

Essentials (E1/E4) Formulary Drug List Effective 04-01-2025

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 4 tier PPO plan? Refer to the E4 drug list.

Your drugs will fall into 4 tiers: Preferred Generic (1), Preferred Brand (2), Preferred Specialty (3), and non-Preferred (4).

Please see the chart on page 3 for information.

Have any questions? Please call customer service at 800-722-1471 (TTY:711), 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 outlined 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 (E4) 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) Formulary Drug List

Drug Tier	Includes
Formulary Drugs (1, 2, 3, 4)	Tier 1 is the lowest tier and includes generic drugs. Generic drugs are as effective, safe, and high quality as their brand-name counterparts, yet less expensive.

Essentials (E4) Formulary Drug List

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.
Preferred Specialty (3)	Tier 3 includes preferred specialty drugs. In general, specialty drugs are drugs typically used to treat chronic, complex, or rare conditions and may require enhanced clinical support. Specialty Drugs are generally limited to a month supply on dispense. Please check your member booklet for more details.
Non-Preferred Drugs (4)	Tier 4 includes generic, brand and specialty drugs. Non preferred drugs are lower value (more expensive and/or less safe and effective than their alternatives in Tier 1, Tier 2, or Tier 3.)

COVERAGE AND ABBREVIATIONS

ABBREVIATION	DESCRIPTION	EXPLANATION
UTILIZATION MANAGEMENT RESTRICTIONS		
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.
OTHER SPECIAL REQUIREMENTS FOR COVERAGE		
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 Drugs are generally limited to a month supply on dispense. Please check your member booklet for more details.
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.
ACA PV	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"> • <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> • <i>Breast cancer prevention (tamoxifen, raloxifene, anastrozole, exemestane, Soltamox liquid, letrozole): Covered in full for persons 35 years or older.</i> • <i>Fluoride: Covered in full for persons 6 months old through 16 years old</i> • <i>Smoking cessation aids (example: nicotine patches): Covered in full for persons 18 years or older. Limited to 180 days per year.</i> • <i>Statins (example: atorvastatin): Covered in full for persons 40 years old through 75 years old.</i> <p><i>Coverage outside of the limits described above will be at the tier in the "Drug Tier" column.</i></p>

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.
Vac	Vaccines	For more information on the coverage of vaccines administered at a Pharmacy, please see your member booklet, or contact Customer Service.
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.

If you are unsure what plan you are on, check the front of your member ID card or call customer service at 800-722-1471 (TTY:711), Monday through Friday, 5 am to 8 pm Pacific time.

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ANCOBON ORAL CAPSULE 250 MG, 500 MG	4	
BREXAFEMME ORAL TABLET 150 MG	4	PA; QL (24 Tablets per 180 days); QL (24 per 180 days)
<i>clotrimazole mucous membrane troche 10 mg</i>	1	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	4	PA
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	4	
DIFLUCAN ORAL TABLET 100 MG, 200 MG	4	
<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	
FULVICIN P/G ORAL TABLET 165 MG	EX	
<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>	4	
<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>	4	
<i>ketoconazole oral tablet 200 mg</i>	1	
NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON 300 MG	4	PA
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	EX	
NOXAFIL ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG	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>	4	

Drug Name	Drug Tier	Requirements / Limits
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	4	
SPORANOX ORAL CAPSULE 100 MG	4	
SPORANOX ORAL SOLUTION 10 MG/ML	4	
<i>terbinafine hcl oral tablet 250 mg</i>	1	
TOLSURA ORAL CAPSULE, SOLID DISPERSION 65 MG	EX	
VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML)	4	ST
VFEND ORAL TABLET 50 MG	4	ST
VIVJOA ORAL CAPSULE 150 MG	4	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	
ANTIVIRALS		
<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>	4	
<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)	4	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	VAC
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	2	

Drug Name	Drug Tier	Requirements / Limits
CABENUVA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	3	SP
CIMDUO ORAL TABLET 300-300 MG	4	
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	
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	4	PA
DOVATO ORAL TABLET 50-300 MG	2	
EDURANT ORAL TABLET 25 MG	2	
<i>efavirenz oral tablet 600 mg</i>	1	
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	4	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate 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	
EMTRIVA ORAL CAPSULE 200 MG	4	
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	3	PA; SP; LA
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	3	PA; SP; LA
EPIVIR ORAL SOLUTION 10 MG/ML	4	PA
EPIVIR ORAL TABLET 150 MG, 300 MG	4	PA
<i>etravirine oral tablet 100 mg, 200 mg</i>	1	
EVOTAZ ORAL TABLET 300-150 MG	4	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	
FLUMADINE ORAL TABLET 100 MG	4	
<i>fosamprenavir oral tablet 700 mg</i>	1	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	3	SP
GENVOYA ORAL TABLET 150-150-200-10 MG	2	

Drug Name	Drug Tier	Requirements / Limits
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	3	PA; SP; LA
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	3	PA; SP; LA
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG	4	
ISENTRESS HD ORAL TABLET 600 MG	2	
ISENTRESS ORAL POWDER IN PACKET 100 MG	4	
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	4	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	4	
<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	4	PA; SP; LA
LIVTENCITY ORAL TABLET 200 MG	4	PA; SP
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	1	
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	1	
<i>maraviroc oral tablet 150 mg, 300 mg</i>	1	PA
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	3	PA; SP; LA
MAVYRET ORAL TABLET 100-40 MG	3	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	4	
ODEFSEY ORAL TABLET 200-25-25 MG	2	
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	1	
PAXLOVID ORAL TABLETS, DOSE PACK 150-100 MG, 300 MG (150 MG X 2)-100 MG	2	QL (40 Tablets per fill); QL (40 per 90 days)
PIFELTRO ORAL TABLET 100 MG	EX	
PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG	4	
PREVYMIS ORAL TABLET 240 MG, 480 MG	4	
PREZCOBIX ORAL TABLET 800-150 MG-MG	4	
PREZISTA ORAL SUSPENSION 100 MG/ML	2	
PREZISTA ORAL TABLET 150 MG, 75 MG	2	
PREZISTA ORAL TABLET 600 MG, 800 MG	4	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	4	
RETROVIR ORAL CAPSULE 100 MG	4	
RETROVIR ORAL SYRUP 10 MG/ML	4	
REYATAZ ORAL CAPSULE 200 MG, 300 MG	4	
REYATAZ ORAL POWDER IN PACKET 50 MG	4	
<i>ribavirin inhalation recon soln 6 gram</i>	4	
<i>ribavirin oral capsule 200 mg</i>	3	SP; LA
<i>ribavirin oral tablet 200 mg</i>	3	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	4	PA; QL (60 Tablets per month); QL (60 per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	2	
SELZENTRY ORAL TABLET 150 MG, 300 MG	4	
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	4	PA; SP; LA
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	3	PA; SP; LA
SOVALDI ORAL TABLET 200 MG, 400 MG	3	PA; SP; LA
STRIBILD ORAL TABLET 150-150-200-300 MG	4	
SUNLENCA ORAL TABLET 300 MG	4	PA; QL (2 Packs per year); SP; QL (2 per 365 days)

