 0.9%NACL INJECTION PREFILLED PUMP RESERVOIR 10 MCG/ML	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<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), 1,000 MCG/50 ML (20 MCG/ML), 1,500 MCG/30 ML (50 MCG/ML), 500 MCG/50 ML (10 MCG/ML)	3	PA; QL
<i>fentanyl citrate (pf)- 0.9%nacl intravenous pt controlled analgesia syring 2,500 mcg/50 ml (50 mcg/ml)</i>	1B	PA; QL

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

Drug Name	Drug Tier	Requirements / Limits
<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
<i>fentanyl-ropivacaine-nacl (pf) injection solution 2-0.2 mcg/ml-%</i>	1B	PA; QL
<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, 10-325 mg/15 ml(15 ml), 7.5-325 mg/15 ml</i>	1B	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
<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
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

Drug Name	Drug Tier	Requirements / Limits
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), 25 mg/50 ml (0.5 mg/ml)</i>	1B	PA; QL
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

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Drug Name	Drug Tier	Requirements / Limits
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
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
HYDROMORPHONE(PF)-NACL,ISO-OSM INTRAVENOUS SOLUTION 1 MG/ML	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<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
METHADONE IN 0.9 % SOD.CHLORID INTRAVENOUS SYRINGE 5 MG/5 ML	3	PA; QL
METHADONE IN SOD CHLOR,ISO-OSM INTRAVENOUS SYRINGE 10 MG/ML	3	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
MORPHINE (PF) IN 0.9 % SOD CHL 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
MORPHINE (PF) IN 0.9 % SOD CHL INTRAVENOUS PATIENT CONTROL.ANALG ESIA 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), 25 MG/25 ML (1 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

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), 5 mg/5 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

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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

Drug Name	Drug Tier	Requirements / Limits
<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
OXYCODONE ORAL TABLET, ORAL ONLY 15 MG, 30 MG, 5 MG	3	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

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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,ER1 2HR(DONT CRUSH) 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	3	PA; QL
<b>NON-NARCOTIC ANALGESICS</b>		
<i>adult aspirin regimen oral tablet,delayed release (dr/ec) 81 mg</i>	5	ACA; OTC
<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
<i>bayer low dose aspirin oral tablet,delayed release (dr/ec) 81 mg</i>	5	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<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	
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	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	1B	

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Drug Name	Drug Tier	Requirements / Limits
<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	
DOLOBID ORAL TABLET 250 MG	3	
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	

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	
<i>ketorolac oral tablet 10 mg</i>	1B	QL
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	2	QL

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Drug Name	Drug Tier	Requirements / Limits
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	2	ST; QL
<i>lofexidine oral tablet 0.18 mg</i>	1B	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	
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG	3	
<i>naltrexone oral tablet 50 mg</i>	1B	
<i>naproxen oral suspension 125 mg/5 ml</i>	1B	ST

Drug Name	Drug Tier	Requirements / Limits
<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
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

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Drug Name	Drug Tier	Requirements / Limits
REXTOVY NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	2	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	
TOLECTIN 600 ORAL TABLET 600 MG	3	ST
<i>tolmetin oral capsule 400 mg</i>	1B	ST
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
TRAMADOL ORAL TABLET 100 MG, 25 MG	3	PA; QL
<i>tramadol oral tablet 50 mg</i>	1B	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<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	
<b>PSYCHOTHERAPEUTIC DRUGS</b>		
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET WITH SENSOR AND STRIP 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	3	QL

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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 POWDR BREATH ACTIVATED 10 MG	3	
ADZENYS XR-ODT ORAL TABLET,DISINTEGRER 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	

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	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	
AZSTARYS ORAL CAPSULE 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG	3	ST

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Drug Name	Drug Tier	Requirements / Limits
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>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1B	
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	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1B	
<i>citalopram oral solution 10 mg/5 ml</i>	1A	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	1A	QL

Drug Name	Drug Tier	Requirements / Limits
<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	
COBENFY ORAL CAPSULE 125-30 MG, 50-20 MG	3	ST; LA
COBENFY STARTER PACK ORAL CAPSULE, DOSE PACK 50 MG-20 MG /100 MG-20 MG	3	ST; LA
COTEMPLA XR-ODT ORAL TABLET, DISINTEGR BIPHASE 24H 17.3 MG, 25.9 MG, 8.6 MG	3	ST
DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR	3	ST

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Drug Name	Drug Tier	Requirements / Limits
DAYVIGO ORAL TABLET 10 MG, 5 MG	3	ST; QL
<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	
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1B	

Drug Name	Drug Tier	Requirements / Limits
<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
<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

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Drug Name	Drug Tier	Requirements / Limits
DYANA VEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML	2	ST
DYANA VEL 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	QL
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	1B	QL
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	ST; QL
FANAPT ORAL TABLETS, DOSE PACK 1MG(2)- 2MG(2)- 4MG(2)- 6MG(2)	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
FETZIMA ORAL CAPSULE, EXT REL 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
<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	

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Drug Name	Drug Tier	Requirements / Limits
<i>flurazepam oral capsule 15 mg, 30 mg</i>	1B	QL
<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	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1B	
<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	

Drug Name	Drug Tier	Requirements / Limits
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/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	
JORNAY PM ORAL CAPSULE, DEL REL, EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	3	ST
<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	

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Drug Name	Drug Tier	Requirements / Limits
<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	
<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 EXTEND RELEASE GRANULES, PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM	4	PA; LA; QL
LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK 4.5-6-7.5 GRAM	4	PA

Drug Name	Drug Tier	Requirements / Limits
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1B	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	
<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	

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Drug Name	Drug Tier	Requirements / Limits
<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	
<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), 50 MG/50 ML (1 MG/ML), 55 MG/55 ML (1 MG/ML)	3	
<i>midazolam (pf) injection solution 1 mg/ml, 5 mg/ml</i>	1B	

Drug Name	Drug Tier	Requirements / Limits
<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	
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	

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Drug Name	Drug Tier	Requirements / Limits
MIDAZOLAM IN NACL,ISO-OSMO(PF) INTRAVENOUS SOLUTION 1 MG/ML	3	
MIDAZOLAM IN NACL,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	
<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	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	
<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
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1A	QL

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Drug Name	Drug Tier	Requirements / Limits
<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
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1B	QL

Drug Name	Drug Tier	Requirements / Limits
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,EXT REL 24HR,RECON 5 MG/ML (25 MG/5 ML)	2	ST
QUVIVIQ ORAL TABLET 25 MG, 50 MG	3	ST; QL
<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	QL
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
<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
<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	QL
<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	

