

# Essentials (E1/E3) Formulary Drug List Effective 11-01-2025

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## How to use this list:

On a high-deductible health savings account (HSA)? Refer to E1 drug list. For all covered drugs, once you have satisfied your medical deductible, you will pay your applicable coinsurance until you reach your out-of-pocket maximum for the plan year. The drug tiers do not apply.

On a PPO plan? Refer to the E3 drug list.

Your drugs will fall into 3 tiers: Preferred Generic (1), Preferred Brand (2), and non-Preferred (3). Please see the chart on page 3 for information.

Have any questions? Please call customer service at 855-430-5823, Monday through Friday, 5 a.m. to 8p.m. Pacific Time.

## What is the list of covered drugs (Formulary Drug List)?

This document contains a list of generic, brand and specialty drugs covered under your plan.

## How is the list of covered drugs developed?

The formulary drug list is developed with an independent committee of physicians, pharmacists, and other healthcare providers called the Pharmacy and Therapeutics Committee. This independent committee reviews and selects drugs for coverage based on each drug's safety, effectiveness, and cost.

The committee meets at least quarterly to review new drugs to market to determine placement on this list and reviews updated safety, effectiveness, and cost information for existing drugs to ensure the drug list remains up to date with current medical evidence.

## How do I use the Formulary Drug List?

Drugs are listed by categories depending on the type of medical conditions that they are used to treat. If you know what your drug is used for, look for the category name in the list that begins below. Then look under the category name for your drug.

If you are not sure what category to look under, you can also search for the drug in the index. The index provides an alphabetical list of all the drugs included in this document. Next to the name of the drug in the index, you will see the page number where you can find coverage information. Turn to the page listed in the index and find the name of your drug in the first column of the list.

## How does the Formulary Drug List help me understand my drug coverage?

Drug coverage is based on your coverage contract. Coverage for a specific drug is subject to the rules outline in your member booklet. This document will tell you if a drug is included on the drug list attached to your plan.

## Will the Formulary Drug List change?

The formulary drug list is updated throughout the year. If you are taking a drug and it will be removed from the drug list or moved to a higher cost sharing tier, we will notify you of this change via letter. We also post information on upcoming drug list changes on our website on the “Drug List Changes” page.

## Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These can be seen in the column next to the drug name on the list. These requirements and limits may include:

- **Age Limits:** Some drugs have age limits due to Food and Drug Administration (FDA) approved indications. For example, Drug A is limited to ages 2 through 5 years of age.
- **Prior Authorization:** Some drugs require prior approval before they are covered.
- **Quantity Limits:** For some drugs, we limit the amount of the drug that we will cover. For example, we will cover 18 per 30-day supply of zolmitriptan oral tablets.
- **Step Therapy:** For some drugs we require that you first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, then we will then cover Drug B.

Drugs subject to these restrictions will generally mean that your physician or healthcare provider may need to provide additional information on your medical condition before the drug will be covered at the pharmacy. Information on this process is on our website on the “Drugs Requiring Approval” page.

## Essentials (E1/E3) Formulary Drug List

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., JANUVIA) and generic drugs are listed in lower-case italics (e.g., *metformin oral tablet*).

The information in the Requirements/Limits column tells you if we have any special requirements for coverage of your drug.

The amount you pay for a covered drug will depend on if you have met any applicable deductible for the plan year, if you have met any applicable maximum out of pocket for the plan year and what tier the medication is on.

More information on applicable deductibles and maximum out of pockets can be found in your

member booklet. Essentials (E1) Drug list for Health Savings Accounts (HSA) plans.

## Essentials (E1) Formulary Drug List

Drug Tier	Includes
Formulary Drugs (1, 2, 3)	Formulary Drugs include Preferred Generic (1), Preferred Brand (2), and non-Preferred (3). Medical plan cost shares apply to formulary drugs. Once you have satisfied your medical deductible, you will pay your applicable coinsurance until you reach your out-of-pocket maximum limit.

## Essentials (E3) Formulary Drug List for PPO plans

Drug Tier	Includes
Preferred Generic (1)	Tier 1 is the lowest tier and includes preferred generic drugs.
Preferred Brand (2)	Tier 2 includes preferred brand drugs.
Non-Preferred Drug (3)	Tier 3 includes non-preferred generic and brand drugs.

### COVERAGE AND ABBREVIATIONS

ABBREVIATION	DESCRIPTION	EXPLANATION
<b>UTILIZATION MANAGEMENT RESTRICTIONS</b>		
AGE	Age Limit Restriction	We limit the use of a drug to certain ages. The prescription is covered if your age is within the specific age range.
PA	Prior Authorization Restriction	You (or your physician) are required to get prior authorization from us before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
QL	Quantity Limit Restriction	We limit the amount of this drug that is covered per prescription, or within a specific time frame.
ST	Step Therapy Restriction	Before we provide coverage for this drug you must first try another drug to treat your medical condition. This drug may only be covered if the other drug does not work for you.
<b>OTHER SPECIAL REQUIREMENTS FOR COVERAGE</b>		

ACA	Affordable Care Act (ACA) Preventive Medication	<p>The Affordable Care Act (ACA) makes certain preventive medications available to you at no cost when you meet the requirements of the U.S. Preventive Services Task Force (USPSTF) recommendation grade of "A" or "B."</p> <p><i>The coverage in full for some drugs is limited to the following:</i></p> <ul style="list-style-type: none"> <li>• <i>Bowel prep (example: peg 3350-electrolytes oral recon soln): Covered for persons between 45 and 75 years old. Limited to 2 prescriptions per year.</i></li> <li>• <i>Breast cancer prevention (tamoxifen, raloxifene, anastrozole, exemestane, Soltamox liquid, letrozole): Covered in full for persons 35 years or older.</i></li> <li>• <i>Fluoride: Covered in full for persons 6 months old through 16 years old</i></li> <li>• <i>Smoking cessation aids (example: nicotine patches): Covered in full for persons 18 years or older. Limited to 180 days per year.</i></li> <li>• <i>Statins (example: atorvastatin): Covered in full for persons 40 years old through 75 years old.</i></li> </ul> <p><i>Coverage outside of the limits described above will be at the tier in the "Drug Tier" column.</i></p>
EX	Excluded Drug	This drug is excluded from the Essentials formulary. You will be responsible for the full cost of the drug at the pharmacy.
LA	Limited Access Drug	Some drugs under your plan may only be filled at an in-network specialty pharmacy. These are drugs where the FDA has restricted distribution or are drugs that require special handling, provider coordination, or patient education that cannot be met by a network retail pharmacy.
OCh	Oral Chemo	Oral Chemotherapy Drug. Certain oral chemotherapy drugs may be covered under your medical plan. Please check your member booklet for more details.
OPT	Optional Benefits	Many benefit plans exclude drugs for erectile dysfunction (ED), fertility, and weight management. Please refer to the applicable benefit plan to determine benefit availability and the terms, conditions, and limitations of coverage. For questions about benefit information, contact customer service using the telephone number on the back of the member identification card.
SP	Specialty Pharmacy	In general, specialty drugs are drugs typically used to treat chronic, complex, or rare conditions and may require enhanced clinical support. Specialty

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		Drugs are generally limited to a month supply on dispense. Please check your member booklet for more details.
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If you are unsure what plan you are on, check the front of your member ID card or call customer service at 855-430-5823, Monday through Friday, 5 am to 8 pm Pacific time.

Drug Name	Drug Tier	Requirements / Limits
<b>ANTI - INFECTIVES</b>		
<b>ANTIFUNGAL AGENTS</b>		
ANCOBON ORAL CAPSULE 250 MG, 500 MG	3	
BREXAFEMME ORAL TABLET 150 MG	3	PA; QL (24 per 180 days)
<i>clotrimazole mucous membrane troche 10 mg</i>	1	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	3	PA
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	3	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	1	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	1	
<i>griseofulvin microsize oral tablet 500 mg</i>	1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	3	
<i>griseofulvin ultramicrosize oral tablet 165 mg</i>	EX	
<i>itraconazole oral capsule 100 mg</i>	1	
<i>itraconazole oral solution 10 mg/ml</i>	3	
<i>ketoconazole oral tablet 200 mg</i>	1	
NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON 300 MG	3	PA
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	EX	
<i>nystatin oral suspension 100,000 unit/ml</i>	1	
<i>nystatin oral tablet 500,000 unit</i>	1	
ORAVIG MUCO-ADHESIVE BUCCAL TABLET 50 MG	EX	
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i>	3	
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	3	
SPORANOX ORAL CAPSULE 100 MG	3	
<i>terbinafine hcl oral tablet 250 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
TOLSURA ORAL CAPSULE, SOLID DISPERSION 65 MG	EX	
VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML)	3	ST
VIVJOA ORAL CAPSULE 150 MG	3	PA; SP
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	1	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	1	
<b>ANTIVIRALS</b>		
<i>abacavir oral solution 20 mg/ml</i>	1	
<i>abacavir oral tablet 300 mg</i>	1	
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	3	
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>adefovir oral tablet 10 mg</i>	1	
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
APRETUDE INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	3	PA; SP
APTIVUS ORAL CAPSULE 250 MG	2	
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	1	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	EX	
BARACLUDE ORAL TABLET 0.5 MG, 1 MG	EX	
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML	2	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	2	
CABENUVA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	2	SP
CIMDUO ORAL TABLET 300-300 MG	3	
COMPLERA ORAL TABLET 200-25-300 MG	2	
<i>darunavir oral tablet 600 mg, 800 mg</i>	1	
DELSTRIGO ORAL TABLET 100-300-300 MG	EX	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	3	PA
DOVATO ORAL TABLET 50-300 MG	2	
EDURANT ORAL TABLET 25 MG	2	QL (30 per 30 days)
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG	2	QL (180 per 30 days)
<i>efavirenz oral tablet 600 mg</i>	1	
<i>efavirenz-emtricitabin-tenofof oral tablet 600-200-300 mg</i>	3	
<i>efavirenz-lamivu-tenofof disop oral tablet 400-300-300 mg, 600-300-300 mg</i>	1	
<i>emtricitabine oral capsule 200 mg</i>	1	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	1	
<i>emtricitabine-tenofovir (tdf) oral tablet 200-25-300 mg</i>	1	QL (30 per 30 days)
EMTRIVA ORAL CAPSULE 200 MG	3	
EMTRIVA ORAL SOLUTION 10 MG/ML	2	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG	2	PA; SP; LA
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	2	PA; SP; LA
EPIVIR ORAL SOLUTION 10 MG/ML	3	ST
EPIVIR ORAL TABLET 150 MG, 300 MG	3	ST
<i>etravirine oral tablet 100 mg, 200 mg</i>	1	
EVOTAZ ORAL TABLET 300-150 MG	3	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	
FLUMADINE ORAL TABLET 100 MG	3	
<i>fosamprenavir oral tablet 700 mg</i>	1	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	2	SP
GENVOYA ORAL TABLET 150-150-200-10 MG	2	
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	2	PA; SP; LA
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	2	PA; SP; LA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG	3	
ISENTRESS HD ORAL TABLET 600 MG	2	
ISENTRESS ORAL POWDER IN PACKET 100 MG	3	
ISENTRESS ORAL TABLET 400 MG	2	
ISENTRESS ORAL TABLET, CHEWABLE 100 MG, 25 MG	2	
JULUCA ORAL TABLET 50-25 MG	2	
KALETRA ORAL SOLUTION 400-100 MG/5 ML	3	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	3	
<i>lamivudine oral solution 10 mg/ml</i>	1	
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	1	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	1	
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	3	PA; SP; LA
LIVTENCITY ORAL TABLET 200 MG	3	PA; SP; QL (160 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	1	
<i>maraviroc oral tablet 150 mg, 300 mg</i>	1	
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	2	PA; SP; LA
MAVYRET ORAL TABLET 100-40 MG	2	PA; SP; LA
<i>nevirapine oral suspension 50 mg/5 ml</i>	1	
<i>nevirapine oral tablet 200 mg</i>	1	
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	1	
NORVIR ORAL POWDER IN PACKET 100 MG	2	
NORVIR ORAL TABLET 100 MG	3	
ODEFSEY ORAL TABLET 200-25-25 MG	2	
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	1	
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	1	
PAXLOVID ORAL TABLETS, DOSE PACK 150 MG (10)- 100 MG (10), 150 MG (6)- 100 MG (5), 300 MG (150 MG X 2)-100 MG	2	QL (40 per 90 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
PIFELTRO ORAL TABLET 100 MG	EX	
PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG	3	
PREVYMIS ORAL TABLET 240 MG, 480 MG	3	
PREZCOBIX ORAL TABLET 675-150 MG	3	QL (30 per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG-MG	3	
PREZISTA ORAL SUSPENSION 100 MG/ML	2	
PREZISTA ORAL TABLET 150 MG, 75 MG	2	
PREZISTA ORAL TABLET 600 MG, 800 MG	3	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	3	
RETROVIR ORAL CAPSULE 100 MG	3	
RETROVIR ORAL SYRUP 10 MG/ML	3	
REYATAZ ORAL CAPSULE 200 MG, 300 MG	3	
REYATAZ ORAL POWDER IN PACKET 50 MG	3	
<i>ribavirin inhalation recon soln 6 gram</i>	3	
<i>ribavirin oral capsule 200 mg</i>	1	SP; LA
<i>ribavirin oral tablet 200 mg</i>	1	SP; LA
<i>rimantadine oral tablet 100 mg</i>	1	
<i>ritonavir oral tablet 100 mg</i>	1	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	3	PA; QL (60 per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	2	
SELZENTRY ORAL TABLET 150 MG, 300 MG	3	
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	3	PA; SP; LA
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	2	PA; SP; LA
SOVALDI ORAL TABLET 200 MG, 400 MG	2	PA; SP; LA
STRIBILD ORAL TABLET 150-150-200-300 MG	3	
SUNLENCA ORAL TABLET 300 MG	3	PA; SP; QL (2 per 365 days)
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	3	PA; SP; QL (6 per 365 days)
SYMFI ORAL TABLET 600-300-300 MG	3	
SYMTUZA ORAL TABLET 800-150-200-10 MG	3	

Drug Name	Drug Tier	Requirements / Limits
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG	3	
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML	3	
TEMBEXA ORAL SUSPENSION 10 MG/ML	3	
TEMBEXA ORAL TABLET 100 MG	3	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	
TIVICAY ORAL TABLET 50 MG	2	
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	2	
TRIUMEQ ORAL TABLET 600-50-300 MG	2	
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	3	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	3	PA
TYBOST ORAL TABLET 150 MG	2	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	1	
VALCYTE ORAL RECON SOLN 50 MG/ML	3	
VALCYTE ORAL TABLET 450 MG	3	
<i>valganciclovir oral recon soln 50 mg/ml</i>	3	
<i>valganciclovir oral tablet 450 mg</i>	1	
VALTREX ORAL TABLET 1 GRAM, 500 MG	EX	
VEMLIDY ORAL TABLET 25 MG	3	PA
VIRACEPT ORAL TABLET 250 MG, 625 MG	2	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	3	PA
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	PA
VIREAD ORAL TABLET 300 MG	3	PA
VOSEVI ORAL TABLET 400-100-100 MG	2	PA; SP; LA
XOFLUZA ORAL TABLET 40 MG, 80 MG	3	QL (2 per 365 days)
YEZTUGO ORAL TABLET 300 MG	2	PA; QL (4 per 365 days)
YEZTUGO SUBCUTANEOUS SOLUTION 309 MG/ML	2	PA; QL (1 per 180 days)
ZEPATIER ORAL TABLET 50-100 MG	3	PA; SP; LA
ZIAGEN ORAL SOLUTION 20 MG/ML	3	
<i>zidovudine oral capsule 100 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>zidovudine oral syrup 10 mg/ml</i>	1	
<i>zidovudine oral tablet 300 mg</i>	1	
<b>CEPHALOSPORINS</b>		
<i>cefaclor oral capsule 250 mg, 500 mg</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 500 mg</i>	3	
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet 1 gram</i>	1	
<i>cefazolin injection recon soln 1 gram, 3 gram</i>	3	
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefixime oral capsule 400 mg</i>	1	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	1	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	1	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
<i>ceftriaxone injection recon soln 1 gram, 250 mg, 500 mg</i>	3	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	1	
<b>ERYTHROMYCINS &amp; OTHER MACROLIDES</b>		
<i>azithromycin oral packet 1 gram</i>	1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	3	PA; QL (20 per 30 days)
DIFICID ORAL TABLET 200 MG	3	PA; QL (20 per 30 days)
<i>e.e.s. oral tablet 400 mg</i>	1	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	3	
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	EX	
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML	EX	
<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	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>	1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1	
<i>erythromycin oral capsule, delayed release (dr/ec) 250 mg</i>	1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	1	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	1	
<i>fidaxomicin oral tablet 200 mg</i>	3	
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML	3	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG	3	
ZITHROMAX Z-PAK ORAL TABLET 250 MG	3	
<b>MISCELLANEOUS ANTIINFECTIVES</b>		
<i>albendazole oral tablet 200 mg</i>	3	PA
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	3	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ALINIA ORAL TABLET 500 MG	EX	
<i>amikacin injection solution 500 mg/2 ml</i>	3	
ARAKODA ORAL TABLET 100 MG	3	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	3	PA; SP
<i>atovaquone oral suspension 750 mg/5 ml</i>	1	
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	1	
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	3	
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	EX	
BILTRICIDE ORAL TABLET 600 MG	3	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	3	PA; SP; LA; QL (84 per 30 days)
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	
CLEOCIN HCL ORAL CAPSULE 150 MG, 300 MG, 75 MG	3	
CLEOCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	3	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	1	
COARTEM ORAL TABLET 20-120 MG	3	
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	3	
COLY-MYCIN M PARENTERAL INJECTION RECON SOLN 150 MG	3	
<i>cycloserine oral capsule 250 mg</i>	1	
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
DARAPRIM ORAL TABLET 25 MG	EX	
EMVERM ORAL TABLET, CHEWABLE 100 MG	3	PA
<i>ethambutol oral tablet 100 mg, 400 mg</i>	1	
<i>gentamicin injection solution 40 mg/ml</i>	3	
HUMATIN ORAL CAPSULE 250 MG	3	PA; SP; LA
<i>hydroxychloroquine oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
IMPAVIDO ORAL CAPSULE 50 MG	3	PA
<i>isoniazid oral solution 50 mg/5 ml</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
<i>ivermectin oral tablet 3 mg</i>	1	QL (20 per 30 days)
<i>ivermectin oral tablet 6 mg</i>	EX	
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	3	PA; SP
KRINTAFEL ORAL TABLET 150 MG	EX	
LAMPIT ORAL TABLET 120 MG, 30 MG	3	
LIKMEZ ORAL SUSPENSION 500 MG/5 ML	3	PA
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	1	
<i>linezolid oral tablet 600 mg</i>	1	
MALARONE ORAL TABLET 250-100 MG	3	
MALARONE PEDIATRIC ORAL TABLET 62.5-25 MG	3	
<i>mefloquine oral tablet 250 mg</i>	1	
MEPRON ORAL SUSPENSION 750 MG/5 ML	3	
<i>metronidazole oral capsule 375 mg</i>	1	
METRONIDAZOLE ORAL TABLET 125 MG	EX	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
NEBUPENT INHALATION RECON SOLN 300 MG	EX	
<i>neomycin oral tablet 500 mg</i>	1	
<i>nitazoxanide oral tablet 500 mg</i>	3	PA
<i>pentamidine inhalation recon soln 300 mg</i>	3	
PLAQUENIL ORAL TABLET 200 MG	3	
<i>praziquantel oral tablet 600 mg</i>	3	
PRETOMANID ORAL TABLET 200 MG	3	
PRIFTIN ORAL TABLET 150 MG	3	
<i>primaquine oral tablet 26.3 mg (15 mg base)</i>	3	
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>pyrimethamine oral tablet 25 mg</i>	3	PA
<i>quinine sulfate oral capsule 324 mg</i>	1	
<i>rifabutin oral capsule 150 mg</i>	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
SIRTURO ORAL TABLET 100 MG, 20 MG	3	PA
SIVEXTRO ORAL TABLET 200 MG	3	
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM	3	PA
SOVUNA ORAL TABLET 200 MG, 300 MG	3	
STROMEKTOL ORAL TABLET 3 MG	3	QL (20 per 30 days)
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	
TOBI INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	EX	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	EX	
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	1	SP
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	3	SP
<i>tobramycin sulfate injection recon soln 1.2 gram</i>	3	
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	2	PA; SP
XENLETA ORAL TABLET 600 MG	3	
XIFAXAN ORAL TABLET 200 MG, 550 MG	3	PA; QL (60 per 30 days)
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	3	
<b>PENICILLINS</b>		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION 600-42.9 MG/5 ML	EX	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	3	
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR 1,000-62.5 MG	EX	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML	3	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	
EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT	3	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG	3	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
<b>QUINOLONES</b>		
BAXDELA ORAL TABLET 450 MG	EX	
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	3	
CIPRO ORAL TABLET 250 MG, 500 MG	3	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>levofloxacin oral solution 250 mg/10 ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin oral tablet 400 mg</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
<b>SULFA'S &amp; RELATED AGENTS</b>		
BACTRIM DS ORAL TABLET 800-160 MG	3	
BACTRIM ORAL TABLET 400-80 MG	3	
<i>sulfadiazine oral tablet 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
<i>sulfatrim oral suspension 200-40 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<b>TETRACYCLINES</b>		
AVIDOXY DK KIT 100 MG-2 % -SPF 30	EX	
<i>avidoxy oral tablet 100 mg</i>	EX	
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	1	
DORYX MPC ORAL TABLET, DELAYED RELEASE (DR/EC) 60 MG	EX	
DORYX ORAL TABLET, DELAYED RELEASE (DR/EC) 200 MG, 80 MG	EX	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg</i>	1	
<i>doxycycline hyclate oral tablet 50 mg</i>	EX	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 200 mg</i>	EX	
DOXYCYCLINE HYCLATE ORAL TABLET, DELAYED RELEASE (DR/EC) 80 MG	EX	
<i>doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral capsule, ir - delay rel, biphasic 40 mg</i>	EX	
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
EMROSI ORAL CAPSULE,IR -EXTEND REL,BIPHASE 40 MG	EX	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1	
MINOCYCLINE ORAL CAPSULE, EXTENDED RELEASE 24HR 135 MG, 45 MG, 90 MG	EX	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	EX	
<i>mondoxyne nl oral capsule 100 mg, 75 mg</i>	EX	
MORGIDOX 1X 50 KIT 50 MG	EX	
MORGIDOX 1X100 KIT 100 MG	EX	
NUZYRA ORAL TABLET 150 MG	3	

Drug Name	Drug Tier	Requirements / Limits
ORACEA ORAL CAPSULE, IR - DELAY REL, BIPHASE 40 MG	EX	
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG	EX	
TARGADOX ORAL TABLET 50 MG	EX	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	3	
<i>tetracycline oral tablet 250 mg, 500 mg</i>	3	
XIMINO ORAL CAPSULE, EXTENDED RELEASE 24HR 135 MG, 45 MG, 90 MG	EX	
<b>URINARY TRACT AGENTS</b>		
<i>fosfomycin tromethamine oral packet 3 gram</i>	3	
FURADANTIN ORAL SUSPENSION 25 MG/5 ML	3	
MACROBID ORAL CAPSULE 100 MG	3	
<i>methenamine hippurate oral tablet 1 gram</i>	1	
<i>methenamine mandelate oral tablet 0.5 gram, 1 gram</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	1	
NITROFURANTOIN ORAL SUSPENSION 50 MG/5 ML	EX	
PRIMSOL ORAL SOLUTION 50 MG/5 ML	3	
<i>trimethoprim oral tablet 100 mg</i>	1	
<b>VANCOMYCIN</b>		
FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML	EX	
VANCOCIN ORAL CAPSULE 125 MG, 250 MG	3	
<i>vancomycin oral capsule 125 mg, 250 mg</i>	1	
<i>vancomycin oral recon soln 25 mg/ml, 50 mg/ml</i>	1	
<b>ANTINEOPLASTIC &amp; IMMUNOSUPPRESSANT DRUGS</b>		
<b>ADJUNCTIVE AGENTS</b>		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
MESNEX ORAL TABLET 400 MG	3	

