

2019 Prescription Drug Formulary

Basic/Basic Plus



PLEASE READ:

This document contains information about the drugs we cover in your plan. This formulary was updated 10/1/18 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

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-382-5729 رقم هاتف الصم والبكم (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 jiik'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).

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주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-382-5729 (TTY: 711)번으로 전화해 주십시오.

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

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- Medical Mutual provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, etc.).
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If you need these services or if you believe Medical Mutual failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, with respect to your health care benefits or services, you can submit a written complaint to the person listed below. Please include as much detail as possible in your written complaint to allow us to effectively research and respond.

Civil Rights Coordinator

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

Email: CivilRightsCoordinator@MedMutual.com

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

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

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



MEDICAL MUTUAL®

Basic/Basic Plus Formulary

What is the Basic/Basic Plus formulary?

The Basic/Basic Plus formulary is a list of medications covered by your plan. 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.

Your plan may exclude certain medications. Please refer to your Certificate or Benefit Book for more information.

How do I use the Basic/Basic Plus formulary?

Covered medications are organized two ways in the Basic/Basic Plus 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.

What do I do if my medication requires prior authorization or step therapy, or has a quantity limit?

You, your doctor or your pharmacist can call Express Scripts at 1-800-753-2851 to begin the review process for medications that require prior authorization or step therapy, or that have a quantity limit. After contacting Express Scripts, your doctor 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 has been approved (usually within three business days of receiving the necessary information).

- If you ordered your prescription through mail order, Express Scripts will automatically send it to you once coverage is approved.
- If you tried to fill your prescription at a retail pharmacy, you will need to return to the pharmacy to pick up your medication.

Does the Basic/Basic Plus formulary include generic and brand medications?

Yes. The Basic/Basic Plus formulary includes a variety of generic and brand medications to help you pay less out of pocket.

Generic medications are shown in this document in *lower-case italic letters*. Generics 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.

Brand medications are shown in this document in ALL CAPITAL LETTERS.

Does the Basic/Basic Plus formulary include specialty medications?

Yes. Specialty medications are used to treat certain complex medical conditions and may require special handling, instruction, or monitoring. Many plans limit you to a 30-day supply for most specialty medications and/or require you to fill prescriptions for these medications through one of Medical Mutual's contracted specialty pharmacies, Accredo or Gentry.

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.

Please check your Certificate or Benefit Book for more details about ordering specialty drugs.

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.

How can I save money on my prescriptions?

Depending on your plan, you may have lower copays for drugs listed as Tier 1 and Tier 2. Even if you pay 100 percent of the cost of your drugs (until you meet your deductible), you may still pay less for generic drugs and plan-preferred brand drugs.

Generic drugs approved by the U.S. Food and Drug Administration (FDA) are just as safe and strong as the corresponding brand-name drugs.

When you visit your doctor or health provider, ask him or her to review this formulary at MedMutual.com/2019formulary so he or she can see what generic and/or plan-preferred

brand medications are covered by your plan, and which may help you save money.

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.

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

Depending on your plan, you may be required to use mail order for your maintenance medications (those you take for three months or more). Check your Certificate or Benefit Book for details. (Note: If you are a member of a CLE-Care plan, you must fill mail-order medications through the MetroHealth Central Fill Pharmacy. Visit metrohealth.org/pharmacy for more information and to download a form.)

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 the maximum days' supply allowed by your plan, plus refills for up to one year, if appropriate. Then:

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

List of Abbreviations

ACA: Affordable Care Act

OTC: Over the Counter

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

QL: Quantity Limit. For certain drugs, the plan limits the amount of the medication it will cover.

ST: Step Therapy. In some cases, the plan requires you to first try certain medications to treat your medical condition before we will cover another medication for that condition. For example, if Medication A and Medication B both treat your medical condition, the plan may not cover Medication B unless you try Medication A first. If Medication A does not work for you, the plan will then cover Medication B.

LA: Limited Availability

Note: You, your doctor or your pharmacist can call Express Scripts at (800) 753-2851 to begin the review process for medications that require PA, QL and ST. After contacting Express Scripts, your doctor 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 has been approved (usually within three business days of receiving the necessary information).

Basic plus Formulary

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Basic plus Formulary

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET INTRAVENOUS SUSPENSION	2	
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION	2	
<i>amphotericin b injection recon soln</i>	1	
ANCOBON ORAL CAPSULE	3	
CANCIDAS INTRAVENOUS RECON SOLN	3	
<i>caspofungin intravenous recon soln</i>	1	
<i>clotrimazole mucous membrane troche</i>	1	
CRESEMBA INTRAVENOUS RECON SOLN	2	
CRESEMBA ORAL CAPSULE	2	
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION	3	
DIFLUCAN ORAL TABLET 100 MG, 200 MG, 50 MG	3	
DIFLUCAN ORAL TABLET 150 MG	3	QL

Drug Name	Drug Tier	Requirements / Limits
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN	2	
<i>fluconazole in nacl (iso-osm) intravenous piggyback</i>	1	
<i>fluconazole oral suspension for reconstitution</i>	1	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	1	
<i>fluconazole oral tablet 150 mg</i>	1	QL
<i>flucytosine oral capsule</i>	1	
<i>griseofulvin microsize oral suspension</i>	1	
<i>griseofulvin microsize oral tablet</i>	1	
<i>griseofulvin ultramicrosize oral tablet</i>	1	
<i>itraconazole oral capsule</i>	1	QL
<i>itraconazole oral solution</i>	1	
<i>ketoconazole oral tablet</i>	1	
MYCAMINE INTRAVENOUS RECON SOLN	2	
NOXAFIL INTRAVENOUS SOLUTION	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, 2019.

Drug Name	Drug Tier	Requirements / Limits
NOXAFIL ORAL SUSPENSION	2	
NOXAFIL ORAL TABLET, DELAYED RELEASE (DR/EC)	3	
<i>nystatin oral suspension</i>	1	
<i>nystatin oral tablet</i>	1	
ONMEL ORAL TABLET	3	QL
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET	3	
POSACONAZOLE ORAL SUSPENSION	2	
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	2	
SPORANOX ORAL SOLUTION	3	
SPORANOX PULSEPAK ORAL CAPSULE	3	QL
<i>terbinafine hcl oral tablet</i>	1	
TOLSURA ORAL CAPSULE, SOLID DISPERSION	3	QL
VFEND IV INTRAVENOUS RECON SOLN	3	
VFEND ORAL SUSPENSION FOR RECONSTITUTION	3	
VFEND ORAL TABLET	3	

Drug Name	Drug Tier	Requirements / Limits
<i>voriconazole intravenous recon soln</i>	1	
<i>voriconazole oral suspension for reconstitution</i>	1	
<i>voriconazole oral tablet</i>	1	
ANTIVIRALS		
<i>abacavir oral solution</i>	4	
<i>abacavir oral tablet</i>	4	
<i>abacavir-lamivudine oral tablet</i>	4	
<i>abacavir-lamivudine-zidovudine oral tablet</i>	4	
<i>acyclovir oral capsule</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet</i>	1	
<i>acyclovir sodium intravenous recon soln</i>	1	
<i>acyclovir sodium intravenous solution</i>	1	
<i>adefovir oral tablet</i>	1	
<i>amantadine hcl oral capsule</i>	1	
<i>amantadine hcl oral solution</i>	1	
<i>amantadine hcl oral tablet</i>	1	
APTIVUS ORAL CAPSULE	4	

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, 2019.

Drug Name	Drug Tier	Requirements / Limits
APTIVUS ORAL SOLUTION	4	
<i>atazanavir oral capsule</i>	4	
ATRIPLA ORAL TABLET	4	
BARACLUDGE ORAL SOLUTION	2	
BARACLUDGE ORAL TABLET	3	
BIKTARVY ORAL TABLET	4	
<i>cidofovir intravenous solution</i>	1	
CIMDUO ORAL TABLET	4	
COMBIVIR ORAL TABLET	4	
COMPLERA ORAL TABLET	4	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	4	
CYTOVENE INTRAVENOUS RECON SOLN	3	
DAKLINZA ORAL TABLET	4	PA; LA; QL
DELSTRIGO ORAL TABLET	4	
DESCOVY ORAL TABLET	4	
<i>didanosine oral capsule, delayed release(dr/ec)</i>	4	
DOVATO ORAL TABLET	4	

Drug Name	Drug Tier	Requirements / Limits
EDURANT ORAL TABLET	4	
<i>efavirenz oral capsule</i>	4	
<i>efavirenz oral tablet</i>	4	
EMTRIVA ORAL CAPSULE	4	
EMTRIVA ORAL SOLUTION	4	
<i>entecavir oral tablet</i>	1	
EPCLUSA ORAL TABLET	4	PA; LA; QL
EPIVIR HBV ORAL SOLUTION	2	
EPIVIR HBV ORAL TABLET	3	
EPIVIR ORAL SOLUTION	4	
EPIVIR ORAL TABLET	4	
EPZICOM ORAL TABLET	4	
EVOTAZ ORAL TABLET	4	
<i>famciclovir oral tablet</i>	1	QL
FLUMADINE ORAL TABLET	3	
<i>fosamprenavir oral tablet</i>	4	
FOSCAVIR INTRAVENOUS SOLUTION	3	
FUZEON SUBCUTANEOUS RECON SOLN	4	

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, 2019.

Drug Name	Drug Tier	Requirements / Limits
GANCICLOVIR INTRAVENOUS SOLUTION	3	
<i>ganciclovir sodium intravenous recon soln</i>	1	
<i>ganciclovir sodium intravenous solution</i>	1	
GENVOYA ORAL TABLET	4	
HARVONI ORAL TABLET 90-400 MG	4	PA; LA; QL
HEPSERA ORAL TABLET	3	
INTELENCE ORAL TABLET	4	
INVIRASE ORAL TABLET	4	
ISENTRESS HD ORAL TABLET	4	
ISENTRESS ORAL POWDER IN PACKET	4	
ISENTRESS ORAL TABLET	4	
ISENTRESS ORAL TABLET,CHEWABLE	4	
JULUCA ORAL TABLET	4	
KALETRA ORAL SOLUTION	4	
KALETRA ORAL TABLET	4	
<i>lamivudine oral solution</i>	4	

Drug Name	Drug Tier	Requirements / Limits
<i>lamivudine oral tablet 100 mg</i>	1	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	4	
<i>lamivudine-zidovudine oral tablet</i>	4	
LEDIPASVIR-SOFOSBUVIR ORAL TABLET	4	PA; LA; QL
LEXIVA ORAL SUSPENSION	4	
LEXIVA ORAL TABLET	4	
<i>lopinavir-ritonavir oral solution</i>	4	
MAVYRET ORAL TABLET	4	PA; LA; QL
<i>nevirapine oral suspension</i>	4	
<i>nevirapine oral tablet</i>	4	
<i>nevirapine oral tablet extended release 24 hr</i>	4	
NORVIR ORAL POWDER IN PACKET	4	
NORVIR ORAL SOLUTION	4	
NORVIR ORAL TABLET	4	
ODEFSEY ORAL TABLET	4	
<i>oseltamivir oral capsule</i>	1	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, 2019.

Drug Name	Drug Tier	Requirements / Limits
<i>oseltamivir oral suspension for reconstitution</i>	1	QL
PIFELTRO ORAL TABLET	4	
PREVYMIS INTRAVENOUS SOLUTION	2	
PREVYMIS ORAL TABLET	2	QL
PREZCOBIX ORAL TABLET	4	
PREZISTA ORAL SUSPENSION	4	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	4	
RAPIVAB (PF) INTRAVENOUS SOLUTION	2	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE	2	QL
RESCRIPTOR ORAL TABLET	4	
RESCRIPTOR ORAL TABLET, DISPERSIBLE	4	
RETROVIR INTRAVENOUS SOLUTION	4	
RETROVIR ORAL CAPSULE	4	
RETROVIR ORAL SYRUP	4	

Drug Name	Drug Tier	Requirements / Limits
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	4	
REYATAZ ORAL POWDER IN PACKET	4	
<i>ribavirin inhalation recon soln</i>	1	
<i>rimantadine oral tablet</i>	1	
<i>ritonavir oral tablet</i>	4	
SELZENTRY ORAL SOLUTION	4	
SELZENTRY ORAL TABLET	4	
SITAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET	3	ST; QL
SOFOSBUVIR-VELPATASVIR ORAL TABLET	4	PA; LA; QL
SOVALDI ORAL TABLET 400 MG	4	PA; LA; QL
<i>stavudine oral capsule</i>	4	
STRIBILD ORAL TABLET	4	
SUSTIVA ORAL CAPSULE	4	
SUSTIVA ORAL TABLET	4	
SYMFI LO ORAL TABLET	4	
SYMFI ORAL TABLET	4	
SYMTUZA ORAL TABLET	4	

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Drug Name	Drug Tier	Requirements / Limits
TAMIFLU ORAL CAPSULE	3	QL
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	3	QL
TEMIXYS ORAL TABLET	4	
<i>tenofovir disoproxil fumarate oral tablet</i>	4	
TIVICAY ORAL TABLET	4	
TRIUMEQ ORAL TABLET	4	
TRIZIVIR ORAL TABLET	4	
TRUVADA ORAL TABLET	4	
TYBOST ORAL TABLET	4	
<i>valacyclovir oral tablet</i>	1	QL
VALCYTE ORAL RECON SOLN	3	
VALCYTE ORAL TABLET	3	
<i>valganciclovir oral recon soln</i>	1	
<i>valganciclovir oral tablet</i>	1	
VALTREX ORAL TABLET	3	QL
VEMLIDY ORAL TABLET	2	
VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN	4	

Drug Name	Drug Tier	Requirements / Limits
VIDEX EC ORAL CAPSULE,DELAYED RELEASE(DR/EC)	4	
VIEKIRA PAK ORAL TABLETS,DOSE PACK	4	PA; LA; QL
VIRACEPT ORAL TABLET	4	
VIRAMUNE ORAL SUSPENSION	4	
VIRAMUNE ORAL TABLET	4	
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR	4	
VIRAZOLE INHALATION RECON SOLN	3	
VIREAD ORAL POWDER	4	
VIREAD ORAL TABLET	4	
VOSEVI ORAL TABLET	4	PA; LA; QL
XOFLUZA ORAL TABLET	2	QL
ZEPATIER ORAL TABLET	4	PA; LA; QL
ZERIT ORAL CAPSULE	4	
ZIAGEN ORAL SOLUTION	4	
ZIAGEN ORAL TABLET	4	
<i>zidovudine oral capsule</i>	4	

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Drug Name	Drug Tier	Requirements / Limits
<i>zidovudine oral syrup</i>	4	
<i>zidovudine oral tablet</i>	4	
ZOVIRAX ORAL CAPSULE	3	
ZOVIRAX ORAL SUSPENSION	3	
ZOVIRAX ORAL TABLET	3	
CEPHALOSPORINS		
AVYCAZ INTRAVENOUS RECON SOLN	2	
<i>cefaclor oral capsule</i>	1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr</i>	1	
<i>cefadroxil oral capsule</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet</i>	1	
CEFAZOLIN IN 0.9% SOD CHLORIDE INTRAVENOUS PIGGYBACK	3	

Drug Name	Drug Tier	Requirements / Limits
CEFAZOLIN IN 0.9% SOD CHLORIDE INTRAVENOUS SOLUTION	3	
CEFAZOLIN IN 0.9% SOD CHLORIDE INTRAVENOUS SYRINGE	3	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	
CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML	3	
CEFAZOLIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK	3	
CEFAZOLIN IN DEXTROSE 5 % INTRAVENOUS SOLUTION	3	
CEFAZOLIN IN STERILE WATER INTRAVENOUS SYRINGE	3	
<i>cefazolin injection recon soln</i>	1	
<i>cefazolin intravenous recon soln</i>	1	
<i>cefdinir oral capsule</i>	1	
<i>cefdinir oral suspension for reconstitution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>cefditoren pivoxil oral tablet</i>	1	
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK	3	
<i>cefepime in dextrose,iso-osm intravenous piggyback</i>	1	
<i>cefepime injection recon soln</i>	1	
<i>cefixime oral capsule</i>	1	
<i>cefixime oral suspension for reconstitution</i>	1	
CEFOTAN INJECTION RECON SOLN	3	
<i>cefotaxime injection recon soln 1 gram</i>	1	
CEFOTETAN IN DEXTROSE, ISO-OSM INTRAVENOUS PIGGYBACK	3	
<i>cefotetan injection recon soln</i>	1	
<i>cefotetan intravenous recon soln</i>	1	
<i>cefoxitin in dextrose, iso-osm intravenous piggyback</i>	1	
<i>cefoxitin intravenous recon soln</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>cefpodoxime oral suspension for reconstitution</i>	1	
<i>cefpodoxime oral tablet</i>	1	
<i>cefprozil oral suspension for reconstitution</i>	1	
<i>cefprozil oral tablet</i>	1	
CEFTAZIDIME IN D5W INTRAVENOUS PIGGYBACK	2	
<i>ceftazidime injection recon soln</i>	1	
<i>ceftriaxone in dextrose,iso-os intravenous piggyback</i>	1	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	1	
CEFTRIAZONE INJECTION RECON SOLN 100 GRAM	3	
<i>ceftriaxone intravenous recon soln</i>	1	
<i>cefuroxime axetil oral tablet</i>	1	
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	
<i>cefuroxime sodium intravenous recon soln</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>cephalexin oral capsule</i>	1	
<i>cephalexin oral suspension for reconstitution</i>	1	
<i>cephalexin oral tablet</i>	1	
CLAFORAN INJECTION RECON SOLN 1 GRAM, 10 GRAM, 2 GRAM	3	
CLAFORAN INTRAVENOUS RECON SOLN	3	
KEFLEX ORAL CAPSULE	3	
MAXIPIME INJECTION RECON SOLN	3	
MAXIPIME INTRAVENOUS RECON SOLN	3	
SPECTRACEF ORAL TABLET 400 MG	3	
SUPRAX ORAL CAPSULE	3	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION	3	
SUPRAX ORAL TABLET,CHEWABLE	3	
<i>tazicef injection recon soln</i>	1	
<i>tazicef intravenous recon soln</i>	1	

Drug Name	Drug Tier	Requirements / Limits
TEFLARO INTRAVENOUS RECON SOLN	2	
ZERBAXA INTRAVENOUS RECON SOLN	2	
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin intravenous recon soln</i>	1	
<i>azithromycin oral packet</i>	1	
<i>azithromycin oral suspension for reconstitution</i>	1	
<i>azithromycin oral tablet</i>	1	
<i>clarithromycin oral suspension for reconstitution</i>	1	
<i>clarithromycin oral tablet</i>	1	
<i>clarithromycin oral tablet extended release 24 hr</i>	1	
DIFICID ORAL TABLET	3	
<i>e.e.s. 400 oral tablet</i>	1	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION	3	
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION	3	

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Drug Name	Drug Tier	Requirements / Limits
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION	3	
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	1	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	3	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	2	
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	1	
<i>erythromycin ethylsuccinate oral tablet</i>	1	
<i>erythromycin oral capsule, delayed release (dr/ec)</i>	1	
<i>erythromycin oral tablet</i>	1	
<i>erythromycin oral tablet, delayed release (dr/ec)</i>	1	
ZITHROMAX INTRAVENOUS RECON SOLN	3	
ZITHROMAX ORAL PACKET	3	

Drug Name	Drug Tier	Requirements / Limits
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	3	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	
ZITHROMAX TRI-PAK ORAL TABLET	3	
ZITHROMAX Z-PAK ORAL TABLET	3	
MISCELLANEOUS ANTIINFECTIVES		
AEMCOLO ORAL TABLET, DELAYED RELEASE (DR/EC)	3	QL
<i>albendazole oral tablet</i>	1	QL
ALBENZA ORAL TABLET	3	QL
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	2	QL
ALINIA ORAL TABLET	2	QL
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	
ARAKODA ORAL TABLET	3	QL
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION	4	LA

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Drug Name	Drug Tier	Requirements / Limits
<i>atovaquone oral suspension</i>	1	
<i>atovaquone-proguanil oral tablet</i>	1	QL
AZACTAM IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK	2	
AZACTAM INJECTION RECON SOLN	3	
<i>aztreonam injection recon soln</i>	1	
<i>bacim intramuscular recon soln</i>	1	
<i>bacitracin intramuscular recon soln</i>	1	
BENZNIDAZOLE ORAL TABLET	2	QL
BETHKIS INHALATION SOLUTION FOR NEBULIZATION	4	LA; QL
BILTRICIDE ORAL TABLET	3	
CAPASTAT INJECTION RECON SOLN	2	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION	4	LA; QL
<i>chloramphenicol sod succinate intravenous recon soln</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>chloroquine phosphate oral tablet</i>	1	
CLEOCIN HCL ORAL CAPSULE	3	
CLEOCIN IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK 300 MG/50 ML	3	
CLEOCIN INJECTION SOLUTION	3	
<i>cleocin intravenous solution 300 mg/2 ml</i>	1	
CLEOCIN INTRAVENOUS SOLUTION 600 MG/4 ML, 900 MG/6 ML	3	
CLEOCIN PEDIATRIC ORAL RECON SOLN	3	
<i>clindamycin hcl oral capsule</i>	1	
CLINDAMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK	3	
<i>clindamycin in 5 % dextrose intravenous piggyback</i>	1	
<i>clindamycin palmitate hcl oral recon soln</i>	1	
<i>clindamycin pediatric oral recon soln</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>clindamycin phosphate injection solution</i>	1	
<i>clindamycin phosphate intravenous solution</i>	1	
COARTEM ORAL TABLET	2	QL
<i>colistin (colistimethate na) injection recon soln</i>	1	
COLY-MYCIN M PARENTERAL INJECTION RECON SOLN	3	
CUBICIN INTRAVENOUS RECON SOLN	3	
CUBICIN RF INTRAVENOUS RECON SOLN	3	
CYCLOSERINE ORAL CAPSULE	3	
DALVANCE INTRAVENOUS SOLUTION	2	
<i>dapsone oral tablet</i>	1	
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	3	
<i>daptomycin intravenous recon soln 500 mg</i>	1	
DARAPRIM ORAL TABLET	4	LA
DORIPENEM INTRAVENOUS RECON SOLN	3	

Drug Name	Drug Tier	Requirements / Limits
EMVERM ORAL TABLET,CHEWABLE	2	QL
<i>ertapenem injection recon soln</i>	1	
<i>ethambutol oral tablet</i>	1	
FLAGYL ORAL CAPSULE	3	
FLAGYL ORAL TABLET	3	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml</i>	1	
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML	2	
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 120 MG/100 ML	3	
<i>gentamicin injection solution</i>	1	
<i>gentamicin sulfate (ped) (pf) injection solution</i>	1	
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
GENTAMICIN SULFATE (PF) INTRAVENOUS SOLUTION 60 MG/6 ML	3	
GENTAMICIN-SODIUM CITRATE INTRA-CATHETER SOLUTION	3	
<i>hydroxychloroquine oral tablet</i>	1	
<i>imipenem-cilastatin intravenous recon soln</i>	1	
IMPAVIDO ORAL CAPSULE	2	QL
INVANZ INJECTION RECON SOLN	3	
<i>isoniazid injection solution</i>	1	
<i>isoniazid oral solution</i>	1	
<i>isoniazid oral tablet</i>	1	
<i>ivermectin oral tablet</i>	1	QL
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION	4	LA; QL
KRINTAFEL ORAL TABLET	3	QL
LINCOCIN INJECTION SOLUTION	3	
<i>lincomycin injection solution</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>linezolid in dextrose 5% intravenous piggyback</i>	1	
<i>linezolid oral suspension for reconstitution</i>	1	
<i>linezolid oral tablet</i>	1	
<i>linezolid-0.9% sodium chloride intravenous parenteral solution</i>	1	
MALARONE ORAL TABLET	3	QL
MALARONE PEDIATRIC ORAL TABLET	3	QL
<i>mefloquine oral tablet</i>	1	QL
MEPRON ORAL SUSPENSION	3	
<i>meropenem intravenous recon soln</i>	1	
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK	2	
MERREM INTRAVENOUS RECON SOLN	3	
<i>metro i.v. intravenous piggyback</i>	1	
<i>metronidazole in nacl (iso-os) intravenous piggyback</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>metronidazole oral capsule</i>	1	
<i>metronidazole oral tablet</i>	1	
MYAMBUTOL ORAL TABLET 400 MG	3	
MYCOBUTIN ORAL CAPSULE	3	
NEBUPENT INHALATION RECON SOLN	2	QL
<i>neomycin oral tablet</i>	1	
ORBACTIV INTRAVENOUS RECON SOLN	2	
<i>paromomycin oral capsule</i>	1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET	3	
PENTAM INJECTION RECON SOLN	3	
<i>pentamidine injection recon soln</i>	1	
PLAQUENIL ORAL TABLET	3	
<i>polymyxin b sulfate injection recon soln</i>	1	
<i>praziquantel oral tablet</i>	1	
PRIFTIN ORAL TABLET	2	
<i>primaquine oral tablet</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
PRIMAXIN IV INTRAVENOUS RECON SOLN 500 MG	3	
<i>pyrazinamide oral tablet</i>	1	
QUALAQUIN ORAL CAPSULE	3	QL
<i>quinine sulfate oral capsule</i>	1	QL
<i>rifabutin oral capsule</i>	1	
RIFADIN INTRAVENOUS RECON SOLN	3	
RIFADIN ORAL CAPSULE	3	
RIFAMATE ORAL CAPSULE	3	
<i>rifampin intravenous recon soln</i>	1	
<i>rifampin oral capsule</i>	1	
RIFATER ORAL TABLET	3	
SIRTURO ORAL TABLET	2	
SIVEXTRO INTRAVENOUS RECON SOLN	3	
SIVEXTRO ORAL TABLET	3	
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET	3	QL
STREPTOMYCIN INTRAMUSCULAR RECON SOLN	2	

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Drug Name	Drug Tier	Requirements / Limits
STROMEKTOL ORAL TABLET	3	QL
SYNERCID INTRAVENOUS RECON SOLN	2	
<i>tigecycline intravenous recon soln</i>	1	
TINDAMAX ORAL TABLET 500 MG	3	QL
<i>tinidazole oral tablet</i>	1	QL
TOBI INHALATION SOLUTION FOR NEBULIZATION	4	LA; QL
TOBI PODHALER INHALATION CAPSULE	4	LA; QL
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	4	LA; QL
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization</i>	4	LA; QL
<i>tobramycin in 0.9 % nacl intravenous piggyback 60 mg/50 ml</i>	1	
<i>tobramycin sulfate injection recon soln</i>	1	
<i>tobramycin sulfate injection solution</i>	1	
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION	4	LA; QL

Drug Name	Drug Tier	Requirements / Limits
TRECTOR ORAL TABLET	3	
TYGACIL INTRAVENOUS RECON SOLN	3	
VABOMERE INTRAVENOUS RECON SOLN	3	
XENLETA INTRAVENOUS SOLUTION	3	
XENLETA ORAL TABLET	3	
XIFAXAN ORAL TABLET	2	QL
ZEMDRI INTRAVENOUS SOLUTION	3	
ZYVOX INTRAVENOUS PIGGYBACK	3	
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION	3	
ZYVOX ORAL TABLET	3	
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension for reconstitution</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	1	
<i>amoxicillin-pot clavulanate oral tablet</i>	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	1	
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	1	
<i>ampicillin oral capsule</i>	1	
<i>ampicillin sodium injection recon soln</i>	1	
<i>ampicillin sodium intravenous recon soln</i>	1	
<i>ampicillin-sulbactam injection recon soln</i>	1	
<i>ampicillin-sulbactam intravenous recon soln</i>	1	
AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION	3	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	

Drug Name	Drug Tier	Requirements / Limits
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML	3	
AUGMENTIN ORAL TABLET 500-125 MG, 875-125 MG	3	
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR	3	
BICILLIN C-R INTRAMUSCULAR SYRINGE	2	
BICILLIN L-A INTRAMUSCULAR SYRINGE	2	
<i>dicloxacillin oral capsule</i>	1	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR	3	
<i>nafcillin in dextrose iso-osm intravenous piggyback</i>	1	
<i>nafcillin injection recon soln</i>	1	
<i>nafcillin intravenous recon soln</i>	1	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback</i>	1	
<i>oxacillin injection recon soln</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>oxacillin intravenous recon soln</i>	1	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK	2	
<i>penicillin g potassium injection recon soln</i>	1	
<i>penicillin g procaine intramuscular syringe</i>	1	
<i>penicillin g sodium injection recon soln</i>	1	
<i>penicillin v potassium oral recon soln</i>	1	
<i>penicillin v potassium oral tablet</i>	1	
<i>pfizerpen-g injection recon soln</i>	1	
<i>piperacillin-tazobactam intravenous recon soln</i>	1	
UNASYN INJECTION RECON SOLN	3	
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK	2	
ZOSYN INTRAVENOUS RECON SOLN	3	
QUINOLONES		

Drug Name	Drug Tier	Requirements / Limits
AVELOX IN NAACL (ISO-OSMOTIC) INTRAVENOUS PIGGYBACK	3	
AVELOX ORAL TABLET	3	
BAXDELA INTRAVENOUS RECON SOLN	3	
BAXDELA ORAL TABLET	3	QL
CIPRO ORAL SUSPENSION, MIC ROCAPSULE RECON	3	
CIPRO ORAL TABLET 250 MG, 500 MG	3	
<i>ciprofloxacin (mixture) oral tablet, er multiphase 24 hr</i>	1	
<i>ciprofloxacin hcl oral tablet</i>	1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback</i>	1	
<i>ciprofloxacin oral suspension, microcapsule recon</i>	1	
FACTIVE ORAL TABLET	3	
LEVAQUIN ORAL TABLET 500 MG, 750 MG	3	
<i>levofloxacin in d5w intravenous piggyback</i>	1	
<i>levofloxacin intravenous solution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>levofloxacin oral solution</i>	1	
<i>levofloxacin oral tablet</i>	1	
<i>moxifloxacin oral tablet</i>	1	
MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK	2	
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
SULFA'S & RELATED AGENTS		
BACTRIM DS ORAL TABLET	3	
BACTRIM ORAL TABLET	3	
<i>sulfadiazine oral tablet</i>	1	
<i>sulfamethoxazole-trimethoprim intravenous solution</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
<i>sulfatrim oral suspension</i>	1	
TETRACYCLINES		
ACTICLATE ORAL TABLET	3	ST

Drug Name	Drug Tier	Requirements / Limits
AVIDOXY DK KIT	3	ST
<i>avidoxy oral tablet</i>	1	
<i>coremino oral tablet extended release 24 hr</i>	1	
<i>demeclocycline oral tablet</i>	1	
DORYX MPC ORAL TABLET,DELAYED RELEASE (DR/EC)	3	ST
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 200 MG, 50 MG	3	ST
<i>doxy-100 intravenous recon soln</i>	1	
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet</i>	1	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	
DOXYCYCLINE HYCLATE ORAL TABLET,DELAYED RELEASE (DR/EC) 80 MG	3	ST
<i>doxycycline monohydrate oral capsule</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE,IR - DELAY REL,BIPHASE	3	ST
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	
<i>doxycycline monohydrate oral tablet</i>	1	
MINOCIN INTRAVENOUS RECON SOLN	2	
MINOCIN ORAL CAPSULE 50 MG	3	ST
<i>minocycline er 135 mg tablet</i>	1	ST
<i>minocycline er 90 mg tablet</i>	1	ST
<i>minocycline oral capsule</i>	1	
<i>minocycline oral tablet</i>	1	
<i>minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 45 mg, 55 mg, 65 mg, 80 mg</i>	1	ST
<i>minocycline oral tablet extended release 24 hr 135 mg, 90 mg</i>	1	
MINOLIRA ER ORAL TABLET, IR - ER, BIPHASIC 24HR	3	ST

Drug Name	Drug Tier	Requirements / Limits
<i>mondoxyne nl oral capsule</i>	1	
MONODOX ORAL CAPSULE	3	ST
MORGIDOX 1X 50 KIT	3	ST
MORGIDOX 2X100 KIT	3	ST
<i>morgidox oral capsule 100 mg</i>	1	
NUZYRA (7 DAY WITH LOAD DOSE) ORAL TABLET	3	ST; QL
NUZYRA INTRAVENOUS RECON SOLN	3	
<i>okebo oral capsule 75 mg</i>	1	
ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE	2	ST
SEYSARA ORAL TABLET	3	ST
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	ST
<i>soloxide oral tablet, delayed release (dr/ec)</i>	1	
TARGADOX ORAL TABLET	3	ST
<i>tetracycline oral capsule</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
VIBRAMYCIN ORAL CAPSULE 100 MG	3	ST
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION	3	
VIBRAMYCIN ORAL SYRUP	3	
XERAIVA INTRAVENOUS RECON SOLN	3	
XIMINO ORAL CAPSULE, EXTENDED RELEASE 24HR	3	ST
URINARY TRACT AGENTS		
FURADANTIN ORAL SUSPENSION	3	
HIPREX ORAL TABLET	3	
MACROBID ORAL CAPSULE	3	
MACRODANTIN ORAL CAPSULE	3	
<i>methenamine hippurate oral tablet</i>	1	
<i>methenamine mandelate oral tablet</i>	1	
MONUROL ORAL PACKET	3	
<i>nitrofurantoin macrocrystal oral capsule</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>nitrofurantoin monohyd/m-cryst oral capsule</i>	1	
<i>nitrofurantoin oral suspension</i>	1	
PRIMSOL ORAL SOLUTION	3	
<i>trimethoprim oral tablet</i>	1	
TRIMPEX ORAL SOLUTION	3	
VANCOMYCIN		
FIRVANQ ORAL RECON SOLN	3	
VANCOCIN ORAL CAPSULE	3	
VANCOMYCIN HCL IN WATER INTRAVENOUS SOLUTION	3	
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK	2	

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Drug Name	Drug Tier	Requirements / Limits
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/300 ML, 1.5 GRAM/500 ML, 1.75 GRAM/250 ML, 1.75 GRAM/500 ML, 2 GRAM/500 ML, 750 MG/150 ML, 750 MG/250 ML	2	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK	2	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS SOLUTION 1 GRAM/100 ML, 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	
VANCOMYCIN INJECTION RECON SOLN	3	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM, 250 MG	3	
<i>vancomycin oral capsule</i>	1	
<i>vancomycin oral recon soln</i>	1	
VANCOMYCIN-WATER INJECT (PEG) INTRAVENOUS PIGGYBACK	3	
VIBATIV INTRAVENOUS RECON SOLN 750 MG	2	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>amifostine crystalline intravenous recon soln</i>	1	
<i>dexrazoxane hcl intravenous recon soln</i>	1	
ELITEK INTRAVENOUS RECON SOLN	2	
ETHYOL INTRAVENOUS RECON SOLN	3	
FUSILEV INTRAVENOUS RECON SOLN	3	

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Drug Name	Drug Tier	Requirements / Limits
KEPIVANCE INTRAVENOUS RECON SOLN	4	LA
KHAPZORY INTRAVENOUS RECON SOLN	3	
<i>leucovorin calcium injection recon soln</i>	1	
<i>leucovorin calcium injection solution 10 mg/ml</i>	1	
<i>leucovorin calcium oral tablet</i>	1	
LEVOLEUCOVORIN CALCIUM INTRAVENOUS RECON SOLN 175 MG	2	
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	1	
<i>levoleucovorin calcium intravenous solution</i>	1	
<i>mesna intravenous solution</i>	1	
MESNEX INTRAVENOUS SOLUTION	3	
MESNEX ORAL TABLET	2	
TOTECT INTRAVENOUS RECON SOLN 500 MG	3	
VISTOGARD ORAL GRANULES IN PACKET	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
VORAXAZE INTRAVENOUS RECON SOLN	2	
XGEVA SUBCUTANEOUS SOLUTION	4	PA; LA
ZINECARD (AS HCL) INTRAVENOUS RECON SOLN	3	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet</i>	4	PA; LA; QL
<i>adrucil intravenous solution</i>	1	
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION	4	PA; LA
AFINITOR ORAL TABLET	4	PA; LA
ALECENSA ORAL CAPSULE	4	PA; LA; QL
ALIQOPA INTRAVENOUS RECON SOLN	4	LA
ALKERAN (AS HCL) INTRAVENOUS RECON SOLN	3	
ALKERAN ORAL TABLET	3	
ALUNBRIG ORAL TABLET	4	PA; LA; QL
ALUNBRIG ORAL TABLETS,DOSE PACK	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>anastrozole oral tablet</i>	1	
ARIMIDEX ORAL TABLET	3	
AROMASIN ORAL TABLET	3	
ASPARLAS INTRAVENOUS SOLUTION	4	LA
ASTAGRAF XL ORAL CAPSULE, EXTENDED RELEASE 24HR	4	ST
AZASAN ORAL TABLET	4	
<i>azathioprine oral tablet</i>	4	
<i>azathioprine sodium injection recon soln</i>	4	
BALVERSA ORAL TABLET	4	PA; LA
BELEODAQ INTRAVENOUS RECON SOLN	4	LA
<i>bexarotene oral capsule</i>	4	PA; LA
<i>bicalutamide oral tablet</i>	1	
BICNU INTRAVENOUS RECON SOLN	3	
<i>bleomycin injection recon soln</i>	1	
BOSULIF ORAL TABLET	4	PA; LA; QL
BRAFTOVI ORAL CAPSULE	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>busulfan intravenous solution</i>	1	
BUSULFEX INTRAVENOUS SOLUTION	3	
CABOMETYX ORAL TABLET 20 MG	4	PA; LA; QL
CABOMETYX ORAL TABLET 40 MG, 60 MG	4	PA; LA
CALQUENCE ORAL CAPSULE	4	PA; LA; QL
CAMPTOSAR INTRAVENOUS SOLUTION	3	
<i>capecitabine oral tablet</i>	4	PA; LA
CAPRELSA ORAL TABLET	4	PA; LA; QL
<i>carboplatin intravenous solution</i>	1	
<i>carmustine intravenous recon soln</i>	1	
CASODEX ORAL TABLET	3	
CELLCEPT INTRAVENOUS INTRAVENOUS RECON SOLN	4	
CELLCEPT ORAL CAPSULE	4	
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	4	
CELLCEPT ORAL TABLET	4	