Drug Name	Drug Tier	Requirements / Limits
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	4	PA; QL (6 Vials per year); SP; QL (6 per 365 days)
SYMFI LO ORAL TABLET 400-300-300 MG	4	
SYMFI ORAL TABLET 600-300-300 MG	4	
SYMTUZA ORAL TABLET 800-150-200-10 MG	4	
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG	4	
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML	4	
TEMBEXA ORAL SUSPENSION 10 MG/ML	4	
TEMBEXA ORAL TABLET 100 MG	4	
<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	4	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	4	PA
TYBOST ORAL TABLET 150 MG	2	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	1	
VALCYTE ORAL RECON SOLN 50 MG/ML	4	
VALCYTE ORAL TABLET 450 MG	4	
<i>valganciclovir oral recon soln 50 mg/ml</i>	4	
<i>valganciclovir oral tablet 450 mg</i>	1	
VALTREX ORAL TABLET 1 GRAM, 500 MG	EX	
VEMLIDY ORAL TABLET 25 MG	4	PA
VIRACEPT ORAL TABLET 250 MG, 625 MG	2	
VIRAZOLE INHALATION RECON SOLN 6 GRAM	4	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	4	PA
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	PA
VIREAD ORAL TABLET 300 MG	4	PA
VOSEVI ORAL TABLET 400-100-100 MG	3	PA; SP; LA

Drug Name	Drug Tier	Requirements / Limits
XOFLUZA ORAL TABLET 40 MG, 80 MG	4	QL (2 Tablets per year); QL (2 per 365 days)
ZEPATIER ORAL TABLET 50-100 MG	4	PA; SP; LA
ZIAGEN ORAL SOLUTION 20 MG/ML	4	
<i>zidovudine oral capsule 100 mg</i>	1	
<i>zidovudine oral syrup 10 mg/ml</i>	1	
<i>zidovudine oral tablet 300 mg</i>	1	
CEPHALOSPORINS		
<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>	4	
<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>	4	
<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>	4	
<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	
ERYTHROMYCINS & OTHER MACROLIDES		

Drug Name	Drug Tier	Requirements / Limits
<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	
<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	4	
DIFICID ORAL TABLET 200 MG	4	
<i>e.e.s. oral tablet 400 mg</i>	1	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	4	
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	4	
<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	
ZITHROMAX ORAL PACKET 1 GRAM	4	
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML	4	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	4	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG	4	

Drug Name	Drug Tier	Requirements / Limits
ZITHROMAX Z-PAK ORAL TABLET 250 MG	4	
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole oral tablet 200 mg</i>	4	
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	4	PA
ALINIA ORAL TABLET 500 MG	EX	
<i>amikacin injection solution 500 mg/2 ml</i>	4	
ARAKODA ORAL TABLET 100 MG	4	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	4	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	4	
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	4	PA; SP
BILTRICIDE ORAL TABLET 600 MG	4	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	4	PA; QL (84 Milliliters per month); 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	4	
CLEOCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	4	
<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	4	
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	4	
COLY-MYCIN M PARENTERAL INJECTION RECON SOLN 150 MG	4	
<i>cycloserine oral capsule 250 mg</i>	1	
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
DARAPRIM ORAL TABLET 25 MG	4	PA; SP
EMVERM ORAL TABLET, CHEWABLE 100 MG	4	PA

Drug Name	Drug Tier	Requirements / Limits
<i>ethambutol oral tablet 100 mg, 400 mg</i>	1	
FLAGYL ORAL CAPSULE 375 MG	4	PA
<i>gentamicin injection solution 40 mg/ml</i>	4	
HUMATIN ORAL CAPSULE 250 MG	4	PA; SP; LA
<i>hydroxychloroquine oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	1	
IMPAVIDO ORAL CAPSULE 50 MG	4	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 Tablets per month); QL (20 per 30 days)
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	4	PA; SP
KRINTAFEL ORAL TABLET 150 MG	EX	
LAMPIT ORAL TABLET 120 MG, 30 MG	4	
LIKMEZ ORAL SUSPENSION 500 MG/5 ML	4	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	4	
MALARONE PEDIATRIC ORAL TABLET 62.5-25 MG	4	
<i>mefloquine oral tablet 250 mg</i>	1	
MEPRON ORAL SUSPENSION 750 MG/5 ML	4	
<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	4	
<i>neomycin oral tablet 500 mg</i>	1	
<i>nitazoxanide oral tablet 500 mg</i>	4	
<i>paromomycin oral capsule 250 mg</i>	1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	4	
<i>pentamidine inhalation recon soln 300 mg</i>	4	
PLAQUENIL ORAL TABLET 200 MG	4	
<i>praziquantel oral tablet 600 mg</i>	4	

Drug Name	Drug Tier	Requirements / Limits
PRETOMANID ORAL TABLET 200 MG	4	
PRIFTIN ORAL TABLET 150 MG	4	
<i>primaquine oral tablet 26.3 mg (15 mg base)</i>	4	
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>pyrimethamine oral tablet 25 mg</i>	4	PA
QUALAQUIN ORAL CAPSULE 324 MG	4	
<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	
SIRTURO ORAL TABLET 100 MG, 20 MG	4	PA
SIVEXTRO ORAL TABLET 200 MG	4	QL (6 Tablets per month); QL (6 per 30 days)
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM	4	PA
SOVUNA ORAL TABLET 200 MG, 300 MG	4	
STROMEKTOL ORAL TABLET 3 MG	4	QL (20 Tablets per month); 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	SP
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	EX	SP
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	3	SP
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	4	SP
<i>tobramycin sulfate injection recon soln 1.2 gram</i>	4	
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	3	PA; SP
TRECTOR ORAL TABLET 250 MG	4	
XENLETA ORAL TABLET 600 MG	4	
XIFAXAN ORAL TABLET 200 MG, 550 MG	4	PA; QL (60 Tablets per month); QL (60 per 30 days)
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	4	
ZYVOX ORAL TABLET 600 MG	4	
PENICILLINS		

Drug Name	Drug Tier	Requirements / Limits
<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	
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	4	
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	4	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	
EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT	4	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG	4	
<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	
QUINOLONES		
BAXDELA ORAL TABLET 450 MG	4	
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	4	
CIPRO ORAL TABLET 250 MG, 500 MG	4	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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	
SULFA'S & RELATED AGENTS		
BACTRIM DS ORAL TABLET 800-160 MG	4	
BACTRIM ORAL TABLET 400-80 MG	4	
<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	
TETRACYCLINES		
ACTICLATE ORAL TABLET 150 MG, 75 MG	EX	
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	

Drug Name	Drug Tier	Requirements / Limits
<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	
MONODOX ORAL CAPSULE 100 MG, 50 MG, 75 MG	EX	
MORGIDOX 1X 50 KIT 50 MG	EX	
MORGIDOX 1X100 KIT 100 MG	EX	
NUZYRA ORAL TABLET 150 MG	4	
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>	4	
<i>tetracycline oral tablet 250 mg, 500 mg</i>	4	
XIMINO ORAL CAPSULE, EXTENDED RELEASE 24HR 135 MG, 45 MG, 90 MG	EX	
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine oral packet 3 gram</i>	4	
FURADANTIN ORAL SUSPENSION 25 MG/5 ML	4	
MACROBID ORAL CAPSULE 100 MG	4	
<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	