Drug Name	Drug Tier	Requirements / Limits
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	3	PA; SP
<b>ANTINEOPLASTIC &amp; IMMUNOSUPPRESSANT DRUGS</b>		
<i>abiraterone oral tablet 250 mg, 500 mg</i>	1	PA; SP; OCh; LA
<i>abirtega oral tablet 250 mg</i>	3	PA; SP; OCh; LA
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	EX	
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	EX	
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	3	PA; SP; OCh
ALECENSA ORAL CAPSULE 150 MG	2	PA; SP; OCh; LA
ALKERAN ORAL TABLET 2 MG	3	OCh
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	3	PA; SP; OCh
ALUNBRIG ORAL TABLETS, DOSE PACK 90 MG (7)- 180 MG (23)	3	PA; SP; OCh
<i>anastrozole oral tablet 1 mg</i>	1	OCh; ACA
ARIMIDEX ORAL TABLET 1 MG	EX	
AROMASIN ORAL TABLET 25 MG	3	PA; OCh; QL (30 per 30 days)
ASTAGRAF XL ORAL CAPSULE, EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	EX	
AUGTYRO ORAL CAPSULE 160 MG, 40 MG	3	PA; SP; OCh
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG	3	PA; SP; OCh; QL (66 per 20 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	3	PA; SP; OCh
AZASAN ORAL TABLET 100 MG, 75 MG	EX	
<i>azathioprine oral tablet 100 mg, 75 mg</i>	3	
<i>azathioprine oral tablet 50 mg</i>	1	
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	3	PA; SP; OCh
<i>bexarotene oral capsule 75 mg</i>	1	PA; SP; OCh; LA
<i>bexarotene topical gel 1 %</i>	1	PA; SP; LA
<i>bicalutamide oral tablet 50 mg</i>	1	OCh
BOSULIF ORAL CAPSULE 100 MG, 50 MG	3	PA; SP; OCh; LA
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	3	PA; SP; OCh; LA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
BRAFTOVI ORAL CAPSULE 75 MG	2	PA; SP; OCh; LA
BRUKINSA ORAL CAPSULE 80 MG	3	PA; SP; OCh; QL (120 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	3	PA; SP; OCh; LA
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	2	PA; SP; OCh
<i>capecitabine oral tablet 150 mg, 500 mg</i>	1	SP; OCh; LA
CAPRELSA ORAL TABLET 100 MG, 300 MG	3	PA; SP; OCh
CASODEX ORAL TABLET 50 MG	3	PA; OCh; QL (30 per 30 days)
CELLCEPT ORAL CAPSULE 250 MG	3	
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML	3	
CELLCEPT ORAL TABLET 500 MG	3	
COMETRIQ ORAL CAPSULE 100 MG/DAY (80 MG X1-20 MG X1), 140 MG/DAY (80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	3	PA; SP; OCh; LA
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	3	PA; SP; OCh
COTELLIC ORAL TABLET 20 MG	3	PA; SP; OCh; LA
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	3	OCh
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	3	OCh
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	
DANZITEN ORAL TABLET 71 MG, 95 MG	3	PA; SP; OCh
<i>dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg</i>	1	PA; SP; OCh; LA
DAURISMO ORAL TABLET 100 MG, 25 MG	3	PA; SP; OCh; LA
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	2	
ENSACOVE ORAL CAPSULE 100 MG	3	PA; SP; OCh; QL (60 per 30 days)
ENSACOVE ORAL CAPSULE 25 MG	3	PA; SP; OCh; QL (30 per 30 days)
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; SP; LA
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	EX	
ERIVEDGE ORAL CAPSULE 150 MG	3	PA; SP; OCh; LA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ERLEADA ORAL TABLET 240 MG, 60 MG	3	PA; SP; OCh; LA
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	1	PA; SP; OCh; LA
<i>etoposide oral capsule 50 mg</i>	1	OCh
EULEXIN ORAL CAPSULE 125 MG	3	PA; OCh; QL (180 per 30 days)
<i>everolimus (antineoplastic) oral tablet 10 mg</i>	1	PA; SP; OCh; LA
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	3	PA; SP; OCh; LA
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i>	1	PA; SP; OCh; LA
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	1	PA
<i>exemestane oral tablet 25 mg</i>	1	OCh; ACA
FARESTON ORAL TABLET 60 MG	3	PA; OCh; QL (30 per 30 days)
FEMARA ORAL TABLET 2.5 MG	3	PA; OCh; QL (30 per 30 days)
FOTIVDA ORAL CAPSULE 0.89 MG	3	PA; SP; OCh; QL (33 per 30 days)
FOTIVDA ORAL CAPSULE 1.34 MG	3	PA; SP; OCh; QL (22 per 30 days)
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	3	PA; SP; OCh
GAVRETO ORAL CAPSULE 100 MG	3	PA; SP; OCh; QL (120 per 30 days)
<i>gefitinib oral tablet 250 mg</i>	1	PA; SP; OCh
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	
<i>gengraf oral solution 100 mg/ml</i>	1	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	2	PA; SP; OCh; LA
GLEEVEC ORAL TABLET 100 MG, 400 MG	EX	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	2	PA; OCh
GOMEKLI ORAL CAPSULE 1 MG, 2 MG	3	PA; SP; OCh
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	3	PA; SP; OCh
HERNEXEOS ORAL TABLET 60 MG	3	PA; SP; OCh; LA
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	2	SP; OCh; LA
HYDREA ORAL CAPSULE 500 MG	3	OCh
<i>hydroxyurea oral capsule 500 mg</i>	1	OCh
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	3	PA; SP; OCh; LA
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	3	PA; SP; OCh; LA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
IBTROZI ORAL CAPSULE 200 MG	3	PA; SP; OCh; QL (90 per 30 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	3	PA; SP; OCh
IDHIFA ORAL TABLET 100 MG, 50 MG	3	PA; SP; OCh; LA
<i>imatinib oral tablet 100 mg, 400 mg</i>	1	PA; SP; OCh; LA
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	2	PA; SP; OCh
IMBRUVICA ORAL SUSPENSION 70 MG/ML	2	PA; SP; OCh
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	2	PA; SP; OCh
IMKELDI ORAL SOLUTION 80 MG/ML	3	PA; SP; OCh; LA
IMURAN ORAL TABLET 50 MG	3	
INLYTA ORAL TABLET 1 MG, 5 MG	3	PA; SP; OCh; LA
INQOVI ORAL TABLET 35-100 MG	3	PA; SP; OCh; LA
INREBIC ORAL CAPSULE 100 MG	3	PA; SP; OCh; LA
IRESSA ORAL TABLET 250 MG	EX	
ITOVEBI ORAL TABLET 3 MG, 9 MG	3	PA; SP; OCh; LA
IWILFIN ORAL TABLET 192 MG	3	PA; SP; OCh
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	3	PA; SP; OCh; LA; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG, 50 MG	3	PA; SP; OCh; LA
JYLAMVO ORAL SOLUTION 2 MG/ML	EX	
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	2	PA; SP; OCh; LA
KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 %	3	PA
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	3	PA; SP; OCh
KRAZATI ORAL TABLET 200 MG	3	PA; SP; OCh
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	EX	
<i>lapatinib oral tablet 250 mg</i>	3	PA; SP; OCh; LA; QL (180 per 30 days)
LAZCLUZE ORAL TABLET 240 MG, 80 MG	3	PA; SP; OCh
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	1	PA; SP; OCh; LA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	3	PA; SP; OCh; LA
<i>letrozole oral tablet 2.5 mg</i>	1	OCh; ACA
LEUKERAN ORAL TABLET 2 MG	2	PA; OCh; QL (150 per 30 days)
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	1	PA; SP; LA
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	3	PA; SP; OCh; LA
LORBRENA ORAL TABLET 100 MG, 25 MG	3	PA; SP; OCh; LA
LUMAKRAS ORAL TABLET 120 MG	3	PA; SP; OCh; LA; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 240 MG	3	PA; SP; OCh; LA; QL (120 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	3	PA; SP; OCh; LA; QL (90 per 30 days)
LUPKYNIS ORAL CAPSULE 7.9 MG	3	PA; SP; QL (180 per 30 days)
LYNPARZA ORAL TABLET 100 MG, 150 MG	2	PA; SP; OCh; LA
LYSODREN ORAL TABLET 500 MG	2	PA; SP; OCh
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	3	PA; SP; OCh
MATULANE ORAL CAPSULE 50 MG	3	PA; SP; OCh
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	1	
<i>megestrol oral tablet 20 mg, 40 mg</i>	1	OCh
MEKINIST ORAL RECON SOLN 0.05 MG/ML	2	PA; SP; OCh; LA
MEKINIST ORAL TABLET 0.5 MG, 2 MG	2	PA; SP; OCh; LA
MEKTOVI ORAL TABLET 15 MG	2	PA; SP; OCh; LA
<i>mercaptopurine oral suspension 20 mg/ml</i>	3	PA; SP; OCh; LA
<i>mercaptopurine oral tablet 50 mg</i>	1	OCh
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	OCh
MYCAPSSA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 20 MG	3	PA; SP; QL (120 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	1	
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	1	
MYFORTIC ORAL TABLET, DELAYED RELEASE (DR/EC) 180 MG, 360 MG	3	
MYHIBBIN ORAL SUSPENSION 200 MG/ML	3	PA
MYLERAN ORAL TABLET 2 MG	2	OCh
NEMLUVIO SUBCUTANEOUS PEN INJECTOR 30 MG	3	PA; SP; LA; QL (2 per 30 days)
NEORAL ORAL CAPSULE 100 MG, 25 MG	3	
NEORAL ORAL SOLUTION 100 MG/ML	3	
NERLYNX ORAL TABLET 40 MG	3	PA; SP; OCh; LA; QL (180 per 30 days)
NEXAVAR ORAL TABLET 200 MG	EX	
NILANDRON ORAL TABLET 150 MG	3	PA; OCh; QL (30 per 30 days)
<i>nilotinib hcl oral capsule 50 mg</i>	3	PA; SP; OCh
<i>nilutamide oral tablet 150 mg</i>	3	PA; OCh; QL (30 per 30 days)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	3	PA; SP; OCh; LA
NUBEQA ORAL TABLET 300 MG	3	PA; SP; OCh; LA
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	PA; SP; LA
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	1	PA; SP; LA
ODOMZO ORAL CAPSULE 200 MG	3	PA; SP; OCh; LA; QL (30 per 30 days)
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG	3	PA; SP; OCh
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	3	PA; SP; OCh
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)	3	PA; SP; OCh
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	3	PA; SP; OCh; QL (30 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ONUREG ORAL TABLET 200 MG	3	PA; SP; OCh; LA; QL (21 per 30 days)
ONUREG ORAL TABLET 300 MG	3	PA; SP; OCh; LA; QL (14 per 30 days)
ORGOVYX ORAL TABLET 120 MG	3	PA; SP; OCh
ORSERDU ORAL TABLET 345 MG, 86 MG	3	PA; SP; OCh
<i>pazopanib oral tablet 200 mg</i>	3	PA; SP; OCh; LA
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	3	PA; SP; OCh; QL (28 per 30 days)
PHYRAGO ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG	EX	
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	2	PA; SP; OCh
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	3	PA; SP; OCh; LA
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	3	
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	3	
PURIXAN ORAL SUSPENSION 20 MG/ML	EX	
QINLOCK ORAL TABLET 50 MG	2	PA; SP; OCh; QL (90 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG	3	PA; SP; OCh; LA; QL (60 per 30 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	2	PA; SP; OCh; LA
REVUFORJ ORAL TABLET 110 MG, 160 MG	3	PA; SP; OCh
REVUFORJ ORAL TABLET 25 MG	2	PA; SP; OCh
REZLIDHIA ORAL CAPSULE 150 MG	3	PA; SP; OCh
REZUROCK ORAL TABLET 200 MG	3	PA
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	3	PA; SP; OCh
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	3	PA; SP; OCh; LA
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	3	PA; SP; OCh; LA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	3	PA; SP; OCh; LA
RYDAPT ORAL CAPSULE 25 MG	3	PA; SP; OCh; LA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	3	
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	EX	
SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG	3	PA; SP; OCh
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	3	PA; SP
SIKLOS ORAL TABLET 1,000 MG, 100 MG	EX	
<i>sirolimus oral solution 1 mg/ml</i>	1	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	3	OCh; ACA
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	2	PA; SP; LA
<i>sorafenib oral tablet 200 mg</i>	3	PA; SP; OCh; LA
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	EX	
STIVARGA ORAL TABLET 40 MG	3	PA; SP; OCh; LA
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	1	PA; SP; OCh; LA
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	EX	
TABLOID ORAL TABLET 40 MG	2	PA; OCh
TABRECTA ORAL TABLET 150 MG, 200 MG	3	PA; SP; OCh; LA; QL (168 per 30 days)
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	2	PA; SP; OCh; LA
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	2	PA; SP; OCh; LA
TAGRISSO ORAL TABLET 40 MG, 80 MG	2	PA; SP; OCh; LA
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	3	PA; SP; OCh; LA
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	OCh; ACA
TARGRETIN ORAL CAPSULE 75 MG	EX	
TARGRETIN TOPICAL GEL 1 %	EX	
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	3	PA; SP; OCh; LA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
TAZVERIK ORAL TABLET 200 MG	3	PA; SP; OCh
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	1	PA; SP; OCh; LA
TEPMETKO ORAL TABLET 225 MG	3	PA; SP; OCh; QL (60 per 30 days)
THALOMID ORAL CAPSULE 100 MG, 50 MG	2	PA; SP; OCh; LA
TIBSOVO ORAL TABLET 250 MG	3	PA; SP; OCh
<i>toremifene oral tablet 60 mg</i>	1	OCh
<i>torpenz oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	3	PA; SP; OCh
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	1	OCh
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	3	PA; OCh; QL (15 per 30 days)
TRUQAP ORAL TABLET 160 MG, 200 MG	3	PA; SP; OCh
TUKYSA ORAL TABLET 150 MG, 50 MG	3	PA; SP; OCh; QL (120 per 30 days)
TURALIO ORAL CAPSULE 125 MG	3	PA; SP; OCh
TYKERB ORAL TABLET 250 MG	EX	
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	3	PA; SP; OCh
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	3	PA; SP; OCh
VENCLEXTA STARTING PACK ORAL TABLETS, DOSE PACK 10 MG-50 MG- 100 MG	3	PA; SP; OCh
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	2	PA; SP; OCh; LA
VIJOICE ORAL GRANULES IN PACKET 50 MG	3	PA; SP
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG	3	PA; SP
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	3	PA; SP; OCh; LA
VITRAKVI ORAL SOLUTION 20 MG/ML	3	PA; SP; OCh; LA
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	EX	
VONJO ORAL CAPSULE 100 MG	3	PA; SP; OCh
VORANIGO ORAL TABLET 10 MG, 40 MG	3	PA; SP; OCh
VOTRIENT ORAL TABLET 200 MG	EX	
WAYRILZ ORAL TABLET 400 MG	3	PA; SP; QL (60 per 30 days)
WELIREG ORAL TABLET 40 MG	3	PA; SP; OCh; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	2	PA; SP; OCh; LA

Drug Name	Drug Tier	Requirements / Limits
XALKORI ORAL PELLETT 150 MG, 20 MG, 50 MG	2	PA; SP; OCh; LA
XATMEP ORAL SOLUTION 2.5 MG/ML	EX	
XELODA ORAL TABLET 150 MG, 500 MG	EX	
XERMELO ORAL TABLET 250 MG	3	PA; SP
XOSPATA ORAL TABLET 40 MG	3	PA; SP; OCh
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (10 MG X 4), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	3	PA; SP; OCh
XROMI ORAL SOLUTION 100 MG/ML	3	PA
XTANDI ORAL CAPSULE 40 MG	2	PA; SP; OCh; LA
XTANDI ORAL TABLET 40 MG, 80 MG	2	PA; SP; OCh; LA
YONSA ORAL TABLET 125 MG	2	PA; SP; OCh; LA
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	3	PA; SP; OCh; LA; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG	3	PA; SP; OCh; LA
ZOLINZA ORAL CAPSULE 100 MG	3	PA; SP; OCh; LA
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	3	PA
ZYDELIG ORAL TABLET 100 MG, 150 MG	3	PA; SP; OCh; LA; QL (30 per 30 days)
ZYKADIA ORAL TABLET 150 MG	3	PA; SP; OCh; LA
ZYTIGA ORAL TABLET 250 MG, 500 MG	EX	

## AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

### ANTICONVULSANTS

APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	EX	
BANZEL ORAL SUSPENSION 40 MG/ML	EX	
BANZEL ORAL TABLET 200 MG, 400 MG	EX	
BRIVIACT ORAL SOLUTION 10 MG/ML	3	PA; QL (2 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	3	PA; QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>	1	PA; QL (240 per 30 days)
<i>carbamazepine oral tablet 200 mg</i>	1	PA; QL (240 per 30 days)
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	PA; QL (240 per 30 days)
CARBAMAZEPINE ORAL TABLET, CHEWABLE 200 MG	EX	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	3	PA; QL (180 per 30 days)
CELONTIN ORAL CAPSULE 300 MG	3	PA; QL (120 per 30 days)
<i>clobazam oral suspension 2.5 mg/ml</i>	3	
<i>clobazam oral tablet 10 mg, 20 mg</i>	3	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	3	PA; QL (60 per 30 days)
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	3	PA; QL (60 per 30 days)
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	3	PA; QL (240 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	3	PA; SP
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	3	PA; SP
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	1	
DILANTIN EXTENDED ORAL CAPSULE 100 MG	2	PA; QL (210 per 30 days)
DILANTIN INFATABS ORAL TABLET, CHEWABLE 50 MG	3	PA; QL (390 per 30 days)
DILANTIN ORAL CAPSULE 30 MG	2	PA; QL (210 per 30 days)
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	2	PA; QL (390 per 30 days)
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	1	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1, 000 MG, 1, 500 MG	3	PA; QL (60 per 30 days)
EPIDIOLEX ORAL SOLUTION 100 MG/ML	3	PA; SP; LA; QL (400 per 30 days)
EPRONTIA ORAL SOLUTION 25 MG/ML	3	PA; QL (2 per 30 days)
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	3	PA; QL (180 per 30 days)
<i>eslicarbazepine oral tablet 200 mg, 400 mg, 600 mg, 800 mg</i>	EX	
<i>ethosuximide oral capsule 250 mg</i>	1	
<i>ethosuximide oral solution 250 mg/5 ml</i>	1	
<i>felbamate oral suspension 600 mg/5 ml</i>	1	
<i>felbamate oral tablet 400 mg, 600 mg</i>	1	
FELBATOL ORAL TABLET 400 MG, 600 MG	3	PA; QL (180 per 30 days)
FINTEPLA ORAL SOLUTION 2.2 MG/ML	3	PA; SP; QL (210 per 30 days)
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	3	PA; QL (2 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	PA; QL (30 per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</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	
<i>gabapentin oral tablet extended release 24 hr 300 mg, 600 mg</i>	3	PA
GABARONE ORAL TABLET 100 MG, 400 MG	EX	
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 600 MG	EX	
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG, 750 MG, 900 MG	3	PA
KEPPRA ORAL SOLUTION 100 MG/ML	EX	
KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG	EX	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	EX	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG	EX	
<i>lacosamide oral solution 10 mg/ml</i>	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	3	
LAMICTAL ODT ORAL TABLET, DISINTEGRATING 100 MG, 200 MG, 25 MG, 50 MG	EX	
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG (21) -50 MG (7)	EX	
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK 50 MG (42) -100 MG (14)	EX	
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG(14)-50 MG (14)-100 MG (7)	EX	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	EX	
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	EX	
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS, DOSE PACK 25 MG (35)	EX	
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS, DOSE PACK 25 MG (84) -100 MG (14)	EX	
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS, DOSE PACK 25 MG (42) -100 MG (7)	EX	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG	EX	
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL, DOSE PACK 25 MG (21) -50 MG (7)	EX	
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL, DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	EX	
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL, DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	EX	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	1	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>lamotrigine oral tablets, dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i>	1	
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)</i>	1	PA; QL (360 per 30 days)
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	1	PA; QL (360 per 30 days)
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	PA; QL (360 per 30 days)
LEVETIRACETAM ORAL TABLET FOR SUSPENSION 250 MG	3	PA; QL (360 per 30 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 330 MG, 82.5 MG	EX	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	EX	
LYRICA ORAL SOLUTION 20 MG/ML	EX	
<i>methsuximide oral capsule 300 mg</i>	3	
MOTPOLY XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG	3	PA; QL (120 per 30 days)
MOTPOLY XR ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG, 200 MG	3	PA; QL (60 per 30 days)
MYSOLINE ORAL TABLET 250 MG, 50 MG	3	PA; QL (240 per 30 days)
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	2	
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG	EX	
NEURONTIN ORAL SOLUTION 250 MG/5 ML	EX	
NEURONTIN ORAL TABLET 600 MG, 800 MG	EX	
ONFI ORAL SUSPENSION 2.5 MG/ML	3	PA; QL (60 per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG	3	PA; QL (60 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>oxcarbazepine oral tablet extended release 24 hr 150 mg</i>	3	PA; QL (480 per 30 days)
<i>oxcarbazepine oral tablet extended release 24 hr 300 mg</i>	3	PA; QL (240 per 30 days)
<i>oxcarbazepine oral tablet extended release 24 hr 600 mg</i>	3	PA; QL (120 per 30 days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	3	PA; QL (480 per 30 days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	PA; QL (240 per 30 days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	3	PA; QL (120 per 30 days)
<i>perampanel oral tablet 10 mg, 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	3	PA; QL (30 per 30 days)
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	3	PA; QL (90 per 30 days)
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	
<i>phenytoin oral tablet, chewable 50 mg</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	1	
<i>pregabalin oral solution 20 mg/ml</i>	3	
<i>pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg</i>	3	
PRIMIDONE ORAL TABLET 125 MG	3	PA; QL (720 per 30 days)
<i>primidone oral tablet 250 mg, 50 mg</i>	1	PA; QL (720 per 30 days)
<i>roweepra oral tablet 500 mg</i>	1	
<i>rufinamide oral suspension 40 mg/ml</i>	3	PA
<i>rufinamide oral tablet 200 mg, 400 mg</i>	3	PA
SABRIL ORAL POWDER IN PACKET 500 MG	EX	
SABRIL ORAL TABLET 500 MG	EX	
SPRITAM ORAL TABLET FOR SUSPENSION 1, 000 MG	3	PA; QL (90 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG	3	PA; QL (360 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
SPRITAM ORAL TABLET FOR SUSPENSION 500 MG	3	PA; QL (180 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 750 MG	3	PA; QL (120 per 30 days)
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	3	
<i>subvenite starter (blue) kit oral tablets, dose pack 25 mg (35)</i>	3	
<i>subvenite starter (green) kit oral tablets, dose pack 25 mg (84) -100 mg (14)</i>	3	
<i>subvenite starter (orange) kit oral tablets, dose pack 25 mg (42) -100 mg (7)</i>	3	
SYMPAZAN ORAL FILM 10 MG	3	PA; QL (120 per 30 days)
SYMPAZAN ORAL FILM 20 MG	3	PA; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	3	PA; QL (240 per 30 days)
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	3	PA; QL (240 per 30 days)
TEGRETOL ORAL TABLET 200 MG	3	PA; QL (240 per 30 days)
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG	3	PA; QL (120 per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	
TOPAMAX ORAL CAPSULE, SPRINKLE 15 MG, 25 MG	EX	
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	EX	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	PA; QL (240 per 30 days)
<i>topiramate oral capsule, sprinkle 50 mg</i>	EX	
<i>topiramate oral capsule, extended release 24hr 100 mg, 200 mg, 25 mg, 50 mg</i>	3	
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	3	
<i>topiramate oral solution 25 mg/ml</i>	3	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	PA; QL (240 per 30 days)
TRILEPTAL ORAL SUSPENSION 300 MG/5 ML (60 MG/ML)	EX	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG	EX	
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG	3	PA; QL (120 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 200 MG	3	PA; QL (60 per 30 days)
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 25 MG	3	PA; QL (480 per 30 days)
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 50 MG	3	PA; QL (240 per 30 days)
<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 250 mg</i>	1	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	2	
<i>vigabatrin oral powder in packet 500 mg</i>	1	PA; SP; LA
<i>vigabatrin oral tablet 500 mg</i>	1	PA; SP; LA
<i>vigadrone oral powder in packet 500 mg</i>	1	PA; SP
<i>vigadrone oral tablet 500 mg</i>	1	PA; SP
VIGAFYDE ORAL SOLUTION 100 MG/ML	3	PA; SP
VIMPAT ORAL SOLUTION 10 MG/ML	3	PA; QL (6 per 30 days)
VIMPAT ORAL TABLET 100 MG	3	PA; QL (120 per 30 days)
VIMPAT ORAL TABLET 150 MG	3	PA; QL (80 per 30 days)
VIMPAT ORAL TABLET 200 MG	3	PA; QL (60 per 30 days)
VIMPAT ORAL TABLET 50 MG	3	PA; QL (240 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY (150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	3	PA
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	3	PA
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14) - 25 MG (14), 150 MG (14) - 200 MG (14), 50 MG (14) - 100 MG (14)	3	PA
ZARONTIN ORAL CAPSULE 250 MG	3	PA; QL (180 per 30 days)
ZARONTIN ORAL SOLUTION 250 MG/5 ML	3	PA; QL (180 per 30 days)
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	EX	
ZONISADE ORAL SUSPENSION 100 MG/5 ML	3	PA; QL (6 per 30 days)
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	
ZTALMY ORAL SUSPENSION 50 MG/ML	3	PA; SP