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Drug Name	Drug Tier	Requirements / Limits
CISPLATIN INTRAVENOUS RECON SOLN	3	
<i>cisplatin intravenous solution</i>	1	
<i>cladribine intravenous solution</i>	1	
<i>clofarabine intravenous solution</i>	1	
CLOLAR INTRAVENOUS SOLUTION	3	
COMETRIQ ORAL CAPSULE	4	PA; LA
COPIKTRA ORAL CAPSULE	4	PA; LA; QL
COSMEGEN INTRAVENOUS RECON SOLN	3	
COTELLIC ORAL TABLET	4	PA; LA; QL
<i>cyclosporine intravenous solution</i>	4	
<i>cyclosporine modified oral capsule</i>	4	
<i>cyclosporine modified oral solution</i>	4	
<i>cyclosporine oral capsule</i>	4	
<i>cytarabine (pf) injection solution</i>	1	
<i>cytarabine injection solution</i>	1	
<i>dacarbazine intravenous recon soln</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>dactinomycin intravenous recon soln</i>	1	
<i>daunorubicin intravenous recon soln</i>	1	
<i>daunorubicin intravenous solution</i>	1	
DAURISMO ORAL TABLET	4	PA; LA; QL
DROXIA ORAL CAPSULE	2	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE	4	PA; LA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE	4	PA; LA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE	4	PA; LA
ELIGARD SUBCUTANEOUS SYRINGE	4	PA; LA
ELLENCEN INTRAVENOUS SOLUTION	3	
ELZONRIS INTRAVENOUS SOLUTION	4	PA; LA
EMCYT ORAL CAPSULE	2	
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HR	4	ST

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Drug Name	Drug Tier	Requirements / Limits
<i>epirubicin intravenous recon soln 200 mg</i>	1	
<i>epirubicin intravenous solution</i>	1	
ERIVEDGE ORAL CAPSULE	4	PA; LA; QL
ERLEADA ORAL TABLET	4	PA; LA
<i>erlotinib oral tablet</i>	4	PA; LA; QL
ETOPOPHOS INTRAVENOUS RECON SOLN	2	
<i>etoposide intravenous solution</i>	1	
<i>etoposide oral capsule</i>	1	
EVOMELA INTRAVENOUS RECON SOLN	4	LA
<i>exemestane oral tablet</i>	1	
FARESTON ORAL TABLET	3	
FARYDAK ORAL CAPSULE	4	PA; LA; QL
FEMARA ORAL TABLET	3	
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN	4	LA
<i>floxuridine injection recon soln</i>	1	
<i>fludarabine intravenous recon soln</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>fludarabine intravenous solution</i>	1	
<i>fluorouracil intravenous solution</i>	1	
<i>flutamide oral capsule</i>	1	
FOLOTYN INTRAVENOUS SOLUTION	4	LA
GAMIFANT INTRAVENOUS SOLUTION	4	PA; LA
<i>gengraf oral capsule 100 mg, 25 mg</i>	4	
<i>gengraf oral solution</i>	4	
GILOTRIF ORAL TABLET	4	PA; LA; QL
GLEEVEC ORAL TABLET	4	PA; LA; QL
GLEOSTINE ORAL CAPSULE	2	
GLIADEL WAFER IMPLANT WAFER	3	
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION	4	LA
HYCAMTIN INTRAVENOUS RECON SOLN	4	LA
HYCAMTIN ORAL CAPSULE	4	LA
HYDREA ORAL CAPSULE	3	
<i>hydroxyurea oral capsule</i>	1	
IBRANCE ORAL CAPSULE	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
ICLUSIG ORAL TABLET	4	PA; LA; QL
IDAMYCIN PFS INTRAVENOUS SOLUTION	3	
<i>idarubicin intravenous solution</i>	1	
IDHIFA ORAL TABLET	4	PA; LA; QL
IFEX INTRAVENOUS RECON SOLN	3	
<i>ifosfamide intravenous recon soln</i>	1	
<i>ifosfamide intravenous solution</i>	1	
<i>ifosfamide-mesna intravenous kit</i>	1	
<i>imatinib oral tablet</i>	4	PA; LA; QL
IMBRUVICA ORAL CAPSULE	4	PA; LA; QL
IMBRUVICA ORAL TABLET	4	PA; LA; QL
IMURAN ORAL TABLET	4	
INLYTA ORAL TABLET	4	PA; LA; QL
INREBIC ORAL CAPSULE	4	PA; LA; QL
IRESSA ORAL TABLET	4	PA; LA; QL
<i>irinotecan intravenous solution</i>	1	
JAKAFI ORAL TABLET	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
KISQALI FEMARA CO-PACK ORAL TABLET	4	PA; LA; QL
KISQALI ORAL TABLET	4	PA; LA; QL
LENVIMA ORAL CAPSULE	4	PA; LA
<i>letrozole oral tablet</i>	1	
LEUKERAN ORAL TABLET	2	
<i>leuprolide subcutaneous kit</i>	4	PA; LA
LIBTAYO INTRAVENOUS SOLUTION	4	LA
LONSURF ORAL TABLET	4	PA; LA
LORBRENA ORAL TABLET	4	PA; LA; QL
LUMOXITI INTRAVENOUS RECON SOLN	4	LA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT	4	PA; LA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT	4	PA; LA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT	4	PA; LA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT	4	PA; LA
LUPRON DEPOT-PED INTRAMUSCULAR KIT	4	PA; LA
LYNPARZA ORAL TABLET	4	PA; LA; QL
LYSODREN ORAL TABLET	2	
MATULANE ORAL CAPSULE	4	LA
MEGACE ES ORAL SUSPENSION	3	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml</i>	1	
<i>megestrol oral tablet</i>	1	
MEKINIST ORAL TABLET	4	PA; LA; QL
MEKTOVI ORAL TABLET	4	PA; LA; QL
<i>melphalan hcl intravenous recon soln</i>	1	
<i>melphalan oral tablet</i>	1	
<i>mercaptopurine oral tablet</i>	1	
<i>methotrexate sodium (pf) injection recon soln</i>	1	
<i>methotrexate sodium (pf) injection solution</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>methotrexate sodium injection solution</i>	1	
<i>methotrexate sodium oral tablet</i>	1	
<i>mitomycin intravenous recon soln</i>	1	
<i>mitoxantrone intravenous concentrate</i>	4	LA
MUTAMYCIN INTRAVENOUS RECON SOLN	3	
<i>mycophenolate mofetil hcl intravenous recon soln</i>	4	
<i>mycophenolate mofetil oral capsule</i>	4	
<i>mycophenolate mofetil oral suspension for reconstitution</i>	4	
<i>mycophenolate mofetil oral tablet</i>	4	
<i>mycophenolate sodium oral tablet, delayed release (dr/ec)</i>	4	
MYFORTIC ORAL TABLET, DELAYED RELEASE (DR/EC)	4	
MYLERAN ORAL TABLET	2	
NAVELBINE INTRAVENOUS SOLUTION	3	

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Drug Name	Drug Tier	Requirements / Limits
NEORAL ORAL CAPSULE	4	
NEORAL ORAL SOLUTION	4	
NERLYNX ORAL TABLET	4	PA; LA
NEXAVAR ORAL TABLET	4	PA; LA; QL
NILANDRON ORAL TABLET	3	
<i>nilutamide oral tablet</i>	1	
NINLARO ORAL CAPSULE	4	PA; LA; QL
NIPENT INTRAVENOUS RECON SOLN	3	
NUBEQA ORAL TABLET	4	PA; LA
NULOJIX INTRAVENOUS RECON SOLN	4	
ODOMZO ORAL CAPSULE	4	PA; LA; QL
ONCASPAR INJECTION SOLUTION	2	
<i>paclitaxel intravenous concentrate</i>	1	
PHOTOFRIN INTRAVENOUS RECON SOLN	2	
PIQRAY ORAL TABLET	4	PA; LA
POLIVY INTRAVENOUS RECON SOLN	4	LA

Drug Name	Drug Tier	Requirements / Limits
POTELIGEO INTRAVENOUS SOLUTION	4	LA
PROGRAF INTRAVENOUS SOLUTION	4	
PROGRAF ORAL CAPSULE	4	
PROGRAF ORAL GRANULES IN PACKET	4	
PURIXAN ORAL SUSPENSION	4	LA
RAPAMUNE ORAL SOLUTION	4	
RAPAMUNE ORAL TABLET	4	
RITUXAN INTRAVENOUS CONCENTRATE	4	PA; LA
ROZLYTREK ORAL CAPSULE	4	PA; LA; QL
RUBRACA ORAL TABLET	4	PA; LA; QL
RYDAPT ORAL CAPSULE	4	PA; LA
SANDIMMUNE INTRAVENOUS SOLUTION	4	
SANDIMMUNE ORAL CAPSULE	4	
SANDIMMUNE ORAL SOLUTION	4	

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Drug Name	Drug Tier	Requirements / Limits
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON	4	PA; LA
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	PA; LA
SIGNIFOR SUBCUTANEOUS SOLUTION	4	LA
SIKLOS ORAL TABLET	3	PA
SIMULECT INTRAVENOUS RECON SOLN	4	
<i>sirolimus oral solution</i>	4	
<i>sirolimus oral tablet</i>	4	
SOLTAMOX ORAL SOLUTION	3	
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE	4	PA; LA
SPRYCEL ORAL TABLET	4	PA; LA; QL
STIVARGA ORAL TABLET	4	PA; LA; QL
SUPPRELIN LA IMPLANT KIT	4	LA
SUTENT ORAL CAPSULE	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
SYLVANT INTRAVENOUS RECON SOLN	4	LA
SYNRIBO SUBCUTANEOUS RECON SOLN	4	LA
TABLOID ORAL TABLET	2	
<i>tacrolimus oral capsule</i>	4	
TAFINLAR ORAL CAPSULE	4	PA; LA; QL
TAGRISSO ORAL TABLET	4	PA; LA; QL
TALZENNA ORAL CAPSULE	4	PA; LA; QL
<i>tamoxifen oral tablet</i>	1	
TARCEVA ORAL TABLET	4	PA; LA; QL
TARGRETIN ORAL CAPSULE	4	PA; LA
TARGRETIN TOPICAL GEL	4	PA; LA
TASIGNA ORAL CAPSULE	4	PA; LA; QL
TEMODAR INTRAVENOUS RECON SOLN	4	PA; LA
TEMODAR ORAL CAPSULE	4	PA; LA
<i>temozolomide oral capsule</i>	4	PA; LA
<i>temsirolimus intravenous recon soln</i>	4	LA
TENIPOSIDE INTRAVENOUS SOLUTION	2	

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Drug Name	Drug Tier	Requirements / Limits
TEPADINA INJECTION RECON SOLN	3	
THALOMID ORAL CAPSULE	4	PA; LA
<i>thiotepa injection recon soln</i>	1	
TIBSOVO ORAL TABLET	4	PA; LA
<i>toposar intravenous solution</i>	1	
<i>topotecan intravenous recon soln</i>	4	LA
<i>topotecan intravenous solution</i>	4	LA
<i>toremifene oral tablet</i>	1	
TORISEL INTRAVENOUS RECON SOLN	4	LA
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	
<i>tretinoin (chemotherapy) oral capsule</i>	1	
TREXALL ORAL TABLET	3	
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
TURALIO ORAL CAPSULE	4	PA; LA; QL
TYKERB ORAL TABLET	4	PA; LA; QL
UNITUXIN INTRAVENOUS SOLUTION	4	LA
VANTAS IMPLANT KIT	4	LA
VENCLEXTA ORAL TABLET	4	PA; LA
VENCLEXTA STARTING PACK ORAL TABLETS, DOSE PACK	4	PA; LA; QL
VERZENIO ORAL TABLET	4	PA; LA; QL
<i>vinblastine intravenous solution</i>	1	
<i>vincasar pfs intravenous solution 1 mg/ml</i>	1	
<i>vincristine intravenous solution</i>	1	
<i>vinorelbine intravenous solution</i>	1	
VITRAKVI ORAL CAPSULE	4	PA; LA
VITRAKVI ORAL SOLUTION	4	PA; LA
VIZIMPRO ORAL TABLET	4	PA; LA; QL
VOTRIENT ORAL TABLET	4	PA; LA; QL
XALKORI ORAL CAPSULE	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
XATMEP ORAL SOLUTION	3	ST
XELODA ORAL TABLET	4	PA; LA
XERMELO ORAL TABLET	4	PA; LA; QL
XOSPATA ORAL TABLET	4	PA; LA
XPOVIO ORAL TABLET	4	PA; LA
XTANDI ORAL CAPSULE	4	PA; LA; QL
YONSA ORAL TABLET	4	PA; LA; QL
ZANOSAR INTRAVENOUS RECON SOLN	2	
ZEJULA ORAL CAPSULE	4	PA; LA; QL
ZELBORAF ORAL TABLET	4	PA; LA; QL
ZEVALIN (Y-90) INTRAVENOUS KIT	2	
ZOLADEX SUBCUTANEOUS IMPLANT	4	LA
ZOLINZA ORAL CAPSULE	4	PA; LA
ZORTRESS ORAL TABLET	4	
ZYDELIG ORAL TABLET	4	PA; LA; QL
ZYKADIA ORAL CAPSULE	4	PA; LA; QL
ZYKADIA ORAL TABLET	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
ZYTIGA ORAL TABLET	4	PA; LA; QL
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET	3	
BANZEL ORAL SUSPENSION	2	
BANZEL ORAL TABLET	2	
BRIVIACT INTRAVENOUS SOLUTION	3	
BRIVIACT ORAL SOLUTION	3	
BRIVIACT ORAL TABLET	3	
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	
<i>carbamazepine oral tablet</i>	1	
<i>carbamazepine oral tablet extended release 12 hr</i>	1	
<i>carbamazepine oral tablet, chewable</i>	1	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR	3	
CELONTIN ORAL CAPSULE 300 MG	2	

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Drug Name	Drug Tier	Requirements / Limits
CEREBYX INJECTION SOLUTION	3	
<i>clobazam oral suspension</i>	1	
<i>clobazam oral tablet</i>	1	
<i>clonazepam oral tablet</i>	1	
<i>clonazepam oral tablet, disintegrating</i>	1	
DEPACON INTRAVENOUS SOLUTION	3	
DEPAKENE ORAL CAPSULE	3	
DEPAKENE ORAL SOLUTION	3	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR	3	
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC)	3	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE	3	
DIACOMIT ORAL CAPSULE	4	PA; LA
DIACOMIT ORAL POWDER IN PACKET	4	PA; LA
DIASTAT ACUDIAL RECTAL KIT	3	

Drug Name	Drug Tier	Requirements / Limits
DIASTAT RECTAL KIT	3	
<i>diazepam rectal kit</i>	1	
DILANTIN EXTENDED ORAL CAPSULE	3	
DILANTIN INFATABS ORAL TABLET, CHEWABLE	3	
DILANTIN ORAL CAPSULE	2	
DILANTIN-125 ORAL SUSPENSION	3	
<i>divalproex oral capsule, delayed rel sprinkle</i>	1	
<i>divalproex oral tablet extended release 24 hr</i>	1	
<i>divalproex oral tablet, delayed release (dr/ec)</i>	1	
EPIDIOLEX ORAL SOLUTION	4	PA; LA
<i>epitol oral tablet</i>	1	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR	3	
<i>ethosuximide oral capsule</i>	1	
<i>ethosuximide oral solution</i>	1	
<i>felbamate oral suspension</i>	1	
<i>felbamate oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
FELBATOL ORAL SUSPENSION	3	
FELBATOL ORAL TABLET	3	
<i>fosphenytoin injection solution</i>	1	
FYCOMPA ORAL SUSPENSION	2	
FYCOMPA ORAL TABLET	2	
<i>gabapentin oral capsule</i>	1	
<i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
GABITRIL ORAL TABLET	3	
GRALISE 30-DAY STARTER PACK ORAL TABLET EXTENDED RELEASE 24 HR	2	ST
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR	2	ST
KEPPRA INTRAVENOUS SOLUTION	3	
KEPPRA ORAL SOLUTION	3	
KEPPRA ORAL TABLET	3	

Drug Name	Drug Tier	Requirements / Limits
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR	3	
KLONOPIN ORAL TABLET	3	
LAMICTAL ODT ORAL TABLET, DISINTEGRATING	3	
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK	3	
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK	3	
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK	3	
LAMICTAL ORAL TABLET	3	
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	3	
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS, DOSE PACK	3	

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Drug Name	Drug Tier	Requirements / Limits
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK	3	
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR	3	
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK	3	
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK	3	
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK	3	
<i>lamotrigine oral tablet</i>	1	
<i>lamotrigine oral tablet disintegrating, dose pk</i>	1	
<i>lamotrigine oral tablet extended release 24hr</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>lamotrigine oral tablet, chewable dispersible</i>	1	
<i>lamotrigine oral tablet, disintegrating</i>	1	
<i>lamotrigine oral tablets, dose pack</i>	1	
<i>levetiracetam in nacl (iso-os) intravenous piggyback</i>	1	
<i>levetiracetam intravenous solution</i>	1	
<i>levetiracetam oral solution</i>	1	
<i>levetiracetam oral tablet</i>	1	
<i>levetiracetam oral tablet extended release 24 hr</i>	1	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR	3	PA
LYRICA ORAL CAPSULE	3	ST
LYRICA ORAL SOLUTION	3	ST
MYSOLINE ORAL TABLET	3	
NAYZILAM NASAL SPRAY, NON-AEROSOL	2	PA
NEURONTIN ORAL CAPSULE	3	ST
NEURONTIN ORAL SOLUTION	3	ST
NEURONTIN ORAL TABLET	3	ST

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Drug Name	Drug Tier	Requirements / Limits
ONFI ORAL SUSPENSION	3	
ONFI ORAL TABLET 10 MG, 20 MG	3	
<i>oxcarbazepine oral suspension</i>	1	
<i>oxcarbazepine oral tablet</i>	1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR	3	
PEGANONE ORAL TABLET	2	
<i>phenobarbital oral elixir</i>	1	
<i>phenobarbital oral tablet</i>	1	
PHENYTEK ORAL CAPSULE	3	
<i>phenytoin oral suspension</i>	1	
<i>phenytoin oral tablet, chewable</i>	1	
<i>phenytoin sodium extended oral capsule</i>	1	
<i>phenytoin sodium intravenous solution</i>	1	
<i>phenytoin sodium intravenous syringe</i>	1	
<i>pregabalin oral capsule</i>	1	ST
<i>pregabalin oral solution</i>	1	ST
<i>primidone oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR	2	
<i>roweepra oral tablet</i>	1	
<i>roweepra xr oral tablet extended release 24 hr</i>	1	
SABRIL ORAL POWDER IN PACKET	4	LA
SABRIL ORAL TABLET	4	LA
SPRITAM ORAL TABLET FOR SUSPENSION	3	
<i>subvenite oral tablet</i>	1	
<i>subvenite starter (blue) kit oral tablets, dose pack</i>	1	
<i>subvenite starter (green) kit oral tablets, dose pack</i>	1	
<i>subvenite starter (orange) kit oral tablets, dose pack</i>	1	
SYMPAZAN ORAL FILM	3	
TEGRETOL ORAL SUSPENSION	3	
TEGRETOL ORAL TABLET	3	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR	3	
<i>tiagabine oral tablet</i>	1	

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, 2019.

Drug Name	Drug Tier	Requirements / Limits
TOPAMAX ORAL CAPSULE, SPRINKLE	3	
TOPAMAX ORAL TABLET	3	
<i>topiramate oral capsule, sprinkle</i>	1	
TOPIRAMATE ORAL CAPSULE, SPRINKLE, ER 24HR	3	
<i>topiramate oral tablet</i>	1	
TRILEPTAL ORAL SUSPENSION	3	
TRILEPTAL ORAL TABLET	3	
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR	3	
<i>valproate sodium intravenous solution</i>	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	1	
<i>valproic acid oral capsule</i>	1	
<i>vigabatrin oral powder in packet</i>	4	LA
<i>vigabatrin oral tablet</i>	4	LA
<i>vigadrone oral powder in packet</i>	4	LA

Drug Name	Drug Tier	Requirements / Limits
VIMPAT INTRAVENOUS SOLUTION	2	
VIMPAT ORAL SOLUTION	2	
VIMPAT ORAL TABLET	2	
ZARONTIN ORAL CAPSULE	3	
ZARONTIN ORAL SOLUTION	3	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	3	
<i>zonisamide oral capsule</i>	1	
ANTIPARKINSONISM AGENTS		
APOKYN SUBCUTANEOUS CARTRIDGE	4	PA; LA; QL
AZILECT ORAL TABLET	3	
<i>benztropine injection solution</i>	1	
<i>benztropine oral tablet</i>	1	
<i>bromocriptine oral capsule</i>	1	
<i>bromocriptine oral tablet</i>	1	
<i>carbidopa oral tablet</i>	1	
<i>carbidopa-levodopa oral tablet</i>	1	
<i>carbidopa-levodopa oral tablet extended release</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>carbidopa-levodopa oral tablet, disintegrating</i>	1	
<i>carbidopa-levodopa-entacapone oral tablet</i>	1	
COGENTIN INJECTION SOLUTION	3	
COMTAN ORAL TABLET	3	
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION	4	LA
<i>entacapone oral tablet</i>	1	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	4	PA; LA
LODOSYN ORAL TABLET	3	
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR	3	
MIRAPEX ORAL TABLET	3	
NEUPRO TRANSDERMAL PATCH 24 HOUR	3	
NOURIANZ ORAL TABLET	4	PA; LA
PARLODEL ORAL CAPSULE	3	
PARLODEL ORAL TABLET	3	

Drug Name	Drug Tier	Requirements / Limits
<i>pramipexole oral tablet</i>	1	
<i>pramipexole oral tablet extended release 24 hr</i>	1	
<i>rasagiline oral tablet</i>	1	
REQUIP ORAL TABLET	3	
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HR	3	
<i>ropinirole oral tablet</i>	1	
<i>ropinirole oral tablet extended release 24 hr</i>	1	
RYTARY ORAL CAPSULE, EXTENDED RELEASE	3	
<i>selegiline hcl oral capsule</i>	1	
<i>selegiline hcl oral tablet</i>	1	
SINEMET CR ORAL TABLET EXTENDED RELEASE	3	
SINEMET ORAL TABLET	3	
STALEVO 100 ORAL TABLET	3	
STALEVO 125 ORAL TABLET	3	
STALEVO 150 ORAL TABLET	3	
STALEVO 200 ORAL TABLET	3	

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Drug Name	Drug Tier	Requirements / Limits
STALEVO 50 ORAL TABLET	3	
STALEVO 75 ORAL TABLET	3	
TASMAR ORAL TABLET 100 MG	3	
<i>tolcapone oral tablet</i>	1	
<i>trihexyphenidyl oral elixir</i>	1	
<i>trihexyphenidyl oral tablet</i>	1	
XADAGO ORAL TABLET	3	
ZELAPAR ORAL TABLET,DISINTEGRATING	3	
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR	2	PA; QL
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	2	PA; QL
AJOVY SUBCUTANEOUS SYRINGE	2	PA; QL
<i>almotriptan malate oral tablet</i>	1	QL
AMERGE ORAL TABLET	3	ST; QL
CAFERGOT ORAL TABLET	3	

Drug Name	Drug Tier	Requirements / Limits
D.H.E.45 INJECTION SOLUTION	3	
<i>dihydroergotamine injection solution</i>	1	
<i>dihydroergotamine nasal spray,non-aerosol</i>	1	QL
<i>eletriptan oral tablet</i>	1	QL
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR	2	PA; QL
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE	2	PA; QL
ERGOMAR SUBLINGUAL TABLET	3	
<i>ergotamine-caffeine oral tablet</i>	1	
FROVA ORAL TABLET	3	ST; QL
<i>frovatriptan oral tablet</i>	1	QL
IMITREX NASAL SPRAY,NON-AEROSOL	3	ST; QL
IMITREX ORAL TABLET	3	ST; QL
IMITREX STATDOSE PEN SUBCUTANEOUS PEN INJECTOR	3	ST; QL
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE	3	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
IMITREX SUBCUTANEOUS SOLUTION	3	ST; QL
MAXALT ORAL TABLET 10 MG	3	ST; QL
MAXALT-MLT ORAL TABLET,DISINTEGRATING	3	ST; QL
<i>migergot rectal suppository</i>	1	
MIGRANAL NASAL SPRAY, NON-AEROSOL	3	QL
<i>naratriptan oral tablet</i>	1	QL
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED	3	ST; QL
RELPAZ ORAL TABLET	3	ST; QL
<i>rizatriptan oral tablet</i>	1	QL
<i>rizatriptan oral tablet, disintegrating</i>	1	QL
<i>sumatriptan nasal spray, non-aerosol</i>	1	QL
<i>sumatriptan succinate oral tablet</i>	1	QL
<i>sumatriptan succinate subcutaneous cartridge</i>	1	QL
<i>sumatriptan succinate subcutaneous pen injector</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>sumatriptan succinate subcutaneous solution</i>	1	QL
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	1	QL
<i>sumatriptan-naproxen oral tablet</i>	1	PA; QL
SUMAVEL DOSEPRO SUBCUTANEOUS NEEDLE-FREE INJECTOR 6 MG/0.5 ML	3	ST; QL
TOSYMRA NASAL SPRAY, NON-AEROSOL	3	ST
TREXIMET ORAL TABLET	3	ST; QL
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR	3	ST; QL
<i>zolmitriptan oral tablet</i>	1	QL
<i>zolmitriptan oral tablet, disintegrating</i>	1	QL
ZOMIG NASAL SPRAY, NON-AEROSOL	2	ST; QL
ZOMIG ORAL TABLET	3	ST; QL
ZOMIG ZMT ORAL TABLET, DISINTEGRATING	3	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR	4	PA; LA
ARICEPT ORAL TABLET	3	
AUSTEDO ORAL TABLET	4	PA; LA; QL
<i>dalfampridine oral tablet extended release 12 hr</i>	4	PA; LA
<i>donepezil oral tablet</i>	1	
<i>donepezil oral tablet, disintegrating</i>	1	
EXELON TRANSDERMAL PATCH 24 HOUR	3	
FIRDAPSE ORAL TABLET	4	PA; LA
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	1	
<i>galantamine oral solution</i>	1	
<i>galantamine oral tablet</i>	1	
HORIZANT ORAL TABLET EXTENDED RELEASE	3	ST
INGREZZA INITIATION PACK ORAL CAPSULE, DOSE PACK	4	PA; LA; QL
INGREZZA ORAL CAPSULE	4	PA; LA; QL
KEYEYIS ORAL TABLET	4	LA

Drug Name	Drug Tier	Requirements / Limits
<i>memantine oral capsule, sprinkle, er 24hr</i>	1	
<i>memantine oral solution</i>	1	
<i>memantine oral tablet</i>	1	
MEMANTINE ORAL TABLETS, DOSE PACK	3	
NAMENDA ORAL TABLET	3	
NAMENDA TITRATION PAK ORAL TABLETS, DOSE PACK	3	
NAMENDA XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK	3	
NAMENDA XR ORAL CAPSULE, SPRINKLE, ER 24HR	3	
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK	2	
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR	2	
NUEDEXTA ORAL CAPSULE	2	PA
ONPATTRO INTRAVENOUS SOLUTION	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
RAZADYNE ER ORAL CAPSULE,EXT REL. PELLETS 24 HR	3	
RAZADYNE ORAL TABLET	3	
<i>rivastigmine tartrate oral capsule</i>	1	
<i>rivastigmine transdermal patch 24 hour</i>	1	
RUZURGI ORAL TABLET	4	PA; LA
TEGSEDI SUBCUTANEOUS SYRINGE	4	PA; LA
<i>tetrabenazine oral tablet</i>	4	PA; LA; QL
XENAZINE ORAL TABLET	4	PA; LA; QL
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
<i>atracurium intravenous solution</i>	1	
<i>baclofen oral tablet 10 mg, 20 mg</i>	1	
BACLOFEN ORAL TABLET 5 MG	3	
BRIDION INTRAVENOUS SOLUTION	3	
<i>carisoprodol oral tablet</i>	1	PA
<i>carisoprodol-asa-codeine oral tablet</i>	1	PA
<i>carisoprodol-aspirin oral tablet</i>	1	PA

Drug Name	Drug Tier	Requirements / Limits
<i>chlorzoxazone oral tablet 500 mg</i>	1	
<i>cisatracurium intravenous solution 2 mg/ml</i>	1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	
DANTRIUM INTRAVENOUS RECON SOLN	3	
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	3	
<i>dantrolene oral capsule</i>	1	
<i>meprobamate oral tablet</i>	1	
MESTINON ORAL SYRUP	3	
MESTINON ORAL TABLET	3	
MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE	3	
<i>metaxall oral tablet</i>	1	
<i>metaxalone oral tablet</i>	1	
<i>methocarbamol injection solution</i>	1	
<i>methocarbamol oral tablet</i>	1	
NIMBEX INTRAVENOUS SOLUTION 2 MG/ML	3	
NORGESIC FORTE ORAL TABLET	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>orphenadrine citrate injection solution</i>	1	
<i>orphenadrine citrate oral tablet extended release</i>	1	
<i>orphenadrine-asa-caffeine oral tablet 50-770-60 mg</i>	1	
<i>orphengesic forte oral tablet</i>	1	
OZOBAX ORAL SOLUTION	3	
<i>pyridostigmine bromide oral syrup</i>	1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	3	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>pyridostigmine bromide oral tablet extended release</i>	1	
<i>regonol injection solution</i>	1	
<i>revonto intravenous recon soln</i>	1	
ROBAXIN INJECTION SOLUTION	3	
ROBAXIN ORAL TABLET	3	
ROBAXIN-750 ORAL TABLET	3	
RYANODEX INTRAVENOUS SUSPENSION FOR RECONSTITUTION	3	

Drug Name	Drug Tier	Requirements / Limits
SKELAXIN ORAL TABLET	3	
SOMA ORAL TABLET	3	PA
<i>tizanidine oral capsule</i>	1	
<i>tizanidine oral tablet</i>	1	
ZANAFLEX ORAL CAPSULE	3	
ZANAFLEX ORAL TABLET	3	
NARCOTIC ANALGESICS		
ABSTRAL SUBLINGUAL TABLET	3	PA; QL
<i>acetaminophen-caff-dihydrocod oral capsule</i>	1	PA
ACETAMINOPHE N-CAFF-DIHYDROCOD ORAL TABLET 325-30-16 MG	3	PA
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	1	PA
<i>acetaminophen-codeine oral tablet</i>	1	PA
ACTIQ BUCCAL LOZENGE ON A HANDLE	3	PA; QL
ALLZITAL ORAL TABLET	3	ST
APADAZ ORAL TABLET	3	PA

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Drug Name	Drug Tier	Requirements / Limits
ARYMO ER ORAL TABLET,ORAL ONLY,EXTND RELEASE	3	PA; QL
<i>ascomp with codeine oral capsule</i>	1	PA
BELBUCA BUCCAL FILM	2	PA; QL
BENZHYDROCODONE-ACETAMINOPHEN ORAL TABLET	3	PA
BUPAP ORAL TABLET 50-300 MG	3	ST
BUPRENEX INJECTION SOLUTION	3	PA
<i>buprenorphine hcl injection solution</i>	1	PA
<i>buprenorphine hcl injection syringe</i>	1	PA
<i>buprenorphine hcl sublingual tablet</i>	1	
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour</i>	1	PA
BUPRENORPHINE TRANSDERMAL PATCH WEEKLY 7.5 MCG/HOUR	3	PA
<i>butalbital compound w/codeine oral capsule</i>	1	PA
<i>butalbital-acetaminop-caf-cod oral capsule</i>	1	PA

Drug Name	Drug Tier	Requirements / Limits
<i>butalbital-acetaminophen oral capsule</i>	1	
<i>butalbital-acetaminophen oral tablet</i>	1	
<i>butalbital-acetaminophen-caff oral capsule</i>	1	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1	
<i>butalbital-aspirin-caffeine oral capsule</i>	1	
<i>butalbital-aspirin-caffeine oral tablet</i>	1	
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR	3	PA
BUTRANS TRANSDERMAL PATCH WEEKLY 7.5 MCG/HOUR	2	PA
<i>codeine sulfate oral tablet</i>	1	PA
<i>codeine-butalbital-asa-caff oral capsule</i>	1	PA
DEMEROL (PF) INJECTION SOLUTION 100 MG/2 ML, 25 MG/0.5 ML, 50 MG/ML, 75 MG/1.5 ML	3	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>demerol (pf) injection solution 100 mg/ml</i>	1	PA
DEMEROL (PF) INJECTION SYRINGE	3	PA
DEMEROL INJECTION SOLUTION	3	PA
DEMEROL ORAL TABLET 100 MG	3	PA
DILAUDID (PF) INJECTION SYRINGE	3	PA
DILAUDID ORAL LIQUID	3	PA
DILAUDID ORAL TABLET	3	PA
<i>diskets oral tablet, soluble</i>	1	PA
DOLOPHINE ORAL TABLET	3	PA
DSUVIA SUBLINGUAL TABLET IN APPLICATOR	3	
DURAGESIC TRANSDERMAL PATCH 72 HOUR	3	PA; QL
<i>duramorph (pf) injection solution</i>	1	PA
<i>dvorah oral tablet</i>	1	PA
EMBEDA ORAL CAPSULE, ORAL ONLY, EXT. REL PELL	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	PA
ESGIC ORAL CAPSULE	3	ST
ESGIC ORAL TABLET	3	ST
EXALGO ER ORAL TABLET EXTENDED RELEASE 24 HR	3	PA; QL
FENTANYL (PF)-BUPIVACAINE-NACL INJECTION SOLUTION 2 MCG/ML- 0.0625 %, 2 MCG/ML- 0.1 %, 2 MCG/ML- 0.125 %	3	PA
FENTANYL CITRATE (PF) INTRAVENOUS PT CONTROLLED ANALGESIA SYRINGE 1,500 MCG/30 ML (50 MCG/ML), 2,750 MCG/55 ML (50 MCG/ML)	3	PA
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	1	PA
FENTANYL CITRATE (PF) INTRAVENOUS SYRINGE 250 MCG/5 ML (50 MCG/ML), 50 MCG/ML	3	PA

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Drug Name	Drug Tier	Requirements / Limits
FENTANYL CITRATE (PF)-0.9%NACL INJECTION PT CONTROLLED ANALGESIA SYRING 550 MCG/55 ML	3	PA
FENTANYL CITRATE (PF)-0.9%NACL INTRAVENOUS SOLUTION 10 MCG/ML, 20 MCG/ML	3	PA
<i>fentanyl citrate (pf)-0.9%nacl intravenous solution 5 mcg/ml</i>	1	PA
<i>fentanyl citrate (pf)-0.9%nacl intravenous syringe 10 mcg/ml</i>	1	PA
FENTANYL CITRATE (PF)-0.9%NACL INTRAVENOUS SYRINGE 50 MCG/5 ML (10 MCG/ML)	3	PA
<i>fentanyl citrate buccal lozenge on a handle</i>	1	PA; QL
<i>fentanyl transdermal patch 72 hour</i>	1	PA; QL
FENTANYL-ROPIVACAINE-NACL (PF) INJECTION SOLUTION 2-0.2 MCG/ML-%	3	PA

Drug Name	Drug Tier	Requirements / Limits
FENTORA BUCCAL TABLET, EFFERVESCENT	3	PA; QL
FIORICET ORAL CAPSULE	3	ST
FIORINAL ORAL CAPSULE	3	ST
FIORINAL-CODEINE #3 ORAL CAPSULE	3	PA
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml), 7.5-325 mg/15 ml</i>	1	PA
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	PA
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	PA
HYDROMORPHONE (PF) IN WATER INJECTION SYRINGE	3	PA
HYDROMORPHONE (PF) IN WATER INTRAVENOUS PT CONTROLLED ANALGESIA SYRING	3	PA
HYDROMORPHONE (PF) INJECTION SOLUTION 1 MG/ML, 4 MG/ML	3	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>hydromorphone (pf) injection solution 10 mg/ml, 2 mg/ml</i>	1	PA
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PATIENT CONTROL.ANALGESIA SOLN	3	PA
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
<i>hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syring 10 mg/50 ml (0.2 mg/ml)</i>	1	PA
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 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
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS SOLUTION	3	PA