Drug Name	Drug Tier	Requirements / Limits
<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	4	
<i>trimethoprim oral tablet 100 mg</i>	1	
VANCOMYCIN		
FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML	EX	
VANCOCIN ORAL CAPSULE 125 MG, 250 MG	4	
<i>vancomycin oral capsule 125 mg, 250 mg</i>	1	
<i>vancomycin oral recon soln 25 mg/ml, 50 mg/ml</i>	1	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
MESNEX ORAL TABLET 400 MG	4	
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	4	PA; SP
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg, 500 mg</i>	3	PA; SP; OCh; LA
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	4	PA; SP; OCh; LA
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	4	PA; SP; OCh; LA
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	4	PA; SP; OCh
ALECENSA ORAL CAPSULE 150 MG	3	PA; QL (240 Capsules per month); SP; OCh; LA; QL (240 per 30 days)
ALKERAN ORAL TABLET 2 MG	4	OCh
ALUNBRIG ORAL TABLET 180 MG	4	PA; QL (30 Tablets per month); SP; OCh; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	4	PA; QL (180 Tablets per month); SP; OCh; QL (180 per 30 days)
ALUNBRIG ORAL TABLET 90 MG	4	PA; QL (60 Tablets per month); SP; OCh; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
ALUNBRIG ORAL TABLETS, DOSE PACK 90 MG (7)- 180 MG (23)	4	PA; QL (1 Kit per month); SP; OCh; QL (1 per 30 days)
<i>anastrozole oral tablet 1 mg</i>	1	QL (30 Tablets per month); OCh; ACA PV; QL (30 per 30 days)
ARIMIDEX ORAL TABLET 1 MG	EX	OCh
AROMASIN ORAL TABLET 25 MG	4	PA; QL (30 Tablets per month); 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	4	PA; SP; OCh; LA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	4	PA; SP; OCh
AZASAN ORAL TABLET 100 MG, 75 MG	4	
<i>azathioprine oral tablet 100 mg, 75 mg</i>	4	
<i>azathioprine oral tablet 50 mg</i>	1	
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	4	PA; SP; OCh
<i>bexarotene oral capsule 75 mg</i>	3	PA; SP; OCh; LA
<i>bexarotene topical gel 1 %</i>	3	PA; SP; LA
<i>bicalutamide oral tablet 50 mg</i>	1	QL (30 Tablets per month); OCh; QL (30 per 30 days)
BOSULIF ORAL CAPSULE 100 MG, 50 MG	4	PA; SP; OCh; LA
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	4	PA; SP; OCh; LA
BRAFTOVI ORAL CAPSULE 75 MG	3	PA; SP; OCh; LA
BRUKINSA ORAL CAPSULE 80 MG	4	PA; SP; OCh
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	4	PA; SP; OCh; LA
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	3	PA; SP; OCh
<i>capecitabine oral tablet 150 mg</i>	3	QL (210 Tablets per month); SP; OCh; LA; QL (210 per 30 days)
<i>capecitabine oral tablet 500 mg</i>	3	QL (84 Tablets per month); SP; OCh; LA; QL (84 per 30 days)
CAPRELSA ORAL TABLET 100 MG, 300 MG	4	PA; SP; OCh
CASODEX ORAL TABLET 50 MG	4	PA; QL (30 Tablets per month); OCh; QL (30 per 30 days)
CELLCEPT ORAL CAPSULE 250 MG	4	

Drug Name	Drug Tier	Requirements / Limits
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML	4	
CELLCEPT ORAL TABLET 500 MG	4	
COMETRIQ ORAL CAPSULE 100 MG/DAY (80 MG X1-20 MG X1), 140 MG/DAY (80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	4	PA; SP; OCh; LA
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	4	PA; SP; OCh
COTELLIC ORAL TABLET 20 MG	4	PA; SP; OCh; LA
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	4	OCh
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	4	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	4	PA; SP; OCh
<i>dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg</i>	3	PA; SP; OCh; LA
DAURISMO ORAL TABLET 100 MG, 25 MG	4	PA; SP; OCh; LA
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	2	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	3	PA; SP; LA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	3	PA; SP; LA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	3	PA; SP; LA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	3	PA; SP; LA
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	4	PA; SP; LA
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	EX	
ERIVEDGE ORAL CAPSULE 150 MG	4	PA; SP; OCh; LA
ERLEADA ORAL TABLET 240 MG, 60 MG	4	PA; SP; OCh; LA
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	3	PA; SP; OCh; LA
<i>etoposide oral capsule 50 mg</i>	1	OCh
EULEXIN ORAL CAPSULE 125 MG	4	PA; OCh; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
<i>everolimus (antineoplastic) oral tablet 10 mg</i>	3	PA; QL (30 Tablets per month); SP; OCh; LA; QL (30 per 30 days)
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	4	PA; SP; OCh; LA
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	3	PA; QL (150 Tablets per month); SP; OCh; LA; QL (150 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	3	PA; QL (100 Tablets per month); SP; OCh; LA; QL (100 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	3	PA; QL (60 Tablets per month); SP; OCh; LA; QL (60 per 30 days)
<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	QL (30 Tablets per month); OCh; ACA PV; QL (30 per 30 days)
FARESTON ORAL TABLET 60 MG	4	PA; QL (30 Tablets per month); OCh; QL (30 per 30 days)
FEMARA ORAL TABLET 2.5 MG	4	PA; QL (30 Tablets per month); OCh; QL (30 per 30 days)
FOTIVDA ORAL CAPSULE 0.89 MG	4	PA; QL (33 Capsules per month); SP; OCh; QL (33 per 30 days)
FOTIVDA ORAL CAPSULE 1.34 MG	4	PA; QL (22 Capsules per month); SP; OCh; QL (22 per 30 days)
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	4	PA; SP; OCh
GAVRETO ORAL CAPSULE 100 MG	4	PA; QL (120 Capsules per month); SP; OCh; QL (120 per 30 days)
<i>gefitinib oral tablet 250 mg</i>	3	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	3	PA; SP; OCh; LA
GLEEVEC ORAL TABLET 100 MG, 400 MG	EX	SP; OCh; LA
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	2	PA; OCh
GOMEKLI ORAL CAPSULE 1 MG	4	PA; SP; OCh; QL (180 per 30 days)
GOMEKLI ORAL CAPSULE 2 MG	4	PA; SP; OCh; QL (120 per 30 days)
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	4	PA; SP; OCh; QL (180 per 30 days)
HYCAMTIN ORAL CAPSULE 0.25 MG	3	SP; OCh; LA
HYCAMTIN ORAL CAPSULE 1 MG	3	PA; SP; OCh; LA