### ANTIPARKINSONISM AGENTS

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	3	PA; SP; LA
<i>apomorphine subcutaneous cartridge 10 mg/ml</i>	3	PA; SP
AZILECT ORAL TABLET 0.5 MG, 1 MG	3	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>bromocriptine oral capsule 5 mg</i>	1	
<i>bromocriptine oral tablet 2.5 mg</i>	1	
<i>carbidopa oral tablet 25 mg</i>	1	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	
CREXONT ORAL CAPSULE,IR -EXTEND REL,BIPHASE 35-140 MG, 52.5-210 MG, 70-280 MG, 87.5-350 MG	3	PA
DHIVY ORAL TABLET 25-100 MG	3	PA
<i>entacapone oral tablet 200 mg</i>	1	
GOCOVRI ORAL CAPSULE, EXTENDED RELEASE 24HR 137 MG, 68.5 MG	EX	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	3	PA; SP
LODOSYN ORAL TABLET 25 MG	3	PA
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	EX	
NOURIANZ ORAL TABLET 20 MG, 40 MG	3	PA; SP; LA
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	3	PA
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	1	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1	
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	EX	
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	PA
TASMAR ORAL TABLET 100 MG	3	
<i>tolcapone oral tablet 100 mg</i>	1	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	
XADAGO ORAL TABLET 100 MG, 50 MG	EX	
ZELAPAR ORAL TABLET, DISINTEGRATING 1.25 MG	EX	
<b>MIGRAINE &amp; CLUSTER HEADACHE THERAPY</b>		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	2	PA
AJOVY SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	2	PA
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	1	QL (18 per 30 days)
<i>dihydroergotamine injection solution 1 mg/ml</i>	1	
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	3	QL (8 per 30 days)
<i>eletriptan oral tablet 20 mg, 40 mg</i>	1	QL (18 per 30 days)
ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML)	3	PA
EMGALITY SUBCUTANEOUS PEN INJECTOR 120 MG/ML	2	PA
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML, 300 MG/3 ML (100 MG/ML X 3)	2	PA
ERGOMAR SUBLINGUAL TABLET 2 MG	EX	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	
FROVA ORAL TABLET 2.5 MG	EX	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>frovatriptan oral tablet 2.5 mg</i>	1	QL (18 per 30 days)
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG	EX	
IMITREX STATDOSE SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML, 6 MG/0.5 ML	EX	
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 4 MG/0.5 ML, 6 MG/0.5 ML	EX	
MAXALT ORAL TABLET 10 MG	EX	
MAXALT-MLT ORAL TABLET, DISINTEGRATING 10 MG	EX	
<i>migergot rectal suppository 2-100 mg</i>	1	
MIGRANAL NASAL SPRAY, NON-AEROSOL 0.5 MG/PUMP ACT. (4 MG/ML)	EX	
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	1	QL (18 per 30 days)
NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG	3	PA; QL (8 per 30 days)
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED 11 MG	EX	
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	3	PA
RELPAK ORAL TABLET 20 MG, 40 MG	EX	
REYVOW ORAL TABLET 100 MG, 50 MG	3	PA; QL (8 per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	1	QL (18 per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i>	1	QL (18 per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i>	1	QL (18 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	1	QL (8 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	1	QL (8 per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	1	QL (8 per 30 days)
<i>sumatriptan-naproxen oral tablet 85-500 mg</i>	EX	
SYMBRAVO ORAL TABLET 10-20 MG	EX	
TOSYMRA NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION	3	QL (18 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
TREXIMET ORAL TABLET 85-500 MG	EX	
TRUDHESA NASAL SPRAY, NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML)	3	PA; QL (18 per 30 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	3	PA; QL (10 per 30 days)
ZAVZPRET NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION	3	PA; QL (8 per 30 days)
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML	EX	
ZOLMITRIPTAN NASAL SPRAY, NON-AEROSOL 2.5 MG	EX	
<i>zolmitriptan nasal spray, non-aerosol 5 mg</i>	3	
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	1	QL (18 per 30 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	1	QL (18 per 30 days)
ZOMIG NASAL SPRAY, NON-AEROSOL 2.5 MG, 5 MG	EX	
ZOMIG ORAL TABLET 2.5 MG, 5 MG	EX	
<b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/24 HOUR, 5 MG/24 HOUR	3	
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG	EX	
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG	3	
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	2	PA; SP; LA
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG	2	PA; SP; LA
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	2	PA; SP; LA
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	3	PA; SP; LA; QL (60 per 30 days)
DAYBUE ORAL SOLUTION 200 MG/ML	3	PA; SP
<i>dichlorphenamide oral tablet 50 mg</i>	3	PA; SP; LA; QL (120 per 30 days)
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i>	1	
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	1	
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	3	PA; SP; LA; QL (240 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
EVRYSDI ORAL TABLET 5 MG	3	PA; SP; LA
EXELON PATCH TRANSDERMAL PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR	EX	
FIRDAPSE ORAL TABLET 10 MG	3	PA; SP
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	1	
<i>galantamine oral solution 4 mg/ml</i>	1	
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	1	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG	EX	
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE, DOSE PACK 40 MG (7)- 80 MG (21)	EX	
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	EX	
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	EX	
KEVEYIS ORAL TABLET 50 MG	EX	
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	3	
<i>memantine oral solution 2 mg/ml</i>	1	
<i>memantine oral tablet 10 mg, 5 mg</i>	1	
MEMANTINE ORAL TABLETS, DOSE PACK 5-10 MG	2	
<i>memantine-donepezil oral capsule, sprinkle, er 24hr 14-10 mg, 21-10 mg, 28-10 mg</i>	3	QL (30 per 30 days)
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	3	PA; SP
NAMENDA TITRATION PAK ORAL TABLETS, DOSE PACK 5-10 MG	3	
NAMENDA XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7-14-21-28 MG	EX	
NAMENDA XR ORAL CAPSULE, SPRINKLE, ER 24HR 7 MG	EX	
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 21-10 MG, 28-10 MG	EX	
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 7-10 MG	3	
NUEDEXTA ORAL CAPSULE 20-10 MG	3	PA; QL (60 per 30 days)
<i>ormalvi oral tablet 50 mg</i>	3	PA; SP; QL (121 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	3	PA; SP; LA
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	1	
SKYCLARYS ORAL CAPSULE 50 MG	3	PA; SP
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	1	SP; LA
WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML	3	PA; SP; QL (30 per 30 days)
XENAZINE ORAL TABLET 12.5 MG, 25 MG	EX	
ZEPOSIA ORAL CAPSULE 0.92 MG	3	PA; SP; LA; QL (30 per 30 days)
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE, DOSE PACK 0.23 MG-0.46 MG - 0.92 MG (21)	3	PA; SP; LA; QL (1 per 365 days)
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE, DOSE PACK 0.23 MG (4)- 0.46 MG (3)	3	PA; SP; LA; QL (1 per 365 days)
ZUNVEYL ORAL TABLET, DELAYED RELEASE (DR/EC) 10 MG, 15 MG, 5 MG	EX	
<b>MUSCLE RELAXANTS &amp; ANTISPASMODIC THERAPY</b>		
AMRIX ORAL CAPSULE, EXTENDED RELEASE 24HR 15 MG, 30 MG	EX	
<i>baclofen oral solution 10 mg/5 ml (2 mg/ml), 5 mg/5 ml</i>	EX	
<i>baclofen oral suspension 25 mg/5 ml (5 mg/ml)</i>	3	
<i>baclofen oral tablet 10 mg, 20 mg</i>	1	
<i>baclofen oral tablet 15 mg</i>	EX	
<i>baclofen oral tablet 5 mg</i>	3	
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	1	
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	1	
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	1	PA
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i>	1	PA
<i>chlorzoxazone oral tablet 500 mg</i>	1	
<i>cyclobenzaprine oral capsule, extended release 24hr 15 mg, 30 mg</i>	EX	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg, 7.5 mg</i>	1	
DANTRIUM ORAL CAPSULE 25 MG	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	1	
FEXMID ORAL TABLET 7.5 MG	EX	
FLEQSUVY ORAL SUSPENSION 25 MG/5 ML (5 MG/ML)	EX	
LORZONE ORAL TABLET 375 MG, 750 MG	EX	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	3	
MESTINON ORAL SYRUP 60 MG/5 ML	EX	
MESTINON ORAL TABLET 60 MG	EX	
MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE 180 MG	EX	
<i>metaxalone oral tablet 400 mg, 800 mg</i>	3	
METAXALONE ORAL TABLET 640 MG	EX	
<i>methocarbamol oral tablet 1, 000 mg</i>	3	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
NORGESIC FORTE ORAL TABLET 50-770-60 MG	EX	
NORGESIC ORAL TABLET 25-385-30 MG	EX	
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	1	
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i>	3	
<i>orphengesic forte oral tablet 50-770-60 mg</i>	EX	
OZOBAX DS ORAL SOLUTION 10 MG/5 ML (2 MG/ML)	EX	
OZOBAX ORAL SOLUTION 5 MG/5 ML	3	PA
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	3	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET EXTENDED RELEASE 105 MG	EX	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	1	
SOMA ORAL TABLET 250 MG, 350 MG	3	
<i>tanlor oral tablet 1,000 mg</i>	3	
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i>	EX	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	1	
<i>vanadom oral tablet 350 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	EX	
ZANAFLEX ORAL TABLET 4 MG	3	
ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML	2	PA; SP
<b>NARCOTIC ANALGESICS</b>		
<i>acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg</i>	1	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 300-15 mg, 300-30 mg, 300-60 mg</i>	1	PA
<i>ascomp with codeine oral capsule 30-50-325-40 mg</i>	1	PA
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	3	PA
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1	
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	3	PA
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	3	PA
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	EX	
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	EX	
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg</i>	1	
<i>butalbital-acetaminophen-caff oral solution 50-325-40 mg/15 ml</i>	EX	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	1	
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR	EX	
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	1	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i>	1	PA
DILAUDID ORAL LIQUID 1 MG/ML	3	PA
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG	3	PA
<i>diskets oral tablet, soluble 40 mg</i>	1	PA
DSUVIA SUBLINGUAL TABLET IN APPLICATOR 30 MCG	3	PA
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	PA
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 200 mcg</i>	3	PA
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour</i>	1	PA
FIORICET ORAL CAPSULE 50-300-40 MG	EX	
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	3	PA; QL (60 per 30 days)
<i>hydrocodone bitartrate oral tablet, oral only, ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	3	PA
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 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
<i>hydromorphone oral liquid 1 mg/ml</i>	1	PA
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	1	PA
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>	1	PA; QL (60 per 30 days)
<i>hydromorphone rectal suppository 3 mg</i>	1	PA
HYSINGLA ER ORAL TABLET, ORAL ONLY, EXT.REL.24 HR 100 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	3	PA
<i>levorphanol tartrate oral tablet 2 mg, 3 mg</i>	EX	
<i>meperidine oral solution 50 mg/5 ml</i>	1	PA
<i>meperidine oral tablet 50 mg</i>	1	PA
<i>methadone oral concentrate 10 mg/ml</i>	1	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	PA
<i>methadone oral tablet 10 mg, 5 mg</i>	1	PA
<i>methadone oral tablet, soluble 40 mg</i>	1	PA
<i>methadose oral concentrate 10 mg/ml</i>	1	PA
<i>methadose oral tablet, soluble 40 mg</i>	1	PA
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1	PA
<i>morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	1	PA; QL (60 per 30 days)
<i>morphine oral capsule, extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	1	PA; QL (90 per 30 days)
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	1	PA
<i>morphine oral tablet 15 mg, 30 mg</i>	1	PA
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1	PA; QL (120 per 30 days)
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	1	PA
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG, 60 MG	3	PA; QL (120 per 30 days)
NALOCET ORAL TABLET 2.5-300 MG	3	PA
<i>oxycodone oral capsule 5 mg</i>	1	PA
<i>oxycodone oral concentrate 20 mg/ml</i>	1	PA
<i>oxycodone oral solution 5 mg/5 ml</i>	1	PA
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	PA
OXYCODONE ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG, 5 MG	EX	
OXYCODONE ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 20 MG, 40 MG, 80 MG	EX	
<i>oxycodone-acetaminophen oral solution 10-300 mg/5 ml</i>	3	PA
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg, 7.5-300 mg</i>	3	PA
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	PA
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG	2	PA; QL (90 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 60 MG, 80 MG	2	PA; QL (120 per 30 days)
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	1	PA
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	1	PA; QL (90 per 30 days)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	EX	
PRIMLEV ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	3	PA
PROLATE ORAL SOLUTION 10-300 MG/5 ML	3	PA
<i>prolate oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	3	PA
ROXICODONE ORAL TABLET 15 MG, 30 MG	EX	
ROXYBOND ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG, 5 MG	EX	
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML	3	SP
<i>tencon oral tablet 50-325 mg</i>	1	
TREZIX ORAL CAPSULE 320.5-30-16 MG	3	PA
XTAMPZA ER ORAL CAP, SPRINKL, ER12HR (DONT CRUSH) 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	EX	
<b>NON-NARCOTIC ANALGESICS</b>		
<i>adult aspirin regimen oral tablet, delayed release (dr/ec) 81 mg</i>	3	ACA
ANAPROX DS ORAL TABLET 550 MG	3	ST
ARTHROTEC 50 ORAL TABLET, IR, DELAYED REL, BIPHASIC 50-200 MG-MCG	3	ST
ARTHROTEC 75 ORAL TABLET, IR, DELAYED REL, BIPHASIC 75-200 MG-MCG	3	ST
<i>aspirin childrens oral tablet, chewable 81 mg</i>	1	ACA
<i>aspirin oral tablet 81 mg</i>	1	ACA
<i>aspirin oral tablet, chewable 81 mg</i>	1	ACA
<i>aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	3	ACA
<i>bayer low dose aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	3	ACA
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	1	QL (60 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	1	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	1	QL (90 per 30 days)
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	1	PA; QL (2 per 30 days)
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG	EX	
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1	
CONZIP ORAL CAPSULE, ER BIPHASE 24 HR 17-83 300 MG	EX	
CONZIP ORAL CAPSULE, ER BIPHASE 24 HR 25-75 100 MG, 200 MG	EX	
COXANTO ORAL CAPSULE 300 MG	EX	
DICLOFENAC EPOLAMINE TRANSDERMAL PATCH 12 HOUR 1.3 %	EX	
<i>diclofenac potassium oral capsule 25 mg</i>	EX	
<i>diclofenac potassium oral powder in packet 50 mg</i>	EX	
<i>diclofenac potassium oral tablet 25 mg</i>	EX	
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	1	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	1	
<i>diclofenac sodium topical drops 1.5 %</i>	1	
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)</i>	EX	
DICLOFENAC SUBMICRONIZED ORAL CAPSULE 35 MG	3	ST
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	3	
<i>diflunisal oral tablet 500 mg</i>	1	
DISALCID ORAL TABLET 500 MG, 750 MG	3	
DOLOBID ORAL TABLET 250 MG, 375 MG	EX	
EC-NAPROSYN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG, 500 MG	3	ST
<i>ecotrin low strength oral tablet, delayed release (dr/ec) 81 mg</i>	1	ACA
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>etodolac oral tablet 400 mg, 500 mg</i>	1	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	1	
FENOPROFEN ORAL CAPSULE 200 MG	EX	
<i>fenoprofen oral capsule 400 mg</i>	EX	
<i>fenoprofen oral tablet 600 mg</i>	EX	
FENOPRON ORAL CAPSULE 300 MG	EX	
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %	EX	
<i>flurbiprofen oral tablet 100 mg</i>	1	
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	1	
<i>ibuprofen oral tablet 300 mg</i>	EX	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>	3	PA
INDOCIN ORAL SUSPENSION 25 MG/5 ML	EX	
INDOCIN RECTAL SUPPOSITORY 50 MG	EX	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>indomethacin oral capsule, extended release 75 mg</i>	1	
<i>indomethacin oral suspension 25 mg/5 ml</i>	EX	
<i>indomethacin rectal suppository 50 mg</i>	EX	
JOURNAVX ORAL TABLET 50 MG	3	QL (14 per 30 days)
<i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i>	1	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	1	
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)</i>	1	
<i>ketorolac injection syringe 30 mg/ml</i>	1	
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	1	
<i>ketorolac oral tablet 10 mg</i>	1	QL (20 per 5 days)
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	3	
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	3	ST
LODINE ORAL TABLET 400 MG	3	ST
<i>lofena oral tablet 25 mg</i>	EX	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>lofexidine oral tablet 0.18 mg</i>	EX	
LUCEMYRA ORAL TABLET 0.18 MG	EX	
<i>lurbiro oral tablet 100 mg</i>	1	
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	3	
<i>mefenamic acid oral capsule 250 mg</i>	3	
MELOXICAM ORAL SUSPENSION 7.5 MG/5 ML	EX	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>meloxicam submicronized oral capsule 10 mg, 5 mg</i>	3	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
NALFON ORAL CAPSULE 400 MG	EX	
NALFON ORAL TABLET 600 MG	EX	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1	
<i>naltrexone oral tablet 50 mg</i>	1	
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 375 MG, 500 MG, 750 MG	EX	
NAPROSYN ORAL SUSPENSION 125 MG/5 ML	3	ST
NAPROSYN ORAL TABLET 500 MG	3	ST
<i>naproxen oral suspension 125 mg/5 ml</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg, 750 mg</i>	EX	
<i>naproxen-esomeprazole oral tablet, ir, delayed rel, biphasic 375-20 mg, 500-20 mg</i>	EX	
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	3	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	EX	
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	EX	
OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION	3	PA

Drug Name	Drug Tier	Requirements / Limits
OXAPROZIN ORAL CAPSULE 300 MG	EX	
<i>oxaprozin oral tablet 600 mg</i>	1	
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION (2 %)	EX	
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	1	PA
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	
RELAFEN DS ORAL TABLET 1, 000 MG	3	ST
REXTOVY NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	3	
<i>salsalate oral tablet 500 mg, 750 mg</i>	1	
SPRIX NASAL SPRAY, NON-AEROSOL 15.75 MG/SPRAY	EX	
<i>st joseph aspirin oral tablet, chewable 81 mg</i>	3	ACA
<i>st. joseph aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	3	ACA
SUBOXONE SUBLINGUAL FILM 12-3 MG	3	QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG, 8-2 MG	3	QL (90 per 30 days)
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
TOLECTIN 600 ORAL TABLET 600 MG	3	ST
<i>tolmetin oral capsule 400 mg</i>	1	
<i>tolmetin oral tablet 600 mg</i>	1	
TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 17-83 300 MG	EX	
TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 25-75 100 MG, 200 MG	EX	
TRAMADOL ORAL SOLUTION 5 MG/ML	3	PA
<i>tramadol oral tablet 100 mg</i>	EX	
TRAMADOL ORAL TABLET 25 MG, 75 MG	EX	
<i>tramadol oral tablet 50 mg</i>	1	PA
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	1	PA
<i>tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg</i>	1	PA
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	PA
VIMOVO ORAL TABLET, IR, DELAYED REL, BIPHASIC 500-20 MG	EX	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG	3	SP
VIVLODEX ORAL CAPSULE 10 MG, 5 MG	EX	
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML	3	
ZIPSOR ORAL CAPSULE 25 MG	EX	
ZORVOLEX ORAL CAPSULE 18 MG, 35 MG	EX	
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG	3	QL (90 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 11.4-2.9 MG	3	QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	3	QL (60 per 30 days)
ZURNAI INJECTION AUTO-INJECTOR 1.5 MG/0.5 ML	3	
<b>PSYCHOTHERAPEUTIC DRUGS</b>		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720 MG/2.4 ML, 960 MG/3.2 ML	3	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 300 MG, 400 MG	3	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 300 MG, 400 MG	3	
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	EX	
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	3	
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG	EX	
ADDERALL XR ORAL CAPSULE, EXTENDED RELEASE 24HR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG	3	PA
ADDYI ORAL TABLET 100 MG	2	PA
ADZENYS XR-ODT ORAL TABLET, DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	3	PA
<i>alprazolam intensol oral concentrate 1 mg/ml</i>	3	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
AMBIEN CR ORAL TABLET, EXT RELEASE MULTIPHASE 12.5 MG, 6.25 MG	EX	
AMBIEN ORAL TABLET 10 MG, 5 MG	EX	
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	
AMPHETAMINE ORAL TABLET, DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	3	PA
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	3	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG	3	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG	EX	
APTENSIO XR ORAL CAP, ER SPRINKLE, BIPHASIC 40-60 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	3	PA
<i>aripiprazole oral solution 1 mg/ml</i>	1	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>aripiprazole oral tablet, disintegrating 10 mg, 15 mg</i>	1	
ARISTADA INITIO INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 675 MG/2.4 ML	3	
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML, 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML	3	
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	3	
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	3	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	1	
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	3	ST
AZSTARYS ORAL CAPSULE 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG	3	PA
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	PA
BUCAPSOL ORAL CAPSULE 10 MG, 15 MG, 7.5 MG	EX	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	EX	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	1	
<i>bupropion hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	3	ST
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG	3	ST
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	3	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	3	
CITALOPRAM ORAL CAPSULE 30 MG	EX	
<i>citalopram oral solution 10 mg/5 ml</i>	1	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	1	
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	1	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	1	
CLOZARIL ORAL TABLET 100 MG, 25 MG	3	ST
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	3	PA
COBENFY STARTER PACK ORAL CAPSULE, DOSE PACK 50 MG-20 MG /100 MG-20 MG	3	PA
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 54 MG	EX	
COTEMPLA XR-ODT ORAL TABLET, DISINTEG ER BIPHASE 24H 17.3 MG, 25.9 MG, 8.6 MG	3	PA
DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR	3	PA
DAYVIGO ORAL TABLET 10 MG, 5 MG	3	PA
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
DESOXYN ORAL TABLET 5 MG	3	PA
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 50 MG	3	ST
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	3	
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG, 15 MG	3	PA
<i>dexmethylphenidate oral capsule, er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	1	
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	1	
<i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i>	1	
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	1	
<i>dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg</i>	3	
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	3	
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	
DORAL ORAL TABLET 15 MG	EX	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>doxepin oral concentrate 10 mg/ml</i>	1	
<i>doxepin oral tablet 3 mg, 6 mg</i>	3	
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	3	ST
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 40 mg, 60 mg</i>	1	
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML	3	PA
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG	3	PA
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG	EX	
EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG, 37.5 MG, 75 MG	EX	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	3	
<i>ergoloid oral tablet 1 mg</i>	1	
ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 351 MG/2.25 ML, 39 MG/0.25 ML, 78 MG/0.5 ML	3	
<i>escitalopram 10 mg/10 ml cup inner 5 mg/5 ml</i>	EX	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>estazolam oral tablet 1 mg, 2 mg</i>	1	
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	3	
EVEKEO ORAL TABLET 10 MG, 5 MG	3	PA
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	ST

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
FANAPT TITRATION PACK A ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2)	3	ST
FANAPT TITRATION PACK B ORAL TABLETS, DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2)	3	ST
FANAPT TITRATION PACK C ORAL TABLETS, DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2)	3	ST
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	3	ST
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	3	ST
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>fluoxetine oral capsule, delayed release (dr/ec) 90 mg</i>	1	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	1	
<i>fluoxetine oral tablet 60 mg</i>	1	PA
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	1	
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	1	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	1	
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG	EX	
FOCALIN XR ORAL CAPSULE, ER BIPHASIC 50-50 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG	EX	
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	EX	
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)	3	
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG	3	ST

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
HALCION ORAL TABLET 0.25 MG	3	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	1	
<i>haloperidol lactate injection solution 5 mg/ml</i>	3	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	3	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	3	PA; SP; LA
HETLIOZ ORAL CAPSULE 20 MG	EX	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	3	
INTUNIV ER ORAL TABLET EXTENDED RELEASE 24 HR 1 MG, 2 MG, 3 MG, 4 MG	EX	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML, 1,560 MG/5 ML	3	
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 6 MG, 9 MG	3	ST
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML	3	
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML, 410 MG/1.32 ML, 546 MG/1.75 ML, 819 MG/2.63 ML	3	
JORNAY PM ORAL CAPSULE, DEL REL, EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	3	PA
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	EX	
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG	3	ST
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	1	
<i>lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG	3	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
LOREEV XR ORAL CAPSULE, EXTENDED RELEASE 24HR 1 MG, 1.5 MG, 2 MG, 3 MG	EX	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 50 mg, 50 mg</i>	1	
LUMRYZ ORAL EXTEND RELEASE GRANULES,PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM	3	PA; SP; LA; QL (30 per 30 days)
LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK 4.5-6-7.5 GRAM	3	PA; SP; LA; QL (1 per 365 days)
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG	EX	
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	3	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	3	ST
MARPLAN ORAL TABLET 10 MG	3	
METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	3	PA
<i>methamphetamine oral tablet 5 mg</i>	1	
METHYLIN ORAL SOLUTION 10 MG/5 ML, 5 MG/5 ML	3	ST
<i>methylphenidate hcl oral cap, er sprinkle, biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	3	
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	
<i>methylphenidate hcl oral capsule, er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	1	
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</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 45 MG, 63 MG	3	PA
<i>methylphenidate hcl oral tablet extended release 24hr 72 mg</i>	3	
<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	1	
<i>methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr</i>	3	
<i>midazolam oral syrup 2 mg/ml</i>	1	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i>	1	
<i>modafinil oral tablet 100 mg, 200 mg</i>	1	
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	1	
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG	3	PA
NARDIL ORAL TABLET 15 MG	3	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	3	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	1	
NUPLAZID ORAL CAPSULE 34 MG	3	PA; SP; LA
NUPLAZID ORAL TABLET 10 MG	3	PA; SP; LA
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG	EX	
<i>olanzapine intramuscular recon soln 10 mg</i>	1	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	1	
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ONYDA XR ORAL SUSPENSION, EXTEND RELEASE 24HR 0.1 MG/ML	3	PA
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	3	PA
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	1	
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg</i>	1	
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG	3	
PARNATE ORAL TABLET 10 MG	3	
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	3	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	1	
<i>paroxetine mesylate (menop.sym) oral capsule 7.5 mg</i>	1	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG, 37.5 MG	3	ST
PAXIL ORAL SUSPENSION 10 MG/5 ML	3	ST
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	3	ST
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	
PERSERIS SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG	3	
<i>phenelzine oral tablet 15 mg</i>	1	
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 25 MG, 50 MG	EX	
<i>procentra oral solution 5 mg/5 ml</i>	1	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	1	
PROVIGIL ORAL TABLET 100 MG, 200 MG	EX	
PROZAC ORAL CAPSULE 10 MG, 20 MG	EX	
QELBREE ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG	3	PA
QUAZEPAM ORAL TABLET 15 MG	EX	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
QUETIAPINE ORAL TABLET 150 MG	3	ST
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	3	
QUILLICHEW ER ORAL TABLET, CHEW, IR-ER.BIPHASIC24HR 20 MG, 30 MG, 40 MG	3	PA
QUILLIVANT XR ORAL SUSPENSION, EXT REL 24HR, RECON 5 MG/ML (25 MG/5 ML)	3	PA
QUVIVIQ ORAL TABLET 25 MG, 50 MG	3	PA
RALDESY ORAL SOLUTION 10 MG/ML	EX	
<i>ramelteon oral tablet 8 mg</i>	3	
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 45 MG, 54 MG, 63 MG, 72 MG	3	PA
REMERON ORAL TABLET 15 MG, 30 MG	3	ST
REMERON SOLTAB ORAL TABLET, DISINTEGRATING 15 MG, 30 MG, 45 MG	3	ST
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG	3	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	ST
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	3	
RISPERDAL ORAL SOLUTION 1 MG/ML	3	ST
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	ST
<i>risperidone microspheres intramuscular suspension, extended rel recon 12.5 mg/2 ml, 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml</i>	3	
<i>risperidone oral solution 1 mg/ml</i>	1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG	3	PA
ROZEREM ORAL TABLET 8 MG	EX	
RYKINDO INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	EX	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	3	ST
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG	EX	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG	EX	
<i>sertraline oral capsule 150 mg, 200 mg</i>	EX	
<i>sertraline oral concentrate 20 mg/ml</i>	1	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	1	
SILENOR ORAL TABLET 3 MG, 6 MG	3	PA
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	3	PA; SP; LA; QL (3 per 30 days)
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	3	PA; SP; QL (4 per 30 days)
SUNOSI ORAL TABLET 150 MG	3	PA; QL (30 per 30 days)
SUNOSI ORAL TABLET 75 MG	3	PA; QL (60 per 30 days)
<i>tasimelteon oral capsule 20 mg</i>	3	PA; SP; LA
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	1	
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>tranlycypromine oral tablet 10 mg</i>	1	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	1	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	ST
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 100 MG/0.28 ML, 125 MG/0.35 ML, 150 MG/0.42 ML, 200 MG/0.56 ML, 250 MG/0.7 ML, 50 MG/0.14 ML, 75 MG/0.21 ML	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG	EX	
VENLAFAXINE BESYLATE ORAL TABLET EXTENDED RELEASE 24HR 112.5 MG	3	ST
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	1	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	1	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	3	ST
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	EX	
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	3	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	3	ST
VYLEESI SUBCUTANEOUS AUTO-INJECTOR 1.75 MG/0.3 ML	3	PA; SP
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	3	PA
VYVANSE ORAL TABLET, CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	3	PA
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	3	PA; SP; LA; QL (60 per 30 days)
WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR 100 MG, 150 MG, 200 MG	3	ST
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	3	ST
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	EX	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 0.5 MG, 1 MG, 2 MG, 3 MG	EX	
XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR	3	PA
XYREM ORAL SOLUTION 500 MG/ML	3	PA; SP; LA; QL (3 per 30 days)
XYWAV ORAL SOLUTION 0.5 GRAM/ML	3	PA; SP; LA; QL (3 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	
<i>zenzedi oral tablet 10 mg, 5 mg</i>	3	PA
ZENZEDI ORAL TABLET 15 MG, 20 MG, 30 MG, 7.5 MG	EX	

Drug Name	Drug Tier	Requirements / Limits
ZENZEDI ORAL TABLET 2.5 MG	3	PA
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	3	
ZOLOFT ORAL CONCENTRATE 20 MG/ML	3	ST
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG	3	ST
ZOLPIDEM ORAL CAPSULE 7.5 MG	EX	
<i>zolpidem oral tablet 10 mg, 5 mg</i>	1	
<i>zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg</i>	1	
<i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i>	1	
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG	3	PA; SP
ZYPREXA ORAL TABLET 2.5 MG, 20 MG, 5 MG	3	ST
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG	3	

## AUTONOMIC & CNS DRUGS, NEUROLOGY

### MULTIPLE SCLEROSIS AGENTS

AUBAGIO ORAL TABLET 14 MG, 7 MG	EX	
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	2	PA; SP; LA
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	2	PA; SP; LA
BAFIERTAM ORAL CAPSULE, DELAYED RELEASE (DR/EC) 95 MG	3	PA; SP; LA; QL (120 per 30 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	2	PA; SP; LA
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	3	PA; SP; LA
<i>dimethyl fumarate oral capsule, delayed release (dr/ec) 120 mg</i>	1	PA; SP; LA; QL (14 per 365 days)
<i>dimethyl fumarate oral capsule, delayed release (dr/ec) 120 mg (14)- 240 mg (46)</i>	1	PA; SP; LA; QL (1 per 365 days)
<i>dimethyl fumarate oral capsule, delayed release (dr/ec) 240 mg</i>	1	PA; SP; LA; QL (60 per 30 days)
<i>fingolimod oral capsule 0.5 mg</i>	1	PA; SP; LA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG	3	PA; SP; LA
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	1	PA; SP; LA
<i>glatopa subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	1	PA; SP; LA
KESIMPTA SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	2	PA; SP; LA
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	3	PA; SP; LA
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	3	PA; SP; LA
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	3	PA; SP; LA
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	3	PA; SP; LA
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	3	PA; SP; LA
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	3	PA; SP; LA
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	3	PA; SP; LA
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	2	PA; SP; LA
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS, DOSE PACK 0.25 MG (7 TABS)	2	PA; SP; LA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS, DOSE PACK 0.25 MG (12 TABS)	2	PA; SP; LA
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	2	PA; SP; LA
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA; SP; LA
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA; SP; LA
PONVORY 14-DAY STARTER PACK ORAL TABLETS, DOSE PACK 2 MG (2) - 10 MG (3)	3	PA; SP; LA
PONVORY ORAL TABLET 20 MG	3	PA; SP; LA; QL (30 per 30 days)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	2	PA; SP; LA

Drug Name	Drug Tier	Requirements / Limits
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	PA; SP; LA
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	PA; SP; LA
TASCENSO ODT ORAL TABLET, DISINTEGRATING 0.25 MG, 0.5 MG	3	PA; SP; LA
TECFIDERA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 120 MG	3	PA; SP; LA; QL (14 per 365 days)
TECFIDERA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 120 MG (14)- 240 MG (46)	3	PA; SP; LA; QL (1 per 365 days)
TECFIDERA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 240 MG	3	PA; SP; LA; QL (60 per 30 days)
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	3	PA; SP; LA
VUMERITY ORAL CAPSULE, DELAYED RELEASE(DR/EC) 231 MG	3	PA; SP; LA; QL (120 per 30 days)

## CARDIOVASCULAR, HYPERTENSION & LIPIDS

### ANTIARRHYTHMIC AGENTS

<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG	3	
BETAPACE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	3	
<i>disopyramide phosphate oral capsule 100 mg</i>	1	
<i>disopyramide phosphate oral capsule 150 mg</i>	EX	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	3	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	1	
MULTAQ ORAL TABLET 400 MG	3	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	3	
NORPACE ORAL CAPSULE 100 MG, 150 MG	EX	
<i>pacerone oral tablet 100 mg, 200 mg</i>	1	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	1	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML	3	PA
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG	EX	
<b>ANTIHYPERTENSIVE THERAPY</b>		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	3	ST
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	3	ST
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG	3	
<i>aliskiren oral tablet 150 mg, 300 mg</i>	3	
ALTACE ORAL CAPSULE 1.25 MG, 2.5 MG, 5 MG	3	ST
<i>amiloride oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	3	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	
<i>amlodipine-valsartan-hctiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1	
ARBLI ORAL SUSPENSION 10 MG/ML	EX	
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG	EX	
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	EX	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	EX	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
AVAPRO ORAL TABLET 150 MG, 300 MG	EX	
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG	EX	
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG	EX	
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG	EX	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	1	
BIDIL ORAL TABLET 20-37.5 MG	EX	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
BISOPROLOL FUMARATE ORAL TABLET 2.5 MG	EX	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	3	
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	
CARDIZEM CD ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	3	ST
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	3	ST
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	ST
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG	3	PA
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	3	PA
CAROSPIR ORAL SUSPENSION 25 MG/5 ML	EX	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24 HR	EX	
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24 HR	EX	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24 HR	EX	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
CLONIDINE HCL ORAL TABLET EXTENDED RELEASE 24 HR 0.17 MG	3	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	3	
CONJUPRI ORAL TABLET 2.5 MG, 5 MG	3	ST
CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG	EX	
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG	EX	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG	EX	
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG	EX	
DEMSER ORAL CAPSULE 250 MG	EX	
DIBENZYLINE ORAL CAPSULE 10 MG	3	
<i>diltiazem hcl oral capsule, ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg</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 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>dilt-xr oral capsule, ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG	EX	
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG	EX	
DIURIL ORAL SUSPENSION 250 MG/5 ML	3	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG	3	
EDARBI ORAL TABLET 40 MG, 80 MG	EX	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	EX	
EDECIN ORAL TABLET 25 MG	3	
<i>enalapril maleate oral solution 1 mg/ml</i>	3	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
EPANED ORAL SOLUTION 1 MG/ML	3	ST
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
<i>eprosartan oral tablet 600 mg</i>	1	
<i>ethacrynic acid oral tablet 25 mg</i>	3	
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG	EX	
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG	EX	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	EX	
HEMICLOR ORAL TABLET 12.5 MG	EX	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG	EX	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
INDERAL LA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 160 MG, 60 MG, 80 MG	EX	
INDERAL XL ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 80 MG	EX	
INNOPRAN XL ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 80 MG	EX	
INSPRA ORAL TABLET 25 MG, 50 MG	3	
INZIRQO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML	EX	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i>	3	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	
KASPARGO SPRINKLE ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG, 200 MG, 25 MG, 50 MG	EX	
KATERZIA ORAL SUSPENSION 1 MG/ML	EX	
KERENDIA ORAL TABLET 10 MG	3	PA; QL (60 per 30 days)
KERENDIA ORAL TABLET 20 MG	3	PA; QL (30 per 30 days)
KERENDIA ORAL TABLET 40 MG	3	PA; QL (15 per 30 days)
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
LABETALOL ORAL TABLET 400 MG	EX	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG	3	
LEVAMLODIPINE ORAL TABLET 2.5 MG, 5 MG	3	ST
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
LOPRESSOR ORAL TABLET 100 MG, 50 MG	3	PA
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	3	ST
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	ST
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	EX	
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	1	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	3	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>metyrosine oral capsule 250 mg</i>	3	
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG	EX	
MICARDIS ORAL TABLET 40 MG, 80 MG	EX	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	3	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	3	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HR 0.17 MG	3	PA
<i>nicardipine oral capsule 20 mg, 30 mg</i>	1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	1	
<i>nimodipine oral capsule 30 mg</i>	1	
<i>nimodipine oral solution 60 mg/20 ml</i>	3	
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	3	
NORLIQVA ORAL SOLUTION 1 MG/ML	3	ST
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG	EX	
NYMALIZE ORAL SOLUTION 60 MG/10 ML	3	
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML	3	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	1	
<i>olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	3	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL, DOSE PACK 0.125 MG (126)- 0.25 MG (42)	3	PA; SP; LA
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL, DOSE PACK 0.125 MG (126)- 0.25 MG (210)	3	PA; SP; LA
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL, DOSE PACK 0.125 MG (126)- 0.25 MG(42)-1MG	3	PA; SP; LA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	3	PA; SP; LA
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>phenoxybenzamine oral capsule 10 mg</i>	3	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG	EX	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG, 90 MG	3	ST
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	3	
QBRELIS ORAL SOLUTION 1 MG/ML	3	ST
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
SOAANZ ORAL TABLET 40 MG	EX	
<i>spironolactone oral suspension 25 mg/5 ml</i>	3	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	ST
TEKTURNA ORAL TABLET 150 MG, 300 MG	3	ST
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	
TENORETIC 100 ORAL TABLET 100-25 MG	3	
TENORETIC 50 ORAL TABLET 50-25 MG	3	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG	3	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
THALITONE ORAL TABLET 15 MG	3	
<i>tiadylt er oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
TIAZAC ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	3	ST
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 200 MG, 25 MG, 50 MG	3	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	3	
<i>triamterene oral capsule 100 mg, 50 mg</i>	3	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG	EX	
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3	PA; SP; LA
UPTRAVI ORAL TABLETS, DOSE PACK 200 MCG (140)- 800 MCG (60)	3	PA; SP; LA
<i>valsartan oral solution 4 mg/ml</i>	3	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	
VASERETIC ORAL TABLET 10-25 MG	3	ST
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	3	ST
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	1	
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	3	ST
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG	3	ST