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
HYDROMORPHONE IN 0.9 % NACL INJECTION PREFILLED PUMP RESERVOIR	3	PA
HYDROMORPHONE IN 0.9 % NACL INJECTION PT CONTROLLED ANALGESIA SYRING 55 MG/55 ML (1 MG/ML)	3	PA
HYDROMORPHONE IN 0.9 % NACL INTRAVENOUS PATIENT CONTROL.ANALGESIA SOLN 15 MG/30 ML (0.5 MG/ML)	3	PA
HYDROMORPHONE IN 0.9 % NACL INTRAVENOUS PREFILLED PUMP RESERVOIR 10 MG/50 ML (0.2 MG/ML), 100 MG/50 ML (2 MG/ML), 250 MG/250 ML (1 MG/ML)	3	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>hydromorphone in 0.9 % nacl intravenous pt controlled analgesia syringe 15 mg/30 ml (0.5 mg/ml)</i>	1	PA
HYDROMORPHONE IN 0.9 % NACL INTRAVENOUS PT CONTROLLED ANALGESIA SYRINGE 5 MG/25 ML (0.2 MG/ML), 6 MG/30 ML (0.2 MG/ML)	3	PA
HYDROMORPHONE IN 0.9 % NACL INTRAVENOUS SOLUTION 0.2 MG/ML, 2 MG/ML	3	PA
HYDROMORPHONE IN 0.9 % NACL INTRAVENOUS SYRINGE 0.5 MG/ML, 1 MG/ML (1 ML), 2 MG/10 ML (0.2 MG/ML)	3	PA
<i>hydromorphone injection solution</i>	1	PA
HYDROMORPHONE INJECTION SYRINGE 0.5 MG/0.5 ML	3	PA
<i>hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	PA

Drug Name	Drug Tier	Requirements / Limits
HYDROMORPHONE INTRAVENOUS PT CONTROLLED ANALGESIA SYRINGE 110 MG/55 ML (2 MG/ML)	3	PA
<i>hydromorphone oral liquid</i>	1	PA
<i>hydromorphone oral tablet</i>	1	PA
<i>hydromorphone oral tablet extended release 24 hr</i>	1	PA; QL
<i>hydromorphone rectal suppository</i>	1	PA
HYSINGLA ER ORAL TABLET, ORAL ONLY, EXT. REL. 24 HR	2	PA; QL
IBUDONE ORAL TABLET	3	PA
<i>ibuprofen-oxycodone oral tablet</i>	1	PA
INFUMORPH P/F INJECTION SOLUTION	2	PA
KADIAN ORAL CAPSULE, EXTENDED RELEASE PELLETS 10 MG, 100 MG, 20 MG, 200 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG	3	PA; QL
LAZANDA NASAL SPRAY, NON-AEROSOL	3	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>levorphanol tartrate oral tablet 2 mg</i>	1	PA
LEVORPHANOL TARTRATE ORAL TABLET 3 MG	3	PA
<i>lorcet (hydrocodone) oral tablet</i>	1	PA
<i>lorcet hd oral tablet</i>	1	PA
<i>lorcet plus oral tablet 7.5-325 mg</i>	1	PA
LORTAB ELIXIR ORAL SOLUTION 10-300 MG/15 ML	3	PA
<i>meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	1	PA
<i>meperidine injection cartridge</i>	1	PA
<i>meperidine oral solution</i>	1	PA
<i>meperidine oral tablet</i>	1	PA
<i>methadone oral tablet</i>	1	PA
<i>methadone oral tablet,soluble</i>	1	PA
<i>methadose oral tablet,soluble</i>	1	PA
MITIGO (PF) INJECTION SOLUTION	3	PA
MORPHABOND ER ORAL TABLET,ORAL ONLY,EXT.REL.12 HR	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
MORPHINE (PF) IN 0.9 % NACL INJECTION SYRINGE 2 MG/2 ML (1 MG/ML)	3	PA
MORPHINE (PF) IN 0.9 % NACL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 150 MG/30 ML (5 MG/ML), 50 MG/50 ML (1 MG/ML), 55 MG/55 ML (1 MG/ML)	3	PA
<i>morphine (pf) in 0.9 % nacl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)</i>	1	PA
<i>morphine (pf) in 0.9 % nacl intravenous solution 1 mg/ml</i>	1	PA
MORPHINE (PF) IN 0.9 % NACL INTRAVENOUS SOLUTION 5 MG/ML	3	PA
<i>morphine (pf) in 0.9 % nacl intravenous syringe 0.5 mg/ml, 2 mg/2 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml)</i>	1	PA
MORPHINE (PF) IN 0.9 % NACL INTRAVENOUS SYRINGE 2 MG/ML, 4 MG/ML	3	PA
<i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	1	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>morphine (pf) intravenous patient control.analgesia soln</i>	1	PA
MORPHINE (PF) INTRAVENOUS SYRINGE	3	PA
<i>morphine concentrate oral solution</i>	1	PA
MORPHINE IN 0.9 % SODIUM CHLOR INJECTION PT CONTROLLED ANALGESIA SYRING 55 MG/55 ML (1 MG/ML)	3	PA
MORPHINE IN 0.9 % SODIUM CHLOR INTRAVENOUS PREFILLED PUMP RESERVOIR 50 MG/50 ML (1 MG/ML)	3	PA
MORPHINE IN 0.9 % SODIUM CHLOR INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 275 MG/55 ML (5 MG/ML)	3	PA
MORPHINE IN 0.9 % SODIUM CHLOR INTRAVENOUS SOLUTION 1 MG/ML, 10 MG/ML, 5 MG/ML	3	PA

Drug Name	Drug Tier	Requirements / Limits
MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML	3	PA
<i>morphine injection solution 8 mg/ml</i>	1	PA
<i>morphine injection syringe 10 mg/ml, 2 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml</i>	1	PA
MORPHINE INTRAMUSCULAR PEN INJECTOR	3	PA
<i>morphine intravenous solution 10 mg/ml</i>	1	PA
MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML	3	PA
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	PA
MORPHINE INTRAVENOUS SYRINGE 8 MG/ML	3	PA
<i>morphine oral capsule, er multiphase 24 hr</i>	1	PA; QL
<i>morphine oral capsule, extend.release pellets</i>	1	PA; QL
<i>morphine oral solution</i>	1	PA
<i>morphine oral tablet</i>	1	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>morphine oral tablet extended release</i>	1	PA; QL
MS CONTIN ORAL TABLET EXTENDED RELEASE	3	PA; QL
NALOCET ORAL TABLET	3	PA
NORCO ORAL TABLET	3	PA
OPANA ORAL TABLET	3	PA
OXAYDO ORAL TABLET, ORAL ONLY	3	PA
<i>oxycodone oral capsule</i>	1	PA
<i>oxycodone oral concentrate</i>	1	PA
<i>oxycodone oral solution</i>	1	PA
OXYCODONE ORAL SYRINGE	3	PA
<i>oxycodone oral tablet</i>	1	PA
OXYCODONE ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR	3	PA; QL
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	PA
<i>oxycodone-aspirin oral tablet</i>	1	PA

Drug Name	Drug Tier	Requirements / Limits
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR	2	PA; QL
<i>oxymorphone oral tablet</i>	1	PA
<i>oxymorphone oral tablet extended release 12 hr</i>	1	PA; QL
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	3	PA
<i>phrenilin forte (with caffeine) oral capsule</i>	1	
ROXICODONE ORAL TABLET	3	PA
ROXYBOND ORAL TABLET, ORAL ONLY	3	PA
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE	4	LA
SUBSYS SUBLINGUAL SPRAY, NON-AEROSOL	3	PA; QL
<i>tencon oral tablet 50-325 mg</i>	1	
TREZIX ORAL CAPSULE 320.5-30-16 MG	3	PA
TYLENOL-CODEINE #3 ORAL TABLET	3	PA

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Drug Name	Drug Tier	Requirements / Limits
TYLENOL-CODEINE #4 ORAL TABLET	3	PA
VANATOL LQ ORAL SOLUTION	3	ST
VANATOL S ORAL SOLUTION	3	ST
<i>vicodin es oral tablet</i>	1	PA
<i>vicodin hp oral tablet</i>	1	PA
<i>vicodin oral tablet</i>	1	PA
XTAMPZA ER ORAL CAP,SPRINKL,ER1 2HR(DONT CRUSH)	3	PA; QL
<i>zebutal oral capsule 50-325-40 mg</i>	1	
ZOHYDRO ER ORAL CAPSULE, ORAL ONLY, ER 12HR	3	PA; QL
NON-NARCOTIC ANALGESICS		
<i>adult aspirin regimen oral tablet, delayed release (dr/ec)</i>	5	ACA; OTC
ANAPROX DS ORAL TABLET	3	ST
ARTHROTEC 50 ORAL TABLET,IR,DELAYED REL,BIPHASIC	3	ST
ARTHROTEC 75 ORAL TABLET,IR,DELAYED REL,BIPHASIC	3	ST

Drug Name	Drug Tier	Requirements / Limits
<i>aspir-81 oral tablet, delayed release (dr/ec)</i>	5	ACA; OTC
<i>aspirin low dose oral tablet, delayed release (dr/ec)</i>	5	ACA; OTC
<i>aspirin oral tablet</i>	5	ACA; OTC
<i>aspirin oral tablet, chewable</i>	5	ACA; OTC
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg, 81 mg</i>	5	ACA; OTC
<i>aspir-low oral tablet, delayed release (dr/ec)</i>	5	ACA; OTC
<i>aspir-trin oral tablet, delayed release (dr/ec)</i>	5	ACA; OTC
<i>bayer aspirin oral tablet</i>	5	ACA; OTC
BAYER CHEWABLE ASPIRIN ORAL TABLET, CHEWABLE	5	ACA; OTC
BUNAVAIL BUCCAL FILM 2.1-0.3 MG, 4.2-0.7 MG	3	QL
BUNAVAIL BUCCAL FILM 6.3-1 MG	3	
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	1	
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	QL
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	
<i>butorphanol tartrate injection solution</i>	1	PA
<i>butorphanol tartrate nasal spray,non-aerosol</i>	1	PA; QL
CALDOLOR INTRAVENOUS RECON SOLN 800 MG/8 ML (100 MG/ML)	2	
CAMBIA ORAL POWDER IN PACKET	3	ST; QL
CELEBREX ORAL CAPSULE	3	ST
<i>celecoxib oral capsule</i>	1	ST
<i>children's aspirin oral tablet,chewable</i>	5	ACA; OTC
CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 17-83	3	PA; QL
CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 25-75	3	PA; QL
DAYPRO ORAL TABLET	3	ST
DICLOFENAC EPOLAMINE TRANSDERMAL PATCH 12 HOUR	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>diclofenac potassium oral tablet</i>	1	
<i>diclofenac sodium oral tablet extended release 24 hr</i>	1	
<i>diclofenac sodium oral tablet,delayed release (dr/ec)</i>	1	
<i>diclofenac sodium topical drops</i>	1	QL
<i>diclofenac sodium topical gel 1 %</i>	1	ST; QL
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic</i>	1	
<i>diflunisal oral tablet</i>	1	
DISALCID ORAL TABLET	3	
<i>e.c. prin oral tablet,delayed release (dr/ec)</i>	5	ACA; OTC
EC-NAPROSYN ORAL TABLET,DELAYED RELEASE (DR/EC)	3	ST
<i>ecotrin low strength oral tablet,delayed release (dr/ec)</i>	5	ACA; OTC
<i>ecotrin oral tablet,delayed release (dr/ec)</i>	5	ACA; OTC
<i>etodolac oral capsule</i>	1	
<i>etodolac oral tablet</i>	1	
<i>etodolac oral tablet extended release 24 hr</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
EVZIO INJECTION AUTO-INJECTOR 2 MG/0.4 ML	3	QL
FELDENE ORAL CAPSULE	3	ST
FLECTOR TRANSDERMAL PATCH 12 HOUR	2	ST; QL
<i>flurbiprofen oral tablet</i>	1	
<i>ibu oral tablet</i>	1	
<i>ibuprofen oral suspension</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
INDOCIN RECTAL SUPPOSITORY	3	
<i>indomethacin oral capsule</i>	1	
<i>indomethacin oral capsule, extended release</i>	1	
<i>ketoprofen oral capsule</i>	1	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	1	ST
<i>ketorolac injection cartridge</i>	1	
<i>ketorolac injection solution</i>	1	
<i>ketorolac injection syringe</i>	1	
<i>ketorolac intramuscular cartridge</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>ketorolac intramuscular solution</i>	1	
<i>ketorolac intramuscular syringe</i>	1	
<i>ketorolac oral tablet</i>	1	QL
<i>lite coat aspirin oral tablet</i>	5	ACA; OTC
LODINE ORAL TABLET	3	ST
LUCEMYRA ORAL TABLET	2	QL
<i>meclofenamate oral capsule</i>	1	
<i>mefenamic acid oral capsule</i>	1	
<i>meloxicam oral tablet 15 mg</i>	1	
<i>meloxicam oral tablet 7.5 mg</i>	1	QL
MOBIC ORAL TABLET 15 MG	3	ST
MOBIC ORAL TABLET 7.5 MG	3	ST; QL
<i>nabumetone oral tablet</i>	1	
<i>nalbuphine injection solution</i>	1	PA
<i>naloxone injection solution</i>	1	
<i>naloxone injection syringe</i>	1	
<i>naltrexone oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR	3	ST
NAPROSYN ORAL SUSPENSION	3	ST
NAPROSYN ORAL TABLET 500 MG	3	ST
<i>naproxen oral suspension</i>	1	ST
<i>naproxen oral tablet</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec)</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	1	ST
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	2	QL
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR	2	PA; QL
NUCYNTA ORAL TABLET	2	PA; QL
<i>oxaprozin oral tablet</i>	1	
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP	3	ST; QL
<i>pentazocine-naloxone oral tablet</i>	1	PA

Drug Name	Drug Tier	Requirements / Limits
<i>piroxicam oral capsule</i>	1	
QMIIZ ODT ORAL TABLET, DISINTEGRATING 15 MG	3	ST
QMIIZ ODT ORAL TABLET, DISINTEGRATING 7.5 MG	3	ST; QL
RELAFEN DS ORAL TABLET	3	ST
<i>salsalate oral tablet</i>	1	
<i>st joseph aspirin oral tablet, chewable</i>	5	ACA; OTC
<i>st. joseph aspirin oral tablet, delayed release (dr/ec)</i>	5	ACA; OTC
SUBOXONE SUBLINGUAL FILM 12-3 MG	2	
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG, 8-2 MG	2	QL
<i>sulindac oral tablet</i>	1	
TALWIN INJECTION SOLUTION	3	PA
<i>tolmetin oral capsule</i>	1	ST
<i>tolmetin oral tablet 200 mg</i>	1	
<i>tolmetin oral tablet 600 mg</i>	1	ST
TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 17-83	3	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 25-75	3	PA; QL
<i>tramadol oral tablet</i>	1	PA; QL
<i>tramadol oral tablet extended release 24 hr</i>	1	PA; QL
<i>tramadol oral tablet, er multiphase 24 hr</i>	1	PA; QL
<i>tramadol-acetaminophen oral tablet</i>	1	PA; QL
ULTRACET ORAL TABLET	3	PA; QL
ULTRAM ORAL TABLET	3	PA; QL
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	4	LA
VOLTAREN TOPICAL GEL	3	ST; QL
VOLTAREN-XR ORAL TABLET EXTENDED RELEASE 24 HR	3	ST
ZIPSOR ORAL CAPSULE	3	ST
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	2	QL

Drug Name	Drug Tier	Requirements / Limits
ZUBSOLV SUBLINGUAL TABLET 11.4-2.9 MG	2	
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENANCE INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	2	
ABILIFY MAINTENANCE INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING	2	
ABILIFY MYCITE ORAL TABLET WITH SENSOR AND PATCH	3	QL
ABILIFY ORAL TABLET	3	QL
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
ADDERALL ORAL TABLET	3	
ADDERALL XR ORAL CAPSULE, EXTENDED RELEASE 24HR	3	ST
ADDYI ORAL TABLET	3	PA

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Drug Name	Drug Tier	Requirements / Limits
ADHANSIA XR ORAL CAPSULE, ER BIPHASIC 20-80	3	ST
ADZENYS ER ORAL SUSPEN, IR - ER, BIPHASIC 24HR	3	ST
ADZENYS XR-ODT ORAL TABLET,DISINTEGRATING ER BIPHASE 24H	3	ST
<i>alprazolam intensol oral concentrate</i>	1	
<i>alprazolam oral tablet</i>	1	
<i>alprazolam oral tablet extended release 24 hr</i>	1	
<i>alprazolam oral tablet,disintegrating</i>	1	
AMBIEN CR ORAL TABLET,EXTENDED RELEASE MULTIPHASE	3	ST; QL
AMBIEN ORAL TABLET	3	ST; QL
<i>amitriptyline oral tablet</i>	1	
<i>amitriptyline-chlordiazepoxide oral tablet</i>	1	
<i>amoxapine oral tablet</i>	1	
<i>amphetamine sulfate oral tablet</i>	1	
ANAFRANIL ORAL CAPSULE	3	

Drug Name	Drug Tier	Requirements / Limits
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; QL
APTENSIO XR ORAL CAP,ER SPRINKLE,BIPHASIC 40-60	3	ST
<i>aripiprazole oral solution</i>	1	
<i>aripiprazole oral tablet</i>	1	QL
<i>aripiprazole oral tablet,disintegrating</i>	1	QL
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	2	
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	2	
<i>armodafinil oral tablet</i>	1	PA; QL
ATIVAN INJECTION SOLUTION	3	
ATIVAN ORAL TABLET	3	
<i>atomoxetine oral capsule</i>	1	PA
BELSOMRA ORAL TABLET	3	ST; QL
BRISDELLE ORAL CAPSULE	3	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>bupropion hcl oral tablet</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	QL
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	3	ST; QL
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	QL
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	QL
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	QL
<i>buspirone oral tablet</i>	1	
CELEXA ORAL TABLET	3	ST; QL
<i>chlordiazepoxide hcl oral capsule</i>	1	
<i>chlorpromazine injection solution</i>	1	
<i>chlorpromazine oral tablet</i>	1	
<i>citalopram oral solution</i>	1	
<i>citalopram oral tablet</i>	1	QL
<i>clomipramine oral capsule</i>	1	
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	PA
<i>clorazepate dipotassium oral tablet</i>	1	
<i>clozapine oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</i>	1	
CLOZAPINE ORAL TABLET, DISINTEGRATING 150 MG, 200 MG	3	
CLOZARIL ORAL TABLET	3	
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR	3	ST
COTEMPLA XR-ODT ORAL TABLET, DISINTEGRER BIPHASE 24H	3	ST
CYMBALTA ORAL CAPSULE, DELAYED RELEASE (DR/EC)	3	ST; QL
DAYTRANA TRANSDERMAL PATCH 24 HOUR	2	ST
<i>desipramine oral tablet</i>	1	
DESOXYN ORAL TABLET	3	
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; QL
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR	3	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>desvenlafaxine succinate oral tablet extended release 24 hr</i>	1	QL
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE	3	ST
<i>dexmethylphenidate oral capsule, er biphasic 50-50</i>	1	
<i>dexmethylphenidate oral tablet</i>	1	
<i>dextroamphetamine oral capsule, extended release</i>	1	
<i>dextroamphetamine oral solution</i>	1	
<i>dextroamphetamine oral tablet</i>	1	
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	1	
<i>dextroamphetamine-amphetamine oral tablet</i>	1	
<i>diazepam injection solution</i>	1	
<i>diazepam injection syringe</i>	1	
<i>diazepam intensol oral concentrate</i>	1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	
<i>diazepam oral tablet</i>	1	
<i>doxepin oral capsule</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>doxepin oral concentrate</i>	1	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE	3	ST; QL
<i>duloxetine oral capsule, delayed release(dr/ec)</i>	1	QL
DYANAVAL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR	2	ST
EDLUAR SUBLINGUAL TABLET	3	ST; QL
EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR	3	ST; QL
EMSAM TRANSDERMAL PATCH 24 HOUR	3	
<i>ergoloid oral tablet</i>	1	
<i>escitalopram oxalate oral solution</i>	1	
<i>escitalopram oxalate oral tablet</i>	1	QL
<i>estazolam oral tablet</i>	1	
<i>eszopiclone oral tablet</i>	1	QL
EVEKEO ODT ORAL TABLET, DISINTEGRATING	3	
EVEKEO ORAL TABLET	3	

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Drug Name	Drug Tier	Requirements / Limits
FANAPT ORAL TABLET	3	QL
FANAPT ORAL TABLETS,DOSE PACK	3	QL
FAZACLO ORAL TABLET,DISINTEGRATING	3	
FETZIMA ORAL CAPSULE,EXTENDED REL 24HR DOSE PACK	2	ST; QL
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	2	ST; QL
<i>flumazenil intravenous solution</i>	1	
<i>fluoxetine oral capsule 10 mg, 40 mg</i>	1	QL
<i>fluoxetine oral capsule 20 mg</i>	1	
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	1	QL
<i>fluoxetine oral solution</i>	1	
<i>fluoxetine oral tablet 10 mg</i>	1	QL
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	1	
<i>fluphenazine decanoate injection solution</i>	1	
<i>fluphenazine hcl injection solution</i>	1	
<i>fluphenazine hcl oral concentrate</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>fluphenazine hcl oral elixir</i>	1	
<i>fluphenazine hcl oral tablet</i>	1	
<i>flurazepam oral capsule</i>	1	
<i>fluvoxamine oral capsule, extended release 24hr</i>	1	QL
<i>fluvoxamine oral tablet</i>	1	QL
FOCALIN ORAL TABLET	3	
FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50	3	ST
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; QL
GEODON INTRAMUSCULAR RECON SOLN	3	
GEODON ORAL CAPSULE	3	QL
<i>guanfacine oral tablet extended release 24 hr</i>	1	PA
<i>guanidine oral tablet</i>	1	
HALCION ORAL TABLET 0.25 MG	3	
HALDOL DECANOATE INTRAMUSCULAR SOLUTION	3	
HALDOL INJECTION SOLUTION	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>haloperidol decanoate intramuscular solution</i>	1	
<i>haloperidol lactate injection solution</i>	1	
<i>haloperidol lactate intramuscular syringe</i>	1	
<i>haloperidol lactate oral concentrate</i>	1	
<i>haloperidol oral tablet</i>	1	
HETLIOZ ORAL CAPSULE	4	PA; LA; QL
<i>imipramine hcl oral tablet</i>	1	
<i>imipramine pamoate oral capsule</i>	1	
INTERMEZZO SUBLINGUAL TABLET	3	ST; QL
INTUNIV ER ORAL TABLET EXTENDED RELEASE 24 HR	3	PA
INVEGA ORAL TABLET EXTENDED RELEASE 24HR	3	QL
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE	3	
INVEGA TRINZA INTRAMUSCULAR SYRINGE	3	

Drug Name	Drug Tier	Requirements / Limits
JORNAY PM ORAL CAPSULE, DEL REL, EXT REL SPRINK	3	ST
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HR	3	PA
KETAMINE SUBLINGUAL TROCHE	3	
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR	3	ST; QL
LATUDA ORAL TABLET	2	QL
LEXAPRO ORAL TABLET	3	ST; QL
<i>lithium carbonate oral capsule</i>	1	
<i>lithium carbonate oral tablet</i>	1	
<i>lithium carbonate oral tablet extended release</i>	1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	
LITHOBID ORAL TABLET EXTENDED RELEASE	3	
LORAZEPAM IN 0.9% SOD CHLORIDE INTRAVENOUS SOLUTION 100 MG/100 ML (1 MG/ML)	3	

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Drug Name	Drug Tier	Requirements / Limits
LORAZEPAM IN DEXTROSE 5 % INTRAVENOUS SOLUTION 100 MG/100 ML (1 MG/ML)	3	
<i>lorazepam injection solution</i>	1	
<i>lorazepam injection syringe</i>	1	
<i>lorazepam intensol oral concentrate</i>	1	
<i>lorazepam oral concentrate</i>	1	
<i>lorazepam oral tablet</i>	1	
<i>loxapine succinate oral capsule</i>	1	
LUNESTA ORAL TABLET	3	ST; QL
<i>maprotiline oral tablet</i>	1	
MARPLAN ORAL TABLET	3	
<i>metadate er oral tablet extended release</i>	1	
<i>methamphetamine oral tablet</i>	1	
METHYLIN ORAL SOLUTION	3	
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	1	
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	1	
<i>methylphenidate hcl oral solution</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>methylphenidate hcl oral tablet</i>	1	
<i>methylphenidate hcl oral tablet extended release</i>	1	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	1	
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 72 MG	3	ST
<i>methylphenidate hcl oral tablet, chewable</i>	1	
<i>midazolam (pf) in 0.9 % nacl intravenous solution</i>	1	
MIDAZOLAM (PF) IN 0.9 % NACL INTRAVENOUS SYRINGE	3	
<i>midazolam (pf) injection cartridge</i>	1	
<i>midazolam (pf) injection solution</i>	1	
<i>midazolam (pf) injection syringe</i>	1	
MIDAZOLAM IN 0.9 % SOD CHLORID INTRAVENOUS SOLUTION 1 MG/ML	3	

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Drug Name	Drug Tier	Requirements / Limits
MIDAZOLAM IN 0.9 % SOD CHLORID INTRAVENOUS SYRINGE 2 MG/2 ML (1 MG/ML), 5 MG/5 ML (1 MG/ML), 55 MG/55 ML (1 MG/ML)	3	
MIDAZOLAM IN DEXTROSE 5 % INTRAVENOUS SOLUTION	3	
<i>midazolam injection solution</i>	1	
<i>midazolam oral syrup 2 mg/ml</i>	1	
<i>mirtazapine oral tablet</i>	1	
<i>mirtazapine oral tablet, disintegrating</i>	1	
<i>modafinil oral tablet</i>	1	PA; QL
<i>molindone oral tablet</i>	1	
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR	2	ST
NARDIL ORAL TABLET	3	
<i>nefazodone oral tablet</i>	1	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	
<i>nortriptyline oral capsule</i>	1	
<i>nortriptyline oral solution</i>	1	

Drug Name	Drug Tier	Requirements / Limits
NUPLAZID ORAL CAPSULE	4	PA; LA; QL
NUPLAZID ORAL TABLET	4	PA; LA; QL
NUVIGIL ORAL TABLET	3	PA; QL
<i>olanzapine intramuscular recon soln</i>	1	
<i>olanzapine oral tablet</i>	1	QL
<i>olanzapine oral tablet, disintegrating</i>	1	QL
<i>olanzapine-fluoxetine oral capsule</i>	1	
ORAP ORAL TABLET 2 MG	3	
<i>oxazepam oral capsule</i>	1	
<i>paliperidone oral tablet extended release 24hr</i>	1	QL
PAMELOR ORAL CAPSULE	3	
PARNATE ORAL TABLET	3	
<i>paroxetine hcl oral tablet</i>	1	QL
<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	QL
<i>paroxetine mesylate(menop.sym) oral capsule</i>	1	QL
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
PAXIL ORAL SUSPENSION	3	ST
PAXIL ORAL TABLET	3	ST; QL
<i>perphenazine oral tablet</i>	1	
<i>perphenazine-amitriptyline oral tablet</i>	1	
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXT END REL SYR KIT	3	
PEXEVA ORAL TABLET	3	ST; QL
<i>phenelzine oral tablet</i>	1	
<i>pimozide oral tablet</i>	1	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; QL
<i>procentra oral solution</i>	1	
<i>protriptyline oral tablet</i>	1	
PROVIGIL ORAL TABLET 100 MG	3	
PROVIGIL ORAL TABLET 200 MG	3	PA; QL
PROZAC ORAL CAPSULE 10 MG, 40 MG	3	ST; QL
PROZAC ORAL CAPSULE 20 MG	3	ST
<i>quetiapine oral tablet</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>quetiapine oral tablet extended release 24 hr</i>	1	QL
QUILLICHEW ER ORAL TABLET,CHEW,IR - ER.BIPHASIC24HR	2	ST
QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON	2	ST
<i>ramelteon oral tablet</i>	1	ST; QL
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR	3	ST
REMERON ORAL TABLET 15 MG, 30 MG	3	ST
REMERON SOLTAB ORAL TABLET,DISINTEGRATING	3	ST
RESTORIL ORAL CAPSULE	3	
REXULTI ORAL TABLET	3	ST; QL
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE	2	
RISPERDAL ORAL SOLUTION	3	
RISPERDAL ORAL TABLET	3	QL
<i>risperidone oral solution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>risperidone oral tablet</i>	1	QL
<i>risperidone oral tablet, disintegrating</i>	1	QL
RITALIN LA ORAL CAPSULE, ER BIPHASIC 50-50 10 MG, 20 MG, 30 MG, 40 MG	3	ST
RITALIN ORAL TABLET	3	
ROZEREM ORAL TABLET	3	ST; QL
SAPHRIS SUBLINGUAL TABLET	3	QL
SARAFEM ORAL TABLET 10 MG	3	ST; QL
SARAFEM ORAL TABLET 20 MG	3	ST
<i>seconal sodium oral capsule</i>	1	QL
SEROQUEL ORAL TABLET	3	QL
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR	3	QL
<i>sertraline oral concentrate</i>	1	
<i>sertraline oral tablet</i>	1	QL
SILENOR ORAL TABLET	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	4	PA; LA
STRATTERA ORAL CAPSULE	3	PA
SUNOSI ORAL TABLET	2	PA; QL
SURMONTIL ORAL CAPSULE	3	
SYMBYAX ORAL CAPSULE 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG	3	
<i>temazepam oral capsule</i>	1	
<i>thioridazine oral tablet</i>	1	
<i>thiothixene oral capsule</i>	1	
TOFRANIL ORAL TABLET	3	
TRANXENE T-TAB ORAL TABLET 7.5 MG	3	
<i>tranlycypromine oral tablet</i>	1	
<i>trazodone oral tablet</i>	1	
<i>triazolam oral tablet</i>	1	
<i>trifluoperazine oral tablet</i>	1	
<i>trimipramine oral capsule</i>	1	
TRINTELLIX ORAL TABLET	3	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
VALIUM ORAL TABLET	3	
<i>venlafaxine oral capsule, extended release 24hr</i>	1	QL
<i>venlafaxine oral tablet</i>	1	QL
<i>venlafaxine oral tablet extended release 24hr</i>	1	QL
VERSACLOZ ORAL SUSPENSION	3	
VIIBRYD ORAL TABLET	2	ST; QL
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)-20 MG (23)	2	ST; QL
VRAYLAR ORAL CAPSULE	3	QL
VRAYLAR ORAL CAPSULE, DOSE PACK	3	QL
VYLEESI SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL
VYVANSE ORAL CAPSULE	2	ST
VYVANSE ORAL TABLET, CHEWABLE	2	ST
WAKIX ORAL TABLET	4	PA; LA
WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; QL
XANAX ORAL TABLET	3	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR	3	
XYREM ORAL SOLUTION	4	PA; LA
<i>zaleplon oral capsule</i>	1	QL
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	
<i>ziprasidone hcl oral capsule</i>	1	QL
ZOLOFT ORAL CONCENTRATE	3	ST
ZOLOFT ORAL TABLET	3	ST; QL
<i>zolpidem oral tablet</i>	1	QL
<i>zolpidem oral tablet, ext release multiphase</i>	1	QL
<i>zolpidem sublingual tablet</i>	1	QL
ZOLPIMIST ORAL SPRAY, NON-AEROSOL	3	ST; QL
ZULRESSO INTRAVENOUS SOLUTION	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
ZYPREXA INTRAMUSCULAR RECON SOLN	3	
ZYPREXA ORAL TABLET	3	QL
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	
ZYPREXA ZYDIS ORAL TABLET, DISINTEGRATING	3	QL
CARDIOVASCULAR, HYPERTENSION & LIPIDS		
ANTIARRHYTHMIC AGENTS		
<i>amiodarone oral tablet</i>	1	
BETAPACE AF ORAL TABLET	3	ST
BETAPACE ORAL TABLET	3	ST
<i>disopyramide phosphate oral capsule</i>	1	
<i>dofetilide oral capsule</i>	1	
<i>flecainide oral tablet</i>	1	
<i>mexiletine oral capsule</i>	1	
MULTAQ ORAL TABLET	3	

Drug Name	Drug Tier	Requirements / Limits
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE	3	
NORPACE ORAL CAPSULE	3	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>procainamide injection solution</i>	1	
<i>propafenone oral capsule, extended release 12 hr</i>	1	
<i>propafenone oral tablet</i>	1	
<i>quinidine gluconate injection solution</i>	1	
<i>quinidine gluconate oral tablet extended release</i>	1	
<i>quinidine sulfate oral tablet</i>	1	
RYTHMOL SR ORAL CAPSULE, EXTENDED RELEASE 12 HR	3	
<i>sotalol af oral tablet</i>	1	
SOTALOL INTRAVENOUS SOLUTION	2	
<i>sotalol oral tablet</i>	1	
SOTYLIZE ORAL SOLUTION	2	
TIKOSYN ORAL CAPSULE	3	

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Drug Name	Drug Tier	Requirements / Limits
ACCUPRIL ORAL TABLET	3	
ACCURETIC ORAL TABLET	3	
<i>acebutolol oral capsule</i>	1	
ADALAT CC ORAL TABLET EXTENDED RELEASE	3	
<i>afeditab cr oral tablet extended release</i>	1	
ALDACTAZIDE ORAL TABLET	3	
ALDACTONE ORAL TABLET	3	
<i>aliskiren oral tablet</i>	1	
ALTACE ORAL CAPSULE	3	
<i>amiloride oral tablet</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet</i>	1	
<i>amlodipine oral tablet</i>	1	
<i>amlodipine-benazepril oral capsule</i>	1	
<i>amlodipine-olmesartan oral tablet</i>	1	
<i>amlodipine-valsartan oral tablet</i>	1	
<i>amlodipine-valsartan-hcthiazid oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ATACAND HCT ORAL TABLET	3	ST
ATACAND ORAL TABLET	3	ST
<i>atenolol oral tablet</i>	1	
<i>atenolol-chlorthalidone oral tablet</i>	1	
AVALIDE ORAL TABLET	3	ST
AVAPRO ORAL TABLET	3	ST
AZOR ORAL TABLET	3	ST
<i>benazepril oral tablet</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet</i>	1	
BENICAR HCT ORAL TABLET	3	ST
BENICAR ORAL TABLET	3	ST
<i>betaxolol oral tablet</i>	1	
BIDIL ORAL TABLET	3	
<i>bisoprolol fumarate oral tablet</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	1	
BREVIBLOC IN NAACL (ISO-OSM) INTRAVENOUS PARENTERAL SOLUTION	3	

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Drug Name	Drug Tier	Requirements / Limits
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10 ML (10 MG/ML)	3	
<i>bumetanide injection solution</i>	1	
<i>bumetanide oral tablet</i>	1	
BYSTOLIC ORAL TABLET	2	ST
BYVALSON ORAL TABLET	2	ST
CALAN ORAL TABLET 120 MG	3	
CALAN SR ORAL TABLET EXTENDED RELEASE	3	
<i>candesartan oral tablet</i>	1	
<i>candesartan-hydrochlorothiazid oral tablet</i>	1	
<i>captopril oral tablet</i>	1	
<i>captopril-hydrochlorothiazide oral tablet</i>	1	
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR	3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR	3	

Drug Name	Drug Tier	Requirements / Limits
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	
CARDURA ORAL TABLET	3	QL
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR	3	QL
CAROSPIR ORAL SUSPENSION	3	ST
<i>cartia xt oral capsule,extended release 24hr</i>	1	
<i>carvedilol oral tablet</i>	1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr</i>	1	
CATAPRES ORAL TABLET	3	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY	3	QL
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY	3	QL
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY	3	QL
<i>chlorothiazide oral tablet</i>	1	
<i>chlorothiazide sodium intravenous recon soln</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>clonidine hcl oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>clonidine transdermal patch weekly</i>	1	QL
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR	3	ST
COREG ORAL TABLET	3	ST
CORGARD ORAL TABLET	3	ST
CORLOPAM INTRAVENOUS SOLUTION	3	
CORZIDE ORAL TABLET	3	ST
COZAAR ORAL TABLET	3	ST
DEMADEX ORAL TABLET 10 MG	3	
DEMSER ORAL CAPSULE	2	PA
DIBENZYLINE ORAL CAPSULE	3	PA
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	1	
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	1	
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24hr</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>diltiazem hcl oral tablet</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr</i>	1	
<i>dilt-xr oral capsule,ext.rel 24h degradable</i>	1	
DIOVAN HCT ORAL TABLET	3	ST
DIOVAN ORAL TABLET	3	ST
DIURIL IV INTRAVENOUS RECON SOLN	3	
DIURIL ORAL SUSPENSION	3	
<i>doxazosin oral tablet</i>	1	QL
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HR	3	ST
DYAZIDE ORAL CAPSULE	3	
DYRENIUM ORAL CAPSULE	3	
EDARBI ORAL TABLET	2	ST
EDARBYCLOR ORAL TABLET	2	ST
EDECRIN ORAL TABLET	3	
<i>enalapril maleate oral tablet</i>	1	
<i>enalaprilat intravenous solution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>enalapril-hydrochlorothiazide oral tablet</i>	1	
EPANED ORAL SOLUTION	3	ST
<i>eplerenone oral tablet</i>	1	
<i>epoprostenol (glycine) intravenous recon soln</i>	4	PA; LA
<i>eprosartan oral tablet</i>	1	
<i>esmolol in nacl (iso-osm) intravenous parenteral solution</i>	1	
ESMOLOL IN STERILE WATER INTRAVENOUS PARENTERAL SOLUTION	3	
<i>esmolol intravenous solution</i>	1	
<i>esmolol intravenous syringe</i>	1	
<i>ethacrynate sodium intravenous recon soln</i>	1	
<i>ethacrynic acid oral tablet</i>	1	
EXFORGE HCT ORAL TABLET	3	ST
EXFORGE ORAL TABLET	3	ST
<i>felodipine oral tablet extended release 24 hr</i>	1	