Drug Name	Drug Tier	Requirements / Limits
<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	QL
<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, EXT ENDED REL 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
<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

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Drug Name	Drug Tier	Requirements / Limits
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	ST; 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	3	ST
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	4	PA; LA; QL
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	

Drug Name	Drug Tier	Requirements / Limits
<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	

## CARDIOVASCULAR, HYPERTENSION & LIPIDS

### ANTIARRHYTHMIC AGENTS

<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	

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Drug Name	Drug Tier	Requirements / Limits
<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	
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	

Drug Name	Drug Tier	Requirements / Limits
<i>quinidine sulfate oral tablet 200 mg, 300 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	
<b>ANTIHYPERTENSIVE THERAPY</b>		
<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	

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Drug Name	Drug Tier	Requirements / Limits
<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	
<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	

Drug Name	Drug Tier	Requirements / Limits
<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	
<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

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Drug Name	Drug Tier	Requirements / Limits
<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	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	1B	QL
<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	

Drug Name	Drug Tier	Requirements / Limits
<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	
<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	

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Drug Name	Drug Tier	Requirements / Limits
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1A	
<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	
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	

Drug Name	Drug Tier	Requirements / Limits
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1A	
<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	
<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
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1B	
<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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1A	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	1B	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	1B	
<i>methyldopate 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>metirosine 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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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	
<b>NYMALIZE ORAL SOLUTION 60 MG/10 ML</b>	3	
<b>NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML</b>	3	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	1A	
<i>olmesartan-amlodipin-hcthiaid 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	

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Drug Name	Drug Tier	Requirements / Limits
<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	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1A	
<i>phenoxybenzamine oral capsule 10 mg</i>	1B	PA

Drug Name	Drug Tier	Requirements / Limits
<i>pindolol oral tablet 10 mg, 5 mg</i>	1A	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1B	
<i>propranolol intravenous solution 1 mg/ml</i>	1B	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	1A	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1A	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1A	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	1A	
QBRELIS ORAL SOLUTION 1 MG/ML	3	PA
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1A	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1A	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1A	
<i>spironolactone oral suspension 25 mg/5 ml</i>	1B	

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Drug Name	Drug Tier	Requirements / Limits
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1B	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1B	
<i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg</i>	1A	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1A	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1A	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1A	
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	

Drug Name	Drug Tier	Requirements / Limits
<i>torse mide 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	
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	

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

Drug Name	Drug Tier	Requirements / Limits
<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	
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	
<b>CARDIAC GLYCOSIDES</b>		
<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	

Drug Name	Drug Tier	Requirements / Limits
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG)	3	
<b>COAGULATION THERAPY</b>		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	4	PA; LA
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>	1B	
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i>	1B	
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

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

Drug Name	Drug Tier	Requirements / Limits
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
<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	

Drug Name	Drug Tier	Requirements / Limits
<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	
<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
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
<i>prasugrel oral tablet 10 mg, 5 mg</i>	1A	
<i>tirofiban-0.9% sodium chloride intravenous solution 12.5 mg/250 ml (50 mcg/ml)</i>	1B	
<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	

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Drug Name	Drug Tier	Requirements / Limits
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**

<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, 40 mg, 80 mg</i>	1A	QL

Drug Name	Drug Tier	Requirements / Limits
<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	
<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	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	

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Drug Name	Drug Tier	Requirements / Limits
<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>	1A	QL
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	1A	QL
<i>gemfibrozil oral tablet 600 mg</i>	1A	
<i>icosapent ethyl oral capsule 0.5 gram, 1 gram</i>	1A	PA
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1A	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	

Drug Name	Drug Tier	Requirements / Limits
<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>	1A	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>	1A	QL
<i>prevalite oral powder 4 gram</i>	1A	
<i>prevalite oral powder in packet 4 gram</i>	1A	
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, 20 mg, 40 mg, 5 mg</i>	1A	QL
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1A	QL

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Drug Name	Drug Tier	Requirements / Limits
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	2	PA
<b>MISCELLANEOUS CARDIOVASCULAR AGENTS</b>		
ASPRUZYO SPRINKLE ORAL EXTEND RELEASE GRANULES,PACKET 1,000 MG, 500 MG	3	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	2	PA; QL
ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG	2	PA; QL
<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	
TRYVIO ORAL TABLET 12.5 MG	3	PA
<b>NITRATES</b>		
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	

Drug Name	Drug Tier	Requirements / Limits
<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	
<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	

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Drug Name	Drug Tier	Requirements / Limits
<i>nitro-time oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg</i>	1B	
<b>DERMATOLOGICALS/TOPICAL THERAPY</b>		
<b>ANTIPSORIATIC / ANTISEBORRHEIC</b>		
<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	

Drug Name	Drug Tier	Requirements / Limits
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; LA; QL
COSENTYX INTRAVENOUS SOLUTION 25 MG/ML	4	PA; LA
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

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Drug Name	Drug Tier	Requirements / Limits
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 %	3	
OVACE PLUS TOPICAL CREAM 10 %	3	
OVACE PLUS TOPICAL LOTION 9.8 %	3	
PLEXION NS TOPICAL SHAMPOO 9.8 %	3	
PRAMOSONE TOPICAL CREAM 1-1 %	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

Drug Name	Drug Tier	Requirements / Limits
SOTYKTU ORAL TABLET 6 MG	4	PA; LA; QL
SPEVIGO SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; LA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	4	PA; LA; QL
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 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

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Drug Name	Drug Tier	Requirements / Limits
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	4	PA; LA; QL
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML, 80 MG/ML	4	PA; LA; QL
TERSI FOAM TOPICAL FOAM 2.25 %	3	
TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	4	PA; LA
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	4	PA; LA
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	4	PA; LA; QL
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; LA; QL
TREMFYA SUBCUTANEOUS SYRINGE 200 MG/2 ML	4	PA; LA
VTAMA TOPICAL CREAM 1 %	3	ST; QL
WYNZORA TOPICAL CREAM 0.005-0.064 %	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
ZORYVE TOPICAL CREAM 0.15 %	3	QL
ZORYVE TOPICAL CREAM 0.3 %	3	ST; QL
ZORYVE TOPICAL FOAM 0.3 %	3	ST; QL
<b>BURN THERAPY</b>		
<i>silver sulfadiazine topical cream 1 %</i>	1B	
<i>ssd topical cream 1 %</i>	1B	
<b>MISCELLANEOUS DERMATOLOGICALS</b>		
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	4	PA; LA; QL
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	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
<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
IODOFLEX TOPICAL PADS, MEDICATED 0.9 %	3	
IODOSORB TOPICAL GEL 0.9 %	3	
LEVULAN TOPICAL SOLUTION 20 %	3	