Drug Name	Drug Tier	Requirements / Limits
<b>CARDIAC GLYCOSIDES</b>		
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i>	3	
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG)	3	
<b>COAGULATION THERAPY</b>		
ALHEMO PEN SUBCUTANEOUS PEN INJECTOR 150 MG/1.5 ML (100 MG/ML), 300 MG/3 ML (100 MG/ML), 60 MG/1.5 ML (40 MG/ML)	3	PA; SP; LA; QL (4 per 30 days)
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	3	PA; SP; LA; QL (60 per 30 days)
AMICAR ORAL SOLUTION 250 MG/ML (25 %)	3	
AMICAR ORAL TABLET 1,000 MG, 500 MG	3	
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>	3	
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i>	3	
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML, 2.5 MG/0.5 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML	3	ST; SP
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	1	
BRILINTA ORAL TABLET 60 MG, 90 MG	EX	
CABLIVI INJECTION KIT 11 MG	2	PA; SP
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel oral tablet 300 mg, 75 mg</i>	1	
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i>	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
DOPTELET ORAL TABLET 20 MG	2	PA; SP; LA
EFFIENT ORAL TABLET 10 MG, 5 MG	3	
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 5 MG (74 TABS)	2	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ELIQUIS ORAL TABLET FOR SUSPENSION 0.5 MG, 1.5 MG (0.5 MG X 3), 2 MG (0.5 MG X 4)	3	
ELIQUIS SPRINKLE ORAL CAPSULE, SPRINKLE 0.15 MG	3	
<i>eltrombopag olamine oral powder in packet 12.5 mg, 25 mg</i>	1	PA; SP; QL (30 per 30 days)
<i>eltrombopag olamine oral tablet 12.5 mg, 25 mg</i>	1	PA; SP; QL (30 per 30 days)
<i>eltrombopag olamine oral tablet 50 mg, 75 mg</i>	1	PA; SP; QL (60 per 30 days)
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	1	SP
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	1	SP
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	3	SP
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML, 25,000 ANTI-XA UNIT/ML	3	SP
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML, 7,500 ANTI-XA UNIT/0.3 ML	3	PA; SP
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 12 MG/0.4 ML, 150 MG/ML, 30 MG/ML, 300 MG/2 ML (150 MG/ML), 60 MG/0.4 ML	2	PA; SP; LA; QL (2 per 30 days)
<i>hep flush-10 (pf) intravenous solution 10 unit/ml</i>	3	
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	1	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	3	
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml</i>	3	
<i>heparin lockflush(porcine)(pf) intravenous syringe 10 unit/ml, 100 unit/ml</i>	3	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml</i>	1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>heparin, porcine (pf) injection syringe 5, 000 unit/ml</i>	3	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml</i>	3	
HYMPAVZI PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	3	PA; SP; LA; QL (4 per 30 days)
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
LOVENOX SUBCUTANEOUS SOLUTION 300 MG/3 ML	EX	
LOVENOX SUBCUTANEOUS SYRINGE 100 MG/ML, 120 MG/0.8 ML, 150 MG/ML, 30 MG/0.3 ML, 40 MG/0.4 ML, 60 MG/0.6 ML, 80 MG/0.8 ML	EX	
MULPLETA ORAL TABLET 3 MG	EX	
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	
PHYTONADIONE (VITAMIN K1) INJECTION SOLUTION 1 MG/0.5 ML	3	
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>	3	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	
PLAVIX ORAL TABLET 75 MG	EX	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	EX	
PRADAXA ORAL PELLETS IN PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG	EX	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	1	
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	EX	
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	EX	
QFITLIA PEN SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	3	PA; SP; QL (1 per 30 days)
QFITLIA SUBCUTANEOUS SOLUTION 20 MG/0.2 ML	3	PA; SP; QL (1 per 30 days)
<i>rivaroxaban oral suspension for reconstitution 1 mg/ml</i>	1	QL (60 per 30 days)
<i>rivaroxaban oral tablet 2.5 mg</i>	3	QL (60 per 30 days)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG	EX	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
TAVALISSE ORAL TABLET 100 MG, 150 MG	EX	
<i>ticagrelor oral tablet 60 mg, 90 mg</i>	1	
<i>vitamin k injection solution 1 mg/0.5 ml</i>	3	
<i>vitamin k1 injection solution 10 mg/ml</i>	3	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 15 MG (42)- 20 MG (9)	2	QL (60 per 30 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	2	QL (60 per 30 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	2	QL (60 per 30 days)
XARELTO ORAL TABLET 2.5 MG	EX	
YOSPRALA ORAL TABLET, IR, DELAYED REL, BIPHASIC 325-40 MG, 81-40 MG	EX	
ZONTIVITY ORAL TABLET 2.08 MG	3	
<b>LIPID/CHOLESTEROL LOWERING AGENTS</b>		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG	EX	
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	3	
ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	3	PA
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	ACA
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
<i>cholestyramine (with sugar) oral powder 4 gram</i>	1	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	1	
<i>cholestyramine light oral powder 4 gram</i>	1	
<i>cholestyramine light oral powder in packet 4 gram</i>	1	
<i>colesevelam oral powder in packet 3.75 gram</i>	3	
<i>colesevelam oral tablet 625 mg</i>	3	
COLESTID ORAL GRANULES 5 GRAM	EX	
COLESTID ORAL TABLET 1 GRAM	EX	
<i>colestipol oral granules 5 gram</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>colestipol oral packet 5 gram</i>	1	
<i>colestipol oral tablet 1 gram</i>	1	
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	EX	
<i>ezetimibe oral tablet 10 mg</i>	1	
EZETIMIBE-ROSUVASTATIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG	3	PA
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	
FENOFIBRATE ORAL CAPSULE 150 MG, 50 MG	EX	
<i>fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg</i>	1	
<i>fenofibric acid (choline) oral capsule, delayed release (dr/ec) 135 mg, 45 mg</i>	1	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	1	
FIBRICOR ORAL TABLET 105 MG	3	PA
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML)	EX	
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	3	ACA
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	1	ACA
<i>gemfibrozil oral tablet 600 mg</i>	1	
<i>icosapent ethyl oral capsule 0.5 gram</i>	3	PA; QL (120 per 30 days)
<i>icosapent ethyl oral capsule 1 gram</i>	1	PA; QL (120 per 30 days)
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	3	PA; SP; LA; QL (30 per 30 days)
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR 80 MG	3	PA
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	EX	
LIPOFEN ORAL CAPSULE 150 MG, 50 MG	EX	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	EX	
LOPID ORAL TABLET 600 MG	3	PA
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
LOVAZA ORAL CAPSULE 1 GRAM	3	PA; QL (120 per 30 days)
NEXLETOL ORAL TABLET 180 MG	3	PA
NEXLIZET ORAL TABLET 180-10 MG	3	PA
<i>niacin oral tablet 500 mg</i>	3	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	1	
NIACOR ORAL TABLET 500 MG	3	ST
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	3	
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	3	ACA
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	EX	
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	ACA
<i>prevalite oral powder 4 gram</i>	3	
<i>prevalite oral powder in packet 4 gram</i>	1	
QUESTRAN LIGHT ORAL POWDER 4 GRAM	3	
QUESTRAN ORAL POWDER 4 GRAM	3	
QUESTRAN ORAL POWDER IN PACKET 4 GRAM	3	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	2	PA
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	2	PA
REPATHA SUBCUTANEOUS SYRINGE 140 MG/ML	2	PA
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	ACA
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG	3	PA
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	ACA
TRICOR ORAL TABLET 145 MG, 48 MG	EX	
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML	3	PA; SP
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	EX	
VYTORIN ORAL TABLET 10-10 MG	EX	
VYTORIN ORAL TABLET 10-20 MG	EX	

Drug Name	Drug Tier	Requirements / Limits
VYTORIN ORAL TABLET 10-40 MG	EX	
VYTORIN ORAL TABLET 10-80 MG	EX	
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	EX	
WELCHOL ORAL TABLET 625 MG	EX	
ZETIA ORAL TABLET 10 MG	EX	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	EX	
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	EX	
<b>MISCELLANEOUS CARDIOVASCULAR AGENTS</b>		
ATTRUBY ORAL TABLET 356 MG	3	PA; SP
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	3	PA; SP; LA
CORLANOR ORAL SOLUTION 5 MG/5 ML	3	PA; SP
CORLANOR ORAL TABLET 5 MG, 7.5 MG	EX	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	2	PA
ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG	2	PA
FILSPARI ORAL TABLET 200 MG, 400 MG	3	PA; SP; QL (30 per 30 days)
<i>ivabradine oral tablet 5 mg, 7.5 mg</i>	3	PA
LODOCO ORAL TABLET 0.5 MG	3	PA
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	3	ST
<i>sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg</i>	1	
TRYVIO ORAL TABLET 12.5 MG	3	PA; SP
VANRAFIA ORAL TABLET 0.75 MG	3	PA; SP; QL (30 per 30 days)
VECAMYL ORAL TABLET 2.5 MG	3	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	PA
VYNDAMAX ORAL CAPSULE 61 MG	3	PA; SP; LA
VYNDAQEL ORAL CAPSULE 20 MG	3	PA; SP; LA
<b>NITRATES</b>		
GONITRO SUBLINGUAL POWDER IN PACKET 400 MCG	3	
ISORDIL ORAL TABLET 40 MG	EX	
ISORDIL TITRADOSE ORAL TABLET 5 MG	EX	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	
<i>nitro-bid transdermal ointment 2 %</i>	1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR	3	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i>	1	
NITROLINGUAL TRANSLINGUAL SPRAY, NON-AEROSOL 400 MCG/SPRAY	EX	
NITROMIST TRANSLINGUAL AEROSOL, SPRAY 400 MCG/SPRAY	EX	
NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG	2	
<i>nitro-time oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg</i>	1	

## **DERMATOLOGICALS/TOPICAL THERAPY**

### **ANTIPSORIATIC / ANTISEBORRHEIC**

<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	3	
ANALPRAM-HC TOPICAL LOTION 2.5-1 %	3	ST
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML, 320 MG/2 ML	3	PA; SP; LA
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML, 320 MG/2 ML	3	PA; SP; LA
<i>calcipotriene scalp solution 0.005 %</i>	1	
<i>calcipotriene topical cream 0.005 %</i>	1	
CALCIPOTRIENE TOPICAL FOAM 0.005 %	EX	
<i>calcipotriene topical ointment 0.005 %</i>	1	
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	3	
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i>	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>calcitriol topical ointment 3 mcg/gram</i>	1	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	EX	
COSENTYX PEN (2 PENS) SUBCUTANEOUS INJECTOR 150 MG/ML	EX	
COSENTYX PEN SUBCUTANEOUS INJECTOR 150 MG/ML	EX	
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	EX	
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	EX	
ENSTILAR TOPICAL FOAM 0.005-0.064 %	EX	
EPIFOAM TOPICAL FOAM 1-1 %	3	
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	3	
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	3	PA; SP; LA
IMULDOSA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	EX	
OTULFI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	EX	
OVACE PLUS TOPICAL SHAMPOO 10 %	EX	
OVACE PLUS TOPICAL CLEANSER 10 %	EX	
OVACE PLUS WASH TOPICAL CLEANSER, GEL 10 %	EX	
OVACE TOPICAL CLEANSER 10 %	EX	
PLEXION NS TOPICAL SHAMPOO 9.8 %	3	PA
PRAMOSONE TOPICAL CREAM 1-1 %	3	ST
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %	3	ST
PRAMOSONE TOPICAL OINTMENT 1-1 %, 2.5-1 %	3	ST
PYZCHIVA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	EX	
PYZCHIVA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	EX	
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	EX	
<i>selenium sulfide topical lotion 2.5 %</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>selenium sulfide topical shampoo 2.25 %</i>	1	
<i>selenium sulfide topical shampoo 2.3 %</i>	EX	
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	EX	
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	2	PA; SP; LA
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	2	PA; SP; LA
SORILUX TOPICAL FOAM 0.005 %	EX	
SOTYKTU ORAL TABLET 6 MG	2	PA; SP; LA
SPEVIGO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	3	PA; SP; LA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	EX	
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	EX	
STEQEYMA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	2	PA; SP; LA
<i>sulfacetamide sodium topical cleanser 10 %</i>	1	
<i>sulfacetamide sodium topical cleanser, gel 10 %</i>	1	
<i>sulfacetamide sodium topical shampoo 10 %</i>	1	
<i>sulfacetamide sodium topical shampoo 9.8 %</i>	3	
TACLONEX TOPICAL SUSPENSION 0.005-0.064 %	EX	
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	2	PA; SP; LA
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	2	PA; SP; LA
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	2	PA; SP; LA
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML, 80 MG/ML	2	PA; SP; LA
TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	2	PA; SP; LA
TREMFYA PEN INDUCTION PK(2PEN) SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML	2	PA; SP; LA
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	2	PA; SP; LA
USTEKINUMAB SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	EX	
USTEKINUMAB SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	EX	
USTEKINUMAB-AEKN SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	EX	
USTEKINUMAB-TTWE SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	EX	
VECTICAL TOPICAL OINTMENT 3 MCG/GRAM	EX	
VTAMA TOPICAL CREAM 1 %	3	PA
WEZLANA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	EX	
WEZLANA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	EX	
WYNZORA TOPICAL CREAM 0.005-0.064 %	3	PA
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	2	PA; SP; LA
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	2	PA; SP; LA
ZORYVE TOPICAL CREAM 0.15 %, 0.3 %	3	PA
ZORYVE TOPICAL FOAM 0.3 %	3	PA
<b>BURN THERAPY</b>		
SILVADENE TOPICAL CREAM 1 %	EX	
<i>silver sulfadiazine topical cream 1 %</i>	1	
<i>ssd topical cream 1 %</i>	1	
<b>MISCELLANEOUS DERMATOLOGICALS</b>		
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	2	PA; SP; LA
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	2	PA; SP; LA
<i>ammonium lactate topical cream 12 %</i>	1	
<i>ammonium lactate topical lotion 12 %</i>	1	
ANZUPGO TOPICAL CREAM 2 %	EX	
CARAC TOPICAL CREAM 0.5 %	EX	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	3	PA; SP; LA
CONDYLOX TOPICAL GEL 0.5 %	EX	
CORTANE-B TOPICAL LOTION 1-1-0.1 %	EX	
<i>diclofenac sodium topical gel 3 %</i>	1	
<i>doxepin topical cream 5 %</i>	EX	
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 %	2	
DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	2	PA; SP; LA; QL (4 per 30 days)
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	2	PA; SP; LA; QL (4 per 30 days)
EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR 250 MG/2 ML	2	PA; SP; LA
EBGLYSS SYRINGE SUBCUTANEOUS SYRINGE 250 MG/2 ML	2	PA; SP; LA
EFUDEX TOPICAL CREAM 5 %	3	
ELIDEL TOPICAL CREAM 1 %	EX	
EUCRISA TOPICAL OINTMENT 2 %	3	PA
FLUOROURACIL TOPICAL CREAM 0.5 %	EX	
<i>fluorouracil topical cream 5 %</i>	3	
<i>fluorouracil topical solution 2 %, 5 %</i>	1	
HYFTOR TOPICAL GEL 0.2 %	3	PA; SP
<i>imiquimod topical cream in metered-dose pump 3.75 %</i>	EX	
<i>imiquimod topical cream in packet 3.75 %</i>	3	
<i>imiquimod topical cream in packet 5 %</i>	1	
IODOFLEX TOPICAL PADS, MEDICATED 0.9 %	3	
IODOSORB TOPICAL GEL 0.9 %	3	
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	1	
OPZELURA TOPICAL CREAM 1.5 %	3	PA
PANRETIN TOPICAL GEL 0.1 %	3	
<i>pimecrolimus topical cream 1 %</i>	1	
<i>podofilox topical gel 0.5 %</i>	3	
<i>podofilox topical solution 0.5 %</i>	1	
<i>prudoxin topical cream 5 %</i>	3	

Drug Name	Drug Tier	Requirements / Limits
QBREXZA TOPICAL TOWELETTE 2.4 %	EX	
SOFDRA TOPICAL GEL WITH PUMP 12.45 % (72 MG /ACTUATION)	3	PA; QL (1 per 30 days)
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	1	
VALCHLOR TOPICAL GEL 0.016 %	3	PA; SP; LA
VEREGEN TOPICAL OINTMENT 15 %	EX	
ZONALON TOPICAL CREAM 5 %	EX	
ZYCLARA TOPICAL CREAM IN METERED- DOSE PUMP 2.5 %, 3.75 %	EX	
ZYCLARA TOPICAL CREAM IN PACKET 3.75 %	EX	
<b>THERAPY FOR ACNE</b>		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG	EX	
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG	EX	
ACANYA TOPICAL GEL WITH PUMP 1.2-2.5 %	EX	
<i>acutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	3	
ACZONE TOPICAL GEL 5 %	EX	
ACZONE TOPICAL GEL WITH PUMP 7.5 %	EX	
<i>adapalene topical cream 0.1 %</i>	EX	
<i>adapalene topical gel 0.3 %</i>	EX	
<i>adapalene topical gel with pump 0.3 %</i>	EX	
ADAPALENE TOPICAL LOTION 0.1 %	EX	
<i>adapalene topical solution 0.1 %</i>	EX	
<i>adapalene topical swab 0.1 %</i>	EX	
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %, 0.3-2.5 %</i>	EX	
AKLIEF TOPICAL CREAM 0.005 %	3	ST
ALTRENO TOPICAL LOTION 0.05 %	EX	
<i>amnesteem oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
AMZEEQ TOPICAL FOAM 4 %	EX	
ARAZLO TOPICAL LOTION 0.045 %	EX	
ATRALIN TOPICAL GEL 0.05 %	EX	
AVAR LS TOPICAL CLEANSER 10-2 %	EX	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>avar topical cleanser 10-5 % (w/w)</i>	3	
AVAR-E TOPICAL CREAM 10-5 % (W/W)	EX	
<i>azelaic acid topical gel 15 %</i>	1	
AZELEX TOPICAL CREAM 20 %	EX	
BENZAMYCIN TOPICAL GEL 3-5 %	EX	
BENZEPRO (MICROSPHERES) TOPICAL CLEANSER 7 %	EX	
<i>benzepro topical towelette 6 %</i>	EX	
<i>benzoyl peroxide topical cleanser 7 %</i>	1	
<i>benzoyl peroxide topical foam 9.8 %</i>	EX	
<i>bp topical cleanser 10-1 %</i>	3	
<i>brimonidine topical gel with pump 0.33 %</i>	1	
CABTREO TOPICAL GEL 0.15-3.1-1.2 %	EX	
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
CLENIA PLUS TOPICAL SUSPENSION 9-4.25 %	EX	
CLEOCIN T TOPICAL LOTION 1 %	EX	
CLINDACIN ETZ TOPICAL KIT 1 %	EX	
<i>clindacin etz topical swab 1 %</i>	EX	
<i>clindacin p topical swab 1 %</i>	EX	
CLINDACIN PAC TOPICAL KIT 1 %	EX	
<i>clindacin topical foam 1 %</i>	EX	
CLINDAGEL TOPICAL GEL, ONCE DAILY 1 %	EX	
<i>clindamycin phosphate topical foam 1 %</i>	EX	
<i>clindamycin phosphate topical gel 1 %</i>	1	
<i>clindamycin phosphate topical gel, once daily 1 %</i>	EX	
<i>clindamycin phosphate topical lotion 1 %</i>	1	
<i>clindamycin phosphate topical solution 1 %</i>	1	
<i>clindamycin phosphate topical swab 1 %</i>	1	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %</i>	3	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2 %(1 % base) -3.75 %, 1.2-2.5 %</i>	EX	
<i>clindamycin-tretinoin topical gel 1.2-0.025 %</i>	EX	
<i>dapsone topical gel 5 %</i>	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
DAPSONE TOPICAL GEL 7.5 %	3	ST
<i>dapsone topical gel with pump 7.5 %</i>	3	
DIFFERIN TOPICAL CREAM 0.1 %	EX	
DIFFERIN TOPICAL GEL WITH PUMP 0.3 %	EX	
DIFFERIN TOPICAL LOTION 0.1 %	EX	
EPIDUO FORTE TOPICAL GEL WITH PUMP 0.3-2.5 %	EX	
EPSOLAY TOPICAL CREAM 5 %	3	PA
<i>ery pads topical swab 2 %</i>	1	
<i>erythromycin with ethanol topical gel 2 %</i>	1	
<i>erythromycin with ethanol topical solution 2 %</i>	1	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	1	
EVOCLIN TOPICAL FOAM 1 %	EX	
FABIOR TOPICAL FOAM 0.1 %	EX	
FINACEA TOPICAL FOAM 15 %	3	ST
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>isotretinoin oral capsule 25 mg, 35 mg</i>	EX	
<i>ivermectin topical cream 1 %</i>	3	
METROCREAM TOPICAL CREAM 0.75 %	EX	
METROGEL TOPICAL GEL 1 %	EX	
<i>metronidazole topical cream 0.75 %</i>	1	
<i>metronidazole topical gel 0.75 %, 1 %</i>	1	
<i>metronidazole topical gel with pump 1 %</i>	EX	
<i>metronidazole topical lotion 0.75 %</i>	1	
MIRVASO TOPICAL GEL WITH PUMP 0.33 %	3	
NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL 1.2-5 %	EX	
<i>neuac topical gel 1.2 %(1 % base) -5 %</i>	EX	
NORITATE TOPICAL CREAM 1 %	EX	
ONEXTON TOPICAL GEL WITH PUMP 1.2 % (1 % BASE) -3.75 %	EX	
PACNEX TOPICAL CLEANSER 7 %	EX	
PLEXION CLEANSING CLOTHS TOPICAL PADS, MEDICATED 9.8-4.8 %	EX	
PLEXION TOPICAL CLEANSER 9.8-4.8 %	EX	