Drug Name	Drug Tier	Requirements / Limits
HYDREA ORAL CAPSULE 500 MG	4	OCh
<i>hydroxyurea oral capsule 500 mg</i>	1	OCh
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	4	PA; SP; OCh; LA
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	4	PA; SP; OCh; LA
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	4	PA; SP; OCh
IDHIFA ORAL TABLET 100 MG, 50 MG	4	PA; SP; OCh; LA
<i>imatinib oral tablet 100 mg</i>	3	PA; QL (90 Tablets per month); SP; OCh; LA; QL (90 per 30 days)
<i>imatinib oral tablet 400 mg</i>	3	PA; QL (60 Tablets per month); SP; OCh; LA; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	3	PA; SP; OCh
IMBRUVICA ORAL SUSPENSION 70 MG/ML	3	PA; SP; OCh
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	3	PA; SP; OCh
IMKELDI ORAL SOLUTION 80 MG/ML	4	PA; SP; OCh; LA; QL (300 per 30 days)
IMURAN ORAL TABLET 50 MG	4	
INLYTA ORAL TABLET 1 MG, 5 MG	4	PA; SP; OCh; LA
INQOVI ORAL TABLET 35-100 MG	4	PA; SP; OCh; LA
INREBIC ORAL CAPSULE 100 MG	4	PA; SP; OCh; LA
IRESSA ORAL TABLET 250 MG	4	PA; SP; OCh; LA
ITOVEBI ORAL TABLET 3 MG, 9 MG	4	PA; SP; OCh; LA
IWILFIN ORAL TABLET 192 MG	4	PA; QL (240 Tablets per month); SP; OCh; QL (240 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	4	PA; SP; OCh; LA
JAYPIRCA ORAL TABLET 100 MG, 50 MG	4	PA; SP; OCh; LA
JYLAMVO ORAL SOLUTION 2 MG/ML	EX	OCh
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	3	PA; SP; OCh; LA
KLISYRI TOPICAL OINTMENT IN PACKET 1 %	4	PA
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	4	PA; SP; OCh
KRAZATI ORAL TABLET 200 MG	4	PA; SP; OCh; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	EX	SP; LA
<i>lapatinib oral tablet 250 mg</i>	4	PA; QL (180 Tablets per month); SP; OCh; LA; QL (180 per 30 days)
LAZCLUZE ORAL TABLET 240 MG, 80 MG	4	PA; SP; OCh
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	3	PA; QL (30 Capsules per month); SP; OCh; LA; QL (30 per 30 days)
<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	3	PA; SP; OCh; LA
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	4	PA; SP; OCh; LA
<i>letrozole oral tablet 2.5 mg</i>	1	QL (30 Tablets per month); OCh; ACA PV; QL (30 per 30 days)
LEUKERAN ORAL TABLET 2 MG	2	PA; OCh
LEUPROLIDE (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	4	PA; SP
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	3	PA; SP; LA
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	4	PA; SP; OCh; LA
LORBRENA ORAL TABLET 100 MG	4	PA; QL (30 Tablets per month); SP; OCh; LA; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	4	PA; QL (120 Tablets per month); SP; OCh; LA; QL (120 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	4	PA; QL (240 Tablets per month); SP; OCh; LA; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 240 MG	4	PA; QL (120 Tablets per month); SP; OCh; LA; QL (120 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	4	PA; QL (90 Tablets per month); SP; OCh; LA; QL (90 per 30 days)
LUPKYNIS ORAL CAPSULE 7.9 MG	4	PA; QL (180 Capsules per month); SP; QL (180 per 30 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	4	PA; SP; LA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	4	PA; SP; LA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	4	PA; SP; LA

Drug Name	Drug Tier	Requirements / Limits
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	4	PA; SP; LA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	4	PA; SP; LA
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	4	PA; SP; LA
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	4	PA; SP; LA
LYNPARZA ORAL TABLET 100 MG, 150 MG	3	PA; SP; OCh; LA
LYSODREN ORAL TABLET 500 MG	3	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)	4	PA; SP; OCh
MATULANE ORAL CAPSULE 50 MG	4	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	3	PA; SP; OCh; LA
MEKINIST ORAL TABLET 0.5 MG, 2 MG	3	PA; SP; OCh; LA
MEKTOVI ORAL TABLET 15 MG	3	PA; SP; OCh; LA
<i>mercaptopurine oral tablet 50 mg</i>	1	QL (120 Tablets per month); OCh; QL (120 per 30 days)
<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	4	PA; QL (120 Capsules per month); SP; QL (120 per 30 days)
<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	4	
MYHIBBIN ORAL SUSPENSION 200 MG/ML	4	PA
MYLERAN ORAL TABLET 2 MG	2	OCh

Drug Name	Drug Tier	Requirements / Limits
NEMLUVIO SUBCUTANEOUS PEN INJECTOR 30 MG	4	PA; QL (2 Pens per month); SP; LA; QL (2 per 30 days)
NEORAL ORAL CAPSULE 100 MG, 25 MG	4	
NEORAL ORAL SOLUTION 100 MG/ML	4	
NERLYNX ORAL TABLET 40 MG	4	PA; QL (180 Tablets per month); SP; OCh; LA; QL (180 per 30 days)
NEXAVAR ORAL TABLET 200 MG	4	PA; SP; OCh; LA
NILANDRON ORAL TABLET 150 MG	4	PA; QL (30 Tablets per month); OCh; QL (30 per 30 days)
<i>nilutamide oral tablet 150 mg</i>	4	PA; QL (30 Tablets per month); OCh; QL (30 per 30 days)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	4	PA; SP; OCh; LA
NUBEQA ORAL TABLET 300 MG	4	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>	3	PA; SP; LA
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	3	PA; SP; LA
ODOMZO ORAL CAPSULE 200 MG	4	PA; QL (30 Capsules per month); SP; OCh; LA; QL (30 per 30 days)
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG	4	PA; SP; OCh
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	4	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)	4	PA; SP; OCh
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	4	PA; SP; OCh; QL (30 per 30 days)
ONUREG ORAL TABLET 200 MG	4	PA; QL (21 Tablets per month); SP; OCh; LA; QL (21 per 30 days)
ONUREG ORAL TABLET 300 MG	4	PA; QL (14 Tablets per month); SP; OCh; LA; QL (14 per 30 days)
ORGOVYX ORAL TABLET 120 MG	4	PA; SP; OCh
ORSERDU ORAL TABLET 345 MG, 86 MG	4	PA; SP; OCh
<i>pazopanib oral tablet 200 mg</i>	4	PA; SP; OCh; LA
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	4	PA; QL (28 Tablets per month); SP; OCh; QL (28 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
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)	3	PA; QL (30 Tablets per month); SP; OCh; LA; QL (30 per 30 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	4	PA; QL (30 Capsules per month); SP; OCh; LA; QL (30 per 30 days)
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	4	
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	4	
PURIXAN ORAL SUSPENSION 20 MG/ML	4	PA; SP; OCh
QINLOCK ORAL TABLET 50 MG	3	PA; QL (90 Tablets per month); SP; OCh; QL (90 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG	4	PA; QL (60 Tablets per month); SP; OCh; LA; QL (60 per 30 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	3	PA; QL (30 Capsules per month); SP; OCh; LA; QL (30 per 30 days)
REVUFORJ ORAL TABLET 110 MG, 160 MG	4	PA; SP; OCh
REZLIDHIA ORAL CAPSULE 150 MG	4	PA; SP; OCh
REZUROCK ORAL TABLET 200 MG	4	PA
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	4	PA; SP; OCh; LA
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	4	PA; SP; OCh; LA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	4	PA; SP; OCh; LA
RYDAPT ORAL CAPSULE 25 MG	4	PA; SP; OCh; LA
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	4	
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	4	PA; SP; LA
SCSEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG	4	PA; SP; OCh
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	4	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	4	OCh; ACA PV