Drug Name	Drug Tier	Requirements / Limits
<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	QL
<i>podofilox topical solution 0.5 %</i>	1B	
<i>prudoxin topical cream 5 %</i>	1B	QL
QBREXZA TOPICAL TOWELETTE 2.4 %	3	PA
REGRANEX TOPICAL GEL 0.01 %	2	QL
SOFDRA TOPICAL GEL WITH PUMP 12.45 % (72 MG /ACTUATION)	3	PA
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	1B	ST; QL
TOLAK TOPICAL CREAM 4 %	3	
VALCHLOR TOPICAL GEL 0.016 %	4	LA

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Drug Name	Drug Tier	Requirements / Limits
VEREGEN TOPICAL OINTMENT 15 %	3	PA; QL
<i>wintergreen oil oil</i>	1B	
<b>THERAPY FOR ACNE</b>		
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>acutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1B	
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
<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

Drug Name	Drug Tier	Requirements / Limits
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 TOPICAL CREAM 10-5 % (W/W)	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	
<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	
<i>clindacin etz topical swab 1 %</i>	1B	

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Drug Name	Drug Tier	Requirements / Limits
<i>clindacin p topical swab 1 %</i>	1B	
<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	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	
<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	

Drug Name	Drug Tier	Requirements / Limits
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
<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	

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Drug Name	Drug Tier	Requirements / Limits
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 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

Drug Name	Drug Tier	Requirements / Limits
ROSADAN TOPICAL KIT, CLEANSER AND CREAM 0.75 %	3	ST
ROSULA TOPICAL CLEANSER 10-4.5 %	3	ST
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 suspension 10-5 %</i>	1B	
SUMADAN TOPICAL CLEANSER 9-4.5 %	3	ST

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

Drug Name	Drug Tier	Requirements / Limits
SUMAXIN TOPICAL CLEANSER 9-4 %	3	ST
<i>tazarotene topical cream 0.05 %, 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
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1B	
<b>TOPICAL ANESTHETICS</b>		
<i>bupivacaine (pf) injection solution 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml), 0.75 % (7.5 mg/ml)</i>	1B	
<i>dermacinrx lidocan topical adhesive patch,medicated 5 %</i>	1B	PA
EXPAREL (PF) LOCAL INFILTRATION SUSPENSION 1.3 % (13.3 MG/ML)	3	

Drug Name	Drug Tier	Requirements / Limits
<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
<i>lidocaine-prilocaine topical kit 2.5-2.5 %</i>	1B	
<i>lidocan iii topical adhesive patch,medicated 5 %</i>	1B	PA
<i>lidocan iv topical adhesive patch,medicated 5 %</i>	1B	PA
<i>lidocan v topical adhesive patch,medicated 5 %</i>	1B	PA
<i>lidocort topical cream 3-0.5 %</i>	1B	
MARCAINE- EPINEPHRINE INJECTION CARTRIDGE 0.5 %-1:200,000	3	
<b>TOPICAL ANTIBACTERIALS</b>		

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

Drug Name	Drug Tier	Requirements / Limits
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	
<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	

Drug Name	Drug Tier	Requirements / Limits
XEPI TOPICAL CREAM 1 %	3	ST; QL
<b>TOPICAL ANTIFUNGALS</b>		
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
<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

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

Drug Name	Drug Tier	Requirements / Limits
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
<i>klayesta topical powder 100,000 unit/gram</i>	1B	QL
LULICONAZOLE TOPICAL CREAM 1 %	3	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

Drug Name	Drug Tier	Requirements / Limits
<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
<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
<b>TOPICAL ANTIVIRALS</b>		
<i>acyclovir topical cream 5 %</i>	1B	PA; QL
<i>acyclovir topical ointment 5 %</i>	1B	PA; QL
DENAVIR TOPICAL CREAM 1 %	3	
<i>penciclovir topical cream 1 %</i>	1B	

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Drug Name	Drug Tier	Requirements / Limits
XERESE TOPICAL CREAM 5-1 %	3	
<b>TOPICAL CORTICOSTEROIDS</b>		
<i>ala-cort topical cream 1 %</i>	1B	
ALA-SCALP TOPICAL LOTION 2 %	3	ST
<i>alclometasone topical cream 0.05 %</i>	1B	
<i>alclometasone topical ointment 0.05 %</i>	1B	
<i>amcinonide topical cream 0.1 %</i>	1B	ST
<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 lotion 0.1 %</i>	1B	
<i>betamethasone valerate topical ointment 0.1 %</i>	1B	

Drug Name	Drug Tier	Requirements / Limits
<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	
<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 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	

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Drug Name	Drug Tier	Requirements / Limits
CLODAN KIT TOPICAL KIT, SHAMPOO AND CLEANSER 0.05 %	3	ST; QL
<i>clodan topical shampoo 0.05 %</i>	1B	ST; QL
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 ointment 0.05 %</i>	1B	
<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>fluocinolone and shower cap scalp oil 0.01 %</i>	1B	
<i>fluocinolone topical oil 0.01 %</i>	1B	
<i>fluocinolone topical ointment 0.025 %</i>	1B	
<i>fluocinolone topical solution 0.01 %</i>	1B	
<i>fluocinonide topical gel 0.05 %</i>	1B	QL

Drug Name	Drug Tier	Requirements / Limits
<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>halobetasol propionate topical cream 0.05 %</i>	1B	
<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

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Drug Name	Drug Tier	Requirements / Limits
<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 %, 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	
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	

Drug Name	Drug Tier	Requirements / Limits
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	
<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**

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Drug Name	Drug Tier	Requirements / Limits
NEXOBRID TOPICAL GEL 8.8 %	3	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	2	QL
<b>TOPICAL SCABICIDES / PEDICULICIDES</b>		
<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	
<b>DIAGNOSTICS &amp; MISCELLANEOUS AGENTS</b>		
<b>IRRIGATING SOLUTIONS</b>		
<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	

Drug Name	Drug Tier	Requirements / Limits
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	
<b>MISCELLANEOUS AGENTS</b>		
<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	
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	