Drug Name	Drug Tier	Requirements / Limits
PLEXION TOPICAL CREAM 9.8-4.8 %	EX	
PLEXION TOPICAL LOTION 9.8-4.8 %	EX	
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %	EX	
RETIN-A MICRO TOPICAL GEL WITH PUMP 0.04 %, 0.06 %, 0.08 %, 0.1 %	EX	
RETIN-A MICRO TOPICAL GEL 0.04 %, 0.1 %	EX	
RETIN-A TOPICAL CREAM 0.025 %, 0.05 %	EX	
RETIN-A TOPICAL CREAM 0.1 %	3	ST
RETIN-A TOPICAL GEL 0.01 %, 0.025 %	EX	
RHOFADE TOPICAL CREAM 1 %	EX	
<i>rosadan topical cream 0.75 %</i>	1	
<i>rosadan topical gel 0.75 %</i>	1	
ROSADAN TOPICAL KIT, CLEANSER AND GEL 0.75 %	EX	
ROSADAN TOPICAL KIT, CLEANSER AND CREAM 0.75 %	EX	
<i>rosula cleansing cloths topical pads, medicated 10-5 %</i>	3	
ROSULA TOPICAL CLEANSER 10-4.5 %	EX	
SOOLANTRA TOPICAL CREAM 1 %	EX	
<i>sss 10-5 topical cream 10-5 % (w/w)</i>	1	
<i>sss 10-5 topical foam 10-5 %</i>	EX	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 10-5 % (w/w), 9-4.5 %, 9.8-4.8 %</i>	3	
SULFACETAMIDE SODIUM-SULFUR TOPICAL CLEANSER 8-4 %	3	ST
<i>sulfacetamide sodium-sulfur topical cleanser 9-4 %</i>	EX	
<i>sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w), 9.8-4.8 %</i>	3	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %</i>	3	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i>	3	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %</i>	3	
<i>sulfacetamide sodium-sulfur topical suspension 8-4 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
SULFACETAMIDE SODIUM-SULFUR TOPICAL SUSPENSION 9-4.25 %	EX	
<i>sulfacleanse 8-4 topical suspension 8-4 %</i>	3	
SUMADAN TOPICAL CLEANSER 9-4.5 %	EX	
SUMADAN TOPICAL KIT 9-4.5 %	EX	
SUMADAN XLT TOPICAL COMBO PACK, CLEANSER AND CREAM 9 %-4.5 % -SPF 25	3	ST
SUMAXIN CP TOPICAL KIT 10-4 %	EX	
SUMAXIN TOPICAL CLEANSER 9-4 %	EX	
SUMAXIN TOPICAL PADS, MEDICATED 10-4 %	EX	
SUMAXIN TS TOPICAL SUSPENSION 8-4 %	EX	
<i>tazarotene topical cream 0.05 %, 0.1 %</i>	3	
TAZAROTENE TOPICAL FOAM 0.1 %	EX	
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	EX	
TAZORAC TOPICAL CREAM 0.05 %, 0.1 %	EX	
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	EX	
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i>	1	
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.08 %, 0.1 %</i>	EX	
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	1	
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	1	
TWYNEO TOPICAL CREAM 0.1-3 %	3	ST
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 %	2	PA
VELTIN TOPICAL GEL 1.2-0.025 %	EX	
WINLEVI TOPICAL CREAM 1 %	3	ST
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
ZIANA TOPICAL GEL 1.2-0.025 %	EX	
ZILXI TOPICAL FOAM 1.5 %	EX	
ZMA CLEAR TOPICAL SUSPENSION 9-4.5 %	3	ST
<b>TOPICAL ANESTHETICS</b>		
<i>dermacinrx lidocan topical adhesive patch, medicated 5 %</i>	1	
<i>lidocaine hcl laryngotracheal solution 4 %</i>	1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i>	1	
<i>lidocaine topical adhesive patch, medicated 5 %</i>	1	
<i>lidocaine topical ointment 5 %</i>	1	
<i>lidocaine viscous mucous membrane solution 2 %</i>	1	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1	
<i>lidocaine-prilocaine topical kit 2.5-2.5 %</i>	EX	
LIDOCAINE-TETRACAINE TOPICAL CREAM 7-7 %	EX	
<i>lidocan iii topical adhesive patch, medicated 5 %</i>	EX	
<i>lidocan iv topical adhesive patch, medicated 5 %</i>	3	
<i>lidocan v topical adhesive patch, medicated 5 %</i>	3	
<i>lidocort topical cream 3-0.5 %</i>	3	
LIDODERM TOPICAL ADHESIVE PATCH, MEDICATED 5 %	EX	
PLIAGLIS TOPICAL CREAM 7-7 %	3	ST
ZTLIDO TOPICAL ADHESIVE PATCH, MEDICATED 1.8 %	EX	
<b>TOPICAL ANTIBACTERIALS</b>		
ALCORTIN A TOPICAL GEL 2-1-1 %	EX	
ALCORTIN A TOPICAL GEL IN PACKET 2-1-1 %	EX	
ALTABAX TOPICAL OINTMENT 1 %	3	
CENTANY AT TOPICAL OINTMENT KIT 2 %	EX	
CENTANY TOPICAL OINTMENT 2 %	EX	
<i>gentamicin topical cream 0.1 %</i>	1	
<i>gentamicin topical ointment 0.1 %</i>	1	
KLARON TOPICAL SUSPENSION 10 %	EX	
<i>lugols topical solution 5-10 %</i>	3	
<i>mupirocin calcium topical cream 2 %</i>	1	
<i>mupirocin topical ointment 2 %</i>	1	
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	EX	
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	EX	
<i>strong iodine topical solution 5-10 %</i>	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	1	
SULFAMYLON TOPICAL CREAM 85 MG/G	3	
XEPI TOPICAL CREAM 1 %	3	PA
<b>TOPICAL ANTIFUNGALS</b>		
CICLODAN KIT TOPICAL COMBO PACK 0.77 %	EX	
CICLODAN KIT TOPICAL SOLUTION 8 %	EX	
<i>ciclodan topical cream 0.77 %</i>	3	
<i>ciclodan topical solution 8 %</i>	1	
<i>ciclopirox topical cream 0.77 %</i>	1	
<i>ciclopirox topical gel 0.77 %</i>	1	
<i>ciclopirox topical shampoo 1 %</i>	1	
<i>ciclopirox topical solution 8 %</i>	1	
<i>ciclopirox topical suspension 0.77 %</i>	1	
<i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i>	3	
<i>clotrimazole topical cream 1 %</i>	1	
<i>clotrimazole topical solution 1 %</i>	1	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	1	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	1	
<i>econazole nitrate topical cream 1 %</i>	1	
ECONAZOLE NITRATE TOPICAL FOAM 1 %	EX	
ECOZA TOPICAL FOAM 1 %	EX	
ERTACZO TOPICAL CREAM 2 %	EX	
EXELDERM TOPICAL CREAM 1 %	EX	
EXELDERM TOPICAL SOLUTION 1 %	EX	
EXTINA TOPICAL FOAM 2 %	EX	
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 %	EX	
<i>ketoconazole topical cream 2 %</i>	1	
<i>ketoconazole topical foam 2 %</i>	EX	
<i>ketoconazole topical shampoo 2 %</i>	1	
<i>ketodan kit topical combo pack 2 %</i>	EX	
<i>ketodan topical foam 2 %</i>	EX	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>klayesta topical powder 100,000 unit/gram</i>	1	
LOPROX (AS OLAMINE) TOPICAL CREAM 0.77 %	EX	
LOPROX (AS OLAMINE) TOPICAL SUSPENSION 0.77 %	EX	
LOPROX KIT TOPICAL COMBO PACK 0.77 %	EX	
LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER 0.77 %	EX	
LULICONAZOLE TOPICAL CREAM 1 %	EX	
LUZU TOPICAL CREAM 1 %	EX	
MICONAZOLE NITRATE-ZINC OX-PET TOPICAL OINTMENT 0.25-15-81.35 %	EX	
<i>naftifine topical cream 1 %</i>	3	
<i>naftifine topical cream 2 %</i>	1	
<i>naftifine topical gel 2 %</i>	3	
NAFTIN TOPICAL GEL 2 %	EX	
<i>nyamyc topical powder 100,000 unit/gram</i>	1	
<i>nystatin topical cream 100,000 unit/gram</i>	1	
<i>nystatin topical ointment 100,000 unit/gram</i>	1	
<i>nystatin topical powder 100,000 unit/gram</i>	1	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	1	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	1	
<i>nystop topical powder 100,000 unit/gram</i>	1	
<i>oxiconazole topical cream 1 %</i>	EX	
OXISTAT TOPICAL LOTION 1 %	EX	
SULCONAZOLE TOPICAL CREAM 1 %	EX	
SULCONAZOLE TOPICAL SOLUTION 1 %	EX	
<i>tavaborole topical solution with applicator 5 %</i>	EX	
VUSION TOPICAL OINTMENT 0.25-15-81.35 %	EX	
<b>TOPICAL ANTIVIRALS</b>		
<i>acyclovir topical cream 5 %</i>	1	
<i>acyclovir topical ointment 5 %</i>	1	
DENAVIR TOPICAL CREAM 1 %	EX	
<i>penciclovir topical cream 1 %</i>	3	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
XERESE TOPICAL CREAM 5-1 %	EX	
ZOVIRAX TOPICAL CREAM 5 %	EX	
ZOVIRAX TOPICAL OINTMENT 5 %	EX	
<b>TOPICAL CORTICOSTEROIDS</b>		
<i>ala-cort topical cream 1 %</i>	3	
ALA-SCALP TOPICAL LOTION 2 %	EX	
<i>alclometasone topical cream 0.05 %</i>	1	
<i>alclometasone topical ointment 0.05 %</i>	1	
<i>amcinonide topical cream 0.1 %</i>	3	
<i>amcinonide topical ointment 0.1 %</i>	3	
<i>apexicon e topical cream 0.05 %</i>	EX	
<i>beser topical lotion 0.05 %</i>	EX	
<i>betamethasone dipropionate topical cream 0.05 %</i>	1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	1	
<i>betamethasone valerate topical cream 0.1 %</i>	1	
<i>betamethasone valerate topical foam 0.12 %</i>	EX	
<i>betamethasone valerate topical lotion 0.1 %</i>	1	
<i>betamethasone valerate topical ointment 0.1 %</i>	1	
<i>betamethasone, augmented topical cream 0.05 %</i>	1	
<i>betamethasone, augmented topical gel 0.05 %</i>	1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	1	
<i>betamethasone, augmented topical ointment 0.05 %</i>	1	
BRYHALI TOPICAL LOTION 0.01 %	EX	
CAPEX TOPICAL SHAMPOO 0.01 %	EX	
<i>clobetasol scalp solution 0.05 %</i>	3	
CLOBETASOL TOPICAL CREAM 0.025 %	EX	
<i>clobetasol topical cream 0.05 %</i>	3	
<i>clobetasol topical foam 0.05 %</i>	EX	
<i>clobetasol topical gel 0.05 %</i>	3	
<i>clobetasol topical lotion 0.05 %</i>	3	
<i>clobetasol topical ointment 0.05 %</i>	3	
<i>clobetasol topical shampoo 0.05 %</i>	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>clobetasol topical spray, non-aerosol 0.05 %</i>	3	
<i>clobetasol-emollient topical cream 0.05 %</i>	3	
<i>clobetasol-emollient topical foam 0.05 %</i>	EX	
CLOBEX TOPICAL SHAMPOO 0.05 %	EX	
CLOBEX TOPICAL SPRAY, NON-AEROSOL 0.05 %	EX	
<i>clocortolone pivalate topical cream 0.1 %</i>	EX	
CLODRAN KIT TOPICAL KIT, SHAMPOO AND CLEANSER 0.05 %	EX	
<i>clodan topical shampoo 0.05 %</i>	EX	
CORDRAN LARGE ROLL TOPICAL TAPE 4 MCG/CM2	EX	
DERMA-SMOOTHIE/FS BODY TOPICAL OIL 0.01 %	3	
DERMA-SMOOTHIE/FS SCALP OIL 0.01 %	3	
<i>desonide topical cream 0.05 %</i>	3	
<i>desonide topical gel 0.05 %</i>	EX	
<i>desonide topical lotion 0.05 %</i>	3	
<i>desonide topical ointment 0.05 %</i>	3	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i>	3	
<i>desoximetasone topical gel 0.05 %</i>	3	
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i>	3	
<i>desoximetasone topical spray, non-aerosol 0.25 %</i>	3	
<i>diflorasone topical cream 0.05 %</i>	EX	
<i>diflorasone topical ointment 0.05 %</i>	EX	
DIPROLENE (AUGMENTED) TOPICAL OINTMENT 0.05 %	EX	
DUOBRII TOPICAL LOTION 0.01-0.045 %	EX	
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	1	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	1	
<i>fluocinolone topical oil 0.01 %</i>	1	
<i>fluocinolone topical ointment 0.025 %</i>	1	
<i>fluocinolone topical solution 0.01 %</i>	1	
<i>fluocinonide topical cream 0.05 %, 0.1 %</i>	3	
<i>fluocinonide topical gel 0.05 %</i>	3	
<i>fluocinonide topical ointment 0.05 %</i>	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>fluocinonide topical solution 0.05 %</i>	3	
<i>fluocinonide-e topical cream 0.05 %</i>	3	
<i>flurandrenolide topical cream 0.05 %</i>	EX	
<i>flurandrenolide topical lotion 0.05 %</i>	EX	
<i>flurandrenolide topical ointment 0.05 %</i>	EX	
<i>fluticasone propionate topical cream 0.05 %</i>	1	
<i>fluticasone propionate topical lotion 0.05 %</i>	EX	
<i>fluticasone propionate topical ointment 0.005 %</i>	1	
<i>halcinonide topical cream 0.1 %</i>	EX	
<i>halcinonide topical solution 0.1 %</i>	EX	
<i>halobetasol propionate topical cream 0.05 %</i>	1	
<i>halobetasol propionate topical foam 0.05 %</i>	EX	
<i>halobetasol propionate topical ointment 0.05 %</i>	1	
HALOG TOPICAL CREAM 0.1 %	EX	
<i>hydrocortisone butyrate topical cream 0.1 %</i>	3	
<i>hydrocortisone butyrate topical lotion 0.1 %</i>	EX	
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	3	
<i>hydrocortisone butyrate topical solution 0.1 %</i>	3	
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2 %, 2.5 %</i>	EX	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone topical solution 2.5 %</i>	EX	
<i>hydrocortisone valerate topical cream 0.2 %</i>	1	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	1	
IMPOYZ TOPICAL CREAM 0.025 %	EX	
KENALOG TOPICAL AEROSOL 0.147 MG/GRAM	EX	
<i>lexette topical foam 0.05 %</i>	EX	
<i>mometasone topical cream 0.1 %</i>	1	
<i>mometasone topical ointment 0.1 %</i>	1	
<i>mometasone topical solution 0.1 %</i>	1	
NUCORT TOPICAL LOTION 2 %	3	ST
OLUX TOPICAL FOAM 0.05 %	EX	
PANDEL TOPICAL CREAM 0.1 %	EX	
<i>prednicarbate topical cream 0.1 %</i>	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
PROCTOCORT TOPICAL CREAM 1 %	EX	
<i>scalacort topical lotion 2 %</i>	EX	
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %	EX	
SYNALAR CREAM KIT TOPICAL CREAM 0.025 %	EX	
SYNALAR OINTMENT KIT TOPICAL COMBO PACK, OINTMENT AND CREAM 0.025 %	EX	
SYNALAR TOPICAL CREAM 0.025 %	EX	
SYNALAR TOPICAL OINTMENT 0.025 %	EX	
SYNALAR TOPICAL SOLUTION 0.01 %	EX	
SYNALAR TS TOPICAL KIT 0.01 %	EX	
TEXACORT TOPICAL SOLUTION 2.5 %	EX	
TOPICORT TOPICAL CREAM 0.05 %, 0.25 %	EX	
TOPICORT TOPICAL GEL 0.05 %	EX	
TOPICORT TOPICAL OINTMENT 0.05 %, 0.25 %	EX	
TOPICORT TOPICAL SPRAY, NON-AEROSOL 0.25 %	EX	
<i>tovet emollient topical foam 0.05 %</i>	EX	
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	EX	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %</i>	1	
<i>triderm topical cream 0.5 %</i>	EX	
ULTRAVATE TOPICAL LOTION 0.05 %	EX	
VANOS TOPICAL CREAM 0.1 %	EX	
VERDESO TOPICAL FOAM 0.05 %	EX	
<b>TOPICAL ENZYMES</b>		
NEXOBRID TOPICAL GEL 8.8 %	3	PA
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	2	QL (6 per 30 days)
<b>TOPICAL SCABICIDES / PEDICULICIDES</b>		
<i>crotan topical lotion 10 %</i>	3	

Drug Name	Drug Tier	Requirements / Limits
ELIMITE TOPICAL CREAM 5 %	3	
EURAX TOPICAL CREAM 10 %	3	PA
EURAX TOPICAL LOTION 10 %	3	PA
<i>malathion topical lotion 0.5 %</i>	3	
NATROBA TOPICAL SUSPENSION 0.9 %	EX	
OVIDE TOPICAL LOTION 0.5 %	EX	
<i>permethrin topical cream 5 %</i>	1	
<i>pruradik topical lotion 10 %</i>	EX	
<i>spinosad topical suspension 0.9 %</i>	1	
ULESFIA TOPICAL LOTION 5 %	3	

## DIAGNOSTICS & MISCELLANEOUS AGENTS

### ANOREXIANTS

ADIPEX-P ORAL TABLET 37.5 MG	3	
ALLI ORAL CAPSULE 60 MG	3	
<i>benzphetamine oral tablet 50 mg</i>	3	
CONTRAVE ORAL TABLET EXTENDED RELEASE 8-90 MG	3	PA; QL (120 per 30 days)
<i>diethylpropion oral tablet 25 mg</i>	3	
<i>diethylpropion oral tablet extended release 75 mg</i>	3	
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML	3	PA; SP; QL (90 per 30 days)
<i>liraglutide (weight loss) subcutaneous pen injector 3 mg/0.5 ml (18 mg/3 ml)</i>	3	PA
LOMAIRA ORAL TABLET 8 MG	3	
ORLISTAT ORAL CAPSULE 120 MG	3	PA; QL (90 per 30 days)
<i>phendimetrazine tartrate oral capsule, extended release 105 mg</i>	3	
<i>phendimetrazine tartrate oral tablet 35 mg</i>	3	
<i>phentermine oral capsule 15 mg, 30 mg, 37.5 mg</i>	1	
<i>phentermine oral tablet 37.5 mg</i>	1	
<i>phentermine oral tablet 8 mg</i>	3	
<i>phentermine-topiramate oral capsule, er multiphase 24 hr 11.25-69 mg, 15-92 mg, 3.75-23 mg, 7.5-46 mg</i>	3	PA; QL (30 per 30 days)
QSYMIA ORAL CAPSULE, ER MULTIPHASE 24 HR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG	3	PA; QL (30 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
SAXENDA SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML (18 MG/3 ML)	3	PA; QL (5 per 30 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML, 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	3	PA; QL (4 per 30 days)
XENICAL ORAL CAPSULE 120 MG	3	PA; QL (90 per 30 days)
ZEPBOUND SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	3	PA; QL (4 per 30 days)
ZEPBOUND SUBCUTANEOUS SOLUTION 10 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	3	PA; QL (4 per 30 days)
ZEPBOUND SUBCUTANEOUS SOLUTION 12.5 MG/0.5 ML, 15 MG/0.5 ML	3	PA
<b>IRRIGATING SOLUTIONS</b>		
<i>lactated ringers irrigation solution</i>	3	
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	3	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L	EX	
PHYSIOSOL IRRIGATION SOLUTION 140-5-3-98 MEQ/L	EX	
<i>ringer's irrigation solution</i>	3	
SORBITOL IRRIGATION SOLUTION 3 %	3	
SORBITOL-MANNITOL TRANSURETHRAL SOLUTION 2.7-0.54 GRAM/100 ML	3	
<b>MISCELLANEOUS AGENTS</b>		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	1	
<i>acetic acid irrigation solution 0.25 %</i>	3	
AGRYLIN ORAL CAPSULE 0.5 MG	3	
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	1	
BUPHENYL ORAL POWDER 0.94 GRAM/GRAM	3	PA; SP
BUPHENYL ORAL TABLET 500 MG	3	PA; SP
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	1	
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	EX	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>carglumic acid oral tablet, dispersible 200 mg</i>	3	PA; SP
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML	3	
CARNITOR ORAL SOLUTION 100 MG/ML	3	
CARNITOR ORAL TABLET 330 MG	3	
<i>cevimeline oral capsule 30 mg</i>	1	
CHEMET ORAL CAPSULE 100 MG	3	PA
CUVRIOR ORAL TABLET 300 MG	3	PA; SP
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	1	PA; SP; LA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	1	PA; SP; LA
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	1	PA; SP; LA
<i>deferiprone oral tablet 1,000 mg, 500 mg</i>	3	PA; SP; LA
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	3	PA; SP; LA
DUVYZAT ORAL SUSPENSION 8.86 MG/ML	3	PA; SP
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	2	PA; SP
ENDARI ORAL POWDER IN PACKET 5 GRAM	3	PA; SP; LA; QL (180 per 30 days)
EVOXAC ORAL CAPSULE 30 MG	3	
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG	EX	
FABHALTA ORAL CAPSULE 200 MG	3	PA; SP; QL (60 per 30 days)
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG	3	PA; SP
FERRIPROX ORAL SOLUTION 100 MG/ML	3	PA; SP
FERRIPROX ORAL TABLET 1,000 MG, 500 MG	EX	
<i>glutamine (sickle cell) oral powder in packet 5 gram</i>	3	PA; SP; LA; QL (180 per 30 days)
HARLIKU ORAL TABLET 2 MG	EX	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	3	PA; SP
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	EX	

Drug Name	Drug Tier	Requirements / Limits
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG	EX	
JOENJA ORAL TABLET 70 MG	3	PA; SP; QL (60 per 30 days)
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral tablet 330 mg</i>	1	
LITHOSTAT ORAL TABLET 250 MG	3	PA; QL (180 per 30 days)
METOPIRONE ORAL CAPSULE 250 MG	3	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	3	PA; SP; LA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	2	PA; SP; LA
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	EX	
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM	3	PA; SP
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	EX	
ORFADIN ORAL SUSPENSION 4 MG/ML	3	PA; SP
PHEBURANE ORAL GRANULES 483 MG/GRAM	3	PA; SP; LA
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	3	PA; SP
PYRUKYND ORAL TABLETS, DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7)	3	PA; SP
RADIOGARDASE ORAL CAPSULE 0.5 GRAM	3	
RAVICTI ORAL LIQUID 1.1 GRAM/ML	3	PA; SP; LA
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	3	PA; SP; LA; QL (30 per 30 days)
<i>riluzole oral tablet 50 mg</i>	1	
<i>risedronate oral tablet 30 mg</i>	1	
<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>	1	
<i>sodium chloride 0.9 % injection solution</i>	3	
<i>sodium chloride injection syringe 0.9 %</i>	1	
<i>sodium chloride irrigation solution 0.9 %</i>	1	
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	3	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>sodium phenylbutyrate oral tablet 500 mg</i>	3	PA
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG	3	PA; SP
SYPRINE ORAL CAPSULE 250 MG	3	PA; QL (240 per 30 days)
TAVNEOS ORAL CAPSULE 10 MG	3	PA; SP
TEGLUTIK ORAL SUSPENSION 50 MG/10 ML	3	PA; SP
THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG	3	PA; SP
THIOLA ORAL TABLET 100 MG	EX	
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	3	PA; SP
<i>tiopronin oral tablet 100 mg</i>	3	PA; SP; LA
<i>tiopronin oral tablet, delayed release (dr/ec) 100 mg, 300 mg</i>	3	PA; SP
<i>trientine oral capsule 250 mg</i>	3	PA; QL (240 per 30 days)
TRIENTINE ORAL CAPSULE 500 MG	3	PA; QL (90 per 30 days)
VAFSEO ORAL TABLET 150 MG, 300 MG	3	PA; QL (30 per 30 days)
<i>venxxiva oral tablet, delayed release (dr/ec) 100 mg, 300 mg</i>	3	PA; SP
VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1)	3	PA; SP; QL (120 per 30 days)
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	3	PA; SP; QL (90 per 30 days)
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 25 MG	3	PA; SP; QL (60 per 30 days)
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG	3	PA; SP; QL (30 per 30 days)
<i>water for irrigation, sterile irrigation solution</i>	1	
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	3	PA; SP; QL (120 per 30 days)
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	2	PA; SP
<b>SMOKING DETERRENENTS</b>		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	1	ACA
CHANTIX ORAL TABLET 0.5 MG, 1 MG	3	
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	1	ACA
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	1	ACA
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	3	ACA
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	3	ACA
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	2	ACA
<i>quit 2 buccal gum 2 mg</i>	3	ACA
<i>quit 2 buccal lozenge 2 mg</i>	1	ACA
<i>quit 4 buccal gum 4 mg</i>	3	ACA
<i>quit 4 buccal lozenge 4 mg</i>	1	ACA
<i>stop smoking aid buccal lozenge 2 mg, 4 mg</i>	3	ACA
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	1	ACA
<i>varenicline tartrate oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i>	1	ACA

## EAR, NOSE & THROAT MEDICATIONS

### MISCELLANEOUS AGENTS

<i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %), 205.5 mcg (0.15 %)</i>	1	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	1	
CLINPRO 5000 DENTAL PASTE 1.1 %	2	
<i>denta 5000 plus dental cream 1.1 %</i>	1	
<i>denta 5000 plus sensitive dental paste 1.1-5 %</i>	3	
<i>dentagel dental gel 1.1 %</i>	1	
<i>fluoride (sodium) dental cream 1.1 %</i>	3	
<i>fluoride (sodium) dental gel 1.1 %</i>	1	
<i>fluoride (sodium) dental paste 1.1 %</i>	3	
<i>fluoride (sodium) dental solution 0.2 %</i>	1	
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 %	3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 %	3	
FLUORIMAX 5000 DENTAL PASTE 1.1 %	3	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 %	3	
<i>fraiche 5000 dental gel 1.1 %</i>	EX	
GELCLAIR MUCOUS MEMBRANE GEL IN PACKET	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	1	
JUST RIGHT 5000 DENTAL PASTE 1.1 %	3	
<i>kourzeq dental paste 0.1 %</i>	1	
MUGARD MUCOUS MEMBRANE SOLUTION	3	SP
<i>olopatadine nasal spray, non-aerosol 0.6 %</i>	3	
<i>oralone dental paste 0.1 %</i>	1	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	3	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	1	
PERIDEX MUCOUS MEMBRANE MOUTHWASH 0.12 %	3	
<i>periogard mucous membrane mouthwash 0.12 %</i>	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	1	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %	3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 %	3	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 %	3	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 %	3	
PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 %	3	
PREVIDENT DENTAL GEL 1.1 %	3	
PREVIDENT DENTAL SOLUTION 0.2 %	3	
PREVIDENT KIDS DENTAL PASTE 1.1 %	3	
PROTHELIAL MUCOUS MEMBRANE PASTE 1 GRAM/10 ML	3	SP
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG, 7.5 MG	3	
<i>sf 5000 plus dental cream 1.1 %</i>	1	
<i>sf dental gel 1.1 %</i>	1	
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	1	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	3	
<i>triamcinolone acetamide dental paste 0.1 %</i>	1	

## **MISCELLANEOUS OTIC PREPARATIONS**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>acetic acid otic (ear) solution 2 %</i>	1	
CETRALAX OTIC (EAR) DROPPERETTE 0.2 %	EX	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	1	
DERMOTIC OIL OTIC (EAR) DROPS 0.01 %	3	
<i>flac oil otic (ear) drops 0.01 %</i>	3	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	1	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	1	
<b>OTIC STEROID / ANTIBIOTIC</b>		
CIPRO HC OTIC (EAR) DROPS, SUSPENSION 0.2-1 %	EX	
<i>ciprofloxacin-dexamethasone otic (ear) drops, suspension 0.3-0.1 %</i>	3	
CIPROFLOXACIN-FLUOCINOLONE OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	EX	
CORTISPORIN-TC OTIC (EAR) DROPS, SUSPENSION 3.3-3-10-0.5 MG/ML	3	
<i>neomycin-polymyxin-hc otic (ear) drops, suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	EX	
<b>ENDOCRINE/DIABETES</b>		
<b>ADRENAL HORMONES</b>		
ACTHAR INJECTION GEL 80 UNIT/ML	3	PA; SP; LA
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML	3	PA; SP; LA
AGAMREE ORAL SUSPENSION 40 MG/ML	3	PA; SP
ALKINDI ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG	EX	
<i>betamethasone acet, sod phos injection suspension 6 mg/ml</i>	3	
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG	3	ST
<i>cortisone oral tablet 25 mg</i>	1	
CORTROPHIN GEL INJECTION 80 UNIT/ML	3	PA; SP; LA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
CORTROPHIN GEL SUBCUTANEOUS SYRINGE 40 UNIT/0.5 ML, 80 UNIT/ML	3	PA; SP; LA
<i>deflazacort oral suspension 22.75 mg/ml</i>	EX	
<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i>	EX	
<i>dexabliss oral tablets, dose pack 1.5 mg (39 tabs)</i>	EX	
<i>dexamethasone intensol oral drops 1 mg/ml</i>	1	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>dexamethasone oral tablets, dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs)</i>	3	
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>	EX	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	EX	
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	EX	
<i>fludrocortisone oral tablet 0.1 mg</i>	1	
HEMADY ORAL TABLET 20 MG	3	ST
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>jaythari oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i>	3	PA; SP
KENALOG INJECTION SUSPENSION 10 MG/ML, 40 MG/ML	3	
KHINDIVI ORAL SOLUTION 1 MG/ML	EX	
MEDROL (PAK) ORAL TABLETS, DOSE PACK 4 MG	3	ST
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG	3	ST
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	1	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>methylprednisolone oral tablets, dose pack 4 mg</i>	1	
<i>millipred dp oral tablets, dose pack 5 mg (21 tabs), 5 mg (48 tabs)</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>millipred oral tablet 5 mg</i>	1	
ORAPRED ODT ORAL TABLET, DISINTEGRATING 10 MG, 15 MG, 30 MG	3	ST
<i>prednisolone oral solution 15 mg/5 ml</i>	1	
<i>prednisolone oral tablet 5 mg</i>	1	
<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 10 mg, 15 mg, 30 mg</i>	1	
<i>prednisone intensol oral concentrate 5 mg/ml</i>	1	
<i>prednisone oral solution 5 mg/5 ml</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablets, dose pack 10 mg, 5 mg</i>	1	
<i>pyquvi oral suspension 22.75 mg/ml</i>	EX	
RAYOS ORAL TABLET, DELAYED RELEASE (DR/EC) 1 MG, 2 MG, 5 MG	EX	
TAPERDEX ORAL TABLETS, DOSE PACK 1.5 MG (21 TABS), 1.5 MG (27 TABS), 1.5 MG (49 TABS)	EX	
TARPEYO ORAL CAPSULE, DELAYED RELEASE(DR/EC) 4 MG	3	PA; SP
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	3	
ZCORT ORAL TABLETS, DOSE PACK 1.5 MG (25 TABS)	3	ST
<b>ANTITHYROID AGENTS</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>potassium iodide oral solution 1 gram/ml</i>	3	
<i>propylthiouracil oral tablet 50 mg</i>	1	
SSKI ORAL SOLUTION 1 GRAM/ML	2	
<b>BLOOD GLUCOSE MONITORING DEVICES &amp; SUPPLIES</b>		
ACCU-CHEK AVIVA PLUS TEST STRIP	3	ST
ACCU-CHEK GUIDE TEST STRIP	3	ST
ACCU-CHEK SMARTVIEW TEST STRIP	3	ST
ACCUTREND GLUCOSE TEST STRIP	3	ST

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
AGAMATRIX JAZZ TEST STRIP	3	ST
AGAMATRIX PRESTO TEST STRIP	3	ST
CARESENS S CONTROL A AND B SOLUTION	2	
CONTOUR NEXT TEST STRIP	2	
CONTOUR PLUS TEST STRIP	2	ST
CONTOUR TEST STRIP	2	
DEXCOM G6 SENSOR DEVICE	3	
DEXCOM G6 TRANSMITTER DEVICE	3	
DEXCOM G7 SENSOR DEVICE	3	
EVERSENSE 365 TRANSMITTER DEVICE	3	
FREESTYLE INSULINX STRIP	3	ST
FREESTYLE INSULINX TEST STRIP	3	ST
FREESTYLE LIBRE 14 DAY SENSOR KIT	3	
FREESTYLE LIBRE 2 PLUS SENSOR DEVICE	3	
FREESTYLE LIBRE 2 SENSOR KIT	3	
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE	3	
FREESTYLE LIBRE 3 SENSOR DEVICE	3	
FREESTYLE LITE STRIP	3	ST
FREESTYLE TEST STRIP	3	ST
GLUCOCARD SHINE TEST STRIP	3	ST
GLUCOCARD VITAL SENSOR STRIP	3	ST
GUARDIAN 4 GLUCOSE SENSOR DEVICE	3	
GUARDIAN 4 TRANSMITTER DEVICE	3	
GUARDIAN LINK 3 TRANSMITTER DEVICE	3	
GUARDIAN SENSOR 3 DEVICE	3	
ONETOUCH ULTRA TEST STRIP	2	
ONETOUCH VERIO TEST STRIP	2	
OPTIUM EZ STRIP	3	ST
OPTIUM TEST STRIP	3	ST
PRECISION PCX PLUS TEST STRIP	3	ST
PRECISION PCX TEST STRIP	3	ST
PRECISION POINT OF CARE TEST STRIP	3	ST
PRECISION Q-I-D TEST STRIP	3	ST
PRECISION XTRA TEST STRIP	3	ST
SIMPLERA SENSOR DEVICE	3	