Drug Name	Drug Tier	Requirements / Limits
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	3	PA; SP; LA
<i>sorafenib oral tablet 200 mg</i>	4	PA; SP; OCh; LA
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	3	PA; SP; OCh; LA
STIVARGA ORAL TABLET 40 MG	4	PA; SP; OCh; LA
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	3	PA; SP; OCh; LA
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	4	PA; SP; OCh; LA
TABLOID ORAL TABLET 40 MG	2	PA; QL (210 Tablets per month); OCh; QL (210 per 30 days)
TABRECTA ORAL TABLET 150 MG, 200 MG	4	PA; QL (168 Tablets per month); 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	3	PA; SP; OCh; LA
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	3	PA; SP; OCh; LA
TAGRISSO ORAL TABLET 40 MG, 80 MG	3	PA; SP; OCh; LA
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	4	PA; SP; OCh; LA
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	QL (60 Tablets per month); OCh; ACA PV; QL (60 per 30 days)
TARCEVA ORAL TABLET 100 MG	4	PA; SP; OCh; LA
TARGRETIN ORAL CAPSULE 75 MG	EX	SP; OCh; LA
TARGRETIN TOPICAL GEL 1 %	4	PA; SP; LA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	4	PA; SP; OCh; LA
TAZVERIK ORAL TABLET 200 MG	4	PA; QL (240 Tablets per month); SP; OCh; QL (240 per 30 days)
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	3	PA; SP; OCh; LA
TEPMETKO ORAL TABLET 225 MG	4	PA; QL (60 Tablets per month); SP; OCh; QL (60 per 30 days)
THALOMID ORAL CAPSULE 100 MG, 50 MG	3	PA; SP; OCh; LA
TIBSOVO ORAL TABLET 250 MG	4	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>	4	PA; SP; OCh

Drug Name	Drug Tier	Requirements / Limits
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	1	OCh
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	4	PA; QL (15 Tablets per month); OCh; QL (15 per 30 days)
TRUQAP ORAL TABLET 160 MG, 200 MG	4	PA; QL (40 Tablets per month); SP; OCh; QL (40 per 30 days)
TUKYSA ORAL TABLET 150 MG, 50 MG	4	PA; QL (120 Tablets per month); SP; OCh; QL (120 per 30 days)
TURALIO ORAL CAPSULE 125 MG	4	PA; SP; OCh
TYKERB ORAL TABLET 250 MG	4	PA; QL (180 Tablets per month); SP; OCh; LA; QL (180 per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	4	PA; SP; OCh
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	4	PA; SP; OCh
VENCLEXTA STARTING PACK ORAL TABLETS, DOSE PACK 10 MG-50 MG- 100 MG	4	PA; SP; OCh
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	PA; SP; OCh; LA
VIJOICE ORAL GRANULES IN PACKET 50 MG	4	PA; SP
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG	4	PA; SP
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	4	PA; SP; OCh; LA
VITRAKVI ORAL SOLUTION 20 MG/ML	4	PA; SP; OCh; LA
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	EX	SP; OCh; LA
VONJO ORAL CAPSULE 100 MG	4	PA; QL (120 Capsules per month); SP; OCh; QL (120 per 30 days)
VORANIGO ORAL TABLET 10 MG, 40 MG	4	PA; SP; OCh
VOTRIENT ORAL TABLET 200 MG	4	PA; SP; OCh; LA
WELIREG ORAL TABLET 40 MG	4	PA; QL (90 Tablets per month); SP; OCh; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG	3	PA; QL (75 Capsules per month); SP; OCh; LA; QL (75 per 30 days)
XALKORI ORAL CAPSULE 250 MG	3	PA; QL (60 Capsules per month); SP; OCh; LA; QL (60 per 30 days)
XALKORI ORAL PELLETT 150 MG, 20 MG, 50 MG	3	PA; SP; OCh; LA
XATMEP ORAL SOLUTION 2.5 MG/ML	EX	OCh
XELODA ORAL TABLET 150 MG, 500 MG	4	PA; ST; SP; OCh; LA

Drug Name	Drug Tier	Requirements / Limits
XERMELO ORAL TABLET 250 MG	4	PA; SP
XOSPATA ORAL TABLET 40 MG	4	PA; SP; OCh
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 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)	4	PA; SP; OCh
XTANDI ORAL CAPSULE 40 MG	3	PA; SP; OCh; LA
XTANDI ORAL TABLET 40 MG, 80 MG	3	PA; SP; OCh; LA
YONSA ORAL TABLET 125 MG	3	PA; SP; OCh; LA
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	4	PA; SP; OCh; LA
ZELBORAF ORAL TABLET 240 MG	4	PA; SP; OCh; LA
ZOLINZA ORAL CAPSULE 100 MG	4	PA; SP; OCh; LA
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	4	PA
ZYDELIG ORAL TABLET 100 MG, 150 MG	4	PA; QL (30 Tablets per month); SP; OCh; LA; QL (30 per 30 days)
ZYKADIA ORAL TABLET 150 MG	4	PA; QL (90 Tablets per month); SP; OCh; LA; QL (90 per 30 days)
ZYTIGA ORAL TABLET 250 MG, 500 MG	EX	SP; OCh; LA

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	4	PA; QL (2 Bottles per month); QL (2 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	4	PA; QL (60 Tablets per month); QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>	1	
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
CARBAMAZEPINE ORAL TABLET, CHEWABLE 200 MG	EX	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	4	
CELONTIN ORAL CAPSULE 300 MG	4	QL (1200 Capsules per month); QL (1200 per 30 days)
<i>clobazam oral suspension 2.5 mg/ml</i>	4	
<i>clobazam oral tablet 10 mg, 20 mg</i>	4	
<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	4	
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	4	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	4	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	4	PA; SP
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	4	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	
DILANTIN INFATABS ORAL TABLET, CHEWABLE 50 MG	4	
DILANTIN ORAL CAPSULE 30 MG	2	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	2	
<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	
<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	4	

Drug Name	Drug Tier	Requirements / Limits
EPIDIOLEX ORAL SOLUTION 100 MG/ML	4	PA; QL (400 Milliliters per month); SP; LA; QL (400 per 30 days)
<i>epitol oral tablet 200 mg</i>	1	
EPRONTIA ORAL SOLUTION 25 MG/ML	4	PA
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	4	
<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	4	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	4	PA; QL (360 Milliliters per month); SP; QL (210 per 30 days)
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	4	PA; QL (2 Bottles per month); QL (2 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	4	PA; QL (30 Tablets per month); 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>	4	PA
GABARONE ORAL TABLET 100 MG, 400 MG	EX	
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 450 MG, 600 MG, 750 MG, 900 MG	4	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>	4	
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	4	