Drug Name	Drug Tier	Requirements / Limits
FLOLAN INTRAVENOUS RECON SOLN	4	PA; LA
<i>fosinopril oral tablet</i>	1	
<i>fosinopril-hydrochlorothiazide oral tablet</i>	1	
FUROSEMIDE IN 0.9 % NACL INTRAVENOUS PIGGYBACK	3	
<i>furosemide injection solution</i>	1	
<i>furosemide injection syringe</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet</i>	1	
<i>guanfacine oral tablet</i>	1	
HEMANGEOL ORAL SOLUTION	4	LA
<i>hydralazine injection solution</i>	1	
<i>hydralazine oral tablet</i>	1	
<i>hydrochlorothiazide oral capsule</i>	1	
<i>hydrochlorothiazide oral tablet</i>	1	
HYZAAR ORAL TABLET	3	ST
<i>indapamide oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
INDERAL LA ORAL CAPSULE,EXTENDED RELEASE 24 HR	3	ST
INDERAL XL ORAL CAPSULE,EXTENDED RELEASE 24HR	3	ST
INNOPRAN XL ORAL CAPSULE,EXTENDED RELEASE 24HR	3	ST
INSPRA ORAL TABLET	3	
<i>irbesartan oral tablet</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet</i>	1	
<i>isradipine oral capsule</i>	1	
KAPSPARGO SPRINKLE ORAL CAPSULE,SPRINKLE,ER 24HR	3	ST
KATERZIA ORAL SUSPENSION	3	ST
LABETALOL IN DEXTROSE 5 % INTRAVENOUS SOLUTION	3	
<i>labetalol intravenous solution</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml), 25 mg/5 ml (5 mg/ml)</i>	1	
LABETALOL INTRAVENOUS SYRINGE 50 MG/10 ML (5 MG/ML)	3	
<i>labetalol oral tablet</i>	1	
LASIX ORAL TABLET	3	
<i>lisinopril oral tablet</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet</i>	1	
LOPRESSOR INTRAVENOUS SOLUTION	3	
LOPRESSOR ORAL TABLET	3	ST
<i>losartan oral tablet</i>	1	
<i>losartan-hydrochlorothiazide oral tablet</i>	1	
LOTENSIN HCT ORAL TABLET	3	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	3	
<i>matzim la oral tablet extended release 24 hr</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
MAXZIDE ORAL TABLET	3	
MAXZIDE-25MG ORAL TABLET	3	
<i>methyclothiazide oral tablet</i>	1	
<i>methyl dopa oral tablet</i>	1	
<i>methyl dopa-hydrochlorothiazide oral tablet</i>	1	
<i>methyl dopate intravenous solution</i>	1	
<i>metolazone oral tablet</i>	1	
<i>metoprolol succinate oral tablet extended release 24 hr</i>	1	
METOPROLOL SU-HYDROCHLOROTHIAZ ORAL TABLET EXTENDED RELEASE 24 HR	3	ST
<i>metoprolol ta-hydrochlorothiaz oral tablet</i>	1	
<i>metoprolol tartrate intravenous solution</i>	1	
<i>metoprolol tartrate intravenous syringe</i>	1	
<i>metoprolol tartrate oral tablet</i>	1	
MICARDIS HCT ORAL TABLET	3	ST
MICARDIS ORAL TABLET	3	ST

Drug Name	Drug Tier	Requirements / Limits
MICROZIDE ORAL CAPSULE	3	
MINIPRESS ORAL CAPSULE	3	
<i>minoxidil oral tablet</i>	1	
<i>moexipril oral tablet</i>	1	
<i>moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg</i>	1	
<i>nadolol oral tablet</i>	1	
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	1	
<i>nicardipine oral capsule</i>	1	
<i>nifedipine oral capsule</i>	1	
<i>nifedipine oral tablet extended release</i>	1	
<i>nifedipine oral tablet extended release 24hr</i>	1	
<i>nimodipine oral capsule</i>	1	
<i>nisoldipine oral tablet extended release 24 hr</i>	1	
NORVASC ORAL TABLET	3	ST
NYMALIZE ORAL SOLUTION	3	
<i>olmesartan-amlodipin-hcthiazid oral tablet</i>	1	
<i>olmesartan-hydrochlorothiazide oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
ORENITRAM ORAL TABLET EXTENDED RELEASE	4	PA; LA
<i>osmitrol 20 % intravenous parenteral solution</i>	1	
<i>perindopril erbumine oral tablet</i>	1	
<i>phentolamine injection recon soln</i>	1	
<i>pindolol oral tablet</i>	1	
<i>prazosin oral capsule</i>	1	
PRESTALIA ORAL TABLET	3	
PRINIVIL ORAL TABLET 10 MG, 20 MG, 5 MG	3	
PROCARDIA ORAL CAPSULE	3	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR	3	
<i>propranolol intravenous solution</i>	1	
<i>propranolol oral capsule, extended release 24 hr</i>	1	
<i>propranolol oral solution</i>	1	
<i>propranolol oral tablet</i>	1	
<i>propranolol-hydrochlorothiazid oral tablet</i>	1	
QBRELIS ORAL SOLUTION	3	ST

Drug Name	Drug Tier	Requirements / Limits
<i>quinapril oral tablet</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet</i>	1	
<i>ramipril oral capsule</i>	1	
SODIUM EDECIN INTRAVENOUS RECON SOLN	3	
<i>spironolactone oral tablet</i>	1	
<i>spironolacton-hydrochlorothiaz oral tablet</i>	1	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	
TARKA ORAL TABLET, IR - ER, BIPHASIC 24HR 2-180 MG, 2-240 MG, 4-240 MG	3	
<i>taztia xt oral capsule, extended release 24 hr</i>	1	
TEKTURNA HCT ORAL TABLET	2	
TEKTURNA ORAL TABLET	2	
<i>telmisartan oral tablet</i>	1	
<i>telmisartan-amlodipine oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>telmisartan-hydrochlorothiazid oral tablet</i>	1	
TENORETIC 100 ORAL TABLET	3	ST
TENORETIC 50 ORAL TABLET	3	ST
TENORMIN ORAL TABLET	3	ST
<i>terazosin oral capsule</i>	1	QL
TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR	3	
<i>timolol maleate oral tablet</i>	1	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR	3	ST
<i>toremide oral tablet</i>	1	
<i>trandolapril oral tablet</i>	1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr</i>	1	
<i>triamterene oral capsule</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	
TRIBENZOR ORAL TABLET	3	ST

Drug Name	Drug Tier	Requirements / Limits
TWYNSTA ORAL TABLET	3	ST
UPTRAVI ORAL TABLET	4	PA; LA
UPTRAVI ORAL TABLETS,DOSE PACK	4	PA; LA
<i>valsartan oral tablet</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet</i>	1	
VASERETIC ORAL TABLET	3	
VASOTEC ORAL TABLET	3	
<i>veletri intravenous recon soln</i>	4	PA; LA
<i>verapamil oral capsule, 24 hr er pellet ct</i>	1	
<i>verapamil oral capsule,ext rel. pellets 24 hr</i>	1	
<i>verapamil oral tablet</i>	1	
<i>verapamil oral tablet extended release</i>	1	
VERELAN ORAL CAPSULE,EXT REL. PELLETS 24 HR	3	
VERELAN PM ORAL CAPSULE, 24 HR ER PELLETT CT	3	
ZESTORETIC ORAL TABLET	3	
ZESTRIL ORAL TABLET	3	

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Drug Name	Drug Tier	Requirements / Limits
ZIAC ORAL TABLET	3	ST
CARDIAC GLYCOSIDES		
<i>digitek oral tablet</i>	1	
<i>digox oral tablet</i>	1	
<i>digoxin injection solution</i>	1	
<i>digoxin injection syringe</i>	1	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	1	
<i>digoxin oral tablet</i>	1	
LANOXIN INJECTION SOLUTION	3	
LANOXIN ORAL TABLET	3	
LANOXIN PEDIATRIC INJECTION SOLUTION	2	
COAGULATION THERAPY		
ADVATE INTRAVENOUS RECON SOLN	4	LA
ADYNOVATE INTRAVENOUS SOLUTION	4	LA
AFSTYLA INTRAVENOUS RECON SOLN	4	LA
AGGRENOX ORAL CAPSULE, ER MULTIPHASE 12 HR	3	

Drug Name	Drug Tier	Requirements / Limits
ALPHANATE INTRAVENOUS RECON SOLN	4	LA
ALPHANINE SD INTRAVENOUS RECON SOLN	4	LA
ALPROLIX INTRAVENOUS RECON SOLN	4	LA
AMICAR ORAL SOLUTION	2	
AMICAR ORAL TABLET	3	
<i>aminocaproic acid intravenous solution</i>	1	
<i>aminocaproic acid oral solution</i>	1	
<i>aminocaproic acid oral tablet</i>	1	
ANDEXXA INTRAVENOUS RECON SOLN	3	
ANGIOMAX INTRAVENOUS RECON SOLN	3	
ARGATROBAN IN 0.9 % SOD CHLOR INTRAVENOUS PARENTERAL SOLUTION	3	
ARGATROBAN IN 0.9 % SOD CHLOR INTRAVENOUS SOLUTION	3	
ARGATROBAN IN NACL (ISO-OS) INTRAVENOUS SOLUTION	3	

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Drug Name	Drug Tier	Requirements / Limits
ARGATROBAN INTRAVENOUS SOLUTION	3	
ARIXTRA SUBCUTANEOUS SYRINGE	4	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr</i>	1	
ASPIRIN- OMEPRAZOLE ORAL TABLET,IR,DELA YED REL,BIPHASIC	3	ST
BENEFIX INTRAVENOUS RECON SOLN	4	LA
BEVYXXA ORAL CAPSULE	3	QL
<i>bivalirudin intravenous recon soln</i>	1	
BIVALIRUDIN-0.9 % SODIUM CHLOR INTRAVENOUS PIGGYBACK	3	
BRILINTA ORAL TABLET	2	
CABLIVI INJECTION KIT	4	PA; LA
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN	4	LA
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN	4	LA

Drug Name	Drug Tier	Requirements / Limits
<i>cilostazol oral tablet</i>	1	
<i>clopidogrel oral tablet</i>	1	
COAGADEX INTRAVENOUS RECON SOLN	4	LA
COUMADIN ORAL TABLET	3	
CYKLOKAPRON INTRAVENOUS SOLUTION	3	
DEFITELIO INTRAVENOUS SOLUTION	3	
<i>dipyridamole oral tablet</i>	1	
DOPTELET (15 TAB PACK) ORAL TABLET	4	PA; LA; QL
EFFIENT ORAL TABLET	3	
ELIQUIS ORAL TABLET	2	PA
ELIQUIS ORAL TABLETS,DOSE PACK	2	PA
ELOCTATE INTRAVENOUS RECON SOLN	4	PA; LA
<i>enoxaparin subcutaneous solution</i>	4	
<i>enoxaparin subcutaneous syringe</i>	4	

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Drug Name	Drug Tier	Requirements / Limits
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700- 1,300 UNIT	4	LA
FIBRYGA INTRAVENOUS RECON SOLN	4	LA
<i>fondaparinux subcutaneous syringe</i>	4	
FRAGMIN SUBCUTANEOUS SOLUTION	4	
FRAGMIN SUBCUTANEOUS SYRINGE	4	
HELIXATE FS INTRAVENOUS RECON SOLN	4	LA
HEMLIBRA SUBCUTANEOUS SOLUTION	4	PA; LA
HEMOFIL M HIGH INTRAVENOUS RECON SOLN	4	LA
HEMOFIL M LOW INTRAVENOUS RECON SOLN	4	LA
HEMOFIL M MID INTRAVENOUS RECON SOLN	4	LA
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN	4	LA
<i>hep flush-10 (pf) intravenous solution</i>	1	

Drug Name	Drug Tier	Requirements / Limits
HEPARIN (PORCINE) IN 0.9% NAACL INTRAVENOUS PARENTERAL SOLUTION 1,000 UNIT/1000 ML (1 UNIT/ML), 10,000 UNIT/1,000 ML, 100 UNIT/100 ML (1 UNIT/ML), 2,000 UNIT/500 ML (4 UNIT/ML), 2,500 UNIT/500 ML (5 UNIT/ML), 25,000 UNIT/250 ML, 25,000 UNIT/500 ML(50 UNIT/ML), 250 UNIT/250 ML (1 UNIT/ML), 3,000 UNIT/500 ML (6 UNIT/ML), 30,000 UNIT/1,000 ML, 4000 UNIT/1000 ML (4 UNIT/ML), 5,000 UNIT/1,000 ML, 5,000 UNIT/500 ML (10 UNIT/ML), 500 UNIT/500 ML (1 UNIT/ML), 6,000 UNIT/1000 ML (6 UNIT/ML)	3	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution</i>	1	
<i>heparin (porcine) injection cartridge</i>	1	
<i>heparin (porcine) injection solution</i>	1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	
<i>heparin flush(porcine)-0.9nacl intravenous kit</i>	1	
<i>heparin lock flush (porcine) intravenous solution 100 unit/ml</i>	1	
<i>heparin lock flush intravenous solution</i>	1	
<i>heparin lock flush intravenous syringe</i>	1	
<i>heparin lockflush(porcine)(pf) intravenous syringe</i>	1	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 100 UNIT/100 ML (1 UNIT/ML), 12,500 UNIT/250 ML, 5,000 UNIT/1,000 ML	3	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>heparin, porcine (pf) injection solution</i>	1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	3	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	1	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml</i>	1	
HEPARIN, PORCINE (PF) SUBCUTANEOUS SYRINGE	3	
HUMATE-P INTRAVENOUS RECON SOLN	4	LA
IDELVION INTRAVENOUS RECON SOLN	4	LA
IXINITY INTRAVENOUS RECON SOLN	4	LA
<i>jantoven oral tablet</i>	1	
JIVI INTRAVENOUS RECON SOLN	4	LA
KCENTRA INTRAVENOUS RECON SOLN	3	
KOATE INTRAVENOUS RECON SOLN	4	LA

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Drug Name	Drug Tier	Requirements / Limits
KOGENATE FS INTRAVENOUS RECON SOLN	4	LA
KOVALTRY INTRAVENOUS RECON SOLN	4	LA
LOVENOX SUBCUTANEOUS SOLUTION	4	
LOVENOX SUBCUTANEOUS SYRINGE	4	
MEPHYTON ORAL TABLET	3	QL
MONOCLATE-P INTRAVENOUS RECON SOLN	4	LA
MONONINE INTRAVENOUS RECON SOLN	4	LA
MULPLETA ORAL TABLET	4	PA; LA; QL
NOVOEIGHT INTRAVENOUS RECON SOLN	4	LA
NOVOSEVEN RT INTRAVENOUS RECON SOLN	4	LA
NUWIQ INTRAVENOUS RECON SOLN	4	LA
OBIZUR INTRAVENOUS RECON SOLN	4	LA
<i>pentoxifylline oral tablet extended release</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>phytonadione (vitamin k1) injection solution</i>	1	
PHYTONADIONE (VITAMIN K1) INJECTION SYRINGE	2	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	QL
PLAVIX ORAL TABLET	3	
PRADAXA ORAL CAPSULE	3	PA
<i>prasugrel oral tablet</i>	1	
PRAXBIND INTRAVENOUS SOLUTION	3	
PROFILNINE INTRAVENOUS RECON SOLN	4	LA
PROMACTA ORAL POWDER IN PACKET	4	PA; LA
PROMACTA ORAL TABLET	4	PA; LA
<i>protamine intravenous solution</i>	1	
REBINYN INTRAVENOUS RECON SOLN	4	LA
RECOMBINATE INTRAVENOUS RECON SOLN	4	PA; LA
RIASTAP INTRAVENOUS RECON SOLN	4	LA

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Drug Name	Drug Tier	Requirements / Limits
RIXUBIS INTRAVENOUS RECON SOLN	4	LA
SAVAYSA ORAL TABLET	3	PA
TAVALISSE ORAL TABLET	4	PA; LA; QL
TRANEXAMIC ACID IN NAACL,ISO-OS INTRAVENOUS PIGGYBACK	3	
<i>tranexamic acid intravenous solution</i>	1	
<i>vitamin k injection solution</i>	1	
<i>vitamin k1 injection solution</i>	1	
<i>warfarin oral tablet</i>	1	
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT	4	LA
XARELTO ORAL TABLET	2	PA
XARELTO ORAL TABLETS,DOSE PACK	2	PA
XYNTHA INTRAVENOUS SOLUTION	4	PA; LA
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
YOSPRALA ORAL TABLET,IR,DELA YED REL,BIPHASIC	3	ST
ZONTIVITY ORAL TABLET	2	
LIPID/CHOLESTEROL LOWERING AGENTS		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; QL
<i>amlodipine-atorvastatin oral tablet</i>	1	QL
ANTARA ORAL CAPSULE 30 MG, 90 MG	3	
<i>atorvastatin oral tablet</i>	1	QL
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	3	ST; QL
<i>cholestyramine (with sugar) oral powder</i>	1	
<i>cholestyramine (with sugar) oral powder in packet</i>	1	
<i>cholestyramine light oral powder</i>	1	
<i>cholestyramine light oral powder in packet</i>	1	
<i>colesevelam oral powder in packet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>colesevelam oral tablet</i>	1	
COLESTID FLAVORED ORAL PACKET	3	ST
COLESTID ORAL GRANULES	3	ST
COLESTID ORAL PACKET	3	ST
COLESTID ORAL TABLET	3	ST
<i>colestipol oral granules</i>	1	
<i>colestipol oral packet</i>	1	
<i>colestipol oral tablet</i>	1	
CRESTOR ORAL TABLET	3	ST; QL
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE	3	ST; QL
<i>ezetimibe oral tablet</i>	1	
<i>ezetimibe-simvastatin oral tablet</i>	1	QL
<i>fenofibrate micronized oral capsule</i>	1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	
FENOFIBRATE NANOCRYSTALLIZED ORAL TABLET 160 MG	3	
FENOFIBRATE ORAL CAPSULE	3	

Drug Name	Drug Tier	Requirements / Limits
<i>fenofibrate oral tablet</i>	1	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec)</i>	1	
<i>fenofibric acid oral tablet</i>	1	
FENOGLIDE ORAL TABLET	3	
FIBRICOR ORAL TABLET	3	
FLOLIPID ORAL SUSPENSION	3	ST; QL
<i>fluvastatin oral capsule</i>	1	QL
<i>fluvastatin oral tablet extended release 24 hr</i>	1	QL
<i>gemfibrozil oral tablet</i>	1	
JUXTAPID ORAL CAPSULE	4	PA; LA
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; QL
LIPITOR ORAL TABLET	3	ST; QL
LIPOFEN ORAL CAPSULE	2	
LIVALO ORAL TABLET	2	ST; QL
LOPID ORAL TABLET	3	
<i>lovastatin oral tablet</i>	1	QL
LOVAZA ORAL CAPSULE	3	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>niacin oral tablet 500 mg</i>	1	
<i>niacin oral tablet extended release 24 hr</i>	1	
NIACOR ORAL TABLET	3	
NIASPAN EXTENDED-RELEASE ORAL TABLET EXTENDED RELEASE 24 HR	3	
<i>omega-3 acid ethyl esters oral capsule</i>	1	PA
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
PRAVACHOL ORAL TABLET 20 MG, 40 MG, 80 MG	3	ST; QL
<i>pravastatin oral tablet</i>	1	QL
<i>prevalite oral powder</i>	1	
<i>prevalite oral powder in packet</i>	1	
QUESTRAN LIGHT ORAL POWDER	3	ST
QUESTRAN ORAL POWDER	3	ST
QUESTRAN ORAL POWDER IN PACKET	3	ST

Drug Name	Drug Tier	Requirements / Limits
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR	4	PA; LA; QL
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
REPATHA SYRINGE SUBCUTANEOUS SYRINGE	4	PA; LA; QL
<i>rosuvastatin oral tablet</i>	1	QL
<i>simvastatin oral tablet</i>	1	QL
TRICOR ORAL TABLET	3	
TRIGLIDE ORAL TABLET 160 MG	3	
<i>triklo oral capsule</i>	1	PA
TRILIPIX ORAL CAPSULE,DELAY ED RELEASE(DR/EC)	3	
VASCEPA ORAL CAPSULE	2	PA
VYTORIN 10-10 ORAL TABLET	3	ST; QL
VYTORIN 10-20 ORAL TABLET	3	ST; QL
VYTORIN 10-40 ORAL TABLET	3	ST; QL
VYTORIN 10-80 ORAL TABLET	3	ST; QL
WELCHOL ORAL POWDER IN PACKET	3	ST

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Drug Name	Drug Tier	Requirements / Limits
WELCHOL ORAL TABLET	3	ST
ZETIA ORAL TABLET	3	ST
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	3	ST; QL
ZYPITAMAG ORAL TABLET	3	ST; QL
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR ORAL SOLUTION	2	PA
CORLANOR ORAL TABLET	2	PA
ENTRESTO ORAL TABLET	2	PA; QL
GIAPREZA INTRAVENOUS SOLUTION	3	
NIPRIDE RTU INTRAVENOUS SOLUTION	3	
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR	3	
<i>ranolazine oral tablet extended release 12 hr</i>	1	
VECAMYL ORAL TABLET	3	
VYNDAMAX ORAL CAPSULE	4	PA; LA
VYNDAQEL ORAL CAPSULE	4	PA; LA
NITRATES		

Drug Name	Drug Tier	Requirements / Limits
DILATRATE-SR ORAL CAPSULE, EXTENDED RELEASE	2	
GONITRO SUBLINGUAL POWDER IN PACKET	3	
ISOCHRON ORAL TABLET EXTENDED RELEASE	3	
ISORDIL ORAL TABLET	3	
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	
<i>isosorbide dinitrate oral tablet</i>	1	
<i>isosorbide dinitrate oral tablet extended release</i>	1	
<i>isosorbide mononitrate oral tablet</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	1	
MINITRAN TRANSDERMAL PATCH 24 HOUR	3	
<i>nitro-bid transdermal ointment</i>	1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>nitroglycerin in 5 % dextrose intravenous solution</i>	1	
<i>nitroglycerin intravenous solution</i>	1	
<i>nitroglycerin oral capsule, extended release</i>	1	
<i>nitroglycerin sublingual tablet</i>	1	
<i>nitroglycerin transdermal patch 24 hour</i>	1	
<i>nitroglycerin translingual spray, non-aerosol</i>	1	
NITROLINGUAL TRANSLINGUAL SPRAY, NON-AEROSOL	3	
NITROMIST TRANSLINGUAL AEROSOL, SPRAY	3	
NITROSTAT SUBLINGUAL TABLET	3	
<i>nitro-time oral capsule, extended release</i>	1	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin oral capsule</i>	1	
ANALPRAM-HC TOPICAL LOTION	3	ST

Drug Name	Drug Tier	Requirements / Limits
<i>calcipotriene scalp solution</i>	1	QL
<i>calcipotriene topical cream</i>	1	QL
<i>calcipotriene topical ointment</i>	1	QL
<i>calcipotriene-betamethasone topical ointment</i>	1	QL
<i>calcitrene topical ointment</i>	1	QL
<i>calcitriol topical ointment</i>	1	
COAL TAR TOPICAL SOLUTION	2	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE	4	PA; LA
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR	4	PA; LA
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR	4	PA; LA
COSENTYX SUBCUTANEOUS SYRINGE	4	PA; LA
DOVONEX TOPICAL CREAM	3	QL
<i>drithocrema hp topical cream</i>	1	
ENSTILAR TOPICAL FOAM	2	QL
EPIFOAM TOPICAL FOAM	3	ST

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Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone-pramoxine topical cream</i>	1	
ILUMYA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
PRAMOSONE TOPICAL CREAM 1-1 %	3	ST
PRAMOSONE TOPICAL LOTION	3	ST
PROMISEB COMPLETE TOPICAL KIT,CLEANSER AND CREAM	3	
<i>selenium sulfide topical lotion</i>	1	
SILIQ SUBCUTANEOUS SYRINGE	4	PA; LA; QL
SKYRIZI SUBCUTANEOUS SYRINGE KIT	4	PA; LA; QL
SORIATANE ORAL CAPSULE 10 MG, 25 MG	3	
SORILUX TOPICAL FOAM	3	QL
STELARA SUBCUTANEOUS SOLUTION	4	PA; LA; QL
STELARA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
<i>sulfacetamide sodium topical cleanser</i>	1	

Drug Name	Drug Tier	Requirements / Limits
TACLONEX TOPICAL OINTMENT	3	QL
TACLONEX TOPICAL SUSPENSION	2	QL
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA
TALTZ SYRINGE SUBCUTANEOUS SYRINGE	4	PA; LA
TREMFYA SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA
TREMFYA SUBCUTANEOUS SYRINGE	4	PA; LA
VECTICAL TOPICAL OINTMENT	3	
BURN THERAPY		
SILVADENE TOPICAL CREAM	3	
<i>silver sulfadiazine topical cream</i>	1	
<i>ssd topical cream</i>	1	
KERATOLYTICS		

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Drug Name	Drug Tier	Requirements / Limits
INOVA 4-1 TOPICAL COMBO PACK	3	ST
INOVA 8-2 TOPICAL COMBO PACK	3	ST
KERALYT RX TOPICAL GEL	3	
KERALYT SCALP COMPLETE TOPICAL KIT,SHAMPOO AND GEL	3	
PODOCON TOPICAL LIQUID	3	
<i>salicylic acid er- ceramides topical kit,cleanser and cream er</i>	1	
<i>salicylic acid topical film forming liquid w/appl</i>	1	
<i>salicylic acid topical liquid 26 %</i>	1	
<i>salicylic acid topical shampoo</i>	1	
MISCELLANEOUS DERMATOLOGICALS		
AMELUZ TOPICAL GEL	3	
<i>ammonium lactate topical cream</i>	1	
<i>ammonium lactate topical lotion</i>	1	
CANTHARIDIN IN ACETONE TOPICAL SOLUTION	3	

Drug Name	Drug Tier	Requirements / Limits
CARAC TOPICAL CREAM	2	ST
CONDYLOX TOPICAL GEL	3	
<i>diclofenac sodium topical gel 3 %</i>	1	PA; QL
<i>doxepin topical cream</i>	1	QL
DUPIXENT SUBCUTANEOUS SYRINGE	4	PA; LA; QL
EFUDEX TOPICAL CREAM	3	ST
ELIDEL TOPICAL CREAM	2	ST; QL
ESKATA TOPICAL SOLUTION WITH APPLICATOR	3	
EUCRISA TOPICAL OINTMENT	3	ST; QL
FLUOROPLEX TOPICAL CREAM	3	
FLUOROURACIL TOPICAL CREAM 0.5 %	3	
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution</i>	1	
<i>iodine-sodium iodide topical tincture 2 %</i>	1	
IODOFLEX TOPICAL PADS, MEDICATED	3	
IODOSORB TOPICAL GEL	3	

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Drug Name	Drug Tier	Requirements / Limits
LEVULAN TOPICAL SOLUTION	3	
LOUTREX TOPICAL CREAM	3	
<i>methoxsalen oral capsule, liqd-filled, rapid rel</i>	1	
<i>methyl salicylate oil</i>	1	
<i>methyl salicylate topical liquid</i>	1	
OXSORALEN ULTRA ORAL CAPSULE, LIQD-FILLED, RAPID REL	3	
PANRETIN TOPICAL GEL	3	
PICATO TOPICAL GEL	2	
<i>pimecrolimus topical cream</i>	1	ST; QL
<i>podofilox topical solution</i>	1	
PROTOPIC TOPICAL OINTMENT	3	ST; QL
<i>prudoxin topical cream</i>	1	QL
QBREXZA TOPICAL TOWELETTE	2	PA
QUTENZA TOPICAL KIT	4	LA
REGRANEX TOPICAL GEL	2	QL
<i>silver nitrate applicators topical stick</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>silver nitrate topical ointment</i>	1	
<i>silver nitrate topical solution</i>	1	
SOLARAZE TOPICAL GEL	3	PA; QL
<i>tacrolimus topical ointment</i>	1	ST; QL
TOLAK TOPICAL CREAM	3	
UVADEX INJECTION SOLUTION	2	
VALCHLOR TOPICAL GEL	4	LA
VEREGEN TOPICAL OINTMENT	3	PA
<i>wintergreen oil oil</i>	1	
ZONALON TOPICAL CREAM	3	QL
THERAPY FOR ACNE		
ABSORICA ORAL CAPSULE	2	ST
ACANYA TOPICAL GEL WITH PUMP	3	ST
ACZONE TOPICAL GEL	3	ST
ACZONE TOPICAL GEL WITH PUMP	3	ST
<i>adapalene topical cream</i>	1	
<i>adapalene topical gel 0.1 %</i>	1	
<i>adapalene topical gel 0.3 %</i>	1	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>adapalene topical gel with pump</i>	1	PA
ADAPALENE TOPICAL LOTION	3	ST
<i>adapalene topical solution</i>	1	
<i>adapalene topical swab</i>	1	
<i>adapalene-benzoyl peroxide topical gel with pump</i>	1	PA
AKLIEF TOPICAL CREAM	3	PA
AKTIPAK TOPICAL GEL	3	ST
ALTRENO TOPICAL LOTION	3	PA
<i>amnesteam oral capsule</i>	1	
ATRALIN TOPICAL GEL	3	PA
<i>avita topical cream</i>	1	PA
AVITA TOPICAL GEL	3	PA
<i>azelaic acid topical gel</i>	1	
AZELEX TOPICAL CREAM	3	ST
BENZAFLIN PUMP TOPICAL GEL WITH PUMP	3	ST
BENZAFLIN TOPICAL GEL	3	ST
BENZAMYCIN TOPICAL GEL	3	ST
BENZEFOAM TOPICAL FOAM	3	ST

Drug Name	Drug Tier	Requirements / Limits
BENZEFOAM ULTRA TOPICAL FOAM	3	ST
<i>benzoyl peroxide topical cleanser 7 %</i>	1	
<i>benzoyl peroxide topical foam 9.8 %</i>	1	
<i>claravis oral capsule</i>	1	
CLEOCIN T TOPICAL GEL	3	ST; QL
CLEOCIN T TOPICAL LOTION	3	ST; QL
CLEOCIN T TOPICAL SOLUTION	3	ST; QL
CLEOCIN T TOPICAL SWAB	3	ST
CLINDACIN ETZ TOPICAL KIT	3	ST
<i>clindacin p topical swab</i>	1	
CLINDACIN PAC TOPICAL KIT	3	ST
CLINDAGEL TOPICAL GEL, ONCE DAILY	3	
<i>clindamycin phosphate topical foam</i>	1	
<i>clindamycin phosphate topical gel</i>	1	QL
CLINDAMYCIN PHOSPHATE TOPICAL GEL, ONCE DAILY	3	ST
<i>clindamycin phosphate topical lotion</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>clindamycin phosphate topical solution</i>	1	QL
<i>clindamycin phosphate topical swab</i>	1	
<i>clindamycin-benzoyl peroxide topical gel</i>	1	
<i>clindamycin-benzoyl peroxide topical gel with pump</i>	1	
<i>clindamycin-tretinoin topical gel</i>	1	
<i>dapsone topical gel</i>	1	
DIFFERIN TOPICAL CREAM	3	ST
DIFFERIN TOPICAL GEL 0.1 %	3	ST
DIFFERIN TOPICAL GEL 0.3 %	3	PA
DIFFERIN TOPICAL GEL WITH PUMP	3	PA
DIFFERIN TOPICAL LOTION	3	ST
DUAC TOPICAL GEL	3	ST
EPIDUO FORTE TOPICAL GEL WITH PUMP	2	PA
EPIDUO TOPICAL GEL WITH PUMP	3	PA
<i>ery pads topical swab</i>	1	
<i>erygel topical gel</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>erythromycin with ethanol topical gel</i>	1	
<i>erythromycin with ethanol topical solution</i>	1	
<i>erythromycin with ethanol topical swab</i>	1	
<i>erythromycin-benzoyl peroxide topical gel</i>	1	
EVOC LIN TOPICAL FOAM	3	ST
FABIOR TOPICAL FOAM	3	PA
FINACEA TOPICAL FOAM	2	ST
FINACEA TOPICAL GEL	3	ST
INOVA TOPICAL COMBO PACK	3	ST
<i>isotretinoin oral capsule</i>	1	
<i>ivermectin topical cream</i>	1	
METROCREAM TOPICAL CREAM	3	ST
METROGEL TOPICAL GEL 1 %	3	ST
METROGEL TOPICAL GEL WITH PUMP	3	ST
METROLOTION TOPICAL LOTION	3	ST
<i>metronidazole topical cream</i>	1	
<i>metronidazole topical gel</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>metronidazole topical gel with pump</i>	1	
<i>metronidazole topical lotion</i>	1	
MIRVASO TOPICAL GEL	2	PA
MIRVASO TOPICAL GEL WITH PUMP	2	PA
<i>myorisan oral capsule</i>	1	
NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL	3	ST
<i>neuac topical gel</i>	1	
NORITATE TOPICAL CREAM	3	ST
ONEXTON TOPICAL GEL WITH PUMP	2	ST
PACNEX TOPICAL CLEANSER	3	ST
PR BENZOYL PEROXIDE TOPICAL CLEANSER	3	ST
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP	3	PA
RETIN-A MICRO TOPICAL GEL	3	PA
RETIN-A TOPICAL CREAM	3	PA
RETIN-A TOPICAL GEL	3	PA
RHOFADE TOPICAL CREAM	3	PA