Drug Name	Drug Tier	Requirements / Limits
SIMPLERA SYNC SENSOR DEVICE	3	
TRUETRACK TEST STRIP	3	ST
<b>DIABETES, SUPPLIES, &amp; DURABLE MEDICAL EQUIPMENT</b>		
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	2	
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE	3	
<b>GLUCOSE ELEVATING AGENTS</b>		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	2	
<i>diazoxide oral suspension 50 mg/ml</i>	1	PA
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	2	
<i>glucagon emergency kit (human) injection recon soln 1 mg</i>	1	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	3	
PROGLYCEM ORAL SUSPENSION 50 MG/ML	3	PA
<b>INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU</b>		
BD INTEGRA NEEDLE 23 GAUGE X 1"	2	
BD MICROTAINER LANCET 30 GAUGE	2	
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	2	
LANCETS 33 GAUGE	2	
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE	3	
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	3	
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	3	
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	3	
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	2	
<b>INSULIN THERAPY</b>		
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	EX	
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	EX	
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	EX	
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	EX	
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	EX	
BASAGLAR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	PA
BASAGLAR TEMPO PEN(U-100)INSLN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML (3 ML)	3	PA
FIASP FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	2	
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML)	3	
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	EX	
HUMALOG KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)	EX	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	EX	
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	EX	
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	EX	
HUMALOG TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML	EX	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	EX	
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	EX	
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	EX	
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	EX	
HUMULIN N NPH KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	EX	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	EX	
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	EX	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	2	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	2	
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	2	
INSULIN ASPART U-100 SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
INSULIN ASPART U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
INSULIN ASPART U-100 SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
INSULIN DEGLUDEC SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML), 200 UNIT/ML (3 ML)	3	PA
INSULIN DEGLUDEC SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	PA
INSULIN GLARGINE U-300 CONC SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML), 300 UNIT/ML (3 ML)	3	PA
INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	PA
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	PA
INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	3	PA
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	EX	
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	3	PA
INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	EX	
KIRSTY PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	EX	
KIRSTY SUBCUTANEOUS SOLUTION 100 UNIT/ML	EX	
LANTUS SOLOSTAR U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
LYUMJEV KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	3	PA
LYUMJEV KWIKPEN U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	3	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
LYUMJEV TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML	3	PA
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	PA
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
NOVOLOG FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	2	
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	2	
REZVOGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	PA
SEMGLEE (INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	PA
SEMGLEE (INSULIN GLARG-YFGN) PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	PA
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	2	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	2	
TOUJEO SOLOSTAR U-300 SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	2	
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	2	PA
<b>MISCELLANEOUS HORMONES</b>		
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	EX	
AVEED INTRAMUSCULAR SOLUTION 750 MG/3 ML (250 MG/ML)	EX	
AZMIRO INTRAMUSCULAR SYRINGE 200 MG/ML	EX	
<i>cabergoline oral tablet 0.5 mg</i>	1	
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	3	
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	1	PA
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	
<i>calcitriol oral solution 1 mcg/ml</i>	1	
CERDELGA ORAL CAPSULE 84 MG	2	PA; SP; LA
<i>cetrotelix subcutaneous kit 0.25 mg</i>	1	SP; LA
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	3	SP; LA
CHORIONIC GONADOTROPIN, HUMAN INJECTION RECON SOLN 6,000 UNIT	3	PA
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR RECON SOLN 10,000 UNIT	3	PA; SP; LA
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i>	1	PA
<i>clomid oral tablet 50 mg</i>	3	
<i>clomiphene citrate oral tablet 50 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
CRENESSITY ORAL CAPSULE 100 MG	3	PA; SP; QL (120 per 30 days)
CRENESSITY ORAL CAPSULE 25 MG, 50 MG	3	PA; SP; QL (60 per 30 days)
CRENESSITY ORAL SOLUTION 50 MG/ML	3	PA; SP; QL (240 per 30 days)
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	3	
DDAVP ORAL TABLET 0.1 MG, 0.2 MG	3	
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML, 200 MG/ML	2	
<i>desmopressin injection solution 4 mcg/ml</i>	3	SP; LA
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
DESMOPRESSIN NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	3	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	1	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	3	
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML	3	PA; SP; LA
<i>fyremadel subcutaneous syringe 250 mcg/0.5 ml</i>	3	PA; SP; LA
GALAFOLD ORAL CAPSULE 123 MG	2	PA; SP; LA
<i>ganirelix subcutaneous syringe 250 mcg/0.5 ml</i>	3	PA; SP; LA
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300 UNIT/0.48 ML, 450 UNIT/0.72 ML, 900 UNIT/1.44 ML	2	SP; LA
GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT	2	SP; LA
ISTURISA ORAL TABLET 1 MG, 5 MG	3	PA; SP; QL (180 per 30 days)
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG	3	PA
<i>javygtor oral powder in packet 100 mg, 500 mg</i>	3	PA; SP; LA
<i>javygtor oral tablet, soluble 100 mg</i>	3	PA; SP; LA
JYNARQUE ORAL TABLET 15 MG, 30 MG	EX	
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	EX	
KORLYM ORAL TABLET 300 MG	3	PA; SP
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	EX	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
KUVAN ORAL TABLET, SOLUBLE 100 MG	EX	
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG	EX	
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT	3	SP; LA
METHITEST ORAL TABLET 10 MG	EX	
<i>methyltestosterone oral capsule 10 mg</i>	1	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	3	
<i>mifepristone oral tablet 300 mg</i>	3	PA; SP; LA
<i>miglustat oral capsule 100 mg</i>	1	PA; SP; LA
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	3	PA; SP; LA; QL (27 per 30 days)
NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION	EX	
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT	3	SP; LA
OPFOLDA ORAL CAPSULE 65 MG	3	PA; SP; LA
ORILISSA ORAL TABLET 150 MG, 200 MG	3	PA
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML	2	SP; LA
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	3	PA; SP; LA
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT	3	PA; SP; LA
RAYALDEE ORAL CAPSULE, EXTENDED RELEASE 24 HR 30 MCG	3	PA
RECORLEV ORAL TABLET 150 MG	3	PA; SP; QL (240 per 30 days)
ROCALTROL ORAL SOLUTION 1 MCG/ML	3	PA
SAMSCA ORAL TABLET 15 MG, 30 MG	EX	
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	3	PA; SP; LA
<i>sapropterin oral tablet, soluble 100 mg</i>	3	PA; SP; LA
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG	3	PA
SEPHIENCE ORAL POWDER IN PACKET 1,000 MG, 250 MG	3	PA; SP
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	3	PA; SP; LA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	2	PA; SP
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	3	PA
TESTIM TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	EX	
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1	
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	1	
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation, 12.5 mg/ 1.25 gram (1 %), 20.25 mg/1.25 gram (1.62 %)</i>	1	
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i>	1	
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	1	
TLANDO ORAL CAPSULE 112.5 MG	EX	
<i>tolvaptan (polycys kidney dis) oral tablet 15 mg, 30 mg</i>	3	PA; SP; LA; QL (60 per 30 days)
<i>tolvaptan (polycys kidney dis) oral tablets, sequential 15 mg (am)/ 15 mg (pm), 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm)</i>	3	PA; SP; LA
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	3	PA; SP; LA; QL (60 per 30 days)
UNDECATREX ORAL CAPSULE 200 MG	EX	
VOGELXO TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	EX	
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %)	EX	
VOGELXO TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	EX	
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG	3	PA; SP; LA
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	EX	

Drug Name	Drug Tier	Requirements / Limits
YORVIPATH SUBCUTANEOUS PEN INJECTOR 168 MCG/0.56 ML, 294 MCG/0.98 ML, 420 MCG/1.4 ML	2	PA; SP
<i>zelvysia oral powder in packet 100 mg, 500 mg</i>	3	PA; SP
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	PA
<b>NON-INSULIN HYPOGLYCEMIC AGENTS</b>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1	
ACTOPLUS MET ORAL TABLET 15-850 MG	EX	
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG	3	
ALOGLIPTIN ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	EX	
ALOGLIPTIN-METFORMIN ORAL TABLET 12.5-1,000 MG, 12.5-500 MG	EX	
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	EX	
BRENZAVVY ORAL TABLET 20 MG	3	PA
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	2	PA
CYCLOSET ORAL TABLET 0.8 MG	3	
DAPAGLIFLOZ PROPANED-METFORMIN ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 5-1,000 MG	3	PA
DAPAGLIFLOZIN PROPANEDIOL ORAL TABLET 10 MG, 5 MG	3	PA
DUETACT ORAL TABLET 30-2 MG, 30-4 MG	3	
<i>exenatide subcutaneous pen injector 10 mcg/dose(250 mcg/ml) 2.4 ml, 5 mcg/dose (250 mcg/ml) 1.2 ml</i>	1	PA
FARXIGA ORAL TABLET 10 MG, 5 MG	2	PA
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
GLIMEPIRIDE ORAL TABLET 3 MG	EX	
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
GLIPIZIDE ORAL TABLET 2.5 MG	EX	
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	2	PA
INPEFA ORAL TABLET 200 MG, 400 MG	3	PA
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	EX	
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	EX	
INVOKANA ORAL TABLET 100 MG, 300 MG	EX	
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	2	PA
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	2	PA
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	PA
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	PA
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	2	PA
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	2	PA
KAZANO ORAL TABLET 12.5-1,000 MG, 12.5-500 MG	EX	
<i>liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)</i>	1	PA
<i>metformin oral solution 500 mg/5 ml</i>	3	ST
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
METFORMIN ORAL TABLET 625 MG	EX	
<i>metformin oral tablet 750 mg</i>	EX	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	
<i>metformin oral tablet extended release 24hr 1,000 mg, 500 mg</i>	EX	
<i>metformin oral tablet, er gast.retention 24 hr 1,000 mg, 500 mg</i>	EX	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>migliol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	2	PA
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	
NESINA ORAL TABLET 12.5 MG, 25 MG	EX	
OSENI ORAL TABLET 25-45 MG	EX	
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	1	
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	1	
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	1	
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG	3	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
RIOMET ORAL SOLUTION 500 MG/5 ML	3	ST
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	PA
<i>saxagliptin oral tablet 2.5 mg, 5 mg</i>	1	PA
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg, 5-1,000 mg, 5-500 mg</i>	1	PA
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG	3	PA
SITAGLIPTIN-METFORMIN ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	3	PA
STEGLATRO ORAL TABLET 15 MG, 5 MG	3	PA
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	3	PA
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	2	PA
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 25-1,000 MG, 5-1,000 MG	2	PA
TRADJENTA ORAL TABLET 5 MG	2	PA

Drug Name	Drug Tier	Requirements / Limits
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 12.5-2.5-1,000 MG, 25-5-1,000 MG, 5-2.5-1,000 MG	2	PA
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	2	PA
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	3	PA
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	3	PA
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	2	PA
ZITUVIMET ORAL TABLET 50-1,000 MG, 50-500 MG	3	PA
ZITUVIMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	3	PA
ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG	3	PA
<b>THYROID HORMONES</b>		
<i>adthyza oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	3	
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG	3	
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	2	
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG	EX	
ERMEZA ORAL SOLUTION 30 MCG/ML	EX	
<i>euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	3	
<i>levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	3	
LEVOTHYROXINE ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	EX	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	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>liomny oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	
<i>niva thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	3	
<i>np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>renthyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	EX	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	2	
THYQUIDITY ORAL SOLUTION 20 MCG/ML	3	
<i>thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG	EX	
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	EX	
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	

## **GASTROENTEROLOGY**

### **ANTIDIARRHEALS & ANTISPASMODICS**

<i>anaspaz oral tablet, disintegrating 0.125 mg</i>	1	
<i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>	1	PA
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)	EX	
DARTISLA ORAL TABLET, DISINTEGRATING 1.7 MG	3	PA; QL (120 per 30 days)
<i>dicyclomine oral capsule 10 mg</i>	1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	1	
<i>dicyclomine oral tablet 20 mg</i>	1	
DICYCLOMINE ORAL TABLET 40 MG	EX	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	
DONNATAL ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML	3	
DONNATAL ORAL TABLET 16.2-0.1037 -0.0194 MG	3	
<i>ed-spaz oral tablet, disintegrating 0.125 mg</i>	1	
GLYCATE ORAL TABLET 1.5 MG	3	
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i>	3	
<i>glycopyrrolate oral tablet 1 mg, 1.5 mg, 2 mg</i>	1	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>	1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	1	
<i>hyoscyamine sulfate oral tablet, disintegrating 0.125 mg</i>	1	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	1	
<i>hyosyne oral drops 0.125 mg/ml</i>	1	
<i>hyosyne oral elixir 0.125 mg/5 ml</i>	1	
LEVBIID ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	3	
LEVSIN ORAL TABLET 0.125 MG	3	
LEVSIN/SL SUBLINGUAL TABLET 0.125 MG	EX	
LIBRAX (WITH CLIDINIUM) ORAL CAPSULE 5-2.5 MG	EX	
LOMOTIL ORAL TABLET 2.5-0.025 MG	3	
<i>loperamide oral capsule 2 mg</i>	1	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
MOTOFEN ORAL TABLET 1-0.025 MG	3	
MYTESI ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG	EX	
NULEV ORAL TABLET, DISINTEGRATING 0.125 MG	3	
<i>opium oral tincture 10 mg/ml (morphine)</i>	3	
<i>oscimin oral tablet 0.125 mg</i>	1	
<i>oscimin sl sublingual tablet 0.125 mg</i>	1	
<i>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	3	
<i>phenobarb-hyoscy-atropine-scop oral tablet 16.2-0.1037 -0.0194 mg</i>	3	
<i>phenohydro oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	3	
<i>phenohydro oral tablet 16.2-0.1037 -0.0194 mg</i>	1	
ROBINUL FORTE ORAL TABLET 2 MG	3	
ROBINUL ORAL TABLET 1 MG	3	
SYMAX DUOTAB ORAL TABLET, EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG)	3	
<i>symax fastabs oral tablet, disintegrating 0.125 mg</i>	1	
<i>symax-sl sublingual tablet 0.125 mg</i>	3	
<i>symax-sr oral tablet extended release 12 hr 0.375 mg</i>	1	
<b>MISCELLANEOUS GASTROINTESTINAL AGENTS</b>		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	EX	
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	3	
<i>alvimopan oral capsule 12 mg</i>	3	
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	3	PA
ANALPRAM-HC RECTAL CREAM 1-1 %	3	
ANALPRAM-HC RECTAL CREAM 2.5-1 %	EX	
ANTIVERT ORAL TABLET 50 MG	3	
ANTIVERT ORAL TABLET, CHEWABLE 25 MG	3	
<i>anucort-hc rectal suppository 25 mg</i>	3	
ANUSOL-HC RECTAL SUPPOSITORY 25 MG	EX	

Drug Name	Drug Tier	Requirements / Limits
ANUSOL-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	EX	
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	1	
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>	1	
APRISO ORAL CAPSULE, EXTENDED RELEASE 24HR 0.375 GRAM	EX	
AZULFIDINE EN-TABS ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	3	
AZULFIDINE ORAL TABLET 500 MG	3	
<i>balsalazide oral capsule 750 mg</i>	1	
<i>betaine oral powder 1 gram/scoop</i>	3	SP; LA
BONJESTA ORAL TABLET, IR, DELAYED REL, BIPHASIC 20-20 MG	EX	
<i>budesonide oral capsule, delayed, extend.release 3 mg</i>	1	
<i>budesonide oral tablet, delayed and ext.release 9 mg</i>	3	
<i>budesonide rectal foam 2 mg/actuation</i>	3	
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG	3	PA; SP; LA
BYLVAY ORAL PELLETT 200 MCG, 600 MCG	3	PA; SP; LA
CANASA RECTAL SUPPOSITORY 1,000 MG	3	
CHENODAL ORAL TABLET 250 MG	3	SP; QL (30 per 30 days)
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	3	PA; SP
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	3	PA; SP; LA
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	3	PA; SP; LA
<i>clearlax oral powder 17 gram/dose</i>	3	ACA
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	3	ACA
COLAZAL ORAL CAPSULE 750 MG	EX	
COMPAZINE ORAL TABLET 10 MG, 5 MG	3	
COMPAZINE RECTAL SUPPOSITORY 25 MG	EX	
<i>compro rectal suppository 25 mg</i>	1	
<i>constulose oral solution 10 gram/15 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
CORTENEMA RECTAL ENEMA 100 MG/60 ML	EX	
CORTIFOAM RECTAL FOAM 10 % (80 MG)	EX	
CREON ORAL CAPSULE,DELAYED RELEASE (DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	2	
<i>cromolyn oral concentrate 100 mg/5 ml</i>	1	
CTEXLI ORAL TABLET 250 MG	3	PA; SP; QL (90 per 30 days)
CYSTADANE ORAL POWDER 1 GRAM/SCOOP	EX	
DICLEGIS ORAL TABLET, DELAYED RELEASE (DR/EC) 10-10 MG	3	PA
DIPENTUM ORAL CAPSULE 250 MG	EX	
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec) 10-10 mg</i>	3	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	3	
EMEND ORAL CAPSULE 80 MG	EX	
EMEND ORAL CAPSULE, DOSE PACK 125 MG (1)- 80 MG (2)	EX	
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	EX	
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	3	PA; SP; LA
<i>enulose oral solution 10 gram/15 ml</i>	1	
EOHILIA ORAL SUSPENSION IN PACKET 2 MG/10 ML	3	PA
GASTROCROM ORAL CONCENTRATE 100 MG/5 ML	3	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	3	PA; SP; LA
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	1	ACA
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	ACA
<i>gavilyte-n oral recon soln 420 gram</i>	1	ACA
<i>generlac oral solution 10 gram/15 ml</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>gentle laxative (mag hydrox) oral suspension 400 mg/5 ml</i>	3	ACA
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY	3	PA; SP
GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	3	
<i>granisetron hcl oral tablet 1 mg</i>	1	
<i>hemmorex-hc rectal suppository 25 mg, 30 mg</i>	3	
<i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>	1	
<i>hydrocortisone acetate topical cream with perineal applicator 2.5 %</i>	EX	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	1	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	1	
<i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %, 2.5-1 % (4g)</i>	1	
HYDROCORTISONE-PRAMOXINE RECTAL SUPPOSITORY 25-18 MG	EX	
IBSRELA ORAL TABLET 50 MG	3	PA
IQIRVO ORAL TABLET 80 MG	3	PA; SP; LA; QL (30 per 30 days)
KRISTALOSE ORAL PACKET 10 GRAM, 20 GRAM	EX	
<i>lactulose oral packet 10 gram</i>	3	
<i>lactulose oral packet 20 gram</i>	EX	
<i>lactulose oral solution 10 gram/15 ml</i>	1	
<i>laxative peg 3350 oral powder 17 gram/dose</i>	3	ACA
LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC) 1.2 GRAM	EX	
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	1	
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL 3 %-2.5 % (7 GRAM)	3	
<i>lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram), 3-0.5 %, 3-1 % (7 gram), 3-2.5 % (7 gram)</i>	EX	
<i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>	1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	PA

Drug Name	Drug Tier	Requirements / Limits
LIVDELZI ORAL CAPSULE 10 MG	3	PA; SP; QL (30 per 30 days)
LIVMARLI ORAL SOLUTION 19 MG/ML	3	PA; SP; QL (60 per 30 days)
LIVMARLI ORAL SOLUTION 9.5 MG/ML	3	PA; SP; QL (3 per 30 days)
LIVMARLI ORAL TABLET 10 MG, 15 MG, 30 MG	3	PA; SP; QL (30 per 30 days)
LIVMARLI ORAL TABLET 20 MG	3	PA; SP; QL (60 per 30 days)
LOTRONEX ORAL TABLET 0.5 MG, 1 MG	3	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	3	
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG	3	
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
<i>meclizine oral tablet 50 mg</i>	3	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	1	
<i>mesalamine oral capsule, extended release 500 mg</i>	3	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	1	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram, 800 mg</i>	1	
<i>mesalamine rectal enema 4 gram/60 ml</i>	1	
<i>mesalamine rectal suppository 1,000 mg</i>	1	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	1	ST
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
MICORT-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	EX	
MOTEGRITY ORAL TABLET 1 MG, 2 MG	3	PA
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	PA
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM	3	
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i>	3	
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML (100 MG/ML X 2), 300MG/3ML(100MG /ML-200 MG/2ML)	2	PA; SP; LA
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML (100 MG/ML X 2), 300MG/3ML(100MG /ML-200 MG/2ML)	2	PA; SP; LA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	1	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	1	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	
ONDANSETRON ORAL TABLET, DISINTEGRATING 16 MG	EX	
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1	
<i>onelax magnesium citrate oral solution</i>	3	ACA
PANCREAZE ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT	EX	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	ACA
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i>	1	ACA
<i>peg-electrolyte oral recon soln 420 gram</i>	1	ACA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	EX	
PERTZYE ORAL CAPSULE, DELAYED RELEASE (DR/EC) 16,000-57,500- 60,500 UNIT, 24,000-86,250- 90,750 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT	EX	
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	3	ACA
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	1	
PROCORT RECTAL CREAM 1.85-1.15 %	EX	
PROCTOCORT RECTAL SUPPOSITORY 30 MG	EX	
PROCTOFOAM HC RECTAL FOAM 1-1 %	EX	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	1	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	1	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	1	
<i>prucalopride oral tablet 1 mg, 2 mg</i>	3	PA

Drug Name	Drug Tier	Requirements / Limits
RECTIV RECTAL OINTMENT 0.4 % (W/W)	3	
REGLAN ORAL TABLET 10 MG, 5 MG	3	
RELISTOR ORAL TABLET 150 MG	3	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	3	
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	3	
RELTONE ORAL CAPSULE 200 MG, 400 MG	3	
ROWASA RECTAL ENEMA KIT 4 GRAM/60 ML	EX	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	EX	
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	1	
SFROWASA RECTAL ENEMA 4 GRAM/60 ML	EX	
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	2	PA; SP; LA
<i>sodium, potassium, mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	3	ACA
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	3	PA; SP; QL (236 per 30 days)
SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM	3	ACA
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	1	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	3	
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	3	ACA
SYMPROIC ORAL TABLET 0.2 MG	3	PA
SYNDROS ORAL SOLUTION 5 MG/ML	3	
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS	3	
<i>trimethobenzamide oral capsule 300 mg</i>	1	
TRULANCE ORAL TABLET 3 MG	EX	
UCERIS ORAL TABLET, DELAYED AND EXT.RELEASE 9 MG	EX	
UCERIS RECTAL FOAM 2 MG/ACTUATION	EX	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
URSO FORTE ORAL TABLET 500 MG	3	
<i>ursodiol oral capsule 200 mg, 400 mg</i>	3	
<i>ursodiol oral capsule 300 mg</i>	1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	
VARUBI ORAL TABLET 90 MG	3	PA
VELSIPITY ORAL TABLET 2 MG	2	PA; SP; LA
VIBERZI ORAL TABLET 100 MG, 75 MG	2	PA
VIOKACE ORAL TABLET 10,440-39,150-39,150 UNIT, 20,880-78,300- 78,300 UNIT	EX	
VOWST ORAL CAPSULE	3	PA; SP
ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	2	
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML	2	PA; SP
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML	2	PA; SP
<b>ULCER THERAPY</b>		
ACIPHEX ORAL TABLET, DELAYED RELEASE (DR/EC) 20 MG	EX	
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	1	
<i>bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg</i>	3	PA
CARAFATE ORAL TABLET 1 GRAM	EX	
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	EX	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	EX	
CYTOTEC ORAL TABLET 100 MCG, 200 MCG	3	
DEXILANT ORAL CAPSULE, BIPHASE DELAYED RELEAS 30 MG, 60 MG	EX	
<i>dexlansoprazole oral capsule, biphasic delayed releas 30 mg, 60 mg</i>	EX	
<i>esomeprazole magnesium oral capsule, delayed release (dr/ec) 40 mg</i>	EX	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 40 mg, 5 mg</i>	EX	
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
KONVOMEPEP ORAL SUSPENSION FOR RECONSTITUTION 2-84 MG/ML	EX	
<i>lansoprazole oral capsule, delayed release (dr/ec) 15 mg, 30 mg</i>	EX	
<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg, 30 mg</i>	EX	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	
NEXIUM ORAL CAPSULE, DELAYED RELEASE(DR/EC) 20 MG, 40 MG	EX	
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG	EX	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	EX	
OMECLAMOXY-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)	3	
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	1	
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram</i>	EX	
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg, 40-1,680 mg</i>	EX	
<i>pantoprazole oral granules dr for susp in packet 40 mg</i>	3	
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i>	1	
PEPCID ORAL TABLET 20 MG, 40 MG	EX	
PREVACID ORAL CAPSULE, DELAYED RELEASE (DR/EC) 30 MG	EX	
PREVACID SOLUTAB ORAL TABLET, DISINTEGRAT, DELAY REL 15 MG, 30 MG	EX	
PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON 10 MG, 2.5 MG	EX	
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	EX	

Drug Name	Drug Tier	Requirements / Limits
PROTONIX ORAL TABLET, DELAYED RELEASE (DR/EC) 20 MG, 40 MG	EX	
PYLERA ORAL CAPSULE 140-125-125 MG	3	PA
RABEPRAZOLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG	EX	
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	EX	
<i>sucralfate oral suspension 100 mg/ml</i>	3	
<i>sucralfate oral tablet 1 gram</i>	1	
TALICIA ORAL CAPSULE, IR - DELAY REL, BIPHASE 10-250-12.5 MG	3	
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)	3	PA
VOQUEZNA ORAL TABLET 10 MG, 20 MG	3	PA
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG	3	PA

## IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

### BIOTECHNOLOGY DRUGS

ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	3	PA; SP; LA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	3	PA; SP; LA
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	3	PA; SP
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	2	PA; SP; LA
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	2	PA; SP
FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	3	PA; SP
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML	2	SP
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	SP

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	3	PA; SP; LA
LEUKINE INJECTION RECON SOLN 250 MCG	3	PA; SP; LA
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 120 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	3	PA; SP
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	3	SP; LA
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	EX	
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	EX	
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	3	PA; SP
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	3	PA; SP
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	2	SP
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	SP
NYPOZI INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	3	PA; SP
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	3	PA; SP
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	2	PA; SP; LA
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	3	PA; SP
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	2	PA; SP; LA
ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML	3	PA; SP
RYZNEUTA SUBCUTANEOUS SYRINGE 20 MG/ML	3	PA; SP
STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	3	PA; SP

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML	2	PA; SP
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	2	PA; SP
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	2	PA; SP
XOLREMDI ORAL CAPSULE 100 MG	3	PA; SP
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	3	PA; SP
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	3	PA; SP
<b>GROWTH HORMONES</b>		
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	2	PA; SP; LA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	2	PA; SP; LA
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	EX	
NGENLA SUBCUTANEOUS PEN INJECTOR 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML)	3	PA; SP; LA
NORDITROPIN FLEXPPO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	EX	
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	EX	
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	2	PA; SP; LA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	2	PA; SP; LA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	3	PA; SP; LA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
SKYTROFA SUBCUTANEOUS CARTRIDGE 0.7 MG, 1.4 MG, 1.8 MG, 2.1 MG, 2.5 MG	3	PA; SP
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	3	PA; SP; LA
SOGROYA SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	3	PA; SP; LA
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG	EX	
<b>INTERFERONS</b>		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	3	PA; SP; LA
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	2	PA; SP
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	2	PA; SP; LA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	2	PA; SP; LA
<b>VACCINES &amp; MISCELLANEOUS IMMUNOLOGICALS</b>		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	2	
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	
ADACEL (TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5- 3-5 MCG)-5LF/0.5 ML	2	
ADACEL (TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	
AFLURIA 2025-2026 (3YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	2	
AFLURIA 2025-2026 (6MO UP) INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	2	
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	2	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	2	
BIOTHRAX INTRAMUSCULAR SUSPENSION 0.5 ML/DOSE	2	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	2	
CAPVAXIVE INTRAMUSCULAR SYRINGE 0.5 ML	2	
COMIRNATY 2025-2026(5-11Y)(PF) INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	2	
COMIRNATY 2025-26 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	2	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	2	
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	2	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	2	
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	2	
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	2	
FLUAD 2025-2026 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	2	
FLUARIX 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	2	
FLUBLOK 2025-2026 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML	2	
FLUCELVAX 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	2	
FLUCELVAX 2025-2026 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	2	
FLULAVAL 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	2	
FLUMIST 2025-2026 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	2	