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Drug Name	Drug Tier	Requirements / Limits
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
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

Drug Name	Drug Tier	Requirements / Limits
<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	
<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
PIASKY INJECTION SOLUTION 340 MG/2 ML	4	PA
<i>pilocarpine hcl oral tablet 5 mg</i>	1B	

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Drug Name	Drug Tier	Requirements / Limits
RADIOGARDASE ORAL CAPSULE 0.5 GRAM	3	
<i>risedronate oral tablet 30 mg</i>	1A	ST; 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	
<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
<i>trientine oral capsule 250 mg</i>	1B	PA
TRIENTINE ORAL CAPSULE 500 MG	3	PA

Drug Name	Drug Tier	Requirements / Limits
VAFSEO ORAL TABLET 150 MG, 300 MG	3	PA; QL
VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1)	4	PA; LA
<i>water for irrigation, sterile irrigation solution</i>	1B	
<b>SMOKING DETERRENTS</b>		
<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

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

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 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
<i>quit 4 buccal lozenge 4 mg</i>	5	ACA; OTC; QL

Drug Name	Drug Tier	Requirements / Limits
<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 spray, non-aerosol 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>denta 5000 plus sensitive dental paste 1.1-5 %</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	

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

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	
<i>fraiche 5000 dental gel 1.1 %</i>	1A	
FRAICHE 5000 PREVI DENTAL GEL 1.1-3 %	3	
FRAICHE 5000 SENSITIVE DENTAL GEL 1.1-4.5 %	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

Drug Name	Drug Tier	Requirements / Limits
<i>oralone dental paste 0.1 %</i>	1B	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	3	
<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	
PREVIDENT KIDS DENTAL PASTE 1.1 %	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

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

Drug Name	Drug Tier	Requirements / Limits
<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	
<i>fluocinolone acetone 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	

Drug Name	Drug Tier	Requirements / Limits
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	3	ST
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
AGAMREE ORAL SUSPENSION 40 MG/ML	4	PA; LA
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	
CORTROSYN INJECTION RECON SOLN 0.25 MG	3	
<i>cosyntropin injection recon soln 0.25 mg</i>	1B	
<i>deflazacort oral suspension 22.75 mg/ml</i>	4	PA; LA
<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	

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

Drug Name	Drug Tier	Requirements / Limits
<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	
<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	

Drug Name	Drug Tier	Requirements / Limits
<i>prednisolone oral tablet 5 mg</i>	1B	
<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
<b>ANTITHYROID AGENTS</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1B	

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Drug Name	Drug Tier	Requirements / Limits
<i>potassium iodide oral solution 1 gram/ml</i>	1B	
<i>propylthiouracil oral tablet 50 mg</i>	1B	
SSKI ORAL SOLUTION 1 GRAM/ML	3	
<b>DIABETES, SUPPLIES, &amp; DURABLE MEDICAL EQUIPMENT</b>		
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	
<b>GLUCOSE ELEVATING AGENTS</b>		
<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

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 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
<b>INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU</b>		
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

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

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/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE	2	
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	2	QL
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	2	QL
OMNIPOD 5 INTRO(G6/LIBRE2 PLUS) SUBCUTANEOUS CARTRIDGE	2	
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

Drug Name	Drug Tier	Requirements / Limits
<b>INSULIN THERAPY</b>		
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	

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

Drug Name	Drug Tier	Requirements / Limits
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	
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	

Drug Name	Drug Tier	Requirements / Limits
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 INSULN 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	
INSULIN DEGLUDEC SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML), 200 UNIT/ML (3 ML)	3	

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Drug Name	Drug Tier	Requirements / Limits
INSULIN DEGLUDEC SUBCUTANEOUS SOLUTION 100 UNIT/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	
INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	2	
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	2	

Drug Name	Drug Tier	Requirements / Limits
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	
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	

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Drug Name	Drug Tier	Requirements / Limits
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	
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	3	

Drug Name	Drug Tier	Requirements / Limits
NOVOLOG MIX 70-30FLEXPEN 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 N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	
RELION NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	3	
REZVOGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	

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Drug Name	Drug Tier	Requirements / Limits
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	
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)	3	QL
<b>MISCELLANEOUS HORMONES</b>		
<i>cabergoline oral tablet 0.5 mg</i>	1B	QL

Drug Name	Drug Tier	Requirements / Limits
<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	
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1B	
<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	

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Drug Name	Drug Tier	Requirements / Limits
<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
METHITEST ORAL TABLET 10 MG	2	PA
<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; LA
<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

Drug Name	Drug Tier	Requirements / Limits
NOCDURNA (MEN) SUBLINGUAL TABLET, DISINTEGRATING 55.3 MCG	3	ST; QL
NOCDURNA (WOMEN) SUBLINGUAL TABLET, DISINTEGRATING 27.7 MCG	3	ST; QL
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	
<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
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1B	PA

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Drug Name	Drug Tier	Requirements / Limits
<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
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	4	PA; LA; QL
UNDECATREX ORAL CAPSULE 200 MG	3	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
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	
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	2	PA; QL
YORVIPATH SUBCUTANEOUS PEN INJECTOR 168 MCG/0.56 ML, 294 MCG/0.98 ML, 420 MCG/1.4 ML	4	PA; LA
<b>NON-INSULIN HYPOGLYCEMIC AGENTS</b>		
<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	
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	
<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	

Drug Name	Drug Tier	Requirements / Limits
<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
LIRAGLUTIDE SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	3	PA; 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), 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
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	1A	QL

Drug Name	Drug Tier	Requirements / Limits
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1A	
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	3	ST; QL
STEGLATRO ORAL TABLET 15 MG, 5 MG	3	ST; QL
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	2	QL
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

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

Drug Name	Drug Tier	Requirements / Limits
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
<b>THYROID HORMONES</b>		
<i>adthyza oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1B	
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG	3	

Drug Name	Drug Tier	Requirements / Limits
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, 13 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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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated December 1, 2024.