Drug Name	Drug Tier	Requirements / Limits
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	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	
LEVETIRACETAM ORAL TABLET FOR SUSPENSION 250 MG	4	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	2	PA; QL (10 Films per month); QL (10 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>	4	
MOTPOLY XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG	4	PA; QL (120 Capsules per month); QL (120 per 30 days)
MOTPOLY XR ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG, 200 MG	4	PA; QL (60 Capsules per month); QL (60 per 30 days)
MYSOLINE ORAL TABLET 250 MG	4	QL (240 Tablets per month); QL (240 per 30 days)
MYSOLINE ORAL TABLET 50 MG	4	QL (1200 Tablets per month); QL (1200 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	4	PA; ST; QL (4 Bottles per month); QL (4 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
ONFI ORAL TABLET 10 MG	4	PA; ST; QL (120 Tablets per month); QL (120 per 30 days)
ONFI ORAL TABLET 20 MG	4	PA; ST; QL (60 Tablets per month); 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	
<i>oxcarbazepine oral tablet extended release 24 hr 150 mg</i>	4	PA; QL (480 Tablets per month); QL (480 per 30 days)
<i>oxcarbazepine oral tablet extended release 24 hr 300 mg</i>	4	PA; QL (240 Tablets per month); QL (240 per 30 days)
<i>oxcarbazepine oral tablet extended release 24 hr 600 mg</i>	4	PA; QL (120 Tablets per month); QL (120 per 30 days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	4	PA; QL (480 Tablets per month); QL (480 per 30 days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	4	PA; QL (240 Tablets per month); QL (240 per 30 days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	4	PA; QL (120 Tablets per month); QL (120 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	4	
<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>	4	
<i>pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg</i>	4	
PRIMIDONE ORAL TABLET 125 MG	4	
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG	4	PA; QL (120 Capsules per month); QL (120 per 30 days)
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 150 MG	4	PA; QL (80 Capsules per month); QL (80 per 30 days)
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 200 MG	4	PA; QL (60 Capsules per month); QL (60 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 25 MG	4	PA; QL (480 Capsules per month); QL (480 per 30 days)
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 50 MG	4	PA; QL (240 Capsules per month); QL (240 per 30 days)
<i>roweepra oral tablet 500 mg</i>	1	
<i>rufinamide oral suspension 40 mg/ml</i>	4	PA
<i>rufinamide oral tablet 200 mg, 400 mg</i>	4	PA
SABRIL ORAL POWDER IN PACKET 500 MG	EX	SP; LA
SABRIL ORAL TABLET 500 MG	EX	SP; LA
SPRITAM ORAL TABLET FOR SUSPENSION 1, 000 MG	4	PA; QL (90 Tablets per month); QL (90 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG	4	PA; QL (360 Tablets per month); QL (360 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 500 MG	4	PA; QL (180 Tablets per month); QL (180 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 750 MG	4	PA; QL (120 Tablets per month); QL (120 per 30 days)
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	4	
<i>subvenite starter (blue) kit oral tablets, dose pack 25 mg (35)</i>	4	
<i>subvenite starter (green) kit oral tablets, dose pack 25 mg (84) -100 mg (14)</i>	4	
<i>subvenite starter (orange) kit oral tablets, dose pack 25 mg (42) -100 mg (7)</i>	4	
SYMPAZAN ORAL FILM 10 MG	4	PA; QL (120 Films per month); QL (120 per 30 days)
SYMPAZAN ORAL FILM 20 MG	4	PA; QL (60 Films per month); QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	PA; QL (240 Films per month); QL (240 per 30 days)
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	4	
TEGRETOL ORAL TABLET 200 MG	4	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG	4	
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	
TOPAMAX ORAL CAPSULE, SPRINKLE 15 MG, 25 MG	EX	

Drug Name	Drug Tier	Requirements / Limits
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	EX	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	
TOPIRAMATE ORAL CAPSULE, SPRINKLE 50 MG	EX	
<i>topiramate oral capsule, extended release 24hr 100 mg, 200 mg, 25 mg, 50 mg</i>	4	
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	4	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
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	4	PA; QL (120 Capsules per month); QL (120 per 30 days)
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 200 MG	4	PA; QL (60 Capsules per month); QL (60 per 30 days)
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 25 MG	4	PA; QL (480 Capsules per month); QL (480 per 30 days)
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 50 MG	4	PA; QL (240 Capsules per month); 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>	3	PA; SP; LA
<i>vigabatrin oral tablet 500 mg</i>	3	PA; SP; LA
<i>vigadrone oral powder in packet 500 mg</i>	3	PA; SP
<i>vigadrone oral tablet 500 mg</i>	3	PA; SP
VIGAFYDE ORAL SOLUTION 100 MG/ML	4	PA; SP
<i>vigpoder oral powder in packet 500 mg</i>	3	PA; SP
VIMPAT ORAL SOLUTION 10 MG/ML	4	PA; QL (6 Bottles per month); QL (6 per 30 days)
VIMPAT ORAL TABLET 100 MG	4	PA; QL (120 Tablets per month); QL (120 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
VIMPAT ORAL TABLET 150 MG	4	PA; QL (80 Tablets per month); QL (80 per 30 days)
VIMPAT ORAL TABLET 200 MG	4	PA; QL (60 Tablets per month); QL (60 per 30 days)
VIMPAT ORAL TABLET 50 MG	4	PA; QL (240 Tablets per month); 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)	4	PA
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	4	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)	4	PA
ZARONTIN ORAL CAPSULE 250 MG	4	
ZARONTIN ORAL SOLUTION 250 MG/5 ML	4	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	EX	
ZONISADE ORAL SUSPENSION 100 MG/5 ML	4	PA; QL (6 Bottles per month); QL (6 per 30 days)
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	
ZTALMY ORAL SUSPENSION 50 MG/ML	4	PA; SP
ANTIPARKINSONISM AGENTS		
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	4	PA; QL (1 Unit per month); SP; LA; QL (1 per 30 days)
<i>apomorphine subcutaneous cartridge 10 mg/ml</i>	4	PA; SP
AZILECT ORAL TABLET 0.5 MG, 1 MG	4	
<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	

Drug Name	Drug Tier	Requirements / Limits
<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	4	PA
DHIVY ORAL TABLET 25-100 MG	4	PA
<i>entacapone oral tablet 200 mg</i>	1	
GOCOVRI ORAL CAPSULE, EXTENDED RELEASE 24HR 137 MG, 68.5 MG	EX	SP
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	4	PA; SP
LODOSYN ORAL TABLET 25 MG	4	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	4	PA; SP; LA
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	4	PA
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG	EX	SP
<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	
<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	4	PA
TASMAR ORAL TABLET 100 MG	4	

Drug Name	Drug Tier	Requirements / Limits
<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	
MIGRAINE & CLUSTER HEADACHE THERAPY		
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 Tablets per month); 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>	4	QL (8 Units per month); QL (8 per 30 days)
<i>eletriptan oral tablet 20 mg, 40 mg</i>	1	QL (18 Tablets per month); QL (18 per 30 days)
ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML)	4	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	
<i>frovatriptan oral tablet 2.5 mg</i>	1	QL (18 Tablets per month); 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	