Drug Name	Drug Tier	Requirements / Limits
FLUMIST HOME 2025-2026 NASAL (HOME ADMIN) NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	2	
FLUZONE 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	2	
FLUZONE 2025-2026 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	2	
FLUZONE HIGH-DOSE 2025-26 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	2	
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	2	
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	
GRASTEK SUBLINGUAL TABLET 2,800 BAU	3	PA
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1, 440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	2	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	2	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	2	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	2	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	2	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	2	
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	2	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	2	
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	3	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	2	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	2	
MNEXSPIKE 2025-2026 (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.2 ML	2	
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	2	
NUVAXOVID 2025-2026 (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	2	
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM	3	PA
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	3	PA; SP
PALFORZIA (LEVEL 0) ORAL CAPSULE, SPRINKLE 1 MG	3	PA; SP; QL (180 per 30 days)
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3)	3	PA; SP; QL (180 per 30 days)
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6)	3	PA; SP; QL (180 per 30 days)
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1)	3	PA; SP; QL (180 per 30 days)
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG	3	PA; SP; QL (180 per 30 days)
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2)	3	PA; SP; QL (180 per 30 days)
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4)	3	PA; SP; QL (180 per 30 days)
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1)	3	PA; SP; QL (180 per 30 days)
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1)	3	PA; SP; QL (180 per 30 days)
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2)	3	PA; SP; QL (180 per 30 days)
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2)	3	PA; SP; QL (180 per 30 days)
PALFORZIA INITIAL (1-3 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3 MG	3	PA; SP; QL (180 per 30 days)
PALFORZIA INITIAL (4-17 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG	3	PA; SP; QL (180 per 30 days)
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG	3	PA; SP; QL (180 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	2	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	2	
PENBRAYA (PF) INTRAMUSCULAR KIT 5- 120 MCG/0.5 ML	2	
PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML	2	
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	2	
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	2	
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	2	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	2	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	2	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	2	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	2	
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT	3	PA
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	2	
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	2	
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	2	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	2	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
SPIKEVAX 2025-2026(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	2	
SPIKEVAX 2025-26 (6M-11Y) (PF) INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML	2	
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML	3	
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	2	
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	2	
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML	3	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	2	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	2	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	2	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	2	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	2	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	2	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	2	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	2	
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML	3	
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML	3	
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	
VIMKUNYA INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML	2	

Drug Name	Drug Tier	Requirements / Limits
VIVOTIF ORAL CAPSULE, DELAYED RELEASE (DR/EC) 2 BILLION UNIT	2	
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	2	
<b>MUSCULOSKELETAL &amp; RHEUMATOLOGY</b>		
<b>GOUT THERAPY</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>allopurinol oral tablet 200 mg</i>	EX	
<i>colchicine oral capsule 0.6 mg</i>	1	
<i>colchicine oral tablet 0.6 mg</i>	1	
COLCRYS ORAL TABLET 0.6 MG	3	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	3	
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML	3	PA
MITIGARE ORAL CAPSULE 0.6 MG	3	PA
<i>probenecid oral tablet 500 mg</i>	1	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	1	
ULORIC ORAL TABLET 40 MG, 80 MG	EX	
ZYLOPRIM ORAL TABLET 100 MG	3	PA
<b>OSTEOPOROSIS THERAPY</b>		
ACTONEL ORAL TABLET 150 MG, 35 MG	3	
<i>alendronate oral solution 70 mg/75 ml</i>	1	
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	
AELVIA ORAL TABLET, DELAYED RELEASE (DR/EC) 35 MG	3	
BINOSTO ORAL TABLET, EFFERVESCENT 70 MG	3	
BONSITY SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)	3	PA; SP; QL (1 per 30 days)
CONEXXENCE SUBCUTANEOUS SYRINGE 60 MG/ML	EX	
EVISTA ORAL TABLET 60 MG	3	PA; QL (30 per 30 days)
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)	3	PA; SP; LA; QL (1 per 30 days)
FOSAMAX ORAL TABLET 70 MG	3	
FOSAMAX PLUS D ORAL TABLET 70 MG- 2, 800 UNIT, 70 MG- 5, 600 UNIT	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>ibandronate oral tablet 150 mg</i>	1	
JUBBONTI SUBCUTANEOUS SYRINGE 60 MG/ML	EX	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	3	PA; SP; LA
<i>raloxifene oral tablet 60 mg</i>	1	OCh; ACA
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	1	
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>	1	
STOBOCLO SUBCUTANEOUS SYRINGE 60 MG/ML	EX	
<i>teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)</i>	1	PA; SP; LA; QL (1 per 30 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	2	PA; SP; LA
<b>OTHER RHEUMATOLOGICALS</b>		
ABRILADA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	EX	
ABRILADA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML	EX	
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	2	PA; SP; LA
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	2	PA; SP; LA
ADALIMUMAB-AACF SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	EX	
ADALIMUMAB-AACF SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	EX	
ADALIMUMAB-AACF(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	EX	
ADALIMUMAB-AACF(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	EX	
ADALIMUMAB-AATY SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML	EX	
ADALIMUMAB-AATY SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML	EX	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ADALIMUMAB-AATY(CF) AI CROHNS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	EX	
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML	2	PA; SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	2	PA; SP
ADALIMUMAB-ADBM SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	2	PA; SP; LA
ADALIMUMAB-ADBM SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	2	PA; SP; LA
ADALIMUMAB-ADBM(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	2	PA; SP; LA
ADALIMUMAB-ADBM(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	2	PA; SP; LA
ADALIMUMAB-FKJP SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	EX	
ADALIMUMAB-FKJP SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML	EX	
ADALIMUMAB-RYVK SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML	2	PA; SP; LA
ADALIMUMAB-RYVK SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	2	PA; SP; LA
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML, 40 MG/0.8 ML, 80 MG/0.8 ML	EX	
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	EX	
ARAVA ORAL TABLET 10 MG, 20 MG	3	
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	2	PA; SP; LA
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	2	PA; SP; LA
CUPRIMINE ORAL CAPSULE 250 MG	EX	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	2	PA; SP; LA
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	2	PA; SP; LA
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	2	PA; SP; LA
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	2	PA; SP; LA
DEPEN TITRATABS ORAL TABLET 250 MG	EX	
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	2	PA; SP; LA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	2	PA; SP; LA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	2	PA; SP; LA
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	2	PA; SP; LA
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	EX	
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	EX	
HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	EX	
HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	EX	
HULIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	EX	
HULIO(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML	EX	
HUMIRA (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	EX	
HUMIRA PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	EX	
HUMIRA(CF) (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	EX	

Drug Name	Drug Tier	Requirements / Limits
HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	EX	
HUMIRA(CF) PEN CROHNS-UC-HS (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	EX	
HUMIRA(CF) PEN PSOR-UV-ADOL HS (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	EX	
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	EX	
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR 80MG/0.8ML(X1)- 40 MG/0.4ML(X2)	EX	
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML, 80 MG/0.8 ML- 40 MG/0.4 ML	EX	
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML	EX	
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	EX	
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	3	PA; SP; LA
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	3	PA; SP; LA
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	EX	
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	
LEQSELVI ORAL TABLET 8 MG	3	PA; SP; LA; QL (60 per 30 days)
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	3	PA; SP; LA
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	3	PA; SP; LA
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	3	PA; SP; LA
OTEZLA ORAL TABLET 20 MG, 30 MG	2	PA; SP; LA
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	2	PA; SP; LA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>penicillamine oral capsule 250 mg</i>	1	PA
<i>penicillamine oral tablet 250 mg</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	PA; QL (4 per 30 days)
RIDAURA ORAL CAPSULE 3 MG	3	
RINVOQ LQ ORAL SOLUTION 1 MG/ML	2	PA; SP; LA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	2	PA; SP; LA
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	PA
SAVELLA ORAL TABLETS, DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	3	PA
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML	2	PA; SP; LA
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML	2	PA; SP; LA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	3	PA; SP; LA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	3	PA; SP; LA
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	2	PA; SP; LA
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	2	PA; SP; LA
XELJANZ ORAL SOLUTION 1 MG/ML	2	PA; SP; LA
XELJANZ ORAL TABLET 10 MG, 5 MG	2	PA; SP; LA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	2	PA; SP; LA
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	EX	
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML	EX	
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML	EX	

Drug Name	Drug Tier	Requirements / Limits
YUSIMRY(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML	EX	
<b>OBSTETRICS &amp; GYNECOLOGY</b>		
<b>DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES</b>		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	3	ACA
DUREX AVANTI BARE REAL FEEL	3	ACA
DUREX TROPICAL CONDOM DEVICE	3	ACA
FC2 FEMALE CONDOM	3	ACA
FEMCAP VAGINAL DEVICE 22 MM	3	ACA
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG	3	SP; ACA
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	3	ST; SP; ACA
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG	3	SP; ACA
MIUDELLA INTRAUTERINE INTRAUTERINE DEVICE 175 SQUARE MM	3	SP; ACA
PARAGARD T 380A INTRAUTERINE DEVICE 380 SQUARE MM	3	SP; ACA
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG	3	SP; ACA
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	3	ACA
WIDE-SEAL VAGINAL DIAPHRAGM 60 MM	3	ACA
<b>ESTROGENS &amp; PROGESTINS</b>		
<i>abigale lo oral tablet 0.5-0.1 mg</i>	1	
<i>abigale oral tablet 1-0.5 mg</i>	1	
ACTIVELLA ORAL TABLET 1-0.5 MG	3	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	3	
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG	EX	
<i>camila oral tablet 0.35 mg</i>	1	ACA
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	EX	
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.06 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	3	

Drug Name	Drug Tier	Requirements / Limits
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	2	
<i>covaryx h.s. oral tablet 0.625-1.25 mg</i>	1	
<i>covaryx oral tablet 1.25-2.5 mg</i>	1	
CRINONE VAGINAL GEL 4 %	3	
CRINONE VAGINAL GEL 8 %	2	SP; LA
<i>deblitane oral tablet 0.35 mg</i>	1	ACA
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML	3	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	2	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	EX	
DEPO-PROVERA INTRAMUSCULAR SYRINGE 150 MG/ML	3	ACA
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	3	ACA
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %), 1.25 MG/1.25 GRAM (0.1 %)	3	
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	
DUAVEE ORAL TABLET 0.45-20 MG	3	
<i>eemt hs oral tablet 0.625-1.25 mg</i>	1	
<i>eemt oral tablet 1.25-2.5 mg</i>	1	
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION	EX	
<i>emzahh oral tablet 0.35 mg</i>	1	ACA
ENDOMETRIN VAGINAL INSERT 100 MG	3	SP; LA
<i>errin oral tablet 0.35 mg</i>	1	ACA
ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM)	EX	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol transdermal gel in metered-dose pump 1.25 gram/actuation</i>	EX	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%), 1 mg/gram (0.1 %), 1.25 mg/1.25 gram (0.1 %)</i>	1	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	1	
<i>estradiol vaginal tablet 10 mcg</i>	1	
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	1	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
ESTRATEST H.S. ORAL TABLET 0.625-1.25 MG	3	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	2	
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION	EX	
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>	1	
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%)	3	
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	EX	
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>gallifrey oral tablet 5 mg</i>	1	
<i>heather oral tablet 0.35 mg</i>	1	ACA
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	3	
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG	3	
<i>incassia oral tablet 0.35 mg</i>	1	ACA
<i>jencycla oral tablet 0.35 mg</i>	1	ACA
<i>jinteli oral tablet 1-5 mg-mcg</i>	1	
<i>lyleq oral tablet 0.35 mg</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	
<i>lyza oral tablet 0.35 mg</i>	1	ACA
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	1	ACA
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	1	ACA
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>meleya oral tablet 0.35 mg</i>	1	ACA
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	3	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	3	
<i>mimvey oral tablet 1-0.5 mg</i>	1	
MINIVELLE TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	EX	
<i>nora-be oral tablet 0.35 mg</i>	1	ACA
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	1	ACA
<i>norethindrone acetate oral tablet 5 mg</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
OPILL ORAL TABLET 0.075 MG	2	ACA; QL (28 per 28 days)
<i>orquidea oral tablet 0.35 mg</i>	1	ACA
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	2	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	2	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	
<i>progesterone intramuscular oil 50 mg/ml</i>	1	SP; LA
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	1	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG	3	

Drug Name	Drug Tier	Requirements / Limits
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	
<i>sharobel oral tablet 0.35 mg</i>	1	ACA
<i>tulana oral tablet 0.35 mg</i>	1	ACA
VAGIFEM VAGINAL TABLET 10 MCG	EX	
VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	EX	
<i>yuvafem vaginal tablet 10 mcg</i>	1	
<b>MISCELLANEOUS OB/GYN</b>		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	2	ACA
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG	3	
CLEOCIN VAGINAL CREAM 2 %	EX	
CLEOCIN VAGINAL SUPPOSITORY 100 MG	3	
<i>clindamycin phosphate vaginal cream 2 %</i>	1	
CLINDESSE VAGINAL CREAM, EXTENDED RELEASE 2 %	3	PA
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	1	ACA
<i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i>	1	ACA
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	1	ACA
<i>fem ph vaginal gel 0.9-0.025 %</i>	1	
GYNAZOLE-1 VAGINAL CREAM 2 %	3	
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	1	ACA
INTRAROSA VAGINAL INSERT 6.5 MG	3	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	
<i>miconazole-3 vaginal suppository 200 mg</i>	1	
MYFEMBREE ORAL TABLET 40-1-0.5 MG	3	PA; QL (30 per 30 days)
NEXPLANON SUBDERMAL IMPLANT 68 MG	3	SP; ACA
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	1	ACA
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	3	ACA

Drug Name	Drug Tier	Requirements / Limits
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM)	3	PA
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG (AM) /300 MG (PM)	3	PA; QL (56 per 30 days)
OSPHENA ORAL TABLET 60 MG	3	
PHEXXI VAGINAL GEL 1.8-1-0.4 %	2	ACA
PREPIDIL VAGINAL GEL 0.5 MG/3 G	3	
RELAGARD VAGINAL GEL 0.9-0.025 %	EX	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	1	
<i>tranexamic acid oral tablet 650 mg</i>	1	
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 %	3	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR	3	ACA
<i>vandazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	
VCF CONTRACEPTIVE VAGINAL FILM 28 %	3	ACA
VCF CONTRACEPTIVE VAGINAL GEL 4 %	3	ACA
VEOZAH ORAL TABLET 45 MG	3	QL (30 per 30 days)
XACIATO VAGINAL GEL 2 %	3	PA
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	1	ACA
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	1	ACA
<b>ORAL CONTRACEPTIVES &amp; RELATED AGENTS</b>		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	1	ACA
<i>after pill oral tablet 1.5 mg</i>	3	ACA
AFTERA ORAL TABLET 1.5 MG	3	ACA
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	1	ACA
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	ACA
<i>amethia oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA
<i>amethyst oral tablet 90-20 mcg (28)</i>	1	ACA
<i>apri oral tablet 0.15-0.03 mg</i>	1	ACA
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	ACA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>ashlyna oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	1	ACA
<i>aubra oral tablet 0.1-20 mg-mcg</i>	1	ACA
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	ACA
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	ACA
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA
<b>AVERI ORAL TABLET 0.15 MG-0.03 MG (21)/36.5 MG(7)</b>	EX	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	1	ACA
<i>ayuna oral tablet 0.15-0.03 mg</i>	1	ACA
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA
<b>BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)</b>	3	ACA
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	1	ACA
<b>BEYAZ ORAL TABLET 3-0.02-0.451 MG (24) (4)</b>	3	ACA
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	1	ACA
<i>camrese lo oral tablets, dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	1	ACA
<i>camrese oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA
<i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	1	ACA
<i>charlotte 24 fe oral tablet, chewable 1 mg-20 mcg (24) /75 mg (4)</i>	1	ACA
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	1	ACA
<i>cryselles (28) oral tablet 0.3-30 mg-mcg</i>	1	ACA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>cyred eq oral tablet 0.15-0.03 mg</i>	1	ACA
<i>cyred oral tablet 0.15-0.03 mg</i>	1	ACA
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	ACA
<i>daysee oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA
<i>dolishale oral tablet 90-20 mcg (28)</i>	1	ACA
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)</i>	3	ACA
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	1	ACA
<i>econtra ez oral tablet 1.5 mg</i>	1	ACA
<i>econtra one-step oral tablet 1.5 mg</i>	1	ACA
<i>elinest oral tablet 0.3-30 mg-mcg</i>	1	ACA
<b>ELLA ORAL TABLET 30 MG</b>	2	ACA
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	ACA
<i>enskyce oral tablet 0.15-0.03 mg</i>	1	ACA
<i>estarylla oral tablet 0.25-0.035 mg</i>	1	ACA
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	ACA
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	1	ACA
<i>feirza oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA
<b>FEMLYV ORAL TABLET, DISINTEGRATING 1 MG- 20 MCG</b>	3	ACA
<i>finzala oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	ACA
<i>galbriela oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	1	ACA
<i>gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	3	ACA
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA
<i>hailey oral tablet 1.5-30 mg-mcg</i>	1	ACA
<i>iclevia oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	1	ACA
<i>introvale oral tablets, dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	ACA
<i>isibloom oral tablet 0.15-0.03 mg</i>	1	ACA
<i>jaimiess oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	1	ACA
<i>jolessa oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	1	ACA
<i>joyeaux oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	1	ACA
<i>juleber oral tablet 0.15-0.03 mg</i>	1	ACA
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	ACA
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	ACA
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA
<i>kaitlib fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	1	ACA
<i>kalliga oral tablet 0.15-0.03 mg</i>	1	ACA
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	1	ACA
<i>l norgest/e.estradiol-e.estradiol oral tablets, dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	1	ACA
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	ACA
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	ACA
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	ACA
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1	ACA
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	ACA
<i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	1	ACA
<i>levonorgestrel oral tablet 1.5 mg</i>	1	ACA
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	1	ACA
<i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	1	ACA
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30 (10)</i>	1	ACA
<i>levora-28 oral tablet 0.15-0.03 mg</i>	1	ACA
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	3	ACA
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	3	ACA
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	3	ACA
LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	3	ACA
LOESTRIN FE 1/20 (28-DAY) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	3	ACA
<i>lojaimiess oral tablets, dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	1	ACA
<i>loryna (28) oral tablet 3-0.02 mg</i>	1	ACA
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	1	ACA
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	1	ACA
<i>luizza oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	ACA
<i>lutra (28) oral tablet 0.1-20 mg-mcg</i>	1	ACA
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	1	ACA
<i>mibelas 24 fe oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	ACA
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	ACA
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	ACA
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA
<i>mili oral tablet 0.25-0.035 mg</i>	1	ACA
<i>minzoya oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	1	ACA
<i>mono-lynyah oral tablet 0.25-0.035 mg</i>	1	ACA
<i>my choice oral tablet 1.5 mg</i>	3	ACA
<i>my way oral tablet 1.5 mg</i>	1	ACA
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	3	ACA
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	ACA
<i>new day oral tablet 1.5 mg</i>	1	ACA
NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28)	2	ACA
<i>nikki (28) oral tablet 3-0.02 mg</i>	1	ACA
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	1	ACA
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	ACA
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	3	ACA
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA
<i>norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg (24) /75 mg (4)</i>	1	ACA
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg</i>	1	ACA
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	ACA
<i>nortrel 1/35 oral tablet 1-35 mg-mcg (21)</i>	1	ACA
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	ACA
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	ACA
<i>ocella oral tablet 3-0.03 mg</i>	1	ACA
<i>opcicon one-step oral tablet 1.5 mg</i>	3	ACA
<i>option-2 oral tablet 1.5 mg</i>	1	ACA
<i>philith oral tablet 0.4-35 mg-mcg</i>	1	ACA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>pimtreea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA
PLAN B ONE-STEP ORAL TABLET 1.5 MG	3	ACA
<i>portia 28 oral tablet 0.15-0.03 mg</i>	1	ACA
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	1	ACA
<i>rivelsa oral tablets, dose pack, 3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	1	ACA
<i>rosyrah oral tablets, dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	1	ACA
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (21) (7)	3	ACA
<i>setlakin oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	1	ACA
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA
<i>simpesse oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA
SLYND ORAL TABLET 4 MG (28)	2	ACA
<i>sprintec (28) oral tablet 0.25-0.035 mg</i>	1	ACA
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	1	ACA
<i>syeda oral tablet 3-0.03 mg</i>	1	ACA
TAKE ACTION ORAL TABLET 1.5 MG	3	ACA
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	3	ACA
<i>tilia fe oral tablet 1-20 (5)/1-30 (7) /1mg-35mcg (9)</i>	1	ACA
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	1	ACA
<i>tri-legest fe oral tablet 1-20 (5)/1-30 (7) /1mg-35mcg (9)</i>	1	ACA
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	1	ACA
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	1	ACA
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	1	ACA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	1	ACA
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	1	ACA
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	1	ACA
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	1	ACA
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	1	ACA
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	1	ACA
<i>turqoz (28) oral tablet 0.3-30 mg-mcg</i>	1	ACA
TYBLUME ORAL TABLET, CHEWABLE 0.1 MG- 20 MCG	2	ACA
<i>valtya oral tablet 1-50 mg-mcg</i>	1	ACA
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	1	ACA
<i>vestura (28) oral tablet 3-0.02 mg</i>	1	ACA
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1	ACA
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	1	ACA
<i>vylibra oral tablet 0.25-0.035 mg</i>	1	ACA
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	1	ACA
<i>wymzya fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	1	ACA
<i>xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	ACA
<i>xelria fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	1	ACA
YASMIN (28) ORAL TABLET 3-0.03 MG	3	ACA
YAZ (28) ORAL TABLET 3-0.02 MG	3	ACA
<i>zarah oral tablet 3-0.03 mg</i>	1	ACA
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	1	ACA

## OXYTOCICS

Drug Name	Drug Tier	Requirements / Limits
<i>methylergonovine oral tablet 0.2 mg</i>	1	
<b>OPHTHALMOLOGY</b>		
<b>ANTIBIOTICS</b>		
AZASITE OPHTHALMIC (EYE) DROPS 1 %	3	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
BESIVANCE OPHTHALMIC (EYE) DROPS, SUSPENSION 0.6 %	3	
BETADINE PREP OPHTHALMIC (EYE) SOLUTION 5 %	2	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	EX	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	1	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	
<i>levofloxacin ophthalmic (eye) drops 0.5 %, 1.5 %</i>	1	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	3	
NATACYN OPHTHALMIC (EYE) DROPS, SUSPENSION 5 %	3	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	1	
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1	
OCUFLOX OPHTHALMIC (EYE) DROPS 0.3 %	EX	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	1	
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1	
<i>povidone-iodine ophthalmic (eye) solution 5 %</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	3	
VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 %	EX	
<b>ANTIVIRALS</b>		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	3	
<b>BETA-BLOCKERS</b>		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1	
BETIMOL OPHTHALMIC (EYE) DROPS 0.5 %	EX	
BETOPTIC S OPHTHALMIC (EYE) DROPS, SUSPENSION 0.25 %	3	
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	
ISTALOL OPHTHALMIC (EYE) DROPS, ONCE DAILY 0.5 %	EX	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %</i>	3	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	1	
<i>timolol ophthalmic (eye) drops 0.5 %</i>	3	
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %, 0.5 %	EX	
<b>CHOLINESTERASE INHIBITOR MIOTICS</b>		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	2	SP
<b>CYCLOPLEGIC MYDRIATICS</b>		
<i>atropine ophthalmic (eye) drops 1 %</i>	1	
ATROPINE SULFATE (PF) OPHTHALMIC (EYE) DROPPERETTE 1 %	EX	
CYCLOGYL OPHTHALMIC (EYE) DROPS 0.5 %, 2 %	2	
CYCLOGYL OPHTHALMIC (EYE) DROPS 1 %	EX	

Drug Name	Drug Tier	Requirements / Limits
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	1	
<i>homatropaire ophthalmic (eye) drops 5 %</i>	1	
MYDRIACYL OPHTHALMIC (EYE) DROPS 1 %	EX	
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	1	
<b>DIRECT ACTING MIOTICS</b>		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
<i>pilocarpine hcl ophthalmic (eye) drops 1.25 %</i>	3	PA
QLOSI OPHTHALMIC (EYE) DROPPERETTE 0.4 %	3	PA
VUITY OPHTHALMIC (EYE) DROPS 1.25 %	EX	
<b>MISCELLANEOUS OPHTHALMOLOGICS</b>		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %	3	
ALCAINE OPHTHALMIC (EYE) DROPS 0.5 %	EX	
<i>altacaine ophthalmic (eye) drops 0.5 %</i>	1	
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 %	EX	
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1	
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i>	3	
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %	EX	
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	3	PA
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	1	
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	3	PA; SP
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	3	PA; SP
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	1	
FLUORESCEIN-BENOXINATE OPHTHALMIC (EYE) DROPS 0.3-0.4 %	3	
<i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>	1	
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %	3	PA
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	3	PA; SP; LA

Drug Name	Drug Tier	Requirements / Limits
PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS 0.146 % -0.146 %	3	
PREDNISOLONE ACETATE-BROMFENAC OPHTHALMIC (EYE) DROPS, SUSPENSION 1-0.075 %	3	
PREDNISOLONE ACETATE-NEPAFENAC OPHTHALMIC (EYE) DROPS, SUSPENSION 1-0.1 %	3	
<i>propracaine ophthalmic (eye) drops 0.5 %</i>	1	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	3	PA
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	3	PA
TETRACAINE HCL (PF) OPHTHALMIC (EYE) DROPS 0.5 %	3	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>	1	
TYRVAYA NASAL SPRAY, METERED, NON- AEROSOL 0.03 MG/SPRAY	3	PA
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 %	3	PA
VEVYE OPHTHALMIC (EYE) DROPS 0.1 %	3	PA
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %	3	PA; SP
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	3	PA
ZERVIAE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	EX	
<b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>		
ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 %	EX	
ACULAR OPHTHALMIC (EYE) DROPS 0.5 %	EX	
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	EX	
<i>bromfenac ophthalmic (eye) drops 0.07 %, 0.075 %</i>	3	
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	1	
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	EX	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1	
ILEVRO OPHTHALMIC (EYE) DROPS, SUSPENSION 0.3 %	3	
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	1	
NEVANAC OPHTHALMIC (EYE) DROPS, SUSPENSION 0.1 %	EX	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	3	
<b>ORAL DRUGS FOR GLAUCOMA</b>		
<i>acetazolamide oral capsule, extended release 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	3	
<b>OTHER GLAUCOMA DRUGS</b>		
AZOPT OPHTHALMIC (EYE) DROPS, SUSPENSION 1 %	EX	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	1	
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	3	
<i>brinzolamide ophthalmic (eye) drops, suspension 1 %</i>	3	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	3	
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 %	3	
COSOPT OPHTHALMIC (EYE) DROPS 22.3-6.8 MG/ML	EX	
DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS 2 %	3	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	1	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	1	
IYUZEH (PF) OPHTHALMIC (EYE) DROPPERETTE 0.005 %	3	PA
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	PA
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	3	PA
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	3	PA
SIMBRINZA OPHTHALMIC (EYE) DROPS, SUSPENSION 1-0.2 %	3	
<i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i>	EX	
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %	EX	
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	1	
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	EX	
XALATAN OPHTHALMIC (EYE) DROPS 0.005 %	EX	
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %	EX	
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	EX	
<b>STEROID-ANTIBIOTIC COMBINATIONS</b>		
MAXITROL OPHTHALMIC (EYE) DROPS, SUSPENSION 3.5MG/ML-10,000 UNIT/ML-0.1 %	EX	
MAXITROL OPHTHALMIC (EYE) OINTMENT 3.5 MG/G-10,000 UNIT/G-0.1 %	EX	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops, suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops, suspension 3.5-10,000-10 mg-unit-mg/ml</i>	1	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	3	ST
TOBRADEX ST OPHTHALMIC (EYE) DROPS, SUSPENSION 0.3-0.05 %	3	ST

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>tobramycin-dexamethasone ophthalmic (eye) drops, suspension 0.3-0.1 %</i>	1	
ZYLET OPHTHALMIC (EYE) DROPS, SUSPENSION 0.3-0.5 %	3	PA
<b>STERIODS</b>		
ALREX OPHTHALMIC (EYE) DROPS, SUSPENSION 0.2 %	EX	
CLOBETASOL OPHTHALMIC (EYE) DROPS, SUSPENSION 0.05 %	EX	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	
DEXTENZA INTRACANALICULAR INSERT 0.4 MG	3	
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	3	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	EX	
EYSUVIS OPHTHALMIC (EYE) DROPS, SUSPENSION 0.25 %	3	PA
FLAREX OPHTHALMIC (EYE) DROPS, SUSPENSION 0.1 %	EX	
<i>fluorometholone ophthalmic (eye) drops, suspension 0.1 %</i>	1	
FML FORTE OPHTHALMIC (EYE) DROPS, SUSPENSION 0.25 %	EX	
FML LIQUIFILM OPHTHALMIC (EYE) DROPS, SUSPENSION 0.1 %	EX	
INVELTYS OPHTHALMIC (EYE) DROPS, SUSPENSION 1 %	3	ST
LOTEMAX OPHTHALMIC (EYE) DROPS, GEL 0.5 %	3	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	3	
LOTEMAX SM OPHTHALMIC (EYE) DROPS, GEL 0.38 %	3	
<i>loteprednol etabonate ophthalmic (eye) drops, gel 0.5 %</i>	3	
<i>loteprednol etabonate ophthalmic (eye) drops, suspension 0.2 %</i>	EX	
<i>loteprednol etabonate ophthalmic (eye) drops, suspension 0.5 %</i>	3	