Drug Name	Drug Tier	Requirements / Limits
<i>rosadan topical cream</i>	1	
<i>rosadan topical gel</i>	1	
ROSADAN TOPICAL KIT, CLEANSER AND GEL	3	ST
ROSADAN TOPICAL KIT, CLEANSER AND CREAM	3	ST
SOOLANTRA TOPICAL CREAM	2	ST
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i>	1	
<i>tazarotene topical cream</i>	1	PA
TAZORAC TOPICAL CREAM 0.05 %	2	PA
TAZORAC TOPICAL CREAM 0.1 %	3	PA
TAZORAC TOPICAL GEL	2	PA
<i>tretinoin microspheres topical gel</i>	1	PA
<i>tretinoin microspheres topical gel with pump</i>	1	PA
<i>tretinoin topical cream</i>	1	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>tretinoin topical gel</i>	1	PA
TRETIN-X CREAM KIT TOPICAL COMBO PACK	3	PA
TRETIN-X TOPICAL CREAM 0.075 %	3	PA
VELTIN TOPICAL GEL	3	PA
<i>zenatane oral capsule</i>	1	
ZIANA TOPICAL GEL	3	PA
TOPICAL ANESTHETICS		
<i>ethyl chloride topical aerosol,spray</i>	1	
<i>glydo mucous membrane jelly in applicator</i>	1	QL
<i>lidocaine (pf) injection solution</i>	1	
LIDOCAINE (PF) INJECTION SYRINGE 100 MG/5 ML (2 %), 200 MG/10 ML (2 %), 200 MG/20 ML (1 %), 40 MG/2 ML (2%), 400 MG/20 ML (2 %), 60 MG/3 ML (2 %)	3	
<i>lidocaine (pf) injection syringe 50 mg/5 ml (1 %)</i>	1	
<i>lidocaine hcl injection solution</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>lidocaine hcl injection syringe 10 mg/ml (1 %), 100 mg/10 ml (1 %)</i>	1	
LIDOCAINE HCL INJECTION SYRINGE 100 MG/5 ML (2 %), 30 MG/3 ML (1%), 50 MG/5 ML (1 %)	3	
LIDOCAINE HCL INTRADERMAL PEN INJECTOR	3	
<i>lidocaine hcl laryngotracheal solution</i>	1	
<i>lidocaine hcl mucous membrane jelly</i>	1	QL
<i>lidocaine hcl mucous membrane jelly in applicator</i>	1	QL
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
<i>lidocaine hcl-hydrocortison ac topical cream</i>	1	
<i>lidocaine topical adhesive patch,medicated</i>	1	PA
<i>lidocaine topical ointment</i>	1	QL
<i>lidocaine viscous mucous membrane solution</i>	1	
<i>lidocaine-epinephrine injection solution</i>	1	
<i>lidocaine-prilocaine topical cream</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>lidocaine-prilocaine topical kit</i>	1	
LIDODERM TOPICAL ADHESIVE PATCH, MEDICATED	3	PA
SYNERA TOPICAL PATCH, MEDICATED SELF-HEATING	3	
XYLOCAINE INJECTION SOLUTION	3	
XYLOCAINE WITH EPINEPHRINE INJECTION SOLUTION	3	
XYLOCAINE-MPF INJECTION SOLUTION 10 MG/ML (1 %), 15 MG/ML (1.5 %), 20 MG/ML (2 %), 5 MG/ML (0.5 %)	3	
ZINGO INTRADERMAL PEN INJECTOR	3	
ZTLIDO TOPICAL ADHESIVE PATCH, MEDICATED	2	PA
TOPICAL ANTIBACTERIALS		
ALTABAX TOPICAL OINTMENT	3	ST; QL
BACTROBAN TOPICAL CREAM	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
CENTANY AT TOPICAL OINTMENT KIT	3	ST; QL
CENTANY TOPICAL OINTMENT	3	ST; QL
CORTISPORIN TOPICAL CREAM	3	
CORTISPORIN TOPICAL OINTMENT	3	
<i>gentamicin topical cream</i>	1	
<i>gentamicin topical ointment</i>	1	
<i>hydrocortisone-iodoquinol topical cream</i>	1	
KLARON TOPICAL SUSPENSION	3	ST
<i>lugols topical solution</i>	1	
<i>mafenide acetate topical packet</i>	1	
<i>mupirocin calcium topical cream</i>	1	ST; QL
<i>mupirocin topical ointment</i>	1	QL
NEO-SYNALAR KIT TOPICAL CREAM	3	
NEO-SYNALAR TOPICAL CREAM	3	
SILVRSTAT TOPICAL GEL	3	
<i>strong iodine topical solution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>sulfacetamide sodium (acne) topical suspension</i>	1	
SULFAMYLON TOPICAL CREAM	2	
SULFAMYLON TOPICAL PACKET	3	
XEPI TOPICAL CREAM	3	ST; QL
TOPICAL ANTIFUNGALS		
CICLODAN KIT TOPICAL COMBO PACK	3	
<i>ciclodan topical cream</i>	1	QL
<i>ciclodan topical solution</i>	1	
<i>ciclopirox topical cream</i>	1	QL
<i>ciclopirox topical gel</i>	1	QL
<i>ciclopirox topical shampoo</i>	1	QL
<i>ciclopirox topical solution</i>	1	
<i>ciclopirox topical suspension</i>	1	QL
<i>clotrimazole topical cream</i>	1	QL
<i>clotrimazole topical solution</i>	1	QL
<i>clotrimazole-betamethasone topical cream</i>	1	QL
<i>clotrimazole-betamethasone topical lotion</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>econazole topical cream</i>	1	QL
ECOZA TOPICAL FOAM	3	QL
ERTACZO TOPICAL CREAM	3	QL
EXELDERM TOPICAL CREAM	3	QL
EXELDERM TOPICAL SOLUTION	3	QL
EXODERM TOPICAL LOTION	3	
EXTINA TOPICAL FOAM	3	QL
<i>ketoconazole topical cream</i>	1	QL
<i>ketoconazole topical foam</i>	1	QL
<i>ketoconazole topical shampoo</i>	1	QL
<i>ketodan kit topical combo pack</i>	1	
<i>ketodan topical foam</i>	1	QL
LOPROX (AS OLAMINE) TOPICAL CREAM	3	QL
LOPROX (AS OLAMINE) TOPICAL SUSPENSION	3	QL
LOPROX KIT TOPICAL COMBO PACK	3	QL
LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER	3	QL

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Drug Name	Drug Tier	Requirements / Limits
LOPROX TOPICAL SHAMPOO	3	QL
LOTRISONE TOPICAL CREAM	3	QL
LULICONAZOLE TOPICAL CREAM	3	PA; QL
LUZU TOPICAL CREAM	3	PA; QL
MENTAX TOPICAL CREAM	3	QL
MICONAZOLE NITRATE-ZINC OX-PET TOPICAL OINTMENT	3	QL
<i>naftifine topical cream</i>	1	QL
<i>naftifine topical gel</i>	1	QL
NAFTIN TOPICAL CREAM 2 %	3	QL
NAFTIN TOPICAL GEL	3	QL
NIZORAL TOPICAL SHAMPOO	3	QL
<i>nyamyc topical powder</i>	1	
<i>nystatin topical cream</i>	1	QL
<i>nystatin topical ointment</i>	1	QL
<i>nystatin topical powder</i>	1	
<i>nystatin-triamcinolone topical cream</i>	1	QL
<i>nystatin-triamcinolone topical ointment</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>nystop topical powder</i>	1	
<i>oxiconazole topical cream</i>	1	QL
OXISTAT TOPICAL CREAM	3	QL
OXISTAT TOPICAL LOTION	3	QL
TRIACETIN LIQUID	2	
VUSION TOPICAL OINTMENT	3	QL
XOLEGEL TOPICAL GEL	3	QL
TOPICAL ANTIVIRALS		
<i>acyclovir topical cream</i>	1	PA; QL
<i>acyclovir topical ointment</i>	1	PA; QL
DENAVIR TOPICAL CREAM	3	
XERESE TOPICAL CREAM	3	
ZOVIRAX TOPICAL CREAM	2	PA; QL
ZOVIRAX TOPICAL OINTMENT	3	PA; QL
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	1	
ALA-SCALP TOPICAL LOTION	3	ST
<i>alclometasone topical cream</i>	1	
<i>alclometasone topical ointment</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>amcinonide topical cream</i>	1	ST
<i>amcinonide topical lotion</i>	1	ST
<i>amcinonide topical ointment</i>	1	ST
AQUA GLYCOLIC HC TOPICAL COMBO PACK	3	ST
<i>beser topical lotion</i>	1	
<i>betamethasone dipropionate topical cream</i>	1	
<i>betamethasone dipropionate topical lotion</i>	1	
<i>betamethasone dipropionate topical ointment</i>	1	
<i>betamethasone valerate topical cream</i>	1	
<i>betamethasone valerate topical foam</i>	1	ST
<i>betamethasone valerate topical lotion</i>	1	
<i>betamethasone valerate topical ointment</i>	1	
<i>betamethasone, augmented topical cream</i>	1	
<i>betamethasone, augmented topical gel</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>betamethasone, augmented topical lotion</i>	1	
<i>betamethasone, augmented topical ointment</i>	1	
CAPEX TOPICAL SHAMPOO	3	ST
<i>clobetasol scalp solution</i>	1	QL
<i>clobetasol topical cream</i>	1	QL
<i>clobetasol topical foam</i>	1	ST; QL
<i>clobetasol topical gel</i>	1	QL
<i>clobetasol topical lotion</i>	1	QL
<i>clobetasol topical ointment</i>	1	QL
<i>clobetasol topical shampoo</i>	1	ST; QL
<i>clobetasol topical spray, non-aerosol</i>	1	ST; QL
<i>clobetasol-emollient topical cream</i>	1	QL
<i>clobetasol-emollient topical foam</i>	1	ST; QL
CLOBEX TOPICAL LOTION	3	ST; QL
CLOBEX TOPICAL SHAMPOO	3	ST; QL
CLOBEX TOPICAL SPRAY, NON-AEROSOL	3	ST; QL
CLOCORTOLONE PIVALATE TOPICAL CREAM	3	ST

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Drug Name	Drug Tier	Requirements / Limits
CLODAN KIT TOPICAL KIT, SHAMPOO AND CLEANSER	3	ST
<i>clodan topical shampoo</i>	1	ST; QL
CLODERM TOPICAL CREAM	3	ST
CORDRAN TAPE LARGE ROLL TOPICAL TAPE	3	ST
CORDRAN TOPICAL CREAM	3	ST; QL
CORDRAN TOPICAL LOTION	3	ST; QL
CORDRAN TOPICAL OINTMENT	3	ST; QL
<i>cormax scalp solution</i>	1	QL
CUTIVATE TOPICAL CREAM	3	ST
CUTIVATE TOPICAL LOTION	3	ST
DERMA-SMOOTH/FS BODY OIL TOPICAL OIL	3	ST
DERMA-SMOOTH/FS SCALP OIL SCALP OIL	3	ST
DERMASORB HC COMPLETE KIT TOPICAL COMBO PACK, CLEANSER AND LOTION	3	ST

Drug Name	Drug Tier	Requirements / Limits
DERMASORB TA COMPLETE KIT TOPICAL CREAM	3	ST
DERMATOP TOPICAL OINTMENT	3	ST
DESONATE TOPICAL GEL	3	ST
<i>desonide topical cream</i>	1	
<i>desonide topical lotion</i>	1	ST
<i>desonide topical ointment</i>	1	
DESOWEN TOPICAL CREAM	3	ST
DESOWEN TOPICAL LOTION	3	ST
<i>desoximetasone topical cream</i>	1	ST
<i>desoximetasone topical gel</i>	1	ST
<i>desoximetasone topical ointment</i>	1	ST
<i>desoximetasone topical spray, non-aerosol</i>	1	ST
<i>diflorasone topical cream</i>	1	ST; QL
<i>diflorasone topical ointment</i>	1	ST; QL
DIPROLENE TOPICAL OINTMENT	3	ST
ELOCON TOPICAL CREAM	3	ST

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Drug Name	Drug Tier	Requirements / Limits
ELOCON TOPICAL OINTMENT	3	ST
<i>fluocinolone and shower cap scalp oil</i>	1	
<i>fluocinolone topical cream</i>	1	
<i>fluocinolone topical oil</i>	1	
<i>fluocinolone topical ointment</i>	1	
<i>fluocinolone topical solution</i>	1	
<i>fluocinonide topical cream</i>	1	ST; QL
<i>fluocinonide topical gel</i>	1	QL
<i>fluocinonide topical ointment</i>	1	QL
<i>fluocinonide topical solution</i>	1	QL
<i>fluocinonide-e topical cream</i>	1	QL
<i>flurandrenolide topical cream</i>	1	ST; QL
<i>flurandrenolide topical lotion</i>	1	ST; QL
<i>flurandrenolide topical ointment</i>	1	ST; QL
<i>fluticasone propionate topical cream</i>	1	
<i>fluticasone propionate topical lotion</i>	1	
<i>fluticasone propionate topical ointment</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>halcinonide topical cream</i>	1	
<i>halobetasol propionate topical cream</i>	1	
HALOBETASOL PROPIONATE TOPICAL FOAM	3	ST
<i>halobetasol propionate topical ointment</i>	1	
HALOG TOPICAL CREAM	3	ST
HALOG TOPICAL OINTMENT	3	ST
<i>hydrocortisone butyrate topical cream</i>	1	
<i>hydrocortisone butyrate topical lotion</i>	1	ST
<i>hydrocortisone butyrate topical ointment</i>	1	
<i>hydrocortisone butyrate topical solution</i>	1	
<i>hydrocortisone butyr-emollient topical cream</i>	1	
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone valerate topical cream</i>	1	
<i>hydrocortisone valerate topical ointment</i>	1	
<i>hydrocortisone-min oil-wht pet topical ointment</i>	1	
IMPOYZ TOPICAL CREAM	3	ST; QL
KENALOG TOPICAL AEROSOL	3	ST; QL
LEXETTE TOPICAL FOAM	3	ST
LOCOID LIPOCREAM TOPICAL CREAM	3	ST
LOCOID TOPICAL CREAM	3	ST
LOCOID TOPICAL LOTION	3	ST
LOCOID TOPICAL SOLUTION	3	ST
LUXIQ TOPICAL FOAM	3	ST
<i>mometasone topical cream</i>	1	
<i>mometasone topical ointment</i>	1	
<i>mometasone topical solution</i>	1	
<i>nolix topical cream</i>	1	QL
<i>nolix topical lotion</i>	1	QL
OLUX TOPICAL FOAM	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
OLUX-E TOPICAL FOAM	3	ST; QL
PANDEL TOPICAL CREAM	3	ST
<i>prednicarbate topical cream</i>	1	
<i>prednicarbate topical ointment</i>	1	
PROCTOCORT TOPICAL CREAM	3	ST
PSORCON TOPICAL CREAM	3	ST; QL
SCALACORT DK TOPICAL COMBO PACK	3	ST
<i>scalacort topical lotion</i>	1	
SERNIVO TOPICAL SPRAY WITH PUMP	3	ST
SYNALAR CREAM KIT TOPICAL CREAM	3	ST
SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM	3	ST
SYNALAR TOPICAL CREAM	3	ST
SYNALAR TOPICAL OINTMENT	3	ST
SYNALAR TOPICAL SOLUTION	3	ST
SYNALAR TS TOPICAL KIT	3	ST

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Drug Name	Drug Tier	Requirements / Limits
TEMOVATE TOPICAL CREAM	3	ST; QL
TEMOVATE TOPICAL OINTMENT	3	ST; QL
TEXACORT TOPICAL SOLUTION	3	ST
TOPICORT TOPICAL CREAM	3	ST
TOPICORT TOPICAL GEL	3	ST
TOPICORT TOPICAL OINTMENT	3	ST
TOPICORT TOPICAL SPRAY, NON-AEROSOL	3	ST
<i>tovet emollient topical foam</i>	1	ST; QL
<i>triamcinolone acetonide topical aerosol</i>	1	ST; QL
<i>triamcinolone acetonide topical cream</i>	1	
<i>triamcinolone acetonide topical lotion</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>trianex topical ointment</i>	1	ST
<i>triderm topical cream</i>	1	

Drug Name	Drug Tier	Requirements / Limits
TRIDESILON TOPICAL CREAM	3	ST
ULTRAVATE TOPICAL CREAM	3	ST
ULTRAVATE TOPICAL LOTION	3	ST
ULTRAVATE TOPICAL OINTMENT	3	ST
ULTRAVATE X TOPICAL COMBO PACK	3	ST
ULTRAVATE X TOPICAL COMBO PACK, OINTMENT AND CREAM	3	ST
VANOS TOPICAL CREAM	3	ST; QL
VERDESO TOPICAL FOAM	3	ST
TOPICAL ENZYMES		
SANTYL TOPICAL OINTMENT	2	QL
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan topical lotion</i>	1	
ELIMITE TOPICAL CREAM	3	
EURAX TOPICAL CREAM	3	
EURAX TOPICAL LOTION	3	
<i>lindane topical shampoo</i>	1	
<i>malathion topical lotion</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
NATROBA TOPICAL SUSPENSION	3	
OVIDE TOPICAL LOTION	3	
<i>permethrin topical cream</i>	1	
SKLICE TOPICAL LOTION	3	
<i>spinosad topical suspension</i>	1	
ULESFIA TOPICAL LOTION	3	

DIAGNOSTICS & MISCELLANEOUS AGENTS

ANTIDOTES

ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML, 2 MG/0.7 ML	3	
DUODOTE INTRAMUSCULAR PEN INJECTOR	3	

IRRIGATING SOLUTIONS

<i>lactated ringers irrigation solution</i>	1	
<i>neomycin-polymyxin b gu irrigation solution</i>	1	
PHYSIOLYTE IRRIGATION SOLUTION	3	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION	3	

Drug Name	Drug Tier	Requirements / Limits
<i>ringer's irrigation solution</i>	1	
SORBITOL IRRIGATION SOLUTION	3	
SORBITOL-MANNITOL TRANSURETHRAL SOLUTION	3	
<i>tis-u-sol pentalyte irrigation irrigation solution</i>	1	
VASHE WOUND THERAPY IRRIGATION IRRIGATION SOLUTION	3	

MISCELLANEOUS AGENTS

ABLYSINOL INTRA-ARTERIAL SOLUTION	3	
<i>acamprosate oral tablet, delayed release (dr/ec)</i>	1	
<i>acetic acid irrigation solution</i>	1	
ADAGEN INTRAMUSCULAR SOLUTION	4	LA
AGRYLIN ORAL CAPSULE	3	
<i>alendronate oral tablet 40 mg</i>	1	QL
AMMONIA N-13 INTRAVENOUS SOLUTION	3	
AMMONUL INTRAVENOUS SOLUTION	3	

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Drug Name	Drug Tier	Requirements / Limits
AMPHADASE INJECTION SOLUTION	3	
<i>anagrelide oral capsule</i>	1	
ANTABUSE ORAL TABLET	3	
<i>aqua care sodium chloride irrigation solution</i>	1	
<i>aqua care sterile water irrigation solution</i>	1	
AXUMIN INTRAVENOUS SOLUTION	3	
BUPHENYL ORAL POWDER	3	
BUPHENYL ORAL TABLET	3	
<i>caffeine citrate oral solution</i>	1	
CARBAGLU ORAL TABLET, DISPERSIBLE	4	LA
CARNITOR (SUGAR-FREE) ORAL SOLUTION	3	
CARNITOR INTRAVENOUS SOLUTION	3	
CARNITOR ORAL SOLUTION	3	
CARNITOR ORAL TABLET	3	
<i>cevimeline oral capsule</i>	1	
CHEMET ORAL CAPSULE	2	

Drug Name	Drug Tier	Requirements / Limits
CHOLETEC INTRAVENOUS RECON SOLN	3	
CLOVIQUE ORAL CAPSULE	3	PA
<i>deferasirox oral tablet, dispersible</i>	4	LA
<i>disulfiram oral tablet</i>	1	
ENDARI ORAL POWDER IN PACKET	4	PA; LA
<i>etidronate disodium oral tablet</i>	1	
EVOXAC ORAL CAPSULE	3	
EXJADE ORAL TABLET, DISPERSIBLE	4	LA
FERRIPROX ORAL SOLUTION	4	LA
FERRIPROX ORAL TABLET	4	LA
FERRLECIT INTRAVENOUS SOLUTION	3	
FLUDEOXYGLUCOSE F-18 INTRAVENOUS SOLUTION 20 MCI TO 300 MCI/ML	3	
GLEOLAN ORAL RECON SOLN	3	
HYLENEX INJECTION SOLUTION	3	
<i>ic green injection recon soln</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
INCRELEX SUBCUTANEOUS SOLUTION	4	PA; LA
<i>indocyanine green injection recon soln</i>	1	
INFASURF INTRATRACHEAL SUSPENSION	3	
JADENU ORAL TABLET	4	LA
JADENU SPRINKLE ORAL GRANULES IN PACKET	4	LA
KIT FOR TC 99M-SESTAMIBI NO.1 INTRAVENOUS RECON SOLN	3	
KIT PREP OF TC-99M-MEBROFENIN INTRAVENOUS RECON SOLN	3	
KIT PREP OF TC-99M-SOD PYROPH INTRAVENOUS RECON SOLN	3	
<i>levocarnitine (with sugar) oral solution</i>	1	
<i>levocarnitine oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral tablet</i>	1	
LIPOCHOL PLUS ORAL TABLET	3	
LITHOSTAT ORAL TABLET	3	
METOPIRONE ORAL CAPSULE	3	

Drug Name	Drug Tier	Requirements / Limits
<i>midodrine oral tablet</i>	1	
MYOVIEW KIT INTRAVENOUS RECON SOLN	3	
<i>nitisinone oral capsule</i>	4	PA; LA
NITYR ORAL TABLET	4	PA; LA
NORTHERA ORAL CAPSULE	4	PA; LA
ORFADIN ORAL CAPSULE	4	PA; LA
ORFADIN ORAL SUSPENSION	4	PA; LA
<i>pilocarpine hcl oral tablet 5 mg</i>	1	
RADIOGARDASE ORAL CAPSULE	3	
RAVICTI ORAL LIQUID	4	PA; LA
RECLAST INTRAVENOUS PIGGYBACK	4	LA
REVCIVI INTRAMUSCULAR SOLUTION	4	PA; LA
RILUTEK ORAL TABLET	3	
<i>riluzole oral tablet</i>	1	
<i>risedronate oral tablet 30 mg</i>	1	QL
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
SINOGRAFIN INJECTION SOLUTION	3	
<i>sodium benzoate-sodium phenylacet intravenous solution</i>	1	
<i>sodium chlor 0.9% bacteriostat injection solution</i>	1	
<i>sodium chloride 0.9% (flush) injection syringe</i>	1	
<i>sodium chloride 0.9% injection solution</i>	1	
<i>sodium chloride 0.9% intravenous parenteral solution</i>	1	
<i>sodium chloride 0.9% intravenous piggyback</i>	1	
<i>sodium chloride injection syringe</i>	1	
<i>sodium chloride irrigation solution</i>	1	
<i>sodium ferric gluconat-sucrose intravenous solution</i>	1	
<i>sodium phenylbutyrate oral powder</i>	1	
<i>sodium phenylbutyrate oral tablet</i>	1	
SOLIRIS INTRAVENOUS SOLUTION	4	PA; LA
SURVANTA INTRATRACHEAL SUSPENSION	3	

Drug Name	Drug Tier	Requirements / Limits
SYPRINE ORAL CAPSULE	3	PA
THALLOUS CHLORIDE TL-201 INTRAVENOUS SOLUTION	3	
THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC)	4	PA; LA
THIOLA ORAL TABLET	4	PA; LA
TIGLUTIK ORAL SUSPENSION	3	
<i>trientine oral capsule</i>	1	PA
ULTOMIRIS INTRAVENOUS SOLUTION	4	PA; LA
<i>water for irrigation, sterile irrigation solution</i>	1	
XURIDEN ORAL GRANULES IN PACKET	4	PA; LA
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	4	LA
SMOKING DETERRENENTS		
<i>bupropion hcl (smoking deterrent) oral tablet extended release 12 hr</i>	5	ACA
CHANTIX CONTINUING MONTH BOX ORAL TABLET	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
CHANTIX ORAL TABLET	5	ACA
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK	5	ACA
NICODERM CQ TRANSDERMAL PATCH 24 HOUR	5	ACA; OTC; QL
<i>nicorelief buccal gum</i>	5	ACA; OTC; QL
NICORETTE BUCCAL GUM 2 MG	5	ACA; OTC; QL
<i>nicorette buccal gum 4 mg</i>	5	ACA; OTC; QL
NICORETTE BUCCAL LOZENGE	5	ACA; OTC; QL
NICORETTE BUCCAL MINI LOZENGE	5	ACA; OTC; QL
<i>nicotine (polacrilex) buccal gum</i>	5	ACA; OTC; QL
<i>nicotine (polacrilex) buccal lozenge</i>	5	ACA; OTC; QL
<i>nicotine (polacrilex) buccal mini lozenge</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</i>	5	ACA; OTC; QL

Drug Name	Drug Tier	Requirements / Limits
NICOTROL INHALATION CARTRIDGE	5	ACA
NICOTROL NS NASAL SPRAY,NON-AEROSOL	5	ACA
<i>quit 2 buccal gum</i>	5	ACA; OTC; QL
<i>quit 2 buccal lozenge</i>	5	ACA; OTC; QL
<i>quit 4 buccal gum</i>	5	ACA; OTC; QL
<i>quit 4 buccal lozenge</i>	5	ACA; OTC; QL
<i>stop smoking aid buccal lozenge</i>	5	ACA; OTC; QL
ZYBAN ORAL TABLET EXTENDED RELEASE 12 HR	5	ACA
EAR, NOSE & THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine nasal aerosol,spray</i>	1	QL
<i>azelastine nasal spray,non-aerosol</i>	1	
BACTROBAN NASAL NASAL OINTMENT	3	ST; QL
<i>chlorhexidine gluconate mucous membrane mouthwash</i>	1	
CLINPRO 5000 DENTAL PASTE	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>denta 5000 plus dental cream</i>	1	
<i>dentagel dental gel</i>	1	
<i>fluoride (sodium) dental cream</i>	1	
<i>fluoride (sodium) dental gel</i>	1	
FLUORIDEX DAILY DEFENSE DENTAL PASTE	3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	3	
GELX MUCOUS MEMBRANE GEL	3	
<i>ipratropium bromide nasal spray, non-aerosol</i>	1	QL
<i>olopatadine nasal spray, non-aerosol</i>	1	QL
<i>oralone dental paste</i>	1	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	3	
<i>paroex oral rinse mucous membrane mouthwash</i>	1	
PATANASE NASAL SPRAY, NON-AEROSOL	3	QL
PERIDEX MUCOUS MEMBRANE MOUTHWASH	3	

Drug Name	Drug Tier	Requirements / Limits
<i>periogard mucous membrane mouthwash</i>	1	
<i>pilocarpine hcl oral tablet 7.5 mg</i>	1	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE	3	
PREVIDENT 5000 DRY MOUTH DENTAL GEL	3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE	3	
PREVIDENT 5000 PLUS DENTAL CREAM	3	
PREVIDENT 5000 SENSITIVE DENTAL PASTE	3	
PREVIDENT DENTAL GEL	3	
PREVIDENT DENTAL SOLUTION	3	
SALAGEN (PILOCARPINE) ORAL TABLET 7.5 MG	3	
<i>sf 5000 plus dental cream</i>	1	
<i>sf dental gel</i>	1	
<i>sodium fluoride 5000 plus dental cream</i>	1	
<i>triamcinolone acetonide dental paste</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear) solution</i>	1	
CETRAXAL OTIC (EAR) DROPPERETTE	3	ST
<i>ciprofloxacin hcl otic (ear) dropperette</i>	1	
DERMOTIC OIL OTIC (EAR) DROPS	3	
<i>flac otic oil otic (ear) drops</i>	1	
<i>fluocinolone acetonide oil otic (ear) drops</i>	1	
<i>hydrocortisone-acetic acid otic (ear) drops</i>	1	
<i>ofloxacin otic (ear) drops</i>	1	
OTIPRIO INTRATYMPANIC SUSPENSION	3	QL
OTIC STEROID / ANTIBIOTIC		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION	3	
CIPRODEX OTIC (EAR) DROPS,SUSPENSION	2	
COLY-MYCIN S OTIC (EAR) DROPS,SUSPENSION	3	

Drug Name	Drug Tier	Requirements / Limits
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION	3	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension</i>	1	
<i>neomycin-polymyxin-hc otic (ear) solution</i>	1	
OTOVEL OTIC (EAR) SOLUTION	2	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR INJECTION GEL	4	PA; LA; QL
BETAMETHAC,SOD PHOS(PF)-WATER INJECTION SUSPENSION	3	
BETAMETHASON E ACE,SOD PHOS-WTR INJECTION SUSPENSION	3	
<i>betamethasone acet,sod phos injection suspension</i>	1	
BETAMETHASON E SOD PHOSPH-WATER INJECTION SOLUTION	3	
CELESTONE SOLUSPAN INJECTION SUSPENSION	3	
CORTEF ORAL TABLET	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>cortisone oral tablet</i>	1	
CORTROSYN INJECTION RECON SOLN	3	
<i>cosyntropin injection recon soln</i>	1	
<i>decadron oral elixir</i>	1	
<i>decadron oral tablet</i>	1	
<i>deltasone oral tablet 20 mg</i>	1	
DEPO-MEDROL INJECTION SUSPENSION	3	
DEXAMETHASON E AC, SOD PH-WATER INJECTION SUSPENSION	3	
DEXAMETHASON E ACE-NACL,ISO-OSM INJECTION SUSPENSION	3	
<i>dexamethasone intensol oral drops</i>	1	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet</i>	1	
<i>dexamethasone oral tablets,dose pack</i>	1	ST
<i>dexamethasone sodium phos (pf) injection solution</i>	1	
<i>dexamethasone sodium phosphate injection solution</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>dexamethasone sodium phosphate injection syringe</i>	1	
DEXPAK 10 DAY ORAL TABLETS,DOSE PACK	3	ST
DEXPAK 13 DAY ORAL TABLETS,DOSE PACK	3	ST
DEXPAK 6 DAY ORAL TABLETS,DOSE PACK	3	ST
DXEVO ORAL TABLETS,DOSE PACK	3	ST
EMFLAZA ORAL SUSPENSION	4	PA; LA
EMFLAZA ORAL TABLET	4	PA; LA
<i>fludrocortisone oral tablet</i>	1	
<i>hidex oral tablets,dose pack</i>	1	ST
<i>hydrocortisone oral tablet</i>	1	
KENALOG INJECTION SUSPENSION	3	
KENALOG-80 INJECTION SUSPENSION	3	
MEDROL (PAK) ORAL TABLETS,DOSE PACK	3	

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Drug Name	Drug Tier	Requirements / Limits
MEDROL ORAL TABLET	3	
METHYLPRED AC(PF)-NACL,ISO-OSM INJECTION SUSPENSION	3	
METHYLPREDNISOL AC-BUPIVAC-WAT INJECTION SUSPENSION	3	
<i>methylprednisolone acetate injection suspension</i>	1	
METHYLPREDNISOLONE ACET-WATER INJECTION SUSPENSION 50 MG/ML	3	
<i>methylprednisolone oral tablet</i>	1	
<i>methylprednisolone oral tablets,dose pack</i>	1	
<i>millipred dp oral tablets,dose pack</i>	1	
<i>millipred oral tablet</i>	1	
ORAPRED ODT ORAL TABLET,DISINTEGRATING	3	
<i>prednisolone oral solution 15 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisolone sodium phosphate oral tablet,disintegrating</i>	1	
<i>prednisone intensol oral concentrate</i>	1	
<i>prednisone oral solution</i>	1	
<i>prednisone oral tablet</i>	1	
<i>prednisone oral tablets,dose pack</i>	1	
RAYOS ORAL TABLET,DELAYED RELEASE (DR/EC)	3	ST
TAPERDEX ORAL TABLETS,DOSE PACK	3	ST
TRIAMCINOL AC (PF) IN 0.9%NACL INJECTION SUSPENSION	3	
TRIAMCINOL ACE-BUPIV-0.9% NACL INJECTION SUSPENSION	3	
TRIAMCINOLONE ACETON-0.9% NACL INJECTION SUSPENSION	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>triamcinolone acetonide injection suspension</i>	1	
TRIAMCINOLONE DIA(PF)-0.9%NACL INJECTION SUSPENSION	3	
TRIAMCINOLONE DIACET-0.9% NACL INJECTION SUSPENSION	3	
TRIESENCE (PF) INTRAOCULAR SUSPENSION	3	
<i>veripred 20 oral solution</i>	1	
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet</i>	1	
SSKI ORAL SOLUTION	3	
TAPAZOLE ORAL TABLET	3	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
ASSURE PLATINUM STRIP	3	OTC
FORA GTEL GLUCOSE TEST STRIP STRIP	3	OTC
VIVAGUARD INO TEST STRIP STRIP	3	OTC
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		

Drug Name	Drug Tier	Requirements / Limits
GLUCAGEN DIAGNOSTIC KIT INJECTION RECON SOLN	2	
GLUCAGON HCL INJECTION RECON SOLN	3	
GLUCOSE ELEVATING AGENTS		
BAQSIMI NASAL SPRAY, NON-AEROSOL	2	
GLUCAGEN HYPOKIT INJECTION RECON SOLN	2	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN	2	
GVOKE SYRINGE SUBCUTANEOUS SYRINGE	3	
PROGLYCEM ORAL SUSPENSION	2	
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
ACCU-CHEK GUIDE ME GLUCOSE MTR	3	OTC
EASY STEP HIGH CONTROL SOLN SOLUTION	3	OTC
FORA GTEL MULTI-FUNCTN MONITOR DEVICE	3	OTC

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Drug Name	Drug Tier	Requirements / Limits
GENTEEL VACUUM LANCING DEVICE COMBO PACK	3	OTC
GLUCOCARD SHINE CONNEX METER	3	OTC
GLUCOCARD SHINE EXPRESS METER	3	OTC
OMNIPOD DASH INSULIN POD SUBCUTANEOUS CARTRIDGE	2	
PREMIER COMPACT GLUCOSE METER KIT	3	OTC
VIVAGUARD INO CONTROL SOLUTION SOLUTION	3	OTC
VIVAGUARD INO GLUCOSE METER	3	OTC
INSULIN THERAPY		
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN	3	ST
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION	3	ST

Drug Name	Drug Tier	Requirements / Limits
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	3	
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN	3	ST
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION	3	ST
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN	3	
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN	2	ST
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE	2	ST
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION	2	ST
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT	2	

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Drug Name	Drug Tier	Requirements / Limits
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN	2	
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION	2	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN	2	
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN	2	
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION	2	
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION	2	
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN	2	

Drug Name	Drug Tier	Requirements / Limits
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN	2	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION	2	
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION	2	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION	2	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN	2	
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN	3	ST
INSULIN LISPRO SUBCUTANEOUS SOLUTION	3	ST
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN	2	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION	2	

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Drug Name	Drug Tier	Requirements / Limits
LEVEMIR FLEXTOUCH U-100 INSULN SUBCUTANEOUS INSULIN PEN	2	
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION	2	
MYXREDLIN INTRAVENOUS SOLUTION	3	
NOVOLIN 70-30 100 UNIT/ML VIAL LATEX- FREE 100 UNIT/ML (70-30)	2	ST
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN	2	ST
NOVOLIN N 100 UNIT/ML VIAL 100 UNIT/ML	2	ST
NOVOLIN R 100 UNIT/ML VIAL 100 UNIT/ML	2	ST
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN	2	ST
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION	2	ST

Drug Name	Drug Tier	Requirements / Limits
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN	2	ST
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE	2	ST
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION	2	ST
RELION NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	
RELION NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	
RELION NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	2	
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN	2	PA; QL
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN	2	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN	2	

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Drug Name	Drug Tier	Requirements / Limits
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN	2	
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN	2	
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION	2	
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN	2	PA; QL
MISCELLANEOUS HORMONES		
ACTHREL INTRAVENOUS RECON SOLN	2	
ANADROL-50 ORAL TABLET	3	PA
ANDRODERM TRANSDERMAL PATCH 24 HOUR	2	PA; QL
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	3	PA; QL
ANDROGEL TRANSDERMAL GEL IN PACKET	3	PA; QL
ANDROID ORAL CAPSULE	3	PA

Drug Name	Drug Tier	Requirements / Limits
AVEED INTRAMUSCULAR SOLUTION	4	PA; LA
AXIRON TRANSDERMAL SOLUTION IN METERED PUMP W/APP	3	PA; QL
<i>cabergoline oral tablet</i>	1	QL
<i>calcitonin (salmon) nasal spray, non-aerosol</i>	1	
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	
<i>calcitriol oral capsule</i>	1	
<i>calcitriol oral solution</i>	1	
CERDELGA ORAL CAPSULE	4	PA; LA
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	4	LA
CHORIONIC GONADOTROPIN, HUMAN INJECTION RECON SOLN 12,000 UNIT, 6,000 UNIT	3	LA
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR RECON SOLN	4	LA; QL
<i>cinacalcet oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>clomiphene citrate oral tablet</i>	1	
CRYSVITA SUBCUTANEOUS SOLUTION	4	PA; LA; QL
<i>danazol oral capsule</i>	1	PA
DDAVP NASAL SOLUTION	2	
DDAVP NASAL SPRAY WITH PUMP	3	
DDAVP ORAL TABLET	3	
DEPO-TESTOSTERONE INTRAMUSCULAR OIL	3	PA
<i>desmopressin nasal spray, non-aerosol</i>	1	
<i>desmopressin oral tablet</i>	1	
<i>doxercalciferol intravenous solution</i>	1	
<i>doxercalciferol oral capsule</i>	1	
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE	4	ST; LA
FORTESTA TRANSDERMAL GEL IN METERED-DOSE PUMP	3	PA; QL
GALAFOLD ORAL CAPSULE	4	PA; LA; QL
<i>ganirelix subcutaneous syringe</i>	4	LA

Drug Name	Drug Tier	Requirements / Limits
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR	4	ST; LA
GONAL-F RFF SUBCUTANEOUS RECON SOLN	4	ST; LA
GONAL-F SUBCUTANEOUS RECON SOLN	4	ST; LA
HECTOROL INTRAVENOUS SOLUTION	3	
JYNARQUE ORAL TABLET	4	PA; LA; QL
JYNARQUE ORAL TABLETS, SEQUENTIAL	4	PA; LA; QL
KORLYM ORAL TABLET	4	PA; LA
KUVAN ORAL POWDER IN PACKET	4	PA; LA
KUVAN ORAL TABLET, SOLUBLE	4	PA; LA
MENOPUR SUBCUTANEOUS RECON SOLN	4	LA
METHITEST ORAL TABLET	2	PA
<i>methyltestosterone oral capsule</i>	1	PA
MIACALCIN INJECTION SOLUTION	2	
<i>miglustat oral capsule</i>	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
MYALEPT SUBCUTANEOUS RECON SOLN	4	PA; LA
<i>nandrolone decanoate intramuscular oil</i>	1	PA
NATESTO NASAL GEL IN METERED-DOSE PUMP	3	PA; QL
NATPARA SUBCUTANEOUS CARTRIDGE	4	PA; LA
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTE GRATING	3	PA; QL
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTE GRATING	3	PA; QL
NOCTIVA NASAL SPRAY, NON- AEROSOL	3	PA; QL
NOVAREL INTRAMUSCULA R RECON SOLN	4	LA; QL
ORILISSA ORAL TABLET	2	PA; QL
OVIDREL SUBCUTANEOUS SYRINGE	4	LA
OXANDRIN ORAL TABLET	3	PA
<i>oxandrolone oral tablet</i>	1	PA