Drug Name	Drug Tier	Requirements / Limits
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 Tablets per month); QL (18 per 30 days)
NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG	4	PA; QL (8 Tablets per month); QL (8 per 30 days)
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED 11 MG	EX	
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	4	PA
RELPAK ORAL TABLET 20 MG	EX	
RELPAK ORAL TABLET 40 MG	EX	QL (18 Tablets per month)
REYVOW ORAL TABLET 100 MG, 50 MG	4	PA; QL (8 Tablets per month); QL (8 per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	1	QL (18 Tablets per month); QL (18 per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i>	1	QL (18 Tablets per month); QL (18 per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i>	1	QL (18 Units per month); QL (18 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (18 Tablets per month); QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	QL (8 Units per month); QL (8 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	QL (8 Units per month); QL (8 per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	1	QL (8 Units per month); QL (8 per 30 days)
<i>sumatriptan-naproxen oral tablet 85-500 mg</i>	EX	
TOSYMRA NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION	4	PA; ST; QL (18 Units per month); QL (18 per 30 days)
TREXIMET ORAL TABLET 85-500 MG	EX	
TRUDHESA NASAL SPRAY, NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML)	4	PA; QL (8 Units per month); QL (8 per 30 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	4	PA; QL (10 Tablets per month); QL (10 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
ZAVZPRET NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION	4	PA; QL (8 Units per month); 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>	4	PA
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	1	QL (18 Tablets per month); QL (18 per 30 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	1	QL (18 Tablets per month); 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	QL (18 Tablets per month)
MISCELLANEOUS NEUROLOGICAL THERAPY		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/24 HOUR, 5 MG/24 HOUR	4	PA; ST
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG	EX	SP; LA
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG	4	
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	3	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	3	PA; SP; LA
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	3	PA; SP; LA
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	4	PA; QL (60 Tablets per fill); SP; LA; QL (60 per 30 days)
DAYBUE ORAL SOLUTION 200 MG/ML	4	PA; SP
<i>dichlorphenamide oral tablet 50 mg</i>	4	PA; QL (120 Tablets per month); 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	4	PA; QL (240 Milliliters per month); SP; LA; QL (240 per 30 days)
EVRYSDI ORAL TABLET 5 MG	4	PA; SP; LA; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
EXELON PATCH TRANSDERMAL PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR	4	
FIRDAPSE ORAL TABLET 10 MG	4	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	SP
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	EX	SP
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	EX	SP
KEVEYIS ORAL TABLET 50 MG	EX	SP
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	4	
<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, 28-10 mg</i>	4	
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	4	PA; SP
NAMENDA TITRATION PAK ORAL TABLETS, DOSE PACK 5-10 MG	4	
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, 7-10 MG	4	
NUEDEXTA ORAL CAPSULE 20-10 MG	4	PA; QL (60 Capsules per month); QL (60 per 30 days)
<i>ormalvi oral tablet 50 mg</i>	4	PA; QL (121 Tablets per month); SP; QL (121 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	4	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	4	PA; SP
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	3	SP; LA
WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML	4	PA; QL (30 Auto-Injectors per month); SP; QL (30 per 30 days)
XENAZINE ORAL TABLET 12.5 MG, 25 MG	EX	SP; LA
ZEPOSIA ORAL CAPSULE 0.92 MG	4	PA; QL (30 Capsules per fill); 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)	4	PA; QL (1 Pack per Year); SP; LA; QL (1 per 365 days)
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE, DOSE PACK 0.23 MG (4)- 0.46 MG (3)	4	PA; QL (1 Pack per Year); SP; LA; QL (1 per 365 days)
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
AMRIX ORAL CAPSULE, EXTENDED RELEASE 24HR 15 MG, 30 MG	EX	
BACLOFEN ORAL SOLUTION 10 MG/5 ML (2 MG/ML)	EX	
<i>baclofen oral solution 5 mg/5 ml</i>	EX	
<i>baclofen oral suspension 25 mg/5 ml (5 mg/ml)</i>	4	
<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>	4	
<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	4	

Drug Name	Drug Tier	Requirements / Limits
<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	4	PA
LYVISPAH ORAL GRANULES IN PACKET 10 MG, 20 MG, 5 MG	EX	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	4	
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>	4	
<i>methocarbamol oral tablet 1,000 mg</i>	4	
<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>	4	
<i>orphengestic 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	4	PA
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	4	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	1	
SOMA ORAL TABLET 250 MG, 350 MG	4	
<i>tanlor oral tablet 1,000 mg</i>	4	
<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	4	
ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML	3	PA; SP
NARCOTIC ANALGESICS		
<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	4	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>	4	PA
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	4	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 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
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i>	1	PA

Drug Name	Drug Tier	Requirements / Limits
DILAUDID ORAL LIQUID 1 MG/ML	4	PA
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG	4	PA
<i>diskets oral tablet, soluble 40 mg</i>	1	PA
DSUVIA SUBLINGUAL TABLET IN APPLICATOR 30 MCG	4	
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	PA
ESGIC ORAL TABLET 50-325-40 MG	EX	
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	4	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	
FIORICET WITH CODEINE ORAL CAPSULE 50-300-40-30 MG	EX	
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	4	PA; QL (60 Capsules per month); 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>	4	PA; QL (60 Tablets per month); QL (60 per 30 days)
<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 Tablets per month); 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, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	4	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

Drug Name	Drug Tier	Requirements / Limits
<i>methadone oral concentrate 10 mg/ml</i>	1	PA
<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 Capsules per month); 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 Capsules per month); 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 Tablets per month); 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 100 MG, 15 MG, 200 MG, 30 MG, 60 MG	4	PA; QL (120 Tablets per month); QL (120 per 30 days)
NALOCET ORAL TABLET 2.5-300 MG	4	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 10 MG, 20 MG, 40 MG	EX	QL (90 Tablets per month)
OXYCODONE ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 80 MG	EX	QL (120 Tablets per month)
<i>oxycodone-acetaminophen oral solution 10-300 mg/5 ml, 5-325 mg/5 ml</i>	4	PA
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg, 7.5-300 mg</i>	4	PA

Drug Name	Drug Tier	Requirements / Limits
<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 Tablets per month); QL (90 per 30 days)
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 60 MG, 80 MG	2	PA; QL (120 Tablets per month); 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 Tablets per month); 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	4	PA
PROLATE ORAL SOLUTION 10-300 MG/5 ML	4	PA
<i>prolate oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	4	PA
ROXICODONE ORAL TABLET 15 MG, 30 MG	EX	
ROXYBOND ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG, 5 MG	EX	
SEGLENTIS ORAL TABLET 44-56 MG	EX	
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML	4	SP
<i>tencon oral tablet 50-325 mg</i>	1	
TREZIX ORAL CAPSULE 320.5-30-16 MG	4	PA
XTAMPZA ER ORAL CAP, SPRINKL, ER12HR (DONT CRUSH) 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	EX	
NON-NARCOTIC ANALGESICS		
<i>adult aspirin regimen oral tablet, delayed release (dr/ec) 81 mg</i>	4	ACA PV
ANAPROX DS ORAL TABLET 550 MG	4	ST
ARTHROTEC 50 ORAL TABLET, IR, DELAYED REL, BIPHASIC 50-200 MG-MCG	4	ST
ARTHROTEC 75 ORAL TABLET, IR, DELAYED REL, BIPHASIC 75-200 MG-MCG	4	ST
<i>aspirin childrens oral tablet, chewable 81 mg</i>	1	ACA PV
<i>aspirin oral tablet, chewable 81 mg</i>	1	ACA PV