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	
<i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>	1B	PA; QL
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	

Drug Name	Drug Tier	Requirements / Limits
<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	
DONNATAL ORAL TABLET 16.2-0.1037 -0.0194 MG	3	
<i>ed-spaz oral tablet, disintegrating 0.125 mg</i>	1B	
GLYCATO 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	
<i>glycopyrrolate intravenous syringe 0.6 mg/3 ml (0.2 mg/ml), 1 mg/5 ml (0.2 mg/ml)</i>	1B	

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Drug Name	Drug Tier	Requirements / Limits
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i>	1B	
<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	

Drug Name	Drug Tier	Requirements / Limits
<i>hyosyne oral drops 0.125 mg/ml</i>	1B	
<i>hyosyne oral elixir 0.125 mg/5 ml</i>	1B	
<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, EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG)	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>symax fastabs oral tablet, disintegrating 0.125 mg</i>	1B	
<i>symax-sl sublingual tablet 0.125 mg</i>	1B	
<i>symax-sr oral tablet extended release 12 hr 0.375 mg</i>	1B	
<b>MISCELLANEOUS AGENTS</b>		
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	

Drug Name	Drug Tier	Requirements / Limits
VELPHORO ORAL TABLET, CHEWABLE 500 MG	2	QL
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	2	QL
XPHOZAH ORAL TABLET 20 MG, 30 MG	4	PA; LA; QL
<b>MISCELLANEOUS GASTROINTESTINAL AGENTS</b>		
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

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Drug Name	Drug Tier	Requirements / Limits
<i>aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)</i>	1B	QL
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM	3	ST
<i>balsalazide oral capsule 750 mg</i>	1B	
<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 RECONSTITUTION 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
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	5	ACA

Drug Name	Drug Tier	Requirements / Limits
<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	
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC) 10-10 MG	3	PA; QL
DIPENTUM ORAL CAPSULE 250 MG	3	ST
<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	

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Drug Name	Drug Tier	Requirements / Limits
<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
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	4	PA; LA; QL
<i>enulose oral solution 10 gram/15 ml</i>	1B	
EOHILIA ORAL SUSPENSION IN PACKET 2 MG/10 ML	3	PA; QL
<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>gavilyte-n oral recon soln 420 gram</i>	5	ACA
<i>generlac oral solution 10 gram/15 ml</i>	1B	
<i>gentle laxative (bisacodyl) oral tablet, delayed release (dr/ec) 5 mg</i>	5	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>gentle laxative (magnesium hydroxide) oral suspension 400 mg/5 ml</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>mesalamine oral capsule (with del rel tablets) 400 mg</i>	1B	
<i>mesalamine oral capsule, extended release 500 mg</i>	1B	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	1B	

Drug Name	Drug Tier	Requirements / Limits
<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 injection syringe 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	

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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
OMVOH SUBCUTANEOUS SYRINGE 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	3	
<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; QL
<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	
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML	4	PA; LA; QL
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML	4	PA; LA; QL
<b>ULCER THERAPY</b>		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	1B	QL
<i>bismuth subcit k-metronidz-ten oral capsule 140-125-125 mg</i>	1B	
CARAFATE ORAL SUSPENSION 100 MG/ML	3	

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Drug Name	Drug Tier	Requirements / Limits
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	
<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

Drug Name	Drug Tier	Requirements / Limits
<i>lansoprazole oral tablet, disintegrat, delay rel 30 mg</i>	1B	ST
<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	
PANTOPRAZOLE IN 0.9% SOD CHLOR INTRAVENOUS PIGGYBACK 40 MG/100 ML (0.4 MG/ML), 80 MG/100 ML (0.8 MG/ML)	3	
<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

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Drug Name	Drug Tier	Requirements / Limits
<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
<i>sucralfate oral suspension 100 mg/ml</i>	1B	
<i>sucralfate oral tablet 1 gram</i>	1B	
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

Drug Name	Drug Tier	Requirements / Limits
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	4	PA; LA; QL
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
<i>plerixafor subcutaneous solution 24 mg/1.2 ml (20 mg/ml)</i>	4	LA
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
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	4	PA; LA; QL
XOLREMDI ORAL CAPSULE 100 MG	4	PA; LA
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA; LA

**GROWTH HORMONES**

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

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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

AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	4	PA; LA; QL
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	4	PA; LA; QL
BETASERON SUBCUTANEOUS KIT 0.3 MG	4	PA; LA; QL
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i>	1B	PA; LA; QL
<i>fingolimod oral capsule 0.5 mg</i>	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
<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
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

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Drug Name	Drug Tier	Requirements / Limits
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
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	4	PA; LA; QL
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920 MG-23,000 UNIT/23 ML	4	PA; LA
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

Drug Name	Drug Tier	Requirements / Limits
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; LA; QL
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
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	4	PA; LA; QL
VUMERITY ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 231 MG	4	PA; LA; QL
<b>VACCINES &amp; MISCELLANEOUS IMMUNOLOGICALS</b>		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	5	ACA
ACAM2000 (NATIONAL STOCKPILE) PERCUTANEOUS RECON SOLN 1-5X10EXP8 UNIT/ML	2	

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Drug Name	Drug Tier	Requirements / Limits
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	5	ACA
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 TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	5	ACA
AFLURIA TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/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	

Drug Name	Drug Tier	Requirements / Limits
AUDENZ (NATIONAL STOCKPILE) INTRAMUSCULAR EMULSION 7.5 MCG/0.5 ML	3	
AUDENZ(PF)(NATIONAL STOCKPILE) INTRAMUSCULAR SYRINGE 7.5 MCG/0.5 ML	5	ACA
BABYBIG INTRAVENOUS RECON SOLN 100 MG	3	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	5	ACA
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	5	ACA
CAPVAXIVE INTRAMUSCULAR SYRINGE 0.5 ML	5	ACA
COMIRNATY 2024-25 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
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
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
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

Drug Name	Drug Tier	Requirements / Limits
ERVEBO(PF)(NATIONAL STOCKPILE) INTRAMUSCULAR SUSPENSION 1 ML	2	
FLUAD TRIV 2024-25(65Y UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	5	ACA
FLUARIX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	5	ACA
FLUBLOK TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML	5	ACA
FLUCELVAX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	5	ACA
FLUCELVAX TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	5	ACA
FLULAVAL TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
FLUMIST TRIVALENT 2024-2025 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	5	ACA
FLUZONE HIGH-DOSE TRIV 24-25 INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	5	ACA
FLUZONE TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	5	ACA
FLUZONE TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	5	ACA
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

Drug Name	Drug Tier	Requirements / Limits
HEPAGAM B INJECTION SOLUTION >312 UNIT/ML, GREATR THAN 312 UNIT/ML (5 ML)	2	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	5	ACA
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	