Drug Name	Drug Tier	Requirements / Limits
PALYNZIQ SUBCUTANEOUS SYRINGE	4	PA; LA; QL
<i>pamidronate intravenous recon soln</i>	1	
<i>pamidronate intravenous solution</i>	1	
PARICALCITOL HEMODIALYSIS PORT INJECTION SOLUTION	3	
<i>paricalcitol intravenous solution</i>	1	
<i>paricalcitol oral capsule</i>	1	
PREGNYL INTRAMUSCULA R RECON SOLN	4	LA; QL
RAYALDEE ORAL CAPSULE, EXTEN DED RELEASE 24 HR	3	
ROCALTROL ORAL CAPSULE	3	
ROCALTROL ORAL SOLUTION	3	
SAMSCA ORAL TABLET	4	PA; LA; QL
SENSIPAR ORAL TABLET	3	
<i>serophene oral tablet</i>	1	
SOMAVERT SUBCUTANEOUS RECON SOLN	4	LA
STIMATE NASAL SPRAY, NON- AEROSOL	4	LA

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Drug Name	Drug Tier	Requirements / Limits
STRENSIQ SUBCUTANEOUS SOLUTION	4	PA; LA
STRIANT BUCCAL MUCOADHESIVE SYSTEM ER 12 HR	3	PA; QL
SYNAREL NASAL SPRAY, NON-AEROSOL	2	
TESTIM TRANSDERMAL GEL	3	PA; QL
TESTOPEL IMPLANT PELLETT	4	PA; LA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	PA
<i>testosterone enanthate intramuscular oil</i>	1	PA
TESTOSTERONE IMPLANT PELLETT	3	PA
<i>testosterone propionate intramuscular oil</i>	1	PA
<i>testosterone transdermal gel</i>	1	PA; QL
<i>testosterone transdermal gel in metered-dose pump</i>	1	PA; QL
<i>testosterone transdermal gel in packet</i>	1	PA; QL
<i>testosterone transdermal solution in metered pump w/app</i>	1	PA; QL

Drug Name	Drug Tier	Requirements / Limits
TESTRED ORAL CAPSULE	3	PA
VAPRISOL IN 5 % DEXTROSE INTRAVENOUS SOLUTION	3	
VOGELXO TRANSDERMAL GEL	3	PA; QL
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP	3	PA; QL
VOGELXO TRANSDERMAL GEL IN PACKET	3	PA; QL
XYOSTED SUBCUTANEOUS AUTO-INJECTOR	3	PA
ZAVESCA ORAL CAPSULE	4	PA; LA
ZEMPLAR INTRAVENOUS SOLUTION	3	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose oral tablet</i>	1	
ACTOPLUS MET ORAL TABLET	3	QL
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 15-1,000 MG	3	QL

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Drug Name	Drug Tier	Requirements / Limits
ACTOS ORAL TABLET	3	QL
ADLYXIN SUBCUTANEOUS PEN INJECTOR	3	ST; QL
ALOGLIPTIN ORAL TABLET	3	ST; QL
ALOGLIPTIN-METFORMIN ORAL TABLET	3	ST; QL
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET	3	ST; QL
AMARYL ORAL TABLET	3	
AVANDIA ORAL TABLET 2 MG, 4 MG	3	QL
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	2	QL
BYDUREON SUBCUTANEOUS PEN INJECTOR	2	QL
BYDUREON SUBCUTANEOUS SUSPENSION, EXTENDED RELEASE RECON	2	QL
BYETTA SUBCUTANEOUS PEN INJECTOR	2	QL
<i>chlorpropamide oral tablet</i>	1	
CYCLOSET ORAL TABLET	3	
DUETACT ORAL TABLET	3	QL

Drug Name	Drug Tier	Requirements / Limits
FARXIGA ORAL TABLET	2	ST; QL
<i>glimepiride oral tablet</i>	1	
<i>glipizide oral tablet</i>	1	
<i>glipizide oral tablet extended release 24hr</i>	1	
<i>glipizide-metformin oral tablet</i>	1	
GLUCOPHAGE ORAL TABLET	3	
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR	3	QL
GLUCOTROL ORAL TABLET	3	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR	3	
<i>glyburide micronized oral tablet</i>	1	
<i>glyburide oral tablet</i>	1	
<i>glyburide-metformin oral tablet</i>	1	
GLYNASE ORAL TABLET	3	
GLYSET ORAL TABLET	3	
GLYXAMBI ORAL TABLET	2	ST; QL
INVOKAMET ORAL TABLET	2	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR	2	ST; QL
INVOKANA ORAL TABLET	2	ST; QL
JANUMET ORAL TABLET	2	QL
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR	2	QL
JANUVIA ORAL TABLET	2	QL
JARDIANCE ORAL TABLET	2	ST; QL
JENTADUETO ORAL TABLET	2	QL
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR	2	QL
KAZANO ORAL TABLET	3	ST; QL
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR	3	ST; QL
METFORMIN ORAL SOLUTION	3	PA
<i>metformin oral tablet</i>	1	
<i>metformin oral tablet extended release 24 hr</i>	1	QL
<i>miglitol oral tablet</i>	1	
<i>nateglinide oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
NESINA ORAL TABLET	3	ST; QL
ONGLYZA ORAL TABLET	3	ST; QL
OSENI ORAL TABLET	3	ST; QL
OZEMPIC SUBCUTANEOUS PEN INJECTOR	2	ST; QL
<i>pioglitazone oral tablet</i>	1	QL
<i>pioglitazone-glimepiride oral tablet</i>	1	QL
<i>pioglitazone-metformin oral tablet</i>	1	QL
PRANDIN ORAL TABLET 1 MG, 2 MG	3	
PRECOSE ORAL TABLET	3	
QTERN ORAL TABLET	3	ST
<i>repaglinide oral tablet</i>	1	
<i>repaglinide-metformin oral tablet</i>	1	QL
RIOMET ORAL SOLUTION	3	PA
RYBELSUS ORAL TABLET	3	ST
SEGLUROMET ORAL TABLET	2	ST; QL
STARLIX ORAL TABLET	3	

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Drug Name	Drug Tier	Requirements / Limits
STEGLATRO ORAL TABLET	2	ST; QL
STEGLUJAN ORAL TABLET	3	ST; QL
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR	2	QL
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR	2	QL
SYNJARDY ORAL TABLET	2	ST; QL
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR	2	ST; QL
<i>tolazamide oral tablet</i>	1	
<i>tolbutamide oral tablet</i>	1	
TRADJENTA ORAL TABLET	2	QL
TRULICITY SUBCUTANEOUS PEN INJECTOR	2	QL
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR	2	ST; QL
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR	2	ST; QL
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR	2	ST; QL
THYROID HORMONES		
ARMOUR THYROID ORAL TABLET	2	

Drug Name	Drug Tier	Requirements / Limits
CYTOMEL ORAL TABLET	3	
EUTHYROX ORAL TABLET	3	
LEVO-T ORAL TABLET	3	
<i>levothyroxine intravenous recon soln</i>	1	
LEVOTHYROXINE INTRAVENOUS SOLUTION	3	
<i>levothyroxine oral tablet</i>	1	
<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>	1	
<i>liothyronine intravenous solution</i>	1	
<i>liothyronine oral tablet</i>	1	
<i>nature-throid oral tablet</i>	1	
<i>np thyroid oral tablet</i>	1	
SYNTHROID ORAL TABLET	3	
<i>thyroid (pork) oral tablet</i>	1	
THYROLAR-1 ORAL TABLET	3	
THYROLAR-1/2 ORAL TABLET	3	
THYROLAR-1/4 ORAL TABLET	3	

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Drug Name	Drug Tier	Requirements / Limits
THYROLAR-2 ORAL TABLET	3	
THYROLAR-3 ORAL TABLET	3	
TIROSINT ORAL CAPSULE	3	
TIROSINT-SOL ORAL SOLUTION	3	
TRIOSTAT INTRAVENOUS SOLUTION	3	
<i>unithroid oral tablet</i>	1	
<i>westhroid oral tablet 130 mg, 195 mg, 32.5 mg, 65 mg, 97.5 mg</i>	1	
WP THYROID ORAL TABLET	3	

GASTROENTEROLOGY

ANTIDIARRHEALS & ANTISPASMODICS

<i>atropine in 0.9 % sod chloride intravenous syringe 0.8 mg/2 ml (0.4 mg/ml)</i>	1	
ATROPINE IN 0.9 % SOD CHLORIDE INTRAVENOUS SYRINGE 1 MG/2.5 ML (0.4 MG/ML), 2 MG/5 ML (0.4 MG/ML)	3	
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	1	
BENTYL INTRAMUSCULAR SOLUTION	3	

Drug Name	Drug Tier	Requirements / Limits
<i>chlordiazepoxide-clidinium oral capsule</i>	1	
CUVPOSA ORAL SOLUTION	3	
<i>dicyclomine intramuscular solution</i>	1	
<i>dicyclomine oral capsule</i>	1	
<i>dicyclomine oral solution</i>	1	
<i>dicyclomine oral tablet</i>	1	
<i>diphenoxylate-atropine oral tablet</i>	1	
DONNATAL ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML	3	
DONNATAL ORAL TABLET	3	
GLYCATE ORAL TABLET	3	
GLYCOPYRROLATE (PF) IN WATER INJECTION SYRINGE	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>	1	
GLYCOPYRROLATE (PF) IN WATER INTRAVENOUS SYRINGE 0.6 MG/3 ML (0.2 MG/ML)	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>glycopyrrolate injection solution</i>	1	
GLYCOPYRROLATE INTRAVENOUS SYRINGE	3	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
GLYRX-PF INJECTION SOLUTION	3	
LIBRAX (WITH CLIDINIUM) ORAL CAPSULE	3	
LOMOTIL ORAL TABLET	3	
<i>loperamide oral capsule</i>	1	
<i>methscopolamine oral tablet</i>	1	
MOTOFEN ORAL TABLET	3	
MYTESI ORAL TABLET, DELAYED RELEASE (DR/EC)	3	
<i>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 - 0.0194 mg/5 ml</i>	1	
<i>phenohydro oral elixir</i>	1	
<i>phenohydro oral tablet</i>	1	
<i>propantheline oral tablet</i>	1	
MISCELLANEOUS GASTROINTESTINAL AGENTS		

Drug Name	Drug Tier	Requirements / Limits
ACTIGALL ORAL CAPSULE	3	
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN	3	
AKYNZEO (NETUPITANT) ORAL CAPSULE	2	QL
<i>alophen oral tablet, delayed release (dr/ec)</i>	5	ACA; OTC
<i>alosetron oral tablet</i>	1	
ALOXI INTRAVENOUS SOLUTION	3	
AMITIZA ORAL CAPSULE	2	PA; QL
ANA-LEX KIT RECTAL KIT	3	
ANALPRAM-HC RECTAL CREAM 1-1 %	3	
ANUSOL-HC TOPICAL CREAM WITH PERINEAL APPLICATOR	3	ST
ANZEMET ORAL TABLET	3	QL
<i>aprepitant oral capsule</i>	1	QL
<i>aprepitant oral capsule, dose pack</i>	1	QL
APRISO ORAL CAPSULE, EXTENDED RELEASE 24HR	3	

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Drug Name	Drug Tier	Requirements / Limits
ASACOL HD ORAL TABLET, DELAYED RELEASE (DR/EC)	3	ST
AURYXIA ORAL TABLET	3	PA
AZULFIDINE ENTABS ORAL TABLET, DELAYED RELEASE (DR/EC)	3	ST
AZULFIDINE ORAL TABLET	3	ST
<i>balsalazide oral capsule</i>	1	
<i>bisacodyl oral tablet, delayed release (dr/ec)</i>	5	ACA; OTC
<i>bisa-lax oral tablet, delayed release (dr/ec)</i>	5	ACA; OTC
BONJESTA ORAL TABLET, IR, DELAYED REL, BIPHASIC	3	PA; QL
<i>budesonide oral capsule, delayed, extended release</i>	1	
<i>budesonide oral tablet, delayed and extended release</i>	1	
<i>calcium acetate oral capsule</i>	1	
<i>calcium acetate oral tablet 667 mg</i>	1	
CANASA RECTAL SUPPOSITORY	3	

Drug Name	Drug Tier	Requirements / Limits
CESAMET ORAL CAPSULE	3	QL
CHENODAL ORAL TABLET	4	LA
CHOLBAM ORAL CAPSULE 250 MG	4	PA; LA
CHOLBAM ORAL CAPSULE 50 MG	4	PA; LA; QL
CIMZIA POWDER FOR RECONSTITUTION SUBCUTANEOUS KIT	4	PA; LA; QL
CIMZIA SUBCUTANEOUS SYRINGE KIT	4	PA; LA; QL
CINVANTI INTRAVENOUS EMULSION	2	
<i>citrate of magnesia oral solution</i>	5	ACA; OTC
<i>citroma oral solution</i>	5	ACA; OTC
<i>clearlax oral powder</i>	5	ACA; OTC
<i>clearlax oral powder in packet</i>	5	ACA; OTC
CLENPIQ ORAL SOLUTION	5	ACA
COLAZAL ORAL CAPSULE	3	ST
COLYTE WITH FLAVOR PACKS ORAL RECONSTITUTION SOLUTION 240-22.72-6.72 -5.84 GRAM	3	
COMPAZINE ORAL TABLET	3	
COMPAZINE RECTAL SUPPOSITORY	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>compro rectal suppository</i>	1	
<i>constulose oral solution</i>	1	
CORTENEMA RECTAL ENEMA	3	
CORTIFOAM RECTAL FOAM	3	
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC)	2	
<i>cromolyn oral concentrate</i>	1	
CYSTADANE ORAL POWDER	4	LA
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS)	3	ST
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC)	3	PA; QL
<i>dimenhydrinate injection solution</i>	1	
DIPENTUM ORAL CAPSULE	3	ST
<i>doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec)</i>	1	PA; QL
<i>dronabinol oral capsule</i>	1	
<i>droperidol injection solution</i>	1	
<i>ducodyl oral tablet,delayed release (dr/ec)</i>	5	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
EMEND (FOSAPREPITANT) INTRAVENOUS RECON SOLN	3	
EMEND ORAL CAPSULE	3	QL
EMEND ORAL CAPSULE,DOSE PACK	3	QL
EMEND ORAL SUSPENSION FOR RECONSTITUTION	3	QL
ENTEREG ORAL CAPSULE	3	
ENTOCORT EC ORAL CAPSULE,DELAYED,EXTEND.RELEASE	3	
ENTYVIO INTRAVENOUS RECON SOLN	4	PA; LA
<i>enulose oral solution</i>	1	
<i>fleet laxative oral tablet,delayed release (dr/ec)</i>	5	ACA; OTC
<i>fosaprepitant intravenous recon soln</i>	1	
FOSRENOL ORAL POWDER IN PACKET	3	
FOSRENOL ORAL TABLET,CHEWABLE	3	
GASTROCROM ORAL CONCENTRATE	3	

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Drug Name	Drug Tier	Requirements / Limits
GATTEX 30-VIAL SUBCUTANEOUS KIT	4	PA; LA
<i>gavilax oral powder</i>	5	ACA; OTC
<i>gavilyte-c oral recon soln</i>	5	ACA
<i>gavilyte-g oral recon soln</i>	5	ACA
<i>gavilyte-n oral recon soln</i>	5	ACA
<i>generlac oral solution</i>	1	
<i>gentle laxative oral tablet, delayed release (dr/ec)</i>	5	ACA; OTC
<i>gentlelax oral powder</i>	5	ACA; OTC
GIALAX ORAL KIT	5	ACA
<i>glycolax oral powder</i>	5	ACA; OTC
GOLYTELY ORAL POWDER IN PACKET	5	ACA
GOLYTELY ORAL RECON SOLN	3	
<i>granisetron (pf) intravenous solution</i>	1	
<i>granisetron hcl intravenous solution</i>	1	
<i>granisetron hcl oral tablet</i>	1	QL
<i>healthylax oral powder in packet</i>	5	ACA; OTC
<i>hydrocortisone acetate rectal suppository 25 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone rectal enema</i>	1	
<i>hydrocortisone topical cream with perineal applicator</i>	1	
<i>hydrocortisone-pramoxine rectal cream</i>	1	
KINEVAC INJECTION RECON SOLN	2	
KRISTALOSE ORAL PACKET	3	
<i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i>	1	
<i>lanthanum oral tablet, chewable</i>	1	
<i>laxaclear oral powder</i>	5	ACA; OTC
<i>laxative (bisacodyl) oral tablet</i>	5	ACA; OTC
<i>laxative (bisacodyl) oral tablet, delayed release (dr/ec)</i>	5	ACA; OTC
<i>laxative feminine oral tablet</i>	5	ACA; OTC
<i>laxative peg 3350 oral powder</i>	5	ACA; OTC
LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC)	3	ST
LINZESS ORAL CAPSULE	2	PA; QL
LOKELMA ORAL POWDER IN PACKET	2	QL

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Drug Name	Drug Tier	Requirements / Limits
LOTRONEX ORAL TABLET	3	
<i>magnesium citrate oral solution</i>	5	ACA; OTC
MARINOL ORAL CAPSULE	3	
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
<i>mesalamine oral capsule (with del rel tablets)</i>	1	
<i>mesalamine oral tablet, delayed release (dr/ec)</i>	1	
<i>mesalamine rectal enema</i>	1	
<i>mesalamine rectal suppository</i>	1	
<i>mesalamine with cleansing wipe rectal enema kit</i>	1	
<i>metoclopramide hcl injection solution</i>	1	
<i>metoclopramide hcl injection syringe</i>	1	
<i>metoclopramide hcl oral solution</i>	1	
<i>metoclopramide hcl oral tablet</i>	1	
<i>metoclopramide hcl oral tablet, disintegrating</i>	1	
MICORT-HC TOPICAL CREAM WITH PERINEAL APPLICATOR	3	ST
<i>milk of magnesia concentrated oral suspension</i>	5	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>milk of magnesia oral suspension</i>	5	ACA; OTC
<i>miralax oral powder in packet</i>	5	ACA; OTC
MOTEGRITY ORAL TABLET	3	PA; QL
MOVANTIK ORAL TABLET	2	PA; QL
MOVIPREP ORAL POWDER IN PACKET	5	ACA
<i>natura-lax oral powder</i>	5	ACA; OTC
NULYTELY WITH FLAVOR PACKS ORAL RECON SOLN	3	
OCALIVA ORAL TABLET	4	PA; LA; QL
<i>ondansetron hcl (pf) injection solution</i>	1	
<i>ondansetron hcl (pf) injection syringe</i>	1	
<i>ondansetron hcl intravenous solution</i>	1	
<i>ondansetron hcl oral solution</i>	1	QL
<i>ondansetron hcl oral tablet</i>	1	QL
ONDANSETRON IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK 8 MG/50 ML	3	
ONDANSETRON IN D5W INTRAVENOUS PIGGYBACK	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>ondansetron oral tablet, disintegrating</i>	1	QL
<i>oral saline laxative oral liquid</i>	5	ACA; OTC
OSMOPREP ORAL TABLET	5	ACA
PALONOSETRON INTRAVENOUS SOLUTION 0.25 MG/2 ML	3	
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	1	
<i>palonosetron intravenous syringe</i>	1	
PANCREAZE ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800-98,400 UNIT, 2,600-6,200-10,850 UNIT, 21,000-54,700-83,900 UNIT, 4,200-14,200-24,600 UNIT	3	ST
PEDIA-LAX ORAL TABLET, CHEWABLE	5	ACA; OTC
<i>peg 3350-electrolytes oral recon soln</i>	5	ACA
<i>peg-electrolyte soln oral recon soln</i>	5	ACA
<i>peg-prep oral kit</i>	5	ACA

Drug Name	Drug Tier	Requirements / Limits
PENTASA ORAL CAPSULE, EXTENDED RELEASE	2	
PERTZYE ORAL CAPSULE, DELAYED RELEASE (DR/EC)	3	ST
PHOSLYRA ORAL SOLUTION	2	
<i>phosphate laxative oral liquid</i>	5	ACA; OTC
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL	5	ACA
<i>polyethylene glycol 3350 oral powder</i>	5	ACA; OTC
<i>polyethylene glycol 3350 oral powder in packet</i>	5	ACA; OTC
<i>powderlax oral powder</i>	5	ACA; OTC
<i>powderlax oral powder in packet</i>	5	ACA; OTC
PREPOPIK ORAL POWDER IN PACKET	5	ACA
<i>prochlorperazine edisylate injection solution</i>	1	
<i>prochlorperazine maleate oral tablet</i>	1	
<i>prochlorperazine rectal suppository</i>	1	
PROCTOFOAM HC RECTAL FOAM	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, 2019.

Drug Name	Drug Tier	Requirements / Limits
<i>procto-med hc topical cream with perineal applicator</i>	1	
<i>procto-pak topical cream with perineal applicator</i>	1	
<i>proctosol hc topical cream with perineal applicator</i>	1	
<i>proctozone-hc topical cream with perineal applicator</i>	1	
<i>purelax oral powder</i>	5	ACA; OTC
<i>purelax oral powder in packet</i>	5	ACA; OTC
RECTIV RECTAL OINTMENT	2	
REGLAN ORAL TABLET	3	
RELISTOR ORAL TABLET	2	PA
RELISTOR SUBCUTANEOUS SOLUTION	2	PA
RELISTOR SUBCUTANEOUS SYRINGE	2	PA
RENAGEL ORAL TABLET 800 MG	3	
RENVELA ORAL POWDER IN PACKET	3	
RENVELA ORAL TABLET	3	
ROWASA RECTAL ENEMA KIT	3	
SANCUSO TRANSDERMAL PATCH WEEKLY	2	QL

Drug Name	Drug Tier	Requirements / Limits
<i>scopolamine base transdermal patch 3 day</i>	1	
<i>sevelamer carbonate oral powder in packet</i>	1	
<i>sevelamer carbonate oral tablet</i>	1	
<i>sevelamer hcl oral tablet</i>	1	
SFROWASA RECTAL ENEMA	3	
<i>smoothlax oral powder</i>	5	ACA; OTC
<i>smoothlax oral powder in packet</i>	5	ACA; OTC
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sodium polystyrene sulfonate oral suspension</i>	1	
<i>sodium polystyrene sulfonate rectal enema 30 gram/120 ml</i>	1	
SODIUM POLYSTYRENE SULFONATE RECTAL ENEMA 50 GRAM/200 ML	3	
SOLESTA IMPLANT GEL FOR IMPLANT IN SYRINGE	4	LA
<i>sps (with sorbitol) oral suspension</i>	1	
<i>sps (with sorbitol) rectal enema</i>	1	

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, 2019.

Drug Name	Drug Tier	Requirements / Limits
SUCRAID ORAL SOLUTION	4	LA
<i>sulfasalazine oral tablet</i>	1	
<i>sulfasalazine oral tablet, delayed release (dr/ec)</i>	1	
SUPREP BOWEL PREP KIT ORAL RECON SOLN	5	ACA
SUSTOL SUBCUTANEOUS LIQUID, EXTENDED RELEASE SYRING	3	
SYMPROIC ORAL TABLET	2	PA
SYNDROS ORAL SOLUTION	3	
TIGAN INTRAMUSCULAR SOLUTION	3	
TIGAN ORAL CAPSULE 300 MG	3	
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY	3	
<i>trilyte with flavor packets oral recon soln</i>	5	ACA
<i>trimethobenzamide oral capsule</i>	1	
TRULANCE ORAL TABLET	3	PA
UCERIS ORAL TABLET, DELAYED AND EXT. RELEASE	3	

Drug Name	Drug Tier	Requirements / Limits
UCERIS RECTAL FOAM	2	
URSO 250 ORAL TABLET	3	
URSO FORTE ORAL TABLET	3	
<i>ursodiol oral capsule</i>	1	
<i>ursodiol oral tablet</i>	1	
VARUBI ORAL TABLET	2	QL
VELPHORO ORAL TABLET, CHEWABLE	2	
VELTASSA ORAL POWDER IN PACKET	2	QL
VIBERZI ORAL TABLET	2	PA
VIOKACE ORAL TABLET	2	
<i>women's gentle laxative (bisac) oral tablet, delayed release (dr/ec)</i>	5	ACA; OTC
<i>women's laxative (bisacodyl) oral tablet</i>	5	ACA; OTC
<i>women's laxative (bisacodyl) oral tablet, delayed release (dr/ec)</i>	5	ACA; OTC
ZELNORM ORAL TABLET	3	PA

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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	2	
ZOFRAN ORAL SOLUTION	3	QL
ZOFRAN ORAL TABLET 4 MG	3	QL
ZOFRAN ORAL TABLET 8 MG	3	
ZUPLENZ ORAL FILM	3	QL
ULCER THERAPY		
ACIPHEX ORAL TABLET,DELAYED RELEASE (DR/EC)	3	ST
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE	3	ST; QL
<i>amoxicil-clarithromy-lansopraz oral combo pack</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
CARAFATE ORAL SUSPENSION	2	
CARAFATE ORAL TABLET	3	
<i>cimetidine hcl oral solution</i>	1	
<i>cimetidine oral tablet</i>	1	
CYTOTEC ORAL TABLET	3	
DEXILANT ORAL CAPSULE,BIPHAS E DELAYED RELEAS 30 MG	3	ST; QL
DEXILANT ORAL CAPSULE,BIPHAS E DELAYED RELEAS 60 MG	3	ST
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	1	ST; QL
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	1	ST
<i>esomeprazole sodium intravenous recon soln</i>	1	
ESOMEPRAZOLE STRONTIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 49.3 MG	3	ST
<i>famotidine (pf) intravenous solution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback</i>	1	
FAMOTIDINE IN 0.9 % NACL INTRAVENOUS SYRINGE	3	
<i>famotidine intravenous solution</i>	1	
<i>famotidine oral suspension</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	1	QL
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	1	
<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg</i>	1	QL
<i>lansoprazole oral tablet, disintegrat, delay rel 30 mg</i>	1	
<i>misoprostol oral tablet</i>	1	
NEXIUM IV INTRAVENOUS RECON SOLN 40 MG	3	
NEXIUM ORAL CAPSULE, DELAYED RELEASE(DR/EC) 20 MG	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
NEXIUM ORAL CAPSULE, DELAYED RELEASE(DR/EC) 40 MG	3	ST
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	2	ST; QL
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	2	ST
<i>nizatidine oral capsule</i>	1	
<i>nizatidine oral solution</i>	1	
OMECLAMOX-PAK ORAL COMBO PACK	3	QL
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg</i>	1	QL
<i>omeprazole oral capsule, delayed release(dr/ec) 20 mg, 40 mg</i>	1	
<i>omeprazole oral tablet, delayed release (dr/ec)</i>	1	OTC
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i>	1	ST; QL
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	1	ST

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Drug Name	Drug Tier	Requirements / Limits
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>	1	ST; QL
<i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>	1	ST
<i>pantoprazole intravenous recon soln</i>	1	
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	QL
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	
PEPCID ORAL TABLET	3	
PREVACID ORAL CAPSULE, DELAYED RELEASE (DR/EC) 15 MG	3	ST; QL
PREVACID ORAL CAPSULE, DELAYED RELEASE (DR/EC) 30 MG	3	ST
PREVACID SOLUTAB ORAL TABLET, DISINTEGRAT, DELAY REL 15 MG	3	ST; QL
PREVACID SOLUTAB ORAL TABLET, DISINTEGRAT, DELAY REL 30 MG	3	ST

Drug Name	Drug Tier	Requirements / Limits
PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON	3	ST; QL
PROTONIX INTRAVENOUS RECON SOLN	3	
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET	3	ST
PROTONIX ORAL TABLET, DELAYED RELEASE (DR/EC) 20 MG	3	ST; QL
PROTONIX ORAL TABLET, DELAYED RELEASE (DR/EC) 40 MG	3	ST
PYLERA ORAL CAPSULE	2	
RABEPRAZOLE ORAL CAPSULE, DELAYED REL SPRINKLE	3	ST; QL
<i>rabeprazole oral tablet, delayed release (dr/ec)</i>	1	ST
<i>ranitidine hcl injection solution</i>	1	
<i>ranitidine hcl oral capsule</i>	1	
<i>ranitidine hcl oral syrup</i>	1	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	
<i>sucralfate oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
ZANTAC INJECTION SOLUTION	3	
ZEGERID ORAL CAPSULE 20-1.1 MG-GRAM	3	ST; QL
ZEGERID ORAL CAPSULE 40-1.1 MG-GRAM	3	ST
ZEGERID ORAL PACKET 20-1,680 MG	3	ST; QL
ZEGERID ORAL PACKET 40-1,680 MG	3	ST

IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

ARANESP (IN POLYSORBATE) INJECTION SOLUTION	4	PA; LA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE	4	PA; LA
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	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
GRANIX SUBCUTANEOUS SOLUTION	4	PA; LA
GRANIX SUBCUTANEOUS SYRINGE	4	PA; LA
LEUKINE INJECTION RECON SOLN	4	PA; LA
MACRILEN ORAL RECON SOLN	4	PA; LA; QL
MIRCERA INJECTION SYRINGE	4	PA; LA
MOZOBIL SUBCUTANEOUS SOLUTION	4	LA
NEULASTA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
NEULASTA SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR	4	PA; LA; QL
NEUPOGEN INJECTION SOLUTION	4	PA; LA
NEUPOGEN INJECTION SYRINGE	4	PA; LA
NIVESTYM INJECTION SOLUTION	4	PA; LA
NIVESTYM SUBCUTANEOUS SYRINGE	4	PA; LA
PROCRIT INJECTION SOLUTION	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
RETACRIT INJECTION SOLUTION	4	PA; LA
UDENYCA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
ZARXIO INJECTION SYRINGE	4	PA; LA
GROWTH HORMONES		
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG	4	PA; LA
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE	4	PA; LA
GENOTROPIN SUBCUTANEOUS CARTRIDGE	4	PA; LA
HUMATROPE INJECTION CARTRIDGE	4	PA; LA
HUMATROPE INJECTION RECON SOLN	4	PA; LA
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR	4	PA; LA
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR	4	PA; LA
OMNITROPE SUBCUTANEOUS CARTRIDGE	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
OMNITROPE SUBCUTANEOUS RECON SOLN	4	PA; LA
SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE	4	PA; LA
SAIZEN SUBCUTANEOUS RECON SOLN	4	PA; LA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	4	PA; LA
ZOMACTON SUBCUTANEOUS RECON SOLN	4	PA; LA
ZORBTIVE SUBCUTANEOUS RECON SOLN	4	PA; LA
INTERFERONS		
AUBAGIO ORAL TABLET	4	PA; LA
AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT	4	PA; LA; QL
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	4	PA; LA; QL
AVONEX INTRAMUSCULAR SYRINGE KIT	4	PA; LA; QL
BETASERON SUBCUTANEOUS KIT	4	PA; LA; QL
COPAXONE SUBCUTANEOUS SYRINGE	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
EXTAVIA SUBCUTANEOUS KIT	4	PA; LA; QL
EXTAVIA SUBCUTANEOUS RECON SOLN	4	PA; LA; QL
GILENYA ORAL CAPSULE 0.5 MG	4	PA; LA
<i>glatiramer subcutaneous syringe</i>	4	PA; LA; QL
<i>glatopa subcutaneous syringe</i>	4	PA; LA; QL
MAVENCLAD (10 TABLET PACK) ORAL TABLET	4	PA; LA; QL
MAVENCLAD (4 TABLET PACK) ORAL TABLET	4	PA; LA; QL
MAVENCLAD (5 TABLET PACK) ORAL TABLET	4	PA; LA; QL
MAVENCLAD (6 TABLET PACK) ORAL TABLET	4	PA; LA; QL
MAVENCLAD (7 TABLET PACK) ORAL TABLET	4	PA; LA; QL
MAVENCLAD (8 TABLET PACK) ORAL TABLET	4	PA; LA; QL
MAVENCLAD (9 TABLET PACK) ORAL TABLET	4	PA; LA; QL
MAYZENT ORAL TABLET	4	PA; LA; QL
<i>moderiba oral tablet</i>	4	LA

Drug Name	Drug Tier	Requirements / Limits
OCREVUS INTRAVENOUS SOLUTION	4	PA; LA
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR	4	LA; QL
PEGASYS SUBCUTANEOUS SOLUTION	4	LA; QL
PEGASYS SUBCUTANEOUS SYRINGE	4	LA; QL
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	4	LA; QL
PLEGRIDY SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
PLEGRIDY SUBCUTANEOUS SYRINGE	4	PA; LA; QL
POMALYST ORAL CAPSULE	4	PA; LA
REBETOL ORAL SOLUTION	4	LA
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE	4	PA; LA; QL
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE	4	PA; LA; QL
REVLIMID ORAL CAPSULE	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
<i>ribasphere oral capsule</i>	4	LA
<i>ribasphere oral tablet</i>	4	LA
<i>ribasphere ribapak oral tablets,dose pack 600 mg (7)-400 mg (7), 600 mg (7)- 600 mg (7), 600-400 mg (28)-mg (28), 600-600 mg (28)-mg (28)</i>	4	LA
<i>ribavirin oral capsule</i>	4	LA
<i>ribavirin oral tablet 200 mg</i>	4	LA
SYLATRON SUBCUTANEOUS KIT	4	PA; LA
TECFIDERA ORAL CAPSULE,DELAY ED RELEASE(DR/EC)	4	PA; LA
INTERLEUKINS		
ACTIMMUNE SUBCUTANEOUS SOLUTION	4	LA
ALDARA TOPICAL CREAM IN PACKET	3	ST
ALFERON N INJECTION SOLUTION	2	
ARCALYST SUBCUTANEOUS RECON SOLN	4	LA
ILARIS (PF) SUBCUTANEOUS SOLUTION	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
IMIQUIMOD TOPICAL CREAM IN METERED-DOSE PUMP	3	ST
<i>imiquimod topical cream in packet</i>	1	
INTRON A INJECTION RECON SOLN	4	LA
INTRON A INJECTION SOLUTION	4	LA
KINERET SUBCUTANEOUS SYRINGE	4	PA; LA
PROLEUKIN INTRAVENOUS RECON SOLN	4	LA
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP	3	ST
ZYCLARA TOPICAL CREAM IN PACKET	3	ST
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN	5	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	5	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
AFLURIA 2018-2019 (PF) INTRAMUSCULAR SYRINGE	5	ACA
AFLURIA 2018-2019 INTRAMUSCULAR SUSPENSION	5	ACA
AFLURIA QD 2019-20(3YR UP)(PF) INTRAMUSCULAR SYRINGE	5	ACA
AFLURIA QD 2019-20(6-35MO)(PF) INTRAMUSCULAR SYRINGE	5	ACA
AFLURIA QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE	5	ACA
AFLURIA QUAD 2018-2019 INTRAMUSCULAR SUSPENSION	5	ACA
AFLURIA QUAD 2019-20(6MO UP) INTRAMUSCULAR SUSPENSION	5	ACA
ATGAM INTRAVENOUS SOLUTION	2	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	

Drug Name	Drug Tier	Requirements / Limits
BEXSERO INTRAMUSCULAR SYRINGE	5	ACA
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION	5	ACA
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	5	ACA
BOTOX INJECTION RECON SOLN	4	PA; LA
CUTAQUIG SUBCUTANEOUS SOLUTION	4	PA; LA
CUVITRU SUBCUTANEOUS SOLUTION 10 GRAM/50 ML (20 %)	4	PA; LA
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION	5	ACA
DYSPORT INTRAMUSCULAR RECON SOLN	4	PA; LA
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION	5	ACA
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	5	ACA
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
FLUAD 2018-2019 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE	5	ACA
FLUAD 2019-2020 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE	5	ACA
FLUARIX QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE	5	ACA
FLUARIX QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE	5	ACA
FLUBLOK QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE	5	ACA
FLUBLOK QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE	5	ACA
FLUCELVAX QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE	5	ACA
FLUCELVAX QUAD 2018-2019 INTRAMUSCULAR SUSPENSION	5	ACA
FLUCELVAX QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE	5	ACA

Drug Name	Drug Tier	Requirements / Limits
FLUCELVAX QUAD 2019-2020 INTRAMUSCULAR SUSPENSION	5	ACA
FLULAVAL QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE	5	ACA
FLULAVAL QUAD 2018-2019 INTRAMUSCULAR SUSPENSION	5	ACA
FLULAVAL QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE	5	ACA
FLULAVAL QUAD 2019-2020 INTRAMUSCULAR SUSPENSION	5	ACA
FLUMIST QUAD 2018-2019 NASAL NASAL SPRAY SYRINGE	5	ACA
FLUMIST QUAD 2019-2020 NASAL NASAL SPRAY SYRINGE	5	ACA
FLUZONE HIGH-DOSE 2018-19 (PF) INTRAMUSCULAR SYRINGE	5	ACA
FLUZONE HIGH-DOSE 2019-20 (PF) INTRAMUSCULAR SYRINGE	5	ACA
FLUZONE QUAD 2018-2019 (PF) INTRAMUSCULAR SUSPENSION	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
FLUZONE QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE	5	ACA
FLUZONE QUAD 2018-2019 INTRAMUSCULAR SUSPENSION	5	ACA
FLUZONE QUAD 2019-2020 (PF) INTRAMUSCULAR SUSPENSION	5	ACA
FLUZONE QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE	5	ACA
FLUZONE QUAD 2019-2020 INTRAMUSCULAR SUSPENSION	5	ACA
FLUZONE QUAD PEDI 2018-19 (PF) INTRAMUSCULAR SYRINGE	5	ACA
FLUZONE QUAD PEDI 2019-20 (PF) INTRAMUSCULAR SYRINGE	5	ACA
GAMASTAN INTRAMUSCULAR SOLUTION	4	LA
GAMASTAN S/D INTRAMUSCULAR SOLUTION	4	LA
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION	5	ACA
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE	5	ACA