Drug Name	Drug Tier	Requirements / Limits
MAXIDEX OPHTHALMIC (EYE) DROPS, SUSPENSION 0.1 %	EX	
PRED FORTE OPHTHALMIC (EYE) DROPS, SUSPENSION 1 %	EX	
PRED MILD OPHTHALMIC (EYE) DROPS, SUSPENSION 0.12 %	EX	
PREDNISOLONE ACETATE (PF) OPHTHALMIC (EYE) DROPS, SUSPENSION 1 %	3	
<i>prednisolone acetate ophthalmic (eye) drops, suspension 1 %</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	
<b>STEROID-SULFONAMIDE COMBINATIONS</b>		
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	
<b>SULFONAMIDES</b>		
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	1	
<b>SYMPATHOMIMETICS</b>		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %, 0.15 %	3	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.1 %</i>	3	
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	3	
<b>VASOCONSTRICTOR DECONGESTANTS</b>		
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	3	
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	1	
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 %	3	PA; QL (30 per 30 days)
<b>RESPIRATORY, ALLERGY, COUGH &amp; COLD</b>		
<b>ANTI-HISTAMINE &amp; ANTI-ALLERGENIC AGENTS</b>		

Drug Name	Drug Tier	Requirements / Limits
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML, 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	EX	
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	EX	
CARBINOXAMINE MALEATE ORAL SUSPENSION, EXTENDED REL 12 HR 4 MG/5 ML	3	PA
<i>carbinoxamine maleate oral tablet 4 mg, 6 mg</i>	EX	
<i>carbzah oral liquid 4 mg/5 ml</i>	EX	
<i>cetirizine oral solution 1 mg/ml</i>	1	
CLARINEX ORAL TABLET 5 MG	EX	
<i>clemastine oral syrup 0.5 mg/5 ml</i>	EX	
<i>clemastine oral tablet 2.68 mg</i>	EX	
<i>clemsza oral tablet 2.68 mg</i>	EX	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	1	
<i>cyproheptadine oral tablet 4 mg</i>	1	
<i>desloratadine oral tablet 5 mg</i>	1	
<i>desloratadine oral tablet, disintegrating 2.5 mg, 5 mg</i>	1	
<i>dexchlorpheniramine maleate oral solution 2 mg/5 ml</i>	EX	
DIPHEN ORAL ELIXIR 12.5 MG/5 ML	3	
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	2	QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	QL (4 per 30 days)
EPINEPHRINE INJECTION SYRINGE 0.3 MG/0.3 ML	2	QL (99 per 99 days)
EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	3	QL (4 per 30 days)
EPIPEN JR INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	3	QL (4 per 30 days)
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
KARBINAL ER ORAL SUSPENSION, EXTENDED REL 12 HR 4 MG/5 ML	EX	
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>levocetirizine oral tablet 5 mg</i>	1	
NEFFY NASAL SPRAY, NON-AEROSOL 1 MG/SPRAY (0.1 ML), 2 MG/SPRAY (0.1 ML)	3	QL (4 per 30 days)
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	
RYCLORA ORAL SOLUTION 2 MG/5 ML	EX	
RYVENT ORAL TABLET 6 MG	EX	
<b>COUGH &amp; COLD THERAPY</b>		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	1	
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML	3	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	3	
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG	EX	
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	1	
CODITUSSIN AC ORAL LIQUID 10-200 MG/5 ML	3	
CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5 ML	3	
<i>g tussin ac oral liquid 10-100 mg/5 ml</i>	1	
HISTEX-AC ORAL SYRUP 2.5-10-10 MG/5 ML	2	
HYCODAN (WITH HOMATROPINE) ORAL SOLUTION 5-1.5 MG/5 ML	3	
HYCODAN (WITH HOMATROPINE) ORAL TABLET 5-1.5 MG	3	
<i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr 10-8 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral solution 5-1.5 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	1	
<i>hydromet oral solution 5-1.5 mg/5 ml</i>	1	
MAR-COF CG ORAL LIQUID 7.5-225 MG/5 ML	3	
<i>maxi-tuss ac oral liquid 10-100 mg/5 ml</i>	3	

Drug Name	Drug Tier	Requirements / Limits
MAXI-TUSS CD ORAL LIQUID 4-10-10 MG/5 ML	3	
NINJACOF-XG ORAL LIQUID 8-200 MG/5 ML	3	
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML	2	
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	1	
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	1	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i>	1	
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG	3	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG	3	
<b>PULMONARY AGENTS</b>		
ACCOLATE ORAL TABLET 10 MG, 20 MG	EX	
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	3	
ADCIRCA ORAL TABLET 20 MG	EX	
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	3	PA; SP; LA
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	3	
ADVAIR HFA INHALATION AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	2	
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	3	ST; QL (2 per 30 days)
ALBUTEROL HFA 90 MCG INHALER 90 MCG/ACTUATION (BRAND)	EX	PA; QL
<i>albuterol hfa 90 mcg inhaler 90 mcg/actuation (generic)</i>	1	QL
<i>albuterol sulfate inhalation inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	1	
<i>albuterol sulfate inhalation oral syrup 2 mg/5 ml</i>	1	
<i>albuterol sulfate inhalation oral tablet 2 mg, 4 mg</i>	1	
<i>albuterol sulfate inhalation oral tablet extended release 12 hr 4 mg, 8 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION	EX	
ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG	2	PA; SP; LA
<i>alyq oral tablet 20 mg</i>	1	PA; SP
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	1	PA; SP; LA
ANDEMBRY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 200 MG/1.2 ML	3	PA; SP; LA; QL (1 per 30 days)
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	2	QL (60 per 30 days)
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	3	
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	2	
ASMANEX HFA INHALATION AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	3	PA
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)	3	PA
ATROVENT HFA INHALATION AEROSOL INHALER 17 MCG/ACTUATION	3	
<i>azelastine-fluticasone nasal spray, non-aerosol 137-50 mcg/spray</i>	3	
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	3	
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	1	PA; SP; LA
<i>bosentan oral tablet for suspension 32 mg</i>	1	PA; SP; LA
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	2	
<i>breyndra inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	1	
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	3	ST; SP; LA; QL (400 per 30 days)
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	EX	
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	1	
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	1	
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	1	
DALIRESP ORAL TABLET 250 MCG, 500 MCG	EX	
DAWNZERA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML	3	PA; SP; QL (1 per 30 days)
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION	3	
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	2	
DYMISTA NASAL SPRAY, NON-AEROSOL 137-50 MCG/SPRAY	EX	
EKTERLY ORAL TABLET 300 MG	3	PA; SP; LA; QL (2 per 30 days)
ESBRIET ORAL TABLET 267 MG, 801 MG	EX	
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	2	PA; SP; LA; QL (1 per 30 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML	2	PA; SP; LA; QL (1 per 30 days)
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	EX	
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	EX	
FLUTICASONE FUROATE INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION	3	QL (1 per 30 days)
FLUTICASONE FUROATE INHALATION BLISTER WITH DEVICE 50 MCG/ACTUATION	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
FLUTICASONE FUROATE-VILANTEROL INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	EX	
FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION	3	
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION, 44 MCG/ACTUATION	2	
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i>	1	
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	3	
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	
FLUTICASONE PROPION-SALMETEROL INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	3	
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	1	
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	3	PA; SP; LA
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %, 7 %	3	
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	1	PA; SP
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	EX	
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1	
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	2	PA; SP; LA
KALYDECO ORAL TABLET 150 MG	2	PA; SP; LA
LETAIRIS ORAL TABLET 10 MG, 5 MG	EX	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	EX	
LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	EX	
<i>mometasone nasal spray, non-aerosol 50 mcg/actuation</i>	EX	
<i>montelukast oral granules in packet 4 mg</i>	1	
<i>montelukast oral tablet 10 mg</i>	1	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	1	
<i>nebusal inhalation solution for nebulization 3 %</i>	1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	3	
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	2	PA; SP; LA; QL (3 per 30 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML	2	PA; SP; LA; QL (3 per 30 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	2	PA; SP; LA; QL (60 per 30 days)
OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION 3 MG/2.5 ML	3	PA; SP
OMNARIS NASAL SPRAY, NON-AEROSOL 50 MCG	EX	
OPSUMIT ORAL TABLET 10 MG	3	PA; SP; LA
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG	3	PA; SP; LA
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	3	PA; SP; LA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	3	PA; SP; LA
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	3	PA; SP; QL (30 per 30 days)
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	EX	
<i>pirfenidone oral capsule 267 mg</i>	1	PA; SP; LA; QL (270 per 30 days)
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	1	PA; SP; LA; QL (90 per 30 days)
PIRFENIDONE ORAL TABLET 534 MG	EX	
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	EX	

Drug Name	Drug Tier	Requirements / Limits
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	3	PA
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML	EX	
<i>pulmosal inhalation solution for nebulization 7 %</i>	3	
PULMOZYME INHALATION SOLUTION 1 MG/ML	2	PA; SP; LA
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION, 80 MCG/ACTUATION	EX	
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	2	
REVATIO ORAL TABLET 20 MG	EX	
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	3	
RYALTRIS NASAL SPRAY, NON-AEROSOL 665-25 MCG/SPRAY	3	PA
<i>sajazir subcutaneous syringe 30 mg/3 ml</i>	1	PA; SP; LA
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	2	
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	1	PA; SP
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	3	PA; SP
SINGULAIR ORAL GRANULES IN PACKET 4 MG	EX	
SINGULAIR ORAL TABLET 10 MG	EX	
SINGULAIR ORAL TABLET, CHEWABLE 4 MG, 5 MG	EX	
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %</i>	1	
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	2	
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	3	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	EX	

Drug Name	Drug Tier	Requirements / Limits
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	3	
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	2	PA; SP; LA
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	1	PA; SP
TADLIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	3	PA; SP; LA
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	3	PA; SP; LA; QL (2 per 30 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)	3	PA; SP; LA; QL (2 per 30 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1	
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)	2	PA; SP; LA
TEZSPIRE SUBCUTANEOUS SYRINGE 210 MG/1.91 ML (110 MG/ML)	2	PA; SP; LA
THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	3	
<i>theophylline oral elixir 80 mg/15 ml</i>	1	
<i>theophylline oral solution 80 mg/15 ml</i>	1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1	
<i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i>	1	
TRACLEER ORAL TABLET 125 MG, 62.5 MG	EX	
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	2	SP; LA
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	2	
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	2	PA; SP; LA
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	2	PA; SP; LA

Drug Name	Drug Tier	Requirements / Limits
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	3	
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) - 48(28) MCG, 32 MCG, 48 MCG, 64 MCG	3	PA; SP; LA
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	3	PA; SP; LA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	3	PA; SP; LA
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	3	PA; SP; LA
UMECLIDINIUM-VILANTEROL INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	2	QL (60 per 30 days)
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML	3	PA; SP; LA
VENTOLIN HFA INHALATION AEROSOL INHALER 90 MCG/ACTUATION	EX	
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)	3	PA; SP; LA
<i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	EX	
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML	3	PA; SP; LA; QL (2 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	3	PA; SP; LA; QL (1 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	3	PA; SP; LA; QL (4 per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	3	PA; SP; LA; QL (1 per 30 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	3	PA; SP; LA; QL (2 per 30 days)
XOLAIR SUBCUTANEOUS SYRINGE 300 MG/2 ML	3	PA; SP; LA; QL (1 per 30 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	3	PA; SP; LA; QL (4 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
XOPENEX HFA INHALATION AEROSOL INHALER 45 MCG/ACTUATION	EX	
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	3	
YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG	3	PA; SP; LA
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	3	
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	3	ST

## **PULMONARY DEVICES**

ACE AEROSOL CLOUD ENHANCER SPACER	2	
AEROCHAMBER MECHANICAL VENT SPACER	3	
AEROCHAMBER MINI SPACER	2	
AEROCHAMBER PLUS FLOW-VU SPACER	2	
AEROCHAMBER PLUS Z STAT SPACER	3	
AEROCHAMBER2GO SPACER	3	
AEROTRACH PLUS SPACER	2	
AEROVENT PLUS SPACER	2	
BREATHERITE MDI SPACER	3	
COMPACT SPACE CHAMBER SPACER	2	
EASIVENT HOLDING CHAMBER SPACER	2	
FLEXICHAMBER SPACER	2	
LITEAIRE MDI CHAMBER SPACER	2	
MICROCHAMBER SPACER	2	
MICROSPACER SPACER	2	
OPTICHAMBER DIAMOND VHC SPACER	2	
POCKET CHAMBER SPACER	2	
PRIMEAIRE SPACER	2	
PROCHAMBER SPACER	2	
RITEFLO AEROCHAMBER SPACER	2	
SPACE CHAMBER SPACER	3	
VORTEX HOLDING CHAMBER SPACER	2	

## **UROLOGICALS**

### **ANTICHOLINERGICS & ANTISPASMODICS**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	1	
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i>	3	
<i>flavoxate oral tablet 100 mg</i>	1	
GEMTESA ORAL TABLET 75 MG	3	ST
<i>mirabegron oral tablet extended release 24 hr 25 mg, 50 mg</i>	EX	
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON 8 MG/ML	EX	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	EX	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	
OXYBUTYNIN CHLORIDE ORAL TABLET 2.5 MG	3	ST
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	1	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR	EX	
<i>solifenacin oral tablet 10 mg, 5 mg</i>	1	
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	1	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	1	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	EX	
<i>trospium oral capsule, extended release 24hr 60 mg</i>	1	
<i>trospium oral tablet 20 mg</i>	1	
VESICARE ORAL TABLET 10 MG, 5 MG	EX	
<b>BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY</b>		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	1	
AVODART ORAL CAPSULE 0.5 MG	EX	
CIALIS ORAL TABLET 10 MG, 20 MG	3	
CIALIS ORAL TABLET 5 MG	3	PA
<i>dutasteride oral capsule 0.5 mg</i>	1	
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ENTADFI ORAL CAPSULE 5-5 MG	3	PA
<i>finasteride oral tablet 5 mg</i>	1	
FLOMAX ORAL CAPSULE 0.4 MG	3	ST
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR 0.5-0.4 MG	3	
PROSCAR ORAL TABLET 5 MG	3	
RAPAFLO ORAL CAPSULE 4 MG, 8 MG	EX	
<i>silodosin oral capsule 4 mg, 8 mg</i>	1	
<i>tadalafil oral tablet 10 mg, 20 mg</i>	3	
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	3	PA
<i>tamsulosin oral capsule 0.4 mg</i>	1	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR 10 MG	EX	
<b>CHOLINERGIC STIMULANTS</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<b>MISCELLANEOUS UROLOGICALS</b>		
<i>avanafil oral tablet 100 mg, 200 mg, 50 mg</i>	3	
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG	3	
CAVERJECT INTRACAVERNOSAL RECON SOLN 20 MCG, 40 MCG	3	
CAVERJECT INTRACAVERNOSAL SYRINGE 10 MCG, 20 MCG	3	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	2	PA; SP
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG	3	
ELMIRON ORAL CAPSULE 100 MG	2	PA
K-PHOS NO 2 ORAL TABLET 305-700 MG	2	
K-PHOS ORIGINAL ORAL TABLET, SOLUBLE 500 MG	2	
<i>mb caps oral capsule 120-10.8-40.8 mg</i>	1	
<i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i>	1	
ORACIT ORAL SOLUTION 490-640 MG/5 ML	3	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	EX	
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG	EX	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	3	
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML)	3	PA; SP
RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML	3	PA; SP
<i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>sodium citrate-citric acid oral solution 490-640 mg/5 ml</i>	3	
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG	3	
TRI-MIX (PAPAVRN-PHNTLMN-PGE1) INTRACAVERNOSAL RECON SOLN 150 MG- 5 MG- 50 MCG	3	
URELLE ORAL TABLET 81-10.8-40.8 MG	3	
<i>uretron d-s oral tablet 81.6-10.8-40.8 mg</i>	1	
URIBEL TABS ORAL TABLET 81.6-0.12-10.8 MG	3	
URIMAR-T ORAL CAPSULE 120-10.8-40.8 MG	3	
<i>urimar-t oral tablet 120-10.8-0.12 mg</i>	1	
URNEVA ORAL CAPSULE 120-10.8-40.8 MG	3	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1,080 MG)	3	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ	3	
<i>urogesic-blue oral tablet 81.6-40.8-0.12 mg</i>	3	
<i>uro-mp oral capsule 118-10-40.8-36 mg</i>	1	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG	3	
<i>uro-sp oral capsule 118-10-40.8-36 mg</i>	3	
<i>uryl oral tablet 81.6-40.8-0.12 mg</i>	1	
<i>vardenafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	3	
<i>vardenafil oral tablet, disintegrating 10 mg</i>	3	
VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG	3	

Drug Name	Drug Tier	Requirements / Limits
<b>URINARY ANESTHETICS</b>		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
PYRIDIUM ORAL TABLET 100 MG, 200 MG	EX	
<b>VITAMINS, HEMATINICS &amp; ELECTROLYTES</b>		
<b>ELECTROLYTES</b>		
AURYXIA ORAL TABLET 210 MG IRON	3	PA
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	1	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	1	
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	2	
<i>effe-r-k oral tablet, effervescent 25 meq</i>	1	
FERRIC CITRATE ORAL TABLET 210 MG IRON	3	PA
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	EX	
FOSRENOL ORAL TABLET, CHEWABLE 1,000 MG, 500 MG, 750 MG	EX	
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)	3	SP
<i>klor-con 10 oral tablet extended release 10 meq</i>	1	
<i>klor-con 8 oral tablet extended release 8 meq</i>	1	
<i>klor-con m10 oral tablet, er particles/crystals 10 meq</i>	1	
<i>klor-con m15 oral tablet, er particles/crystals 15 meq</i>	1	
<i>klor-con m20 oral tablet, er particles/crystals 20 meq</i>	1	
<i>klor-con oral packet 20 meq</i>	1	
<i>klor-con/ef oral tablet, effervescent 25 meq</i>	1	
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i>	1	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	3	PA
<i>lugols oral solution 5 %</i>	1	
POKONZA ORAL PACKET 10 MEQ	3	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	1	
<i>potassium chloride oral packet 20 meq</i>	1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	
POTASSIUM CHLORIDE ORAL TABLET EXTENDED RELEASE 15 MEQ	2	
<i>potassium chloride oral tablet, er particles/crystals 10 meq, 15 meq, 20 meq</i>	1	
RENVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM	3	PA
RENVELA ORAL TABLET 800 MG	3	PA
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	3	
<i>sevelamer carbonate oral tablet 800 mg</i>	1	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	3	
<i>sodium polystyrene sulfonate oral powder 15 gram</i>	1	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	1	
<i>sps (with sorbitol) rectal enema 30-40 gram/120 ml</i>	3	
<i>strong iodine oral solution 5 %</i>	1	
VELPHORO ORAL TABLET, CHEWABLE 500 MG	3	PA
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 8.4 GRAM	3	PA
XPHOZAH ORAL TABLET 20 MG, 30 MG	3	PA; SP; QL (60 per 30 days)
<b>MISCELLANEOUS VITAMINS, HEMATINICS, &amp; ELECTROLYTES</b>		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	3	PA; SP; LA
<b>VITAMINS &amp; HEMATINICS</b>		
ACCRUFER ORAL CAPSULE 30 MG	3	PA
<i>b complex 100 injection solution 100-2-100-2-2 mg/ml</i>	3	
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP, DR 27 MG IRON-1 MG -374 MG	3	
<i>bal-care dha oral combo pack, tablet and cap, dr 27-1-430 mg</i>	1	
<i>c-nate dha oral capsule 28 mg iron-1 mg -200 mg</i>	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>complete natal dha oral combo pack 29 mg iron- 1 mg-200 mg</i>	1	
CONCEPT DHA ORAL CAPSULE 35-1-200 MG	3	
CONCEPT OB ORAL CAPSULE 85-1 MG	3	
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	1	
<i>cyanocobalamin (vitamin b-12) nasal spray, non-aerosol 500 mcg/spray</i>	3	
<i>dodex injection solution 1,000 mcg/ml</i>	3	
<i>elite-ob oral tablet 50 mg iron- 1.25 mg</i>	3	
ENBRACE HR ORAL CAPSULE, IR - DELAY REL, BIPHASE 1.5 MG IRON- 8.73 MG-6.4 MG	3	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	
FA-8 ORAL CAPSULE 0.8 MG	3	
FLORIVA (FLUORIDE-VITAMIN D3) ORAL DROPS 0.25 MG (0.55 MG)-400 UNIT/ML	3	
<i>flotrex oral tablet, chewable 0.25 mg, 1 mg</i>	3	ACA
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	3	ACA
<i>fluoride (sodium) oral tablet, chewable 0.25 mg (0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	3	ACA
<i>folic acid injection solution 5 mg/ml</i>	1	
<i>folic acid oral tablet 1 mg</i>	1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	1	ACA
<i>folivane-ob oral capsule 85-1 mg</i>	1	
<i>hydroxocobalamin intramuscular solution 1,000 mcg/ml</i>	1	
KOSHER PRENATAL PLUS IRON ORAL TABLET 30 MG IRON- 1 MG	3	
<i>ludent fluoride oral tablet, chewable 0.25 mg (0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	3	ACA
MARNATAL-F ORAL CAPSULE 60 MG IRON- 1 MG	3	
MASONATAL PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	EX	
MECOBALAMIN (VITAMIN B12) INJECTION RECON SOLN 10, 000 MCG	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>m-natal plus oral tablet 27 mg iron- 1 mg</i>	1	
<i>multi-vitamin with fluoride oral drops 0.25 mg/ml, 0.5 mg/ml</i>	3	ACA
<i>multi-vitamin with fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg</i>	3	ACA
<i>multivit-fluoride (metafolin) oral tablet, chewable 0.5 mg fluoride</i>	EX	
<i>mvc-fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg</i>	3	ACA
<i>mynatal oral capsule 65 mg iron- 1 mg</i>	1	
<i>mynatal plus oral tablet 65 mg iron- 1 mg</i>	1	
<i>mynatal-z oral tablet 65 mg iron- 1 mg</i>	1	
NASCOBAL NASAL SPRAY, NON-AEROSOL 500 MCG/SPRAY	EX	
NATAL PNV ORAL TABLET 6 MG IRON-833.5 MCG DFE	3	
NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE 27 MG IRON-1.13 MG-581.92 MG	3	
<i>neo-vital rx oral tablet 27 mg iron- 1 mg</i>	3	
NESTABS ABC ORAL COMBO PACK 32 MG IRON-1 MG -120 MG-180 MG	3	
NESTABS DHA ORAL COMBO PACK 32 MG IRON- 1,000 MCG-230MG	3	
NESTABS ONE ORAL CAPSULE 38-1-225 MG	3	
NESTABS ORAL TABLET 32-1,000 MG-MCG	3	
<i>newgen oral tablet 32-1,000 mg-mcg</i>	3	
OB COMPLETE ONE ORAL CAPSULE 40-10-1-300 MG	EX	
OB COMPLETE ORAL TABLET 50 MG IRON-1.25 MG	EX	
OB COMPLETE PETITE ORAL CAPSULE 35 MG IRON-5 MG IRON-1 MG	EX	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG	EX	
OB COMPLETE WITH DHA ORAL CAPSULE 30 MG IRON-10 MG IRON-1 MG	EX	
<i>pnv-dha oral capsule 27 mg iron-1 mg -300 mg</i>	1	
<i>pnv-omega oral capsule 28-1-300 mg</i>	1	
<i>pnv-select oral tablet 27-1 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>pr natal 400 ec oral combo pack, tablet and cap, dr 29-1-400 mg</i>	1	
<i>pr natal 400 oral combo pack 29-1-400 mg</i>	1	
<i>pr natal 430 ec oral combo pack, tablet and cap, dr 29-1-430 mg</i>	1	
<i>pr natal 430 oral combo pack 29 mg iron-1 mg - 430 mg</i>	1	
PRENATA ORAL TABLET, CHEWABLE 29 MG IRON- 1 MG	3	
<i>prenatabs fa oral tablet 29-1 mg</i>	1	
<i>prenatabs rx oral tablet 29 mg iron- 1 mg</i>	1	
<i>prenatal plus (calcium carb) oral tablet 27 mg iron- 1 mg</i>	1	
PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG -312 MG-250 MG	3	
<i>prenatal plus oral tablet 29 mg iron- 1 mg</i>	1	
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET 27 MG IRON- 1 MG	3	
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	3	ACA
<i>prenatal-u oral capsule 106.5-1 mg</i>	1	
PRENATE AM ORAL TABLET 1-500 MG	3	
PRENATE CHEWABLE ORAL TABLET, CHEWABLE 1 MG	3	
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE 18 MG IRON-1 MG -300 MG	3	
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET 20 MG IRON- 1 MG	3	
PRENATE ENHANCE ORAL CAPSULE 28 MG IRON- 1 MG-400 MG	3	
PRENATE ESSENTIAL(IRON-ASP-GL) ORAL CAPSULE 18 MG IRON- 1 MG-300 MG	3	
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE 18-1-350 MG	3	
PRENATE PIXIE ORAL CAPSULE 10 MG IRON- 1 MG-200 MG	3	
PRENATE RESTORE ORAL CAPSULE 27 MG IRON- 1 MG-400 MG	3	
PRENATE STAR ORAL TABLET 20 MG IRON- 1 MG	3	
PRIMACARE ORAL CAPSULE 30-1-300 MG	3	

Drug Name	Drug Tier	Requirements / Limits
PROVIDA OB ORAL CAPSULE 40 MG IRON-1.25 MG	3	
<i>purevita folic acid oral tablet 400 mcg</i>	3	ACA
R-NATAL OB ORAL CAPSULE 20 MG IRON-1 MG-320 MG	3	
SELECT-OB (FOLIC ACID) ORAL TABLET, CHEWABLE 29 MG IRON- 1 MG	3	
SELECT-OB + DHA ORAL COMBO PACK 29 MG IRON-1 MG -250 MG	3	
SELECT-OB ORAL TABLET, CHEWABLE 29 MG IRON- 1 MG	3	
<i>se-natal 19 chewable oral tablet, chewable 29 mg iron- 1 mg</i>	1	
<i>se-natal 19 oral tablet 29 mg iron- 1 mg</i>	1	
<i>soluvita a,c,d with fluoride oral drops 0.25 mg fluor. (0.55 mg/ml)</i>	3	ACA
<i>soluvita oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	3	ACA
<i>taron-c dha oral capsule 35-1-200 mg</i>	1	
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG	3	
TRICARE ORAL TABLET 27 MG IRON- 1 MG	3	
<i>trinatal rx 1 oral tablet 60 mg iron-1 mg</i>	1	
<i>trinate oral tablet 28 mg iron- 1 mg</i>	1	
TRINAZ ORAL TABLET 12-1 MG	EX	
TRISTART DHA ORAL CAPSULE 31 MG IRON- 1 MG-200 MG	3	
<i>tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg/ml), 0.5 mg fluoride (1.1 mg)/ml</i>	3	ACA
VITAFOL FE PLUS ORAL CAPSULE 90 MG IRON- 1 MG-200 MG	3	
VITAFOL GUMMIES ORAL TABLET, CHEWABLE 3.33 MG IRON- 0.33 MG	3	
VITAFOL ULTRA ORAL CAPSULE 29 MG IRON- 1 MG-200 MG	3	
VITAFOL-OB ORAL TABLET 65-1 MG	3	
VITAFOL-OB+DHA ORAL COMBO PACK 65-1-250 MG	3	
VITAFOL-ONE ORAL CAPSULE 29 MG IRON-1 MG-200 MG	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
VITAMEDMD ONE RX ORAL CAPSULE 30 MG IRON-1MG -200 MG	3	
<i>vitamins a,c,d and fluoride oral drops 0.5 mg fluoride (1.1 mg)/ml</i>	3	ACA
<i>wescap-pn dha oral capsule 27 mg iron-1 mg -300 mg</i>	3	
<i>wesnatal dha complete oral combo pack 29 mg iron- 1 mg-200 mg</i>	1	
<i>wesnate dha oral capsule 28 mg iron-1 mg -200 mg</i>	3	
<i>westab plus oral tablet 27 mg iron- 1 mg</i>	1	
<i>westgel dha oral capsule 31 mg iron- 1 mg-200 mg</i>	3	
<i>zatean-pn dha oral capsule 27 mg iron-1 mg -300 mg</i>	1	
<i>zatean-pn plus oral capsule 28-1-300 mg</i>	1	
<i>zingiber oral tablet 1.2 mg-40 mg- 124.1 mg-100 mg</i>	3	

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