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Drug Name	Drug Tier	Requirements / Limits
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) INTRAMUSCULA R RECON SOLN 2.5 UNIT	2	
INFANRIX (DTAP) (PF) INTRAMUSCULA R SYRINGE 25-58- 10 LF-MCG- LF/0.5ML	5	ACA
IPOL INJECTION SUSPENSION 40-8- 32 UNIT/0.5 ML	5	ACA
IXCHIQ (PF) INTRAMUSCULA R RECON SOLN 1,000 TCID50/0.5 ML	2	
IXIARO (PF) INTRAMUSCULA R SYRINGE 6 MCG/0.5 ML	2	
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	5	ACA

Drug Name	Drug Tier	Requirements / Limits
KEDRAB (PF) INTRAMUSCULA R SOLUTION 150 UNIT/ML	3	
KINRIX (PF) INTRAMUSCULA R SYRINGE 25 LF- 58 MCG-10 LF/0.5 ML	5	ACA
MENQUADFI (PF) INTRAMUSCULA R SOLUTION 10 MCG/0.5 ML	5	ACA
MENVEO A-C-Y- W-135-DIP (PF) INTRAMUSCULA R KIT 10-5 MCG/0.5 ML	5	ACA
MENVEO A-C-Y- W-135-DIP (PF) INTRAMUSCULA R 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 24-25(6M-11Y)PF INTRAMUSCULA R SYRINGE 25 MCG/0.25 ML	5	ACA
MRESVIA (PF) INTRAMUSCULA R SYRINGE 50 MCG/0.5 ML	5	ACA
NOVAVAX COVID 2024-25(PF)(EUA) INTRAMUSCULA R SYRINGE 5 MCG/0.5 ML	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
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
PENTACEL (PF) INTRAMUSCULAR KIT 15LF- 48MCG-62DU -10 MCG/0.5ML	5	ACA
PFIZER COVID 2024-25(5Y-11Y)PF INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	5	ACA
PFIZER COVID 2024-25(6MO- 4Y)PF INTRAMUSCULAR SUSPENSION 3 MCG/0.3 ML	5	ACA
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	5	ACA
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	5	ACA
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	5	ACA

Drug Name	Drug Tier	Requirements / Limits
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	5	ACA
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

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Drug Name	Drug Tier	Requirements / Limits
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	5	ACA
ROTATEQ VACCINE ORAL SOLUTION 2 ML	5	ACA
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	5	ACA; QL
SPIKEVAX 2024-2025(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	
<b>IMMUNOLOGY</b>		
<b>INTERLEUKINS</b>		

Drug Name	Drug Tier	Requirements / Limits
<i>imiquimod topical cream in packet 3.75 %, 5 %</i>	1B	
<b>MUSCULOSKELETAL &amp; RHEUMATOLOGY</b>		
<b>GOUT THERAPY</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1B	
<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	
<b>OSTEOPOROSIS THERAPY</b>		
<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
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	4	PA; LA; QL
<i>ibandronate oral tablet 150 mg</i>	1A	QL

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Drug Name	Drug Tier	Requirements / Limits
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	ST; QL
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>	1A	ST; QL
<i>teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml)</i>	4	PA; LA; 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
<b>OTHER RHEUMATOLOGICALS</b>		
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

Drug Name	Drug Tier	Requirements / Limits
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/0.4 ML, 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/0.4 ML, 40 MG/0.8 ML	4	PA; LA; QL
ADALIMUMAB- ADBM(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	4	PA; LA; QL
ADALIMUMAB- ADBM(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	4	PA; LA; QL
ADALIMUMAB- RYVK SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	4	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
ADALIMUMAB-RYVK SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	4	PA; QL
CYLTEZO(CF) PEN CROHN'S-UC- HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	4	PA; LA; QL
CYLTEZO(CF) PEN PSORIASIS- UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	4	PA; LA; QL
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 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/0.4 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

Drug Name	Drug Tier	Requirements / Limits
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	4	PA; LA; QL
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(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
HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; LA; QL

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

Drug Name	Drug Tier	Requirements / Limits
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
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
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	4	PA; LA; QL
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1B	QL

Drug Name	Drug Tier	Requirements / Limits
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 20 MG, 30 MG	4	PA; LA; QL
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (51), 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
RIDAURA ORAL CAPSULE 3 MG	2	

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Drug Name	Drug Tier	Requirements / Limits
RINVOQ LQ ORAL SOLUTION 1 MG/ML	4	PA; LA; QL
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
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	4	PA; LA; 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
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
TYENNE INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	4	PA; LA
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	4	PA; LA
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

### DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	5	ACA
DUREX AVANTI BARE REAL FEEL	5	ACA; OTC
DUREX TROPICAL CONDOM DEVICE	5	ACA; OTC
FC2 FEMALE CONDOM	5	ACA; OTC

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Drug Name	Drug Tier	Requirements / Limits
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/24HR (UP TO 8 YRS) 52 MG	5	ACA; LA
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	5	ACA; LA
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG	5	ACA; LA
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	5	ACA; OTC
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM	5	ACA

Drug Name	Drug Tier	Requirements / Limits
<b>ESTROGENS &amp; PROGESTINS</b>		
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	
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
<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

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Drug Name	Drug Tier	Requirements / Limits
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>emzahh oral tablet 0.35 mg</i>	5	ACA
<i>errin oral tablet 0.35 mg</i>	5	ACA
ESTRADIOL IMPLANT PELLETT 6 MG	3	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1B	
<i>estradiol transdermal gel in metered-dose pump 1.25 gram/actuation</i>	1B	ST; QL
<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

Drug Name	Drug Tier	Requirements / Limits
<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	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1B	
ESTRATEST F.S. ORAL TABLET 1.25-2.5 MG	3	
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	

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Drug Name	Drug Tier	Requirements / Limits
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1B	
<i>gallifrey oral tablet 5 mg</i>	1B	ST
<i>heather oral tablet 0.35 mg</i>	5	ACA
<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
<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	

Drug Name	Drug Tier	Requirements / Limits
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	
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	

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Drug Name	Drug Tier	Requirements / Limits
<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	
<b>MISCELLANEOUS OB/GYN</b>		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	5	ST; ACA; QL
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	

Drug Name	Drug Tier	Requirements / Limits
<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
<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	
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

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Drug Name	Drug Tier	Requirements / Limits
<i>vandazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1B	
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	5	ACA; OTC
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
<b>ORAL CONTRACEPTIVES &amp; RELATED AGENTS</b>		
<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