Drug Name	Drug Tier	Requirements / Limits
GRASTEK SUBLINGUAL TABLET	2	PA
HAVRIX (PF) INTRAMUSCULAR SUSPENSION	5	ACA
HAVRIX (PF) INTRAMUSCULAR SYRINGE	5	ACA
HEPAGAM B INJECTION SOLUTION	2	
HEPLISAV-B (PF) INTRAMUSCULAR SOLUTION	5	ACA
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE	5	ACA
HIBERIX (PF) INTRAMUSCULAR RECON SOLN	5	ACA
HYPERHEP B S/D INTRAMUSCULAR SOLUTION	2	
HYPERHEP B S/D INTRAMUSCULAR SYRINGE	2	
HYPERHEP B S-D NEONATAL INTRAMUSCULAR SYRINGE	2	
HYPERRAB (PF) INTRAMUSCULAR SOLUTION	2	
HYPERRAB S/D (PF) INTRAMUSCULAR SOLUTION	2	

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Drug Name	Drug Tier	Requirements / Limits
HYPERTET S/D (PF) INTRAMUSCULAR SYRINGE	2	
IMOGAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION	2	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN	2	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	5	ACA
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	5	ACA
IPOLENTON INJECTION SUSPENSION	5	ACA
IXIARO (PF) INTRAMUSCULAR SYRINGE	2	
KEDRAB (PF) INTRAMUSCULAR SOLUTION	3	
KINRIX (PF) INTRAMUSCULAR SUSPENSION	5	ACA
KINRIX (PF) INTRAMUSCULAR SYRINGE	5	ACA
MENACTRA (PF) INTRAMUSCULAR SOLUTION	5	ACA

Drug Name	Drug Tier	Requirements / Limits
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	5	ACA
M-M-R II (PF) SUBCUTANEOUS RECON SOLN	5	ACA
MYOBLOC INTRAMUSCULAR SOLUTION	4	PA; LA
NABI-HB INTRAMUSCULAR SOLUTION	3	
ODACTRA SUBLINGUAL TABLET	2	PA
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	4	PA; LA
PANZYGA INTRAVENOUS SOLUTION	4	PA
PEDIARIX (PF) INTRAMUSCULAR SYRINGE	5	ACA
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION	5	ACA
PENTACEL (PF) INTRAMUSCULAR KIT	5	ACA
PENTACEL ACTHIB COMPONENT (PF) INTRAMUSCULAR RECON SOLN	5	ACA
PNEUMOVAX 23 INJECTION SOLUTION	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
PNEUMOVAX 23 INJECTION SYRINGE	5	ACA
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE	5	ACA
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	5	ACA
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION	5	ACA
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	2	
RAGWITEK SUBLINGUAL TABLET	2	PA
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	5	ACA
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE	5	ACA
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION	5	ACA
ROTATEQ VACCINE ORAL SOLUTION	5	ACA

Drug Name	Drug Tier	Requirements / Limits
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	ACA; QL
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	
TDVAX INTRAMUSCULAR SUSPENSION	5	ACA
TENIVAC (PF) INTRAMUSCULAR SUSPENSION	5	ACA
TENIVAC (PF) INTRAMUSCULAR SYRINGE	5	ACA
TETANUS, DIPHTHERIA TOX PED (PF) INTRAMUSCULAR SUSPENSION	5	ACA
THYMOGLOBULIN INTRAVENOUS RECON SOLN	4	
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION	2	
TRUMENBA INTRAMUSCULAR SYRINGE	5	ACA
TWINRIX (PF) INTRAMUSCULAR SYRINGE	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
TYPHIM VI INTRAMUSCULAR SOLUTION	2	
TYPHIM VI INTRAMUSCULAR SYRINGE	2	
VAQTA (PF) INTRAMUSCULAR SUSPENSION	5	ACA
VAQTA (PF) INTRAMUSCULAR SYRINGE	5	ACA
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	5	ACA
VARIZIG INTRAMUSCULAR SOLUTION	2	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION	2	
VIVOTIF ORAL CAPSULE, DELAYED RELEASE (DR/EC)	2	
XEMBIFY SUBCUTANEOUS SOLUTION	4	PA
XEOMIN INTRAMUSCULAR RECON SOLN	4	PA; LA
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	

Drug Name	Drug Tier	Requirements / Limits
ZINPLAVA INTRAVENOUS SOLUTION	3	
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	5	ACA
MUSCULOSKELETAL & RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol oral tablet</i>	1	
<i>allopurinol sodium intravenous recon soln</i>	1	
<i>aloprim intravenous recon soln</i>	1	
COLCHICINE ORAL CAPSULE	3	
COLCHICINE ORAL TABLET	3	
COLCRYS ORAL TABLET	2	
DUZALLO ORAL TABLET	3	ST
<i>febuxostat oral tablet</i>	1	ST
MITIGARE ORAL CAPSULE	2	
<i>probenecid oral tablet</i>	1	
<i>probenecid-colchicine oral tablet</i>	1	
ULORIC ORAL TABLET	3	ST

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Drug Name	Drug Tier	Requirements / Limits
ZURAMPIC ORAL TABLET	3	ST
ZYLOPRIM ORAL TABLET	3	
OSTEOPOROSIS THERAPY		
ACTONEL ORAL TABLET 150 MG, 35 MG, 5 MG	3	ST; QL
<i>alendronate oral solution</i>	1	QL
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	QL
AELVIA ORAL TABLET, DELAYED RELEASE (DR/EC)	3	ST; QL
BINOSTO ORAL TABLET, EFFERVESCENT	3	ST; QL
BONIVA INTRAVENOUS SYRINGE	4	LA
BONIVA ORAL TABLET	3	ST; QL
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML	4	PA; LA; QL
EVENITY SUBCUTANEOUS SYRINGE 210MG/2.34ML (105MG/1.17MLX2)	4	PA; LA
EVISTA ORAL TABLET	3	
FORTEO SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
FOSAMAX ORAL TABLET 70 MG	3	ST; QL
FOSAMAX PLUS D ORAL TABLET	3	ST; QL
<i>ibandronate intravenous solution</i>	4	LA
<i>ibandronate intravenous syringe</i>	4	LA
<i>ibandronate oral tablet</i>	1	QL
PROLIA SUBCUTANEOUS SYRINGE	4	LA
<i>raloxifene oral tablet</i>	1	
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	1	QL
<i>risedronate oral tablet, delayed release (dr/ec)</i>	1	QL
TYMLOS SUBCUTANEOUS PEN INJECTOR	4	LA; QL
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR	4	PA; LA
ACTEMRA SUBCUTANEOUS SYRINGE	4	PA; LA
ARAVA ORAL TABLET	3	QL
CUPRIMINE ORAL CAPSULE	3	PA
DEPEN TITRATABS ORAL TABLET	2	

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Drug Name	Drug Tier	Requirements / Limits
D-PENAMINE ORAL TABLET	2	
ENBREL MINI SUBCUTANEOUS CARTRIDGE	4	PA; LA; QL
ENBREL SUBCUTANEOUS RECON SOLN	4	PA; LA; QL
ENBREL SUBCUTANEOUS SYRINGE	4	PA; LA; QL
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT	4	PA; LA; QL
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT	4	PA; LA; QL
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT	4	PA; LA; QL
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT	4	PA; LA; QL
HUMIRA SUBCUTANEOUS SYRINGE KIT	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT	4	PA; LA; QL
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT	4	PA; LA; QL
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT	4	PA; LA; QL
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; LA; QL
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT	4	PA; LA; QL
KEVZARA SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
KEVZARA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
<i>leflunomide oral tablet</i>	1	QL
OLUMIANT ORAL TABLET 2 MG	4	PA; LA; QL
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA
ORENCIA SUBCUTANEOUS SYRINGE	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
OTEZLA ORAL TABLET	4	PA; LA
OTEZLA STARTER ORAL TABLETS,DOSE PACK	4	PA; LA
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	2	ST
<i>penicillamine oral capsule</i>	1	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	2	
RINVOQ ER ORAL TABLET EXTENDED RELEASE 24 HR	4	PA; LA; QL
SAVELLA ORAL TABLET	2	ST; QL
SAVELLA ORAL TABLETS,DOSE PACK	2	ST; QL

Drug Name	Drug Tier	Requirements / Limits
SIMPONI SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
SIMPONI SUBCUTANEOUS SYRINGE	4	PA; LA; QL
XELJANZ ORAL TABLET	4	PA; LA; QL
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR	4	PA; LA; QL

OBSTETRICS & GYNECOLOGY

DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

CAYA CONTOURED VAGINAL DIAPHRAGM	5	ACA
FC2 FEMALE CONDOM	5	ACA; OTC
FEMCAP VAGINAL DEVICE 22 MM	5	ACA
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE	5	ACA; LA
LILETTA INTRAUTERINE INTRAUTERINE DEVICE	5	ACA; LA
MIRENA INTRAUTERINE INTRAUTERINE DEVICE	5	ACA; LA

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Drug Name	Drug Tier	Requirements / Limits
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE	5	ACA; LA
SKYLA INTRAUTERINE INTRAUTERINE DEVICE	5	ACA; LA
WIDE-SEAL DIAPHRAGM	5	ACA
ESTROGENS & PROGESTINS		
ACTIVELLA ORAL TABLET	3	
ALORA TRANSDERMAL PATCH SEMIWEEKLY	3	QL
<i>amabelz oral tablet</i>	1	
ANGELIQ ORAL TABLET	3	
AYGESTIN ORAL TABLET	3	
BIJUVA ORAL CAPSULE	3	
<i>camila oral tablet</i>	5	ACA
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	3	ST; QL
CLIMARA TRANSDERMAL PATCH WEEKLY	3	QL
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY	2	
<i>covaryx h.s. oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>covaryx oral tablet</i>	1	
CRINONE VAGINAL GEL 4 %	2	
CRINONE VAGINAL GEL 8 %	4	LA
<i>deblitane oral tablet</i>	5	ACA
DELESTROGEN INTRAMUSCULAR OIL	3	
DEPO-ESTRADIOL INTRAMUSCULAR OIL	2	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	QL
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	2	
DEPO-PROVERA INTRAMUSCULAR SYRINGE	3	QL
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE	5	ACA; QL
DIVIGEL TRANSDERMAL GEL IN PACKET	2	QL
<i>dotti transdermal patch semiweekly</i>	1	QL
DUAVEE ORAL TABLET	2	
<i>eemt hs oral tablet</i>	1	
<i>eemt oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP	3	ST; QL
ENDOMETRIN VAGINAL INSERT	4	LA
<i>errin oral tablet</i>	5	ACA
ESTRACE ORAL TABLET	3	
ESTRACE VAGINAL CREAM	3	
<i>estradiol oral tablet</i>	1	
<i>estradiol transdermal patch semiweekly</i>	1	QL
<i>estradiol transdermal patch weekly</i>	1	QL
<i>estradiol vaginal cream</i>	1	
<i>estradiol vaginal tablet</i>	1	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	
<i>estradiol-norethindrone acet oral tablet</i>	1	
ESTRING VAGINAL RING	2	
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP	3	ST; QL
<i>estrogens-methyltestosterone oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL	3	QL
FEMHRT LOW DOSE ORAL TABLET	3	
FEMRING VAGINAL RING	3	
<i>fyavolv oral tablet</i>	1	
<i>heather oral tablet</i>	5	ACA
<i>hydroxyprogesterone (pf)(p reg presv) intramuscular oil</i>	4	LA; QL
<i>hydroxyprogesterone cap(ppres) intramuscular oil</i>	4	LA; QL
<i>hydroxyprogesterone caproate intramuscular oil</i>	1	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT	3	PA; QL
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK	3	PA; QL
<i>incassia oral tablet</i>	5	ACA
<i>jencycla oral tablet</i>	5	ACA
<i>jevantage lo oral tablet</i>	1	
<i>jinteli oral tablet</i>	1	
<i>jolivette oral tablet</i>	5	ACA
<i>lopreeza oral tablet</i>	1	
<i>lyza oral tablet</i>	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
MAKENA (PF) SUBCUTANEOUS AUTO-INJECTOR	4	LA; QL
MAKENA INTRAMUSCULAR OIL	4	LA; QL
<i>medroxyprogesterone intramuscular suspension</i>	5	ACA; QL
<i>medroxyprogesterone intramuscular syringe</i>	5	ACA; QL
<i>medroxyprogesterone oral tablet</i>	1	
MENEST ORAL TABLET	3	
MENOSTAR TRANSDERMAL PATCH WEEKLY	3	QL
<i>mimvey lo oral tablet</i>	1	
<i>mimvey oral tablet</i>	1	
MINIVELLE TRANSDERMAL PATCH SEMIWEEKLY	3	QL
<i>nora-be oral tablet</i>	5	ACA
<i>norethindrone (contraceptive) oral tablet</i>	5	ACA
<i>norethindrone acetate oral tablet</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>norlyda oral tablet</i>	5	ACA

Drug Name	Drug Tier	Requirements / Limits
ORTHO MICRONOR ORAL TABLET	3	ST
PREFEST ORAL TABLET	3	
PREMARIN INJECTION RECON SOLN	2	
PREMARIN ORAL TABLET	2	
PREMARIN VAGINAL CREAM	2	
PREMPHASE ORAL TABLET	2	
PREMPRO ORAL TABLET	2	
<i>progesterone intramuscular oil</i>	4	LA
<i>progesterone micronized oral capsule</i>	1	
PROVERA ORAL TABLET	3	
<i>sharobel oral tablet</i>	5	ACA
<i>tulana oral tablet</i>	5	ACA
VAGIFEM VAGINAL TABLET	3	
VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY	3	QL
<i>yuvafem vaginal tablet</i>	1	
MISCELLANEOUS OB/GYN		
ANNOVERA VAGINAL RING	5	ACA; QL

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Drug Name	Drug Tier	Requirements / Limits
AVC VAGINAL VAGINAL CREAM	3	
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE	3	
CLEOCIN VAGINAL CREAM	3	
CLEOCIN VAGINAL SUPPOSITORY	3	
<i>clindamycin phosphate vaginal cream</i>	1	
CLINDESSE VAGINAL CREAM, EXTENDED RELEASE	3	
GYNAZOLE-1 VAGINAL CREAM	3	
<i>gynol ii vaginal gel</i>	5	ACA; OTC
INTRAROSA VAGINAL INSERT	3	PA
LUPANETA PACK (1 MONTH) KIT. SYRINGE AND TABLET	4	PA; LA
LUPANETA PACK (3 MONTH) KIT. SYRINGE AND TABLET	4	PA; LA
LYSTEDA ORAL TABLET	3	
METROGEL VAGINAL VAGINAL GEL	3	
<i>metronidazole vaginal gel</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>miconazole-3 vaginal suppository</i>	1	
NEXPLANON SUBDERMAL IMPLANT	5	ACA; LA
NUVARING VAGINAL RING	5	ACA
NUVESSA VAGINAL GEL	3	
OSPHENA ORAL TABLET	3	PA
PREPIDIL VAGINAL GEL	3	
PROSTIN E2 VAGINAL SUPPOSITORY	3	
<i>terconazole vaginal cream</i>	1	
<i>terconazole vaginal suppository</i>	1	
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE	5	ACA; OTC
<i>tranexamic acid oral tablet</i>	1	
<i>vaginal contraceptive foam vaginal foam</i>	5	ACA; OTC
<i>vandazole vaginal gel</i>	1	
VCF CONTRACEPTIVE FILM VAGINAL FILM	5	ACA; OTC

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Drug Name	Drug Tier	Requirements / Limits
VCF CONTRACEPTIVE GEL VAGINAL GEL	5	ACA; OTC
<i>xulane transdermal patch weekly</i>	5	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle oral tablet</i>	5	ACA
<i>altavera (28) oral tablet</i>	5	ACA
<i>alyacen 1/35 (28) oral tablet</i>	5	ACA
<i>alyacen 7/7/7 (28) oral tablet</i>	5	ACA
<i>amethia lo oral tablets,dose pack,3 month</i>	5	ACA
<i>amethia oral tablets,dose pack,3 month</i>	5	ACA
<i>amethyst (28) oral tablet</i>	5	ACA
<i>apri oral tablet</i>	5	ACA
<i>aranelle (28) oral tablet</i>	5	ACA
<i>ashlyna oral tablets,dose pack,3 month</i>	5	ACA
<i>aubra eq oral tablet</i>	5	ACA
<i>aubra oral tablet</i>	5	ACA
<i>aurovela 1.5/30 (21) oral tablet</i>	5	ACA
<i>aurovela 1/20 (21) oral tablet</i>	5	ACA
<i>aurovela 24 fe oral tablet</i>	5	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>aurovela fe 1.5/30 (28) oral tablet</i>	5	ACA
<i>aurovela fe 1-20 (28) oral tablet</i>	5	ACA
<i>aviane oral tablet</i>	5	ACA
<i>ayuna oral tablet</i>	5	ACA
<i>azurette (28) oral tablet</i>	5	ACA
BALCOLTRA ORAL TABLET	5	ST; ACA
<i>balziva (28) oral tablet</i>	5	ACA
<i>bekyree (28) oral tablet</i>	5	ACA
BEYAZ ORAL TABLET	3	ST
<i>blisovi 24 fe oral tablet</i>	5	ACA
<i>blisovi fe 1.5/30 (28) oral tablet</i>	5	ACA
<i>blisovi fe 1/20 (28) oral tablet</i>	5	ACA
<i>briellyn oral tablet</i>	5	ACA
<i>camrese lo oral tablets,dose pack,3 month</i>	5	ACA
<i>camrese oral tablets,dose pack,3 month</i>	5	ACA
<i>caziant (28) oral tablet</i>	5	ACA
<i>chateal (28) oral tablet</i>	5	LA
<i>chateal eq (28) oral tablet</i>	5	ACA
<i>cryselle (28) oral tablet</i>	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>cyclafem 1/35 (28) oral tablet</i>	5	ACA
<i>cyclafem 7/7/7 (28) oral tablet</i>	5	ACA
<i>cyred eq oral tablet</i>	5	ACA
<i>cyred oral tablet</i>	5	ACA
<i>dasetta 1/35 (28) oral tablet</i>	5	ACA
<i>dasetta 7/7/7 (28) oral tablet</i>	5	ACA
<i>daysee oral tablets,dose pack,3 month</i>	5	ACA
<i>desog-e.estradiol/e.estradiol oral tablet</i>	5	ACA
<i>desogestrel-ethinyl estradiol oral tablet</i>	5	ACA
<i>drospirenone-e.estradiol-lm.fa oral tablet</i>	5	ACA
<i>drospirenone-ethinyl estradiol oral tablet</i>	5	ACA
<i>econtra ez oral tablet</i>	5	ACA; OTC; QL
<i>econtra one-step oral tablet</i>	5	ACA; OTC; QL
<i>elinest oral tablet</i>	5	ACA
ELLA ORAL TABLET	5	ACA; QL
<i>emoquette oral tablet</i>	5	ACA
<i>enpresse oral tablet</i>	5	ACA
<i>enskyce oral tablet</i>	5	ACA
<i>estarylla oral tablet</i>	5	ACA
ESTROSTEP FE-28 ORAL TABLET	3	ST

Drug Name	Drug Tier	Requirements / Limits
<i>ethynodiol diac-eth estradiol oral tablet</i>	5	ACA
<i>falmina (28) oral tablet</i>	5	ACA
<i>fayosim oral tablets,dose pack,3 month</i>	5	ACA
<i>femynor oral tablet</i>	5	ACA
GENERESS FE ORAL TABLET,CHEWABLE	3	ST
<i>gianvi (28) oral tablet</i>	5	ACA
<i>hailey 24 fe oral tablet</i>	5	ACA
<i>hailey oral tablet</i>	5	ACA
<i>introvale oral tablets,dose pack,3 month</i>	5	ACA
<i>isibloom oral tablet</i>	5	ACA
<i>jasmiel (28) oral tablet</i>	5	ACA
<i>jolessa oral tablets,dose pack,3 month</i>	5	ACA
<i>juleber oral tablet</i>	5	ACA
<i>junel 1.5/30 (21) oral tablet</i>	5	ACA
<i>junel 1/20 (21) oral tablet</i>	5	ACA
<i>junel fe 1.5/30 (28) oral tablet</i>	5	ACA
<i>junel fe 1/20 (28) oral tablet</i>	5	ACA
<i>junel fe 24 oral tablet</i>	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>kaitlib fe oral tablet, chewable</i>	5	ACA
<i>kalliga oral tablet</i>	5	ACA
<i>kariva (28) oral tablet</i>	5	ACA
<i>kelnor 1/35 (28) oral tablet</i>	5	ACA
<i>kelnor 1-50 oral tablet</i>	5	ACA
<i>kurvelo (28) oral tablet</i>	5	ACA
<i>l norgest/e.estradiol-e.estradiol oral tablets, dose pack, 3 month</i>	5	ACA
<i>larin 1.5/30 (21) oral tablet</i>	5	ACA
<i>larin 1/20 (21) oral tablet</i>	5	ACA
<i>larin 24 fe oral tablet</i>	5	ACA
<i>larin fe 1.5/30 (28) oral tablet</i>	5	ACA
<i>larin fe 1/20 (28) oral tablet</i>	5	ACA
<i>larissia oral tablet</i>	5	ACA
<i>layolis fe oral tablet, chewable</i>	5	ACA
<i>leena 28 oral tablet</i>	5	ACA
<i>lessina oral tablet</i>	5	ACA
<i>levonest (28) oral tablet</i>	5	ACA
<i>levonorgestrel oral tablet 1.5 mg</i>	5	ACA; OTC; QL
<i>levonorgestrel-ethinyl estradiol oral tablet</i>	5	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>levonorgestrel-ethinyl estradiol oral tablets, dose pack, 3 month</i>	5	ACA
<i>levonorg-eth estradiol triphasic oral tablet</i>	5	ACA
<i>levora-28 oral tablet</i>	5	ACA
<i>lillow (28) oral tablet</i>	5	ACA
LO LOESTRIN FE ORAL TABLET	5	ST; ACA
LOESTRIN 1.5/30 (21) ORAL TABLET	3	ST
LOESTRIN 1/20 (21) ORAL TABLET	3	ST
LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET	3	ST
LOESTRIN FE 1/20 (28-DAY) ORAL TABLET	3	ST
<i>loryna (28) oral tablet</i>	5	ACA
LOSEASONIQUE ORAL TABLETS, DOSE PACK, 3 MONTH	3	ST
<i>low-ogestrel (28) oral tablet</i>	5	ACA
<i>lo-zumandimine (28) oral tablet</i>	5	ACA
<i>lutra (28) oral tablet</i>	5	ACA
<i>marlissa (28) oral tablet</i>	5	ACA
<i>melodetta 24 fe oral tablet, chewable</i>	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>mibelas 24 fe oral tablet,chewable</i>	5	ACA
<i>microgestin 1.5/30 (21) oral tablet</i>	5	ACA
<i>microgestin 1/20 (21) oral tablet</i>	5	ACA
<i>microgestin fe 1.5/30 (28) oral tablet</i>	5	ACA
<i>microgestin fe 1/20 (28) oral tablet</i>	5	ACA
<i>mili oral tablet</i>	5	ACA
MINASTRIN 24 FE ORAL TABLET,CHEWABLE	3	ST
MIRCETTE (28) ORAL TABLET	3	ST
<i>mono-lynyah oral tablet</i>	5	ACA
<i>mononessa (28) oral tablet</i>	5	ACA
<i>my choice oral tablet</i>	5	ACA; OTC; QL
<i>my way oral tablet</i>	5	ACA; OTC; QL
<i>myzilra oral tablet</i>	5	ACA
NATAZIA ORAL TABLET	5	ST; ACA
<i>necon 0.5/35 (28) oral tablet</i>	5	ACA
<i>new day oral tablet</i>	5	ACA; OTC; QL
<i>nikki (28) oral tablet</i>	5	ACA
<i>noreth-ethinyl estradiol-iron oral tablet,chewable</i>	5	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	5	ACA
<i>norethindrone-e.estradiol-iron oral tablet</i>	5	ACA
<i>norethindrone-e.estradiol-iron oral tablet,chewable</i>	5	ACA
<i>norgestimate-ethinyl estradiol oral tablet</i>	5	ACA
<i>nortrel 0.5/35 (28) oral tablet</i>	5	ACA
<i>nortrel 1/35 (21) oral tablet</i>	5	ACA
<i>nortrel 1/35 (28) oral tablet</i>	5	ACA
<i>nortrel 7/7/7 (28) oral tablet</i>	5	ACA
<i>ocella oral tablet</i>	5	ACA
<i>ogestrel (28) oral tablet</i>	5	ACA
<i>opcicon one-step oral tablet</i>	5	ACA; OTC; QL
<i>option-2 oral tablet</i>	5	ACA; OTC; QL
<i>orsythia oral tablet</i>	5	ACA
ORTHO TRI-CYCLEN (28) ORAL TABLET	3	ST
ORTHO TRI-CYCLEN LO (28) ORAL TABLET	3	ST
ORTHO-CYCLEN (28) ORAL TABLET	3	ST

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Drug Name	Drug Tier	Requirements / Limits
ORTHO-NOVUM 1/35 (28) ORAL TABLET	3	ST
ORTHO-NOVUM 7/7/7 (28) ORAL TABLET	3	ST
<i>philith oral tablet</i>	5	ACA
<i>pimtrex (28) oral tablet</i>	5	ACA
<i>pirmella oral tablet</i>	5	ACA
PLAN B ONE-STEP ORAL TABLET	2	OTC; QL
<i>portia 28 oral tablet</i>	5	ACA
<i>previfem oral tablet</i>	5	ACA
QUARTETTE ORAL TABLETS,DOSE PACK,3 MONTH	3	ST
<i>quasense oral tablets,dose pack,3 month</i>	5	ACA
<i>rajani oral tablet</i>	5	ACA
<i>reclipsen (28) oral tablet</i>	5	ACA
<i>rivelsa oral tablets,dose pack,3 month</i>	5	ACA
SAFYRAL ORAL TABLET	3	ST
SEASONIQUE ORAL TABLETS,DOSE PACK,3 MONTH	3	ST
<i>setlakin oral tablets,dose pack,3 month</i>	5	ACA
<i>simliya (28) oral tablet</i>	5	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>simpesse oral tablets,dose pack,3 month</i>	5	ACA
SLYND ORAL TABLET	5	ST; ACA
<i>sprintec (28) oral tablet</i>	5	ACA
<i>sronyx oral tablet</i>	5	ACA
<i>syeda oral tablet</i>	5	ACA
<i>tarina 24 fe oral tablet</i>	5	ACA
<i>tarina fe 1/20 (28) oral tablet</i>	5	ACA
TAYTULLA ORAL CAPSULE	5	ST; ACA
<i>tilia fe oral tablet</i>	5	ACA
<i>tri femynor oral tablet</i>	5	ACA
<i>tri-estarylla oral tablet</i>	5	ACA
<i>tri-legest fe oral tablet</i>	5	ACA
<i>tri-lynyah oral tablet</i>	5	ACA
<i>tri-lo-estarylla oral tablet</i>	5	ACA
<i>tri-lo-marzia oral tablet</i>	5	ACA
<i>tri-lo-mili oral tablet</i>	5	ACA
<i>tri-lo-sprintec oral tablet</i>	5	ACA
<i>tri-mili oral tablet</i>	5	ACA
<i>tri-previfem (28) oral tablet</i>	5	ACA
<i>tri-sprintec (28) oral tablet</i>	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>trivora (28) oral tablet</i>	5	ACA
<i>tri-vylibra lo oral tablet</i>	5	ACA
<i>tri-vylibra oral tablet</i>	5	ACA
<i>tydemy oral tablet</i>	5	ACA
<i>velivet triphasic regimen (28) oral tablet</i>	5	ACA
<i>vienva oral tablet</i>	5	ACA
<i>viorele (28) oral tablet</i>	5	ACA
<i>vyfemla (28) oral tablet</i>	5	ACA
<i>vylibra oral tablet</i>	5	ACA
<i>wera (28) oral tablet</i>	5	ACA
<i>wymzya fe oral tablet, chewable</i>	5	ACA
YASMIN (28) ORAL TABLET	3	ST
YAZ (28) ORAL TABLET	3	ST
<i>zarah oral tablet</i>	5	ACA
<i>zovia 1/35e (28) oral tablet</i>	5	ACA
<i>zumandimine (28) oral tablet</i>	5	ACA
OXYTOCICS		
<i>methergine oral tablet</i>	1	QL
<i>methylergonovine oral tablet</i>	1	QL
<i>oxytocin injection solution</i>	1	

OPHTHALMOLOGY

Drug Name	Drug Tier	Requirements / Limits
ANTIBIOTICS		
<i>ak-poly-bac ophthalmic (eye) ointment</i>	1	
AZASITE OPHTHALMIC (EYE) DROPS	2	
<i>bacitracin ophthalmic (eye) ointment</i>	1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment</i>	1	
BESIVANCE OPHTHALMIC (EYE) DROPS, SUSPENSION	3	
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION	3	
CEFUROXIME (PF) IN 0.9% NAACL INTRAVITREAL SOLUTION	3	
CILOXAN OPHTHALMIC (EYE) DROPS	3	
CILOXAN OPHTHALMIC (EYE) OINTMENT	3	
<i>ciprofloxacin hcl ophthalmic (eye) drops</i>	1	
<i>erythromycin ophthalmic (eye) ointment</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>gatifloxacin ophthalmic (eye) drops</i>	1	
<i>gentak ophthalmic (eye) ointment</i>	1	
<i>gentamicin ophthalmic (eye) drops</i>	1	
<i>levofloxacin ophthalmic (eye) drops</i>	1	
MOXEZA OPTHALMIC (EYE) DROPS, VISCOUS	2	
MOXIFLOXACIN (PF)-BSS NO.2 INTRAVITREAL SOLUTION	3	
<i>moxifloxacin ophthalmic (eye) drops</i>	1	
MOXIFLOXACIN-SOD CHLOR,ISO(PF) INTRAOCULAR SOLUTION 1 MG/ML	3	
MOXIFLOXACIN-SOD CHLOR,ISO(PF) INTRAOCULAR SYRINGE	3	
NATACYN OPTHALMIC (EYE) DROPS,SUSPENSION	2	

Drug Name	Drug Tier	Requirements / Limits
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops</i>	1	
<i>neo-polycin ophthalmic (eye) ointment</i>	1	
OCUFLOX OPTHALMIC (EYE) DROPS	3	
<i>ofloxacin ophthalmic (eye) drops</i>	1	
<i>polycin ophthalmic (eye) ointment</i>	1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops</i>	1	
POLYTRIM OPTHALMIC (EYE) DROPS	3	
<i>tobramycin ophthalmic (eye) drops</i>	1	
TOBREX OPTHALMIC (EYE) DROPS	3	
TOBREX OPTHALMIC (EYE) OINTMENT	3	
VIGAMOX OPTHALMIC (EYE) DROPS	3	

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Drug Name	Drug Tier	Requirements / Limits
ZYMAXID OPHTHALMIC (EYE) DROPS	3	
ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops</i>	1	
ZIRGAN OPHTHALMIC (EYE) GEL	3	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye) drops</i>	1	
BETIMOL OPHTHALMIC (EYE) DROPS	3	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>carteolol ophthalmic (eye) drops</i>	1	
ISTALOL OPHTHALMIC (EYE) DROPS, ONCE DAILY	3	ST
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>metipranolol ophthalmic (eye) drops</i>	1	
<i>timolol maleate ophthalmic (eye) drops</i>	1	
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	1	
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE	3	ST
TIMOPTIC OPHTHALMIC (EYE) DROPS	3	ST
TIMOPTIC-XE OPHTHALMIC (EYE) GEL FORMING SOLUTION	3	ST
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS	2	
CYCLOPLEGIC MYDRIATICS		
ATROPINE IN 0.9 % SOD CHLORIDE OPHTHALMIC (EYE) DROPS	3	
<i>atropine ophthalmic (eye) drops</i>	1	
ATROPINE OPHTHALMIC (EYE) DROPS, EMULSION	3	
<i>atropine ophthalmic (eye) ointment</i>	1	
CYCLOGYL OPHTHALMIC (EYE) DROPS	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>cyclopentolate ophthalmic (eye) drops</i>	1	
ISOPTO ATROPINE OPHTHALMIC (EYE) DROPS	3	
MYDRIACYL OPHTHALMIC (EYE) DROPS	3	
PAREMYD OPHTHALMIC (EYE) DROPS	3	
PHENYLEPH-TROPICAMIDE IN WATER OPHTHALMIC (EYE) DROPS	3	
<i>tropicamide ophthalmic (eye) drops</i>	1	
DIRECT ACTING MIOTICS		
ISOPTO CARPINE OPHTHALMIC (EYE) DROPS	3	
MIOCHOL-E INTRAOCULAR KIT	3	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
MISCELLANEOUS OPHTHALMOLOGICS		
AKTEN (PF) OPHTHALMIC (EYE) GEL	3	
ALCAINE OPHTHALMIC (EYE) DROPS	3	

Drug Name	Drug Tier	Requirements / Limits
ALOCRILOPHTHALMIC (EYE) DROPS	3	
ALOMIDOPHTHALMIC (EYE) DROPS	3	
ALTAFLUORBENOX OPHTHALMIC (EYE) DROPS	3	
<i>azelastine ophthalmic (eye) drops</i>	1	
BEPREVE OPHTHALMIC (EYE) DROPS	2	ST
CEQUA OPHTHALMIC (EYE) DROPPERETTE	3	PA
<i>cromolyn ophthalmic (eye) drops</i>	1	
CYSTARAN OPHTHALMIC (EYE) DROPS	4	LA
ELESTAT OPHTHALMIC (EYE) DROPS	3	ST
EMADINE OPHTHALMIC (EYE) DROPS	3	ST
<i>epinastine ophthalmic (eye) drops</i>	1	
JETREA (PF) INTRAVITREAL SOLUTION 0.125 MG/0.1 ML (1.25 MG/ML)	4	LA

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Drug Name	Drug Tier	Requirements / Limits
KLARITY-A (AZITHRO- CHONDR)(PF) OPHTHALMIC (EYE) DROPS	3	
KLARITY-B (BETAMETH- CHOND)(PF) OPHTHALMIC (EYE) DROPS	3	
KLARITY-L (LOTEPRED- CHOND)(PF) OPHTHALMIC (EYE) DROPS	3	
LACRISERT OPHTHALMIC (EYE) INSERT	3	
LASTACAFT OPHTHALMIC (EYE) DROPS	3	ST
LIDOCAN- PHENYLEPH-BSS NO.2(PF) INTRAOCULAR SYRINGE	3	
<i>olopatadine ophthalmic (eye) drops</i>	1	
OMIDRIA INTRAOCULAR CONCENTRATE	3	
OXERVATE OPHTHALMIC (EYE) DROPS	4	PA; LA
PATADAY OPHTHALMIC (EYE) DROPS	3	ST
PATANOL OPHTHALMIC (EYE) DROPS	3	ST

Drug Name	Drug Tier	Requirements / Limits
PAZEO OPHTHALMIC (EYE) DROPS	2	ST
PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS	3	
PHOTREXA VISCOUS OPHTHALMIC (EYE) DROPS, VISCOUS	3	
PREDNISOL ACE- GATIFLOX- BROMFEN OPHTHALMIC (EYE) DROPS,SUSPENSIO N	3	
PREDNISOLN SP- MOXIFLOX- BROMFEN OPHTHALMIC (EYE) DROPS	3	
PREDNISOLONE ACETATE- NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPENSIO N	3	
PREDNISOLONE- MOXIFLO- NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPENSIO N	3	

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Drug Name	Drug Tier	Requirements / Limits
PREDNISOLONE-MOXIFLOX-BROMFEN OPTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>proparacaine ophthalmic (eye) drops</i>	1	
RACEPINEPH-LIDOCAINE-BSS 7(PF) INTRAOCULAR SOLUTION	3	
RESTASIS MULTIDOSE OPTHALMIC (EYE) DROPS	2	PA; QL
RESTASIS OPTHALMIC (EYE) DROPPERETTE	2	PA; QL
<i>tetracaine ophthalmic (eye) drops</i>	1	
TETRACAINE HCL (PF) OPTHALMIC (EYE) DROPS	3	
<i>tetracaine hcl ophthalmic (eye) drops</i>	1	
VISUDYNE INTRAVENOUS RECON SOLN	4	LA
VITRASE INJECTION SOLUTION	3	

Drug Name	Drug Tier	Requirements / Limits
XIIDRA OPTHALMIC (EYE) DROPPERETTE	2	PA; QL
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR LS OPTHALMIC (EYE) DROPS	3	ST
ACULAR OPTHALMIC (EYE) DROPS	3	ST
ACUVAIL (PF) OPTHALMIC (EYE) DROPPERETTE	3	ST
<i>bromfenac ophthalmic (eye) drops</i>	1	
BROMSITE OPTHALMIC (EYE) DROPS	3	
<i>diclofenac sodium ophthalmic (eye) drops</i>	1	
<i>flurbiprofen sodium ophthalmic (eye) drops</i>	1	
ILEVRO OPTHALMIC (EYE) DROPS,SUSPENSION	2	
<i>ketorolac ophthalmic (eye) drops</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
NEVANAC OPTHALMIC (EYE) DROPS,SUSPENSION	2	ST
PROLENSA OPTHALMIC (EYE) DROPS	2	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release</i>	1	
<i>acetazolamide oral tablet</i>	1	
<i>acetazolamide sodium injection recon soln</i>	1	
<i>methazolamide oral tablet</i>	1	
OTHER GLAUCOMA DRUGS		
AZOPT OPTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>bimatoprost ophthalmic (eye) drops</i>	1	
BRIMONIDINE-DORZOLAMIDE (PF) OPTHALMIC (EYE) DROPS	3	
COMBIGAN OPTHALMIC (EYE) DROPS	2	
COSOPT (PF) OPTHALMIC (EYE) DROPPERETTE	3	