Drug Name	Drug Tier	Requirements / Limits
<i>amethyst (28) oral tablet 90-20 mcg (28)</i>	5	ACA
<i>apri oral tablet 0.15-0.03 mg</i>	5	ACA
<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

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Drug Name	Drug Tier	Requirements / Limits
BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	3	ST
<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

Drug Name	Drug Tier	Requirements / Limits
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	5	ACA
<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

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Drug Name	Drug Tier	Requirements / Limits
<i>elinest oral tablet 0.3-30 mg-mcg</i>	5	ACA
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
FEMLYV ORAL TABLET,DISINTEGRATING 1 MG-20 MCG	5	ST; 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

Drug Name	Drug Tier	Requirements / Limits
<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
<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

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Drug Name	Drug Tier	Requirements / Limits
<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
<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

Drug Name	Drug Tier	Requirements / Limits
<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
<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

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

Drug Name	Drug Tier	Requirements / Limits
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
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>lutra (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

Drug Name	Drug Tier	Requirements / Limits
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	5	ACA
<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-lynyah 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

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Drug Name	Drug Tier	Requirements / Limits
<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
<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

Drug Name	Drug Tier	Requirements / Limits
<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
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg-35 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

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Drug Name	Drug Tier	Requirements / Limits
<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
<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

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

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

## OXYTOCICS

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	

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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	

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>povidone-iodine ophthalmic (eye) solution 5 %</i>	1B	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1B	
TOBRAMYCIN-VANCOMYCIN OPHTHALMIC (EYE) DROPS 1.5-5 %	3	

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Drug Name	Drug Tier	Requirements / Limits
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	3	
<b>ANTIVIRALS</b>		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	1B	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	3	
<b>BETA-BLOCKERS</b>		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1B	
BETOPTIC S OPHTHALMIC (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	

Drug Name	Drug Tier	Requirements / Limits
<b>CHOLINESTERASE INHIBITOR MIOTICS</b>		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	4	LA
<b>CYCLOPLEGIC MYDRIATICS</b>		
ATROPINE OPHTHALMIC (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) OPHTHALMIC (EYE) DROPPERETTE 1 %	3	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	1B	
<i>homatropaire ophthalmic (eye) drops 5 %</i>	1B	
MYDCOMBI OPHTHALMIC (EYE) CARTRIDGE 2.5-1 %	3	
<i>phenyleph- tropicamide in water ophthalmic (eye) drops 2.5-1 %</i>	1B	
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	1B	

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Drug Name	Drug Tier	Requirements / Limits
<b>DIRECT ACTING MIOTICS</b>		
MIOCHOL-E INTRAOCULAR KIT 1 % (10 MG/ML)	3	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1B	
<b>MISCELLANEOUS OPHTHALMOLOGICS</b>		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %	3	
ALOCRI OPHTHALMIC (EYE) DROPS 2 %	3	
ALOMIDE OPHTHALMIC (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 OPHTHALMIC (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

Drug Name	Drug Tier	Requirements / Limits
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	4	LA
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- proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>	1B	
KLARITY (CHONDROITIN) (PF) OPHTHALMIC (EYE) DROPS 0.25 %	3	
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %	2	PA; QL
PREDNISOLN SP- MOXIFLOX- BROMFEN OPHTHALMIC (EYE) DROPS 1- 0.5-0.075 %	3	
PREDNISOLONE ACETATE- BROMFENAC OPHTHALMIC (EYE) DROPS,SUSPENSIO N 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
ZERVIAE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	3	ST
<b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>		
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	3	ST
<i>bromfenac ophthalmic (eye) drops 0.07 %</i>	1B	
<i>bromfenac ophthalmic (eye) drops 0.075 %, 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	
BRIMONIDINE- DORZOLAMIDE OPHTHALMIC (EYE) DROPS 0.1-2 %	3	
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	1B	
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>	1B	
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	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	1B	

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Drug Name	Drug Tier	Requirements / Limits
IYUZEH (PF) OPHTHALMIC (EYE) DROPPERETTE 0.005 %	3	ST
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1B	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	
<i>miostat intraocular solution 0.01 %</i>	1B	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSIO N 1-0.2 %	3	
<i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i>	1B	ST
TIMOL-BRIMON- DORZOL- BIMATO(PF) OPHTHALMIC (EYE) DROPS 0.5 %-0.15 %- 2 %-0.01 %	3	
TIMOLOL- BRIMONIDI- DORZOLAM(PF) OPHTHALMIC (EYE) DROPS 0.5- 0.15-2 %	3	
TIMOLOL- DORZOLAM- BIMATOPRO(PF) OPHTHALMIC (EYE) DROPS 0.5- 2-0.01 %	3	

Drug Name	Drug Tier	Requirements / Limits
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	1B	ST
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %	3	ST
<b>STEROID-ANTIBIOTIC COMBINATIONS</b>		
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 OPTHALMIC (EYE) DROPS 1-0.5 %	3	
PREDNISOLONE-MOXIFLOXACIN HCL OPTHALMIC (EYE) DROPS,SUSPENSION 1-0.5 %	3	
TOBRADEX OPTHALMIC (EYE) OINTMENT 0.3-0.1 %	2	
TOBRADEX ST OPTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	2	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	1B	
ZYLET OPTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	2	
<b>STERIODS</b>		

Drug Name	Drug Tier	Requirements / Limits
CLOBETASOL OPTHALMIC (EYE) DROPS,SUSPENSION 0.05 %	3	
<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	
EYSUVIS OPTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	2	PA; QL
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	1B	
INVELTYS OPTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	ST
LOTEMAX OPTHALMIC (EYE) OINTMENT 0.5 %	3	ST
LOTEMAX SM OPTHALMIC (EYE) DROPS,GEL 0.38 %	3	ST
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	1B	

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Drug Name	Drug Tier	Requirements / Limits
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i>	1B	ST
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	1B	
PREDNISOLONE ACETATE (PF) OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	1B	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1B	
<b>STEROID-SULFONAMIDE COMBINATIONS</b>		
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1B	
<b>SULFONAMIDES</b>		
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	1B	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	1B	
<b>SYMPATHOMIMETICS</b>		

Drug Name	Drug Tier	Requirements / Limits
<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
<b>VASOCONSTRICTOR DECONGESTANTS</b>		
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	3	
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	1B	
<b>RESPIRATORY, ALLERGY, COUGH &amp; COLD</b>		
<b>ANTIHISTAMINE &amp; ANTIALLERGENIC AGENTS</b>		
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	
CARBINOXAMINE MALEATE ORAL SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML	3	