Drug Name	Drug Tier	Requirements / Limits
COSOPT OPTHALMIC (EYE) DROPS	3	ST
DORZOLAMIDE (PF) OPTHALMIC (EYE) DROPS	3	
<i>dorzolamide ophthalmic (eye) drops</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	1	
DORZOLAMIDE-TIMOLOL (PF) OPTHALMIC (EYE) DROPS	3	
<i>dorzolamide-timolol ophthalmic (eye) drops</i>	1	
LATANOPROST (PF) OPTHALMIC (EYE) DROPS	3	
<i>latanoprost ophthalmic (eye) drops</i>	1	
LUMIGAN OPTHALMIC (EYE) DROPS 0.01 %	2	
<i>miostat intraocular solution</i>	1	
MITOSOL OPTHALMIC (EYE) KIT	3	
RHOPRESSA OPTHALMIC (EYE) DROPS	2	

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Drug Name	Drug Tier	Requirements / Limits
ROCKLATAN OPTHALMIC (EYE) DROPS	3	ST
SIMBRINZA OPTHALMIC (EYE) DROPS,SUSPENSION	3	
TIMOL-BRIMON-DORZO-LATANOP(PF) OPTHALMIC (EYE) DROPS	3	
TIMOLOL-BRIMONIDI-DORZOLAM(PF) OPTHALMIC (EYE) DROPS	3	
TIMOLOL-DORZOLAMID-LATANOP(PF) OPTHALMIC (EYE) DROPS	3	
TIMOLOL-LATANOPROST(PF) OPTHALMIC (EYE) DROPS	3	
TRAVATAN Z OPTHALMIC (EYE) DROPS	2	
TRUSOPT OPTHALMIC (EYE) DROPS	3	ST
VYZULTA OPTHALMIC (EYE) DROPS	3	ST
XALATAN OPTHALMIC (EYE) DROPS	3	ST

Drug Name	Drug Tier	Requirements / Limits
XELPROS OPTHALMIC (EYE) DROPS, EMULSION	3	ST
ZIOPTAN (PF) OPTHALMIC (EYE) DROPPERETTE	3	ST
STEROID-ANTIBIOTIC COMBINATIONS		
MAXITROL OPTHALMIC (EYE) DROPS,SUSPENSION	3	
MAXITROL OPTHALMIC (EYE) OINTMENT	3	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension</i>	1	
<i>neo-polycin hc ophthalmic (eye) ointment</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
PRED-G OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT	3	
PREDNISOLONE SODIUM PH-MOXIFLOX OPHTHALMIC (EYE) DROPS	3	
PREDNISOLONE-MOXIFLOXACIN HCL OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
TOBRADEX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	2	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION	2	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension</i>	1	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION	2	

Drug Name	Drug Tier	Requirements / Limits
STERIODS		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION	2	ST
<i>dexamethasone sodium phosphate ophthalmic (eye) drops</i>	1	
DEXTENZA INTRACANALICULAR INSERT	3	
DEXYCU (PF) INTRAOCULAR SUSPENSION	3	
DUREZOL OPHTHALMIC (EYE) DROPS	3	
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	ST
<i>fluorometholone ophthalmic (eye) drops,suspension</i>	1	
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION	3	ST
FML LIQUIFILM OPHTHALMIC (EYE) DROPS,SUSPENSION	3	ST
FML S.O.P. OPHTHALMIC (EYE) OINTMENT	3	ST

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Drug Name	Drug Tier	Requirements / Limits
ILUVIEN INTRAVITREAL IMPLANT	4	LA
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION	2	ST
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL	2	
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION	2	
LOTEMAX OPHTHALMIC (EYE) OINTMENT	2	
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL	2	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension</i>	1	
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	ST
OMNIPRED OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
OZURDEX INTRAVITREAL IMPLANT	4	LA

Drug Name	Drug Tier	Requirements / Limits
PRED FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION	3	ST
PREDNISOLONE ACETATE (PF) OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>prednisolone acetate ophthalmic (eye) drops,suspension</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops</i>	1	
RETISERT INTRAVITREAL IMPLANT	4	LA
YUTIQ INTRAVITREAL IMPLANT	4	LA
STEROID-SULFONAMIDE COMBINATIONS		
BLEPHAMIDE OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>sulfacetamide-prednisolone ophthalmic (eye) drops</i>	1	
SULFONAMIDES		
BLEPH-10 OPTHALMIC (EYE) DROPS	3	
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	1	
SYMPATHOMIMETICS		
ALPHAGAN P OPTHALMIC (EYE) DROPS 0.1 %	2	
ALPHAGAN P OPTHALMIC (EYE) DROPS 0.15 %	3	ST
<i>apraclonidine ophthalmic (eye) drops</i>	1	
<i>brimonidine ophthalmic (eye) drops</i>	1	
IOPIDINE OPTHALMIC (EYE) DROPPERETTE	3	ST
IOPIDINE OPTHALMIC (EYE) DROPS	3	ST
VASOCONSTRICTOR DECONGESTANTS		

Drug Name	Drug Tier	Requirements / Limits
CYCLOMYDRIL OPTHALMIC (EYE) DROPS	3	
<i>phenylephrine hcl ophthalmic (eye) drops</i>	1	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI-HISTAMINE & ANTI-ALLERGENIC AGENTS		
<i>adrenalin injection solution</i>	1	
AUVI-Q INJECTION AUTO-INJECTOR	3	PA; QL
<i>carbinoxamine maleate oral liquid</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>cetirizine oral solution 1 mg/ml</i>	1	
CLARINEX ORAL SYRUP	3	
CLARINEX ORAL TABLET	3	QL
<i>clemastine oral tablet 2.68 mg</i>	1	
<i>cyproheptadine oral syrup</i>	1	
<i>cyproheptadine oral tablet</i>	1	
<i>desloratadine oral tablet</i>	1	QL
<i>desloratadine oral tablet, disintegrating</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
DIPHEN ORAL ELIXIR	3	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>diphenhydramine hcl injection syringe</i>	1	
EPINEPHRINE HCL (PF) INJECTION SOLUTION	3	
EPINEPHRINE INJECTION 0.15 MG AUTO-INJECTOR (IMPAX, LINEAGE GENERIC) 0.15 MG/0.15 ML	3	ST; QL
<i>epinephrine injection auto-injector (mylan generic) 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	QL
EPIPEN 2-PAK INJECTION AUTO-INJECTOR	2	ST; QL
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR	2	ST; QL
<i>hydroxyzine hcl intramuscular solution</i>	1	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	
<i>hydroxyzine pamoate oral capsule</i>	1	

Drug Name	Drug Tier	Requirements / Limits
KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR	3	
<i>levocetirizine oral solution</i>	1	
<i>levocetirizine oral tablet</i>	1	QL
<i>phenadoz rectal suppository</i>	1	
PHENERGAN INJECTION SOLUTION	3	
<i>promethazine injection solution</i>	1	
<i>promethazine oral syrup</i>	1	
<i>promethazine oral tablet</i>	1	
<i>promethazine rectal suppository</i>	1	
<i>promethegan rectal suppository</i>	1	
RYCLORA ORAL SOLUTION	3	
SYMJEPI INJECTION SYRINGE	2	QL
VISTARIL ORAL CAPSULE	3	
COUGH & COLD THERAPY		
<i>benzonatate oral capsule</i>	1	
BROMFED DM ORAL SYRUP	3	
<i>brompheniramine-pseudoeph-dm oral syrup</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
CAPCOF ORAL LIQUID	3	
<i>centergy oral drops</i>	1	
<i>cheratussin ac oral liquid</i>	1	
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR	3	QL
<i>codeine-guaifenesin oral liquid</i>	1	
CODITUSSIN AC ORAL LIQUID	3	
CODITUSSIN DAC ORAL LIQUID	3	
<i>g tussin ac oral liquid</i>	1	
<i>guaiaatussin ac oral liquid</i>	1	
HISTEX-AC ORAL SYRUP	3	
<i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr</i>	1	
<i>hydrocodone-cpm-pseudoephed oral solution</i>	1	
HYDROCODONE-GUAIFENESIN ORAL SOLUTION	3	ST
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>hydromet oral syrup</i>	1	
<i>lortuss ex oral syrup</i>	1	
MAR-COF CG ORAL LIQUID	3	
MAXI-TUSS CD ORAL LIQUID	3	
<i>m-clear wc oral liquid</i>	1	
M-END PE ORAL LIQUID	3	
NINJACOF-XG ORAL LIQUID	3	
OBREDON ORAL SOLUTION	3	ST
<i>pe-guai oral drops</i>	1	
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML	3	
<i>promethazine-codeine oral syrup</i>	1	
<i>promethazine-dm oral syrup</i>	1	
<i>promethazine-phenyleph-codeine oral syrup</i>	1	
<i>promethazine-phenylephrine oral syrup</i>	1	
PRO-RED AC (W/ DEXCHLORPHENIR) ORAL LIQUID	3	
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR	3	
<i>robafen ac oral liquid</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
SEMPREX-D ORAL CAPSULE	3	
TESSALON PERLES ORAL CAPSULE	3	
TUSSICAPS ORAL CAPSULE,EXTEN DED RELEASE 12 HR	3	ST
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR	3	
TUZISTRA XR ORAL SUSPENSION,EXT ENDED REL 12 HR	3	ST
<i>virtussin ac oral liquid</i>	1	
<i>virtussin dac oral syrup</i>	1	
ZODRYL AC 25 ORAL SUSPENSION	3	
ZODRYL AC 30 ORAL SUSPENSION	3	
ZODRYL AC 35 ORAL SUSPENSION	3	
ZODRYL AC 40 ORAL SUSPENSION	3	
ZODRYL AC 50 ORAL SUSPENSION	3	
ZODRYL AC 60 ORAL SUSPENSION	3	

Drug Name	Drug Tier	Requirements / Limits
ZODRYL AC 80 ORAL SUSPENSION	3	
ZODRYL DAC 25 ORAL SUSPENSION	3	
ZODRYL DAC 30 ORAL SUSPENSION	3	
ZODRYL DAC 35 ORAL SUSPENSION	3	
ZODRYL DAC 40 ORAL SUSPENSION	3	
ZODRYL DAC 50 ORAL SUSPENSION	3	
ZODRYL DAC 60 ORAL SUSPENSION	3	
ZODRYL DAC 80 ORAL SUSPENSION	3	
ZODRYL DEC 25 ORAL SUSPENSION	3	
ZODRYL DEC 30 ORAL SUSPENSION	3	
ZODRYL DEC 35 ORAL SUSPENSION	3	
ZODRYL DEC 40 ORAL SUSPENSION	3	
ZODRYL DEC 50 ORAL SUSPENSION	3	

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Drug Name	Drug Tier	Requirements / Limits
ZODRYL DEC 60 ORAL SUSPENSION	3	
ZODRYL DEC 80 ORAL SUSPENSION	3	
Z-TUSS AC ORAL LIQUID	3	
PULMONARY AGENTS		
ACCOLATE ORAL TABLET	3	
<i>acetylcysteine solution</i>	1	
ADCIRCA ORAL TABLET	4	PA; LA; QL
ADEMPAS ORAL TABLET	4	PA; LA
ADRENALIN NASAL SOLUTION	3	
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE	3	QL
ADVAIR HFA INHALATION HFA AEROSOL INHALER	2	QL
AIRDUO RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED	3	QL
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>albuterol sulfate inhalation solution for nebulization</i>	1	
<i>albuterol sulfate oral syrup</i>	1	
<i>albuterol sulfate oral tablet</i>	1	
<i>albuterol sulfate oral tablet extended release 12 hr</i>	1	
ALVESCO INHALATION HFA AEROSOL INHALER	3	ST; QL
<i>alyq oral tablet</i>	1	PA; LA; QL
<i>ambrisentan oral tablet</i>	4	PA; LA
<i>aminophylline intravenous solution 250 mg/10 ml</i>	1	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE	2	QL
ARCAPTA NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE	2	QL
ARMONAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED	2	QL

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Drug Name	Drug Tier	Requirements / Limits
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE	2	QL
ASMANEX HFA INHALATION HFA AEROSOL INHALER	2	QL
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	QL
ATROVENT HFA INHALATION HFA AEROSOL INHALER	2	QL
BECONASE AQ NASAL SPRAY, NON-AEROSOL	3	ST; QL
BERINERT INTRAVENOUS KIT	4	PA; LA
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER	2	QL
<i>bosentan oral tablet</i>	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
BREO ELLIPTA INHALATION BLISTER WITH DEVICE	2	QL
BROVANA INHALATION SOLUTION FOR NEBULIZATION	3	ST; QL
<i>budesonide inhalation suspension for nebulization</i>	1	QL
CINRYZE INTRAVENOUS RECON SOLN	4	PA; LA
COMBIVENT RESPIMAT INHALATION MIST	2	QL
<i>cromolyn inhalation solution for nebulization</i>	1	
CUROSURF INTRATRACHEAL SUSPENSION	3	
DALIRESP ORAL TABLET 250 MCG	2	PA; QL
DALIRESP ORAL TABLET 500 MCG	2	PA
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED	3	
DULERA INHALATION HFA AEROSOL INHALER	2	QL

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Drug Name	Drug Tier	Requirements / Limits
DYMISTA NASAL SPRAY, NON-AEROSOL	2	ST; QL
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	3	
ESBRIET ORAL CAPSULE	4	PA; LA; QL
ESBRIET ORAL TABLET 267 MG	4	PA; LA; QL
ESBRIET ORAL TABLET 801 MG	4	PA; LA
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA
FASENRA SUBCUTANEOUS SYRINGE	4	PA; LA
FIRAZYR SUBCUTANEOUS SYRINGE	4	PA; LA
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE	2	QL
FLOVENT HFA INHALATION HFA AEROSOL INHALER	2	QL
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	1	QL
<i>fluticasone propionate nasal spray, suspension</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
FLUTICASONE PROPRION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	2	QL
<i>fluticasone propion-salmeterol inhalation blister with device</i>	1	QL
HAEGARDA SUBCUTANEOUS RECON SOLN	4	PA; LA
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION	3	
<i>icatibant subcutaneous syringe</i>	4	PA; LA
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE	2	QL
<i>ipratropium bromide inhalation solution</i>	1	
<i>ipratropium-albuterol inhalation solution for nebulization</i>	1	QL
KALBITOR SUBCUTANEOUS SOLUTION	4	PA; LA
KALYDECO ORAL GRANULES IN PACKET 25 MG	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG	4	PA; LA; QL
KALYDECO ORAL TABLET	4	PA; LA; QL
LETAIRIS ORAL TABLET	4	PA; LA
<i>levalbuterol hcl inhalation solution for nebulization</i>	1	
LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER	3	ST
LONHALA MAGNAIR REFILL INHALATION SOLUTION FOR NEBULIZATION	3	QL
LONHALA MAGNAIR STARTER INHALATION SOLUTION FOR NEBULIZATION	3	QL
<i>metaproterenol oral syrup</i>	1	
<i>metaproterenol oral tablet</i>	1	
<i>mometasone nasal spray,non-aerosol</i>	1	QL
<i>montelukast oral granules in packet</i>	1	
<i>montelukast oral tablet</i>	1	
<i>montelukast oral tablet,chewable</i>	1	

Drug Name	Drug Tier	Requirements / Limits
NASONEX NASAL SPRAY,NON-AEROSOL	3	ST; QL
<i>nebusal inhalation solution for nebulization 3 %</i>	1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	3	
NUCALA SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL
NUCALA SUBCUTANEOUS RECON SOLN	4	PA; LA; QL
NUCALA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
OFEV ORAL CAPSULE	4	PA; LA; QL
OMNARIS NASAL SPRAY,NON-AEROSOL	3	ST; QL
OPSUMIT ORAL TABLET	4	PA; LA
ORKAMBI ORAL GRANULES IN PACKET	4	PA; LA; QL
ORKAMBI ORAL TABLET	4	PA; LA; QL
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION	2	QL

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Drug Name	Drug Tier	Requirements / Limits
PROAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR	3	
PROAIR HFA INHALATION HFA AEROSOL INHALER	2	QL
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED	2	QL
PROVENTIL HFA INHALATION HFA AEROSOL INHALER	3	ST; QL
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED	2	QL
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION	3	QL
<i>pulmosal inhalation solution for nebulization</i>	1	
PULMOZYME INHALATION SOLUTION	4	LA
QNASL NASAL HFA AEROSOL INHALER	2	ST; QL

Drug Name	Drug Tier	Requirements / Limits
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED	2	QL
REVATIO INTRAVENOUS SOLUTION	4	PA; LA
REVATIO ORAL SUSPENSION FOR RECONSTITUTION	4	PA; LA; QL
REVATIO ORAL TABLET	4	PA; LA; QL
RUCONEST INTRAVENOUS RECON SOLN	4	PA; LA
SEEBRI NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE	2	QL
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE	2	QL
<i>sildenafil (pulm.hypertension) intravenous solution</i>	4	PA; LA
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution</i>	4	PA; LA; QL
<i>sildenafil (pulm.hypertension) oral tablet</i>	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
SINGULAIR ORAL GRANULES IN PACKET	3	
SINGULAIR ORAL TABLET	3	
SINGULAIR ORAL TABLET,CHEWABLE	3	
SINUVA SINUS IMPLANT	4	PA; LA
<i>sodium chloride inhalation solution for nebulization</i>	1	
SPIRIVA RESPIMAT INHALATION MIST	2	QL
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE	2	QL
STIOLTO RESPIMAT INHALATION MIST	2	QL
STRIVERDI RESPIMAT INHALATION MIST	2	QL
SURFAXIN INTRATRACHEAL SUSPENSION	3	
SYMBICORT INHALATION HFA AEROSOL INHALER	2	QL

Drug Name	Drug Tier	Requirements / Limits
SYMDEKO ORAL TABLETS, SEQUENTIAL	4	PA; LA; QL
<i>tadalafil (pulm. hypertension) oral tablet</i>	4	PA; LA; QL
TAKHZYRO SUBCUTANEOUS SOLUTION	4	PA; LA; QL
<i>terbutaline oral tablet</i>	1	
<i>terbutaline subcutaneous solution</i>	1	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR	3	
<i>theochron oral tablet extended release 12 hr</i>	1	
<i>theophylline oral elixir</i>	1	
<i>theophylline oral solution</i>	1	
<i>theophylline oral tablet extended release 12 hr</i>	1	
<i>theophylline oral tablet extended release 24 hr</i>	1	
TRACLEER ORAL TABLET	4	PA; LA
TRACLEER ORAL TABLET FOR SUSPENSION	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE	2	QL
TRIKAFTA ORAL TABLETS, SEQUENTIAL	4	PA; LA
TYVASO INHALATION SOLUTION FOR NEBULIZATION	4	PA; LA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION	4	PA; LA
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION	4	PA; LA
UTIBRON NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE	2	QL
VENTOLIN HFA INHALATION HFA AEROSOL INHALER	2	QL
<i>wixela inhub inhalation blister with device</i>	1	QL
XHANCE NASAL AEROSOL BREATH ACTIVATED	3	ST; QL
XOLAIR SUBCUTANEOUS RECON SOLN	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
XOLAIR SUBCUTANEOUS SYRINGE	4	PA; LA; QL
XOPENEX CONCENTRATE INHALATION SOLUTION FOR NEBULIZATION	3	
XOPENEX HFA INHALATION HFA AEROSOL INHALER	3	ST
XOPENEX INHALATION SOLUTION FOR NEBULIZATION	3	
YUPELRI INHALATION SOLUTION FOR NEBULIZATION	2	QL
<i>zafirlukast oral tablet</i>	1	
ZETONNA NASAL HFA AEROSOL INHALER	3	ST; QL
<i>zileuton oral tablet, er multiphase 12 hr</i>	1	ST
ZYFLO CR ORAL TABLET, ER MULTIPHASE 12 HR	3	ST
ZYFLO ORAL TABLET	3	ST
UROLOGICALS		
ANTICHOLINERGICS & ANTISPASMODICS		
<i>darifenacin oral tablet extended release 24 hr</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
DETROL LA ORAL CAPSULE, EXTENDED RELEASE 24HR	3	ST
DETROL ORAL TABLET	3	ST
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 5 MG	3	ST
ENABLEX ORAL TABLET EXTENDED RELEASE 24 HR	3	ST
<i>flavoxate oral tablet</i>	1	
GELNIQUE TRANSDERMAL GEL IN METERED-DOSE PUMP 100 MG/GRAM (10 %)	2	ST; QL
GELNIQUE TRANSDERMAL GEL IN PACKET	2	ST; QL
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	2	ST
<i>oxybutynin chloride oral syrup</i>	1	
<i>oxybutynin chloride oral tablet</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>solifenacin oral tablet</i>	1	
<i>tolterodine oral capsule, extended release 24hr</i>	1	
<i>tolterodine oral tablet</i>	1	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR	2	ST
<i>trospium oral capsule, extended release 24hr</i>	1	
<i>trospium oral tablet</i>	1	
VESICARE ORAL TABLET	2	ST
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin oral tablet extended release 24 hr</i>	1	
AVODART ORAL CAPSULE	3	
CIALIS ORAL TABLET 2.5 MG, 5 MG	3	PA; QL
<i>dutasteride oral capsule</i>	1	
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr</i>	1	
<i>finasteride oral tablet 5 mg</i>	1	
FLOMAX ORAL CAPSULE	3	

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Drug Name	Drug Tier	Requirements / Limits
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR	3	
PROSCAR ORAL TABLET	3	
RAPAFLO ORAL CAPSULE	3	
<i>silodosin oral capsule</i>	1	
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	PA; QL
<i>tamsulosin oral capsule</i>	1	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR	3	
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride oral tablet</i>	1	
URECHOLINE ORAL TABLET	3	
MISCELLANEOUS UROLOGICALS		
<i>alprostadil injection solution</i>	1	
CAVERJECT IMPULSE INTRACAVERNOSAL KIT	2	QL
CAVERJECT INTRACAVERNOSAL RECON SOLN	2	QL
CAVERJECT INTRACAVERNOSAL SYRINGE	2	QL

Drug Name	Drug Tier	Requirements / Limits
CIALIS ORAL TABLET 10 MG, 20 MG	3	QL
CYSTAGON ORAL CAPSULE	4	LA
<i>cytra k crystals oral packet</i>	1	
EDEX INTRACAVERNOSAL KIT	3	QL
ELMIRON ORAL CAPSULE	2	
IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION	3	QL
IFE-PG20 INTRACAVERNOSAL SOLUTION	3	QL
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE	2	
LEVITRA ORAL TABLET	3	ST; QL
MUSE INTRA-URETHRAL SUPPOSITORY	2	QL
PAPAV-PHENTOLAM-ALPROST-WATER INTRACAVERNOSAL SOLUTION	3	QL
PAPAV-PHENTOLAMINE IN WATER INTRACAVERNOSAL SOLUTION	3	QL
<i>potassium citrate oral tablet extended release</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE	4	ST; LA
PROSTIN VR PEDIATRIC INJECTION SOLUTION	3	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	2	
SHOHL'S MODIFIED ORAL SOLUTION	3	
<i>sildenafil oral tablet</i>	1	QL
STAXYN ORAL TABLET,DISINTEGRATING	3	ST; QL
STENDRA ORAL TABLET	3	ST; QL
<i>tadalafil oral tablet 10 mg, 20 mg</i>	1	QL
TRI-MIX (PAPAVRN-PHNTLMN-PGE1) INTRACAVERNOSAL RECON SOLN	3	QL
<i>uretron d-s oral tablet 81.6-10.8-40.8 mg</i>	1	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE	3	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE	3	

Drug Name	Drug Tier	Requirements / Limits
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE	3	
<i>uro-mp oral capsule</i>	1	
UROQID-ACID NO.2 ORAL TABLET	3	
<i>uryl oral tablet</i>	1	
<i>vardenafil oral tablet</i>	1	QL
<i>vardenafil oral tablet,disintegrating</i>	1	QL
VIAGRA ORAL TABLET	3	ST; QL
<i>vilamit mb oral capsule</i>	1	
URINARY ANESTHETICS		
PYRIDIUM ORAL TABLET	3	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
CALCIUM GLUC IN NA CL, ISO-OSM INTRAVENOUS SOLUTION	3	
<i>calcium gluconate in 0.9% nacl intravenous solution 1 gram/100 ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
CALCIUM GLUCONATE IN 0.9% NACL INTRAVENOUS SOLUTION 1 GRAM/50 ML, 2 GRAM/100 ML, 2 GRAM/50 ML, 3 GRAM/100 ML	3	
CALCIUM GLUCONATE IN 0.9% NACL INTRAVENOUS SYRINGE	3	
CALCIUM GLUCONATE IN D5W INTRAVENOUS SOLUTION 1 GRAM/100 ML, 1 GRAM/50 ML, 2 GRAM/100 ML, 4 GRAM/250 ML	3	
CALCIUM GLUCONATE IN WATER INTRAVENOUS SYRINGE	3	
EFFER-K ORAL TABLET, EFFERVESCENT 20 MEQ	3	
<i>effer-k oral tablet, effervescent 25 meq</i>	1	
GALZIN ORAL CAPSULE	3	
<i>k-effervescent oral tablet, effervescent</i>	1	
<i>klor-con 10 oral tablet extended release</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>klor-con 8 oral tablet extended release</i>	1	
<i>klor-con m10 oral tablet,er particles/crystals</i>	1	
<i>klor-con m15 oral tablet,er particles/crystals</i>	1	
<i>klor-con m20 oral tablet,er particles/crystals</i>	1	
<i>klor-con oral packet</i>	1	
<i>klor-con sprinkle oral capsule, extended release 8 meq</i>	1	
<i>klor-con/ef oral tablet, effervescent</i>	1	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	
<i>k-tab oral tablet extended release 8 meq</i>	1	
<i>lugols oral solution</i>	1	
NORMOSOL-R INTRAVENOUS PARENTERAL SOLUTION	3	
POTABA ORAL CAPSULE	3	
<i>potassium bicarb and chloride oral tablet, effervescent</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>potassium bicarb-citric acid oral tablet, effervescent</i>	1	
<i>potassium chloride oral capsule, extended release</i>	1	
<i>potassium chloride oral liquid</i>	1	
<i>potassium chloride oral packet</i>	1	
<i>potassium chloride oral tablet extended release</i>	1	
<i>potassium chloride oral tablet,er particles/crystals</i>	1	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	1	
<i>sodium chloride 0.45 % intravenous piggyback</i>	1	
<i>sodium chloride 3 % intravenous parenteral solution</i>	1	
<i>sodium chloride 5 % intravenous parenteral solution</i>	1	
<i>sodium chloride intravenous parenteral solution</i>	1	
<i>strong iodine oral solution</i>	1	
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	2	

Drug Name	Drug Tier	Requirements / Limits
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	2	
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	2	
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	2	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	2	
VITAMINS & HEMATINICS		
<i>b complex 100 injection solution</i>	1	
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP, DR	3	
<i>bal-care dha oral combo pack, tablet and cap, dr</i>	1	
CADEAU DHA ORAL CAPSULE	3	
CITRANATAL (DUAL-IRON) ORAL TABLET	3	
CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK	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, 2019.

Drug Name	Drug Tier	Requirements / Limits
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG - 50 MG-300 MG	3	
CITRANATAL B-CALM (FE GLUC) ORAL TABLETS, SEQUENTIAL	3	
CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK	3	
CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE	3	
<i>c-nate dha oral capsule</i>	1	
<i>complete natal dha oral combo pack</i>	1	
<i>completenate oral tablet, chewable</i>	1	
CONCEPT DHA ORAL CAPSULE	3	
CONCEPT OB ORAL CAPSULE	3	
<i>cyanocobalamin (vitamin b-12) injection solution</i>	1	
DRISDOL ORAL CAPSULE	3	
DUET DHA BALANCED ORAL COMBO PACK 25 MG IRON-1 MG - 267 MG-233 MG	3	

Drug Name	Drug Tier	Requirements / Limits
DUET DHA WITH OMEGA-3 ORAL COMBO PACK 25 MG IRON-1 MG - 400 MG	3	
<i>elite-ob oral tablet</i>	1	
ENBRACE HR ORAL CAPSULE, IR - DELAY REL, BIPHASE	3	
<i>ergocalciferol (vitamin d2) oral capsule 50,000 unit</i>	1	
FERAHEME INTRAVENOUS SOLUTION	2	
<i>fluoride (sodium) oral drops</i>	5	ACA; OTC
<i>fluoride (sodium) oral tablet, chewable</i>	5	ACA; OTC
<i>fluoritab oral tablet, chewable</i>	5	ACA; OTC
FOLET ONE ORAL CAPSULE	3	
<i>folic acid injection solution</i>	1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	5	ACA; OTC
<i>folivane-ob oral capsule</i>	1	
<i>hemenatal ob + dha oral combo pack</i>	1	
<i>hydroxocobalamin intramuscular solution</i>	1	
<i>infed injection solution</i>	1	

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, 2019.

Drug Name	Drug Tier	Requirements / Limits
INFUVITE ADULT INTRAVENOUS SOLUTION	3	
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION	2	
INJECTAFER INTRAVENOUS SOLUTION	3	
KOSHER PRENATAL PLUS IRON ORAL TABLET	3	
<i>ludent fluoride oral tablet, chewable</i>	5	ACA; OTC
<i>m.v.i. adult intravenous solution</i>	1	
M.V.I. PEDIATRIC INTRAVENOUS RECON SOLN	2	
MARNATAL-F ORAL CAPSULE	3	
<i>m-natal plus oral tablet</i>	1	
<i>multi-vitamin with fluoride oral drops</i>	5	ACA; OTC
<i>multi-vitamin with fluoride oral tablet, chewable</i>	5	ACA; OTC
<i>multivitamins with fluoride oral tablet, chewable</i>	5	ACA; OTC
<i>mvc-fluoride oral tablet, chewable</i>	5	ACA; OTC
<i>mynatal advance oral tablet</i>	1	
<i>mynatal oral capsule</i>	1	
<i>mynatal oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>mynatal plus oral tablet</i>	1	
<i>mynatal-z oral tablet</i>	1	
<i>mynate 90 plus oral tablet extended release</i>	1	
NASCOBAL NASAL SPRAY, NON-AEROSOL	2	ST
NATACHEW (FE BIS-GLYCINATE) ORAL TABLET, CHEWABLE	3	
NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE	3	
NESTABS ABC ORAL COMBO PACK	3	
NESTABS DHA ORAL COMBO PACK	3	
NESTABS ONE ORAL CAPSULE	3	
NESTABS ORAL TABLET	3	
<i>newgen oral tablet</i>	1	
NEXAVIR INJECTION SOLUTION	3	
OB COMPLETE ONE ORAL CAPSULE	3	
OB COMPLETE ORAL TABLET	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, 2019.

Drug Name	Drug Tier	Requirements / Limits
OB COMPLETE PETITE ORAL CAPSULE	3	
OB COMPLETE PREMIER ORAL TABLET	3	
OB COMPLETE WITH DHA ORAL CAPSULE	3	
<i>obstetrix dha oral combo pack,tablet and cap,dr</i>	1	
OBSTETRIX EC ORAL TABLET,DELAYED RELEASE (DR/EC)	3	
OBSTETRIX ONE ORAL CAPSULE	3	
OBTREX DHA ORAL COMBO PACK, TABLET AND CAP, DR	3	
O-CAL PRENATAL ORAL TABLET	3	
<i>pnv 29-1 oral tablet</i>	1	
<i>pnv ob+dha oral combo pack 27-1-50-250 mg</i>	1	
<i>pnv-dha + docusate oral capsule</i>	1	
<i>pnv-dha oral capsule</i>	1	
<i>pnv-omega oral capsule</i>	1	
<i>pnv-select oral tablet</i>	1	
<i>pnv-vp-u oral capsule</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>pr natal 400 ec oral combo pack,tablet and cap,dr</i>	1	
<i>pr natal 400 oral combo pack</i>	1	
<i>pr natal 430 ec oral combo pack,tablet and cap,dr</i>	1	
<i>pr natal 430 oral combo pack</i>	1	
PREGENNA ORAL TABLET	3	
<i>prena1 chew oral tablet,chew,ir - dr,biphase</i>	1	
<i>prena1 pearl oral capsule,ir - delay rel,biphase</i>	1	
<i>prena1 true oral combo pack</i>	1	
<i>prenaissance oral capsule</i>	1	
<i>prenaissance plus oral capsule</i>	1	
PRENATA ORAL TABLET,CHEWABLE	3	
<i>prenatabs fa oral tablet</i>	1	
<i>prenatabs rx oral tablet</i>	1	
<i>prenatal plus (calcium carb) oral tablet</i>	1	
PRENATAL PLUS DHA ORAL COMBO PACK	3	
<i>prenatal plus oral tablet</i>	1	

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, 2019.

Drug Name	Drug Tier	Requirements / Limits
<i>prenatal vitamin plus low iron oral tablet</i>	1	
<i>prenatal-u oral capsule</i>	1	
PRENATE AM ORAL TABLET	3	
PRENATE CHEWABLE ORAL TABLET,CHEWABLE	3	
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE	3	
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET	3	
PRENATE ENHANCE ORAL CAPSULE	3	
PRENATE ESSENTIAL(IRON-ASP-GL) ORAL CAPSULE	3	
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE	3	
PRENATE PIXIE ORAL CAPSULE	3	
PRENATE RESTORE ORAL CAPSULE	3	
PRENATE STAR ORAL TABLET	3	
<i>preplus oral tablet</i>	1	
<i>pretab oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
PRIMACARE ORAL CAPSULE	3	
PROVIDA DHA ORAL CAPSULE	3	
PROVIDA OB ORAL CAPSULE	3	
PUREFE OB PLUS ORAL CAPSULE	3	
R-NATAL OB ORAL CAPSULE	3	
SELECT-OB (FOLIC ACID) ORAL TABLET,CHEWABLE	3	
SELECT-OB + DHA ORAL COMBO PACK	3	
SELECT-OB ORAL TABLET,CHEWABLE	3	
<i>se-natal 19 (with docusate) oral tablet</i>	1	
<i>se-natal 19 oral tablet,chewable</i>	1	
<i>taron-c dha oral capsule</i>	1	
<i>taron-prex prenatal-dha oral capsule</i>	1	
THRIVITE RX ORAL TABLET	3	
TRICARE ORAL TABLET	3	
TRICARE PRENATAL DHA ONE ORAL CAPSULE	3	

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Drug Name	Drug Tier	Requirements / Limits
TRIFERIC HEMODIALYSIS POWDER IN PACKET	3	
TRIFERIC HEMODIALYSIS SOLUTION	3	
<i>trinatal rx 1 oral tablet</i>	1	
<i>trinate oral tablet</i>	1	
TRINAZ ORAL TABLET	3	
TRISTART DHA ORAL CAPSULE	3	
<i>triveen-duo dha oral combo pack</i>	1	
<i>tri-vitamin with fluoride oral drops</i>	5	ACA; OTC
<i>trust natal dha oral combo pack</i>	1	
VENOFER INTRAVENOUS SOLUTION	2	
<i>vinate care oral tablet, chewable</i>	1	
VINATE DHA RF ORAL CAPSULE	3	
<i>vinate m oral tablet</i>	1	
<i>vinate one oral tablet</i>	1	
<i>virt-c dha oral capsule</i>	1	
<i>virt-nate dha oral capsule</i>	1	
<i>virt-pn dha oral capsule</i>	1	
<i>virt-pn oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>virt-pn plus oral capsule</i>	1	
VITAFOL FE+ (WITH DOCUSATE) ORAL CAPSULE	3	
VITAFOL GUMMIES ORAL TABLET, CHEWABLE	3	
VITAFOL NANO ORAL TABLET	3	
VITAFOL ULTRA ORAL CAPSULE	3	
VITAFOL-OB ORAL TABLET	3	
VITAFOL-OB+DHA ORAL COMBO PACK	3	
VITAFOL-ONE ORAL CAPSULE	3	
VITAMED MD ONE RX ORAL CAPSULE	3	
VITAMEDMD REDICHEW RX ORAL TABLET, CHEW, IR - DR, BIPHASE	3	
<i>vitamins a, c, d and fluoride oral drops</i>	5	ACA; OTC
VITAPEARL ORAL CAPSULE, IR - DELAY REL, BIPHASE	3	
VITATRUE ORAL COMBO PACK	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>vp-ch-pnv oral capsule</i>	1	
VP-PNV-DHA ORAL CAPSULE	3	

Drug Name	Drug Tier	Requirements / Limits
<i>zatean-pn dha oral capsule</i>	1	
<i>zatean-pn plus oral capsule</i>	1	
<i>zingiber oral tablet</i>	1	

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