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Drug Name	Drug Tier	Requirements / Limits
<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
DIPHEN ORAL ELIXIR 12.5 MG/5 ML	3	
EPINEPHRINE IN SOD CHL, ISO(PF) INJECTION SYRINGE 1 MG/ML	3	
<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	

Drug Name	Drug Tier	Requirements / Limits
<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	
<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	
RYCLORA ORAL SOLUTION 2 MG/5 ML	3	
<b>COUGH &amp; COLD THERAPY</b>		
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	1B	
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	1B	
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	

Drug Name	Drug Tier	Requirements / Limits
<i>maxi-tuss ac oral liquid 10-100 mg/5 ml</i>	1B	
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-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>promethazine-phenylephrine oral syrup 6.25-5 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	
<b>PULMONARY AGENTS</b>		
<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

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Drug Name	Drug Tier	Requirements / Limits
ADRENALIN NASAL SOLUTION 1 MG/ML	3	
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	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
<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	

Drug Name	Drug Tier	Requirements / Limits
<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>ambriasantan 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
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION , 200 MCG/ACTUATION , 50 MCG/ACTUATION	2	QL

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Drug Name	Drug Tier	Requirements / Limits
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
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	2	QL
<i>breynga inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	1A	QL

Drug Name	Drug Tier	Requirements / Limits
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	2	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
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

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Drug Name	Drug Tier	Requirements / Limits
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
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION, 44 MCG/ACTUATION	3	QL
<i>flunisolide 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 propionate-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1A	QL

Drug Name	Drug Tier	Requirements / Limits
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	1A	ST; QL
FORMOTEROL FUMARATE-NEBULIZER INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	2	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
<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
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

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Drug Name	Drug Tier	Requirements / Limits
<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	
<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	
<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

Drug Name	Drug Tier	Requirements / Limits
OFEV ORAL CAPSULE 100 MG, 150 MG	4	PA; LA; QL
OPSUMIT ORAL TABLET 10 MG	4	PA; LA; QL
OPSYNVI ORAL TABLET 10-20 MG, 10-40 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
<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 REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION , 80 MCG/ACTUATION	2	QL

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Drug Name	Drug Tier	Requirements / Limits
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5 ML	4	LA
<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
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

Drug Name	Drug Tier	Requirements / Limits
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	3	QL
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	QL
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
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

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Drug Name	Drug Tier	Requirements / Limits
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1A	
<i>terbutaline subcutaneous solution 1 mg/ml</i>	1B	
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 FOR SUSPENSION 32 MG	4	PA; LA; QL
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	2	QL

Drug Name	Drug Tier	Requirements / Limits
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
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
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
WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG	4	PA; LA
<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
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	2	QL
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1A	

Drug Name	Drug Tier	Requirements / Limits
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	1A	PA
ZYFLO ORAL TABLET 600 MG	3	PA
<b>UROLOGICALS</b>		
<b>ANTICHOLINERGICS &amp; ANTISPASMODICS</b>		
<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	
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	
<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

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Drug Name	Drug Tier	Requirements / Limits
<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>tropium oral capsule, extended release 24hr 60 mg</i>	1B	ST
<i>tropium oral tablet 20 mg</i>	1B	
<b>BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY</b>		
<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
<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	
<b>CHOLINERGIC STIMULANTS</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1B	
<b>MISCELLANEOUS UROLOGICALS</b>		

Drug Name	Drug Tier	Requirements / Limits
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	
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

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Drug Name	Drug Tier	Requirements / Limits
<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 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	
<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	
<b>URINARY ANESTHETICS</b>		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1B	

Drug Name	Drug Tier	Requirements / Limits
PYRIDIDIUM ORAL TABLET 100 MG, 200 MG	3	
<b>VITAMINS, HEMATINICS &amp; ELECTROLYTES</b>		
<b>ELECTROLYTES</b>		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	1B	QL
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	1B	QL
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	

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

Drug Name	Drug Tier	Requirements / Limits
<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	
<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	

Drug Name	Drug Tier	Requirements / Limits
<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	
<i>potassium chloride oral packet 20 meq</i>	1B	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1B	
POTASSIUM CHLORIDE ORAL TABLET EXTENDED RELEASE 15 MEQ	3	
<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	

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

Drug Name	Drug Tier	Requirements / Limits
<i>strong iodine oral solution 5 %</i>	1B	
<b>MISCELLANEOUS VITAMINS, HEMATINICS, &amp; ELECTROLYTES</b>		
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	2	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	2	
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	2	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	2	
<b>VITAMINS &amp; HEMATINICS</b>		
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	

Drug Name	Drug Tier	Requirements / Limits
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	
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	

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

Drug Name	Drug Tier	Requirements / Limits
<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	
<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	

Drug Name	Drug Tier	Requirements / Limits
<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
<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	
KOSHER PRENATAL PLUS IRON ORAL TABLET 30 MG IRON- 1 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 December 1, 2024

Drug Name	Drug Tier	Requirements / Limits
<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
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	
<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	

Drug Name	Drug Tier	Requirements / Limits
NASCOBAL NASAL SPRAY, NON-AEROSOL 500 MCG/SPRAY	2	ST; QL
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	

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Drug Name	Drug Tier	Requirements / Limits
NESTABS ORAL TABLET 32-1,000 MG-MCG	3	
<i>newgen oral tablet 32-1,000 mg-mcg</i>	1A	
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	

Drug Name	Drug Tier	Requirements / Limits
<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	
<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>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	
<i>prenatabs rx oral tablet 29 mg iron- 1 mg</i>	1A	

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Drug Name	Drug Tier	Requirements / Limits
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	

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	

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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>soluvita a,c,d with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml</i>	5	ACA; OTC
<i>soluvita oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	5	ACA; OTC
<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	

Drug Name	Drug Tier	Requirements / Limits
TRICARE ORAL TABLET 27 MG IRON- 1 MG	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	
VITAFOL-OB+DHA ORAL COMBO PACK 65- 1-250 MG	3	
VITAFOL-ONE ORAL CAPSULE 29 MG IRON- 1 MG-200 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
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	
<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	

Drug Name	Drug Tier	Requirements / Limits
<i>wescap-c dha oral capsule 35-1-200 mg</i>	1B	
<i>wescap-pn dha oral capsule 27 mg iron-1 mg -300 mg</i>	1B	
<i>wesnatal 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	
<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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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated December 1, 2024.

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