Drug Name	Drug Tier	Requirements / Limits
<i>aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	4	ACA PV
<i>bayer low dose aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	4	ACA PV
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	1	QL (60 Films per month); QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	1	QL (90 Films per month); QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	1	QL (90 Tablets per month); QL (90 per 30 days)
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	1	PA; QL (5 Milliliters per month); QL (2 per 30 days)
CAMBIA ORAL POWDER IN PACKET 50 MG	EX	
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	
DAYPRO ORAL TABLET 600 MG	4	ST
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	4	ST
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	4	

Drug Name	Drug Tier	Requirements / Limits
<i>diflunisal oral tablet 500 mg</i>	1	
DISALCID ORAL TABLET 500 MG, 750 MG	4	
DOLOBID ORAL TABLET 250 MG	EX	
EC-NAPROSYN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG, 500 MG	4	ST
<i>ecotrin low strength oral tablet, delayed release (dr/ec) 81 mg</i>	1	ACA PV
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	
<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>fenopropfen oral capsule 400 mg</i>	EX	
<i>fenopropfen 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 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>	4	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	
<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	

Drug Name	Drug Tier	Requirements / Limits
<i>ketorolac oral tablet 10 mg</i>	1	QL (20 Tablets per 5 days); QL (20 per 5 days)
<i>kiprofen oral capsule 25 mg</i>	1	
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	4	
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	4	ST
LODINE ORAL TABLET 400 MG	4	ST
<i>lofena oral tablet 25 mg</i>	EX	
<i>lofexidine oral tablet 0.18 mg</i>	EX	
LUCEMYRA ORAL TABLET 0.18 MG	EX	
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	4	
<i>mefenamic acid oral capsule 250 mg</i>	4	
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>	4	
<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	4	ST
NAPROSYN ORAL TABLET 500 MG	4	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	

Drug Name	Drug Tier	Requirements / Limits
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	4	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	EX	QL (60 Tablets per month)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	EX	QL (181 Tablets per fill)
OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION	4	PA
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	4	ST
REXTOVY NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	4	
<i>salsalate oral tablet 500 mg, 750 mg</i>	1	
SPRIX NASAL SPRAY, NON-AEROSOL 15.75 MG/SPRAY	EX	SP
<i>st joseph aspirin oral tablet, chewable 81 mg</i>	4	ACA PV
<i>st. joseph aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	4	ACA PV
SUBOXONE SUBLINGUAL FILM 12-3 MG	4	QL (60 Films per month); QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG, 8-2 MG	4	QL (90 Films per month); QL (90 per 30 days)
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
TOLECTIN 600 ORAL TABLET 600 MG	4	ST
<i>tolmetin oral capsule 400 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	4	PA
<i>tramadol oral tablet 100 mg</i>	EX	
TRAMADOL ORAL TABLET 25 MG, 75 MG	EX	

Drug Name	Drug Tier	Requirements / Limits
<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	
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG	4	SP
VIVLODEX ORAL CAPSULE 10 MG, 5 MG	EX	
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML	4	PA
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	4	QL (90 Tablets per month); QL (90 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 11.4-2.9 MG	4	QL (30 Tablets per month); QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	4	QL (60 Tablets per month); QL (60 per 30 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720 MG/2.4 ML, 960 MG/3.2 ML	4	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 300 MG, 400 MG	4	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 300 MG, 400 MG	4	
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET WITH SENSOR AND STRIP 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	EX	
ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	EX	
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	EX	
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	4	

Drug Name	Drug Tier	Requirements / Limits
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	4	PA; ST
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	4	PA
<i>alprazolam intensol oral concentrate 1 mg/ml</i>	4	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<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	
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	4	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG	4	
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	4	PA; ST
<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	4	

Drug Name	Drug Tier	Requirements / Limits
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	4	
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	4	
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	4	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG	4	
<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	4	ST
AZSTARYS ORAL CAPSULE 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG	4	PA
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	4	PA
<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>bupirone 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	4	ST
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG	4	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>	4	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	4	
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	

Drug Name	Drug Tier	Requirements / Limits
<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	
<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	4	ST
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	4	PA; QL (60 Capsules per month); QL (60 per 30 days)
COBENFY STARTER PACK ORAL CAPSULE, DOSE PACK 50 MG-20 MG /100 MG-20 MG	4	PA; QL (60 Capsules per month); QL (60 per 30 days)
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	4	PA
CYMBALTA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 20 MG, 30 MG, 60 MG	EX	
DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR	4	PA; ST
DAYVIGO ORAL TABLET 10 MG, 5 MG	4	PA
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
DESOXYN ORAL TABLET 5 MG	4	PA; ST
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 50 MG	4	ST
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	4	
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG	4	PA; ST
<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	

Drug Name	Drug Tier	Requirements / Limits
<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>	4	
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	4	
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1	
<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>	4	
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	4	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	4	PA
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG	4	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	4	
<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	4	
<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	

Drug Name	Drug Tier	Requirements / Limits
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	4	
EVEKEO ORAL TABLET 10 MG, 5 MG	4	PA; ST
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	4	ST
FANAPT ORAL TABLETS, DOSE PACK 1MG (2)-2MG (2)- 4MG (2)-6MG (2)	4	ST
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	4	ST
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	4	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.)	4	
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG	4	ST
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
HALCION ORAL TABLET 0.25 MG	4	

Drug Name	Drug Tier	Requirements / Limits
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML	4	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	1	
<i>haloperidol lactate injection solution 5 mg/ml</i>	4	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	4	
<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	4	PA; SP; LA
HETLIOZ ORAL CAPSULE 20 MG	4	PA; SP; LA
<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>	4	
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	4	
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 6 MG, 9 MG	4	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	4	
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML, 410 MG/1.32 ML, 546 MG/1.75 ML, 819 MG/2.63 ML	4	
JORNAY PM ORAL CAPSULE, DEL REL, EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	4	PA
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	EX	
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG	4	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	
<i>lithium carbonate oral tablet 300 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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	4	
<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	4	PA; QL (30 Packets per month); SP; LA; QL (30 per 30 days)
LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK 4.5-6-7.5 GRAM	4	PA; QL (1 Kit per year); 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>	4	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	4	ST
MARPLAN ORAL TABLET 10 MG	4	
METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	4	PA; ST
<i>methamphetamine oral tablet 5 mg</i>	1	
METHYLIN ORAL SOLUTION 10 MG/5 ML, 5 MG/5 ML	4	PA; 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>	4	
<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	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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	4	PA
<i>methylphenidate hcl oral tablet extended release 24hr 72 mg</i>	4	
<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>	4	
<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	4	PA
NARDIL ORAL TABLET 15 MG	4	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	4	
<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	4	PA; SP; LA
NUPLAZID ORAL TABLET 10 MG	4	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	
ONYDA XR ORAL SUSPENSION, EXTEND RELEASE 24HR 0.1 MG/ML	4	PA

Drug Name	Drug Tier	Requirements / Limits
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	4	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	4	
PARNATE ORAL TABLET 10 MG	4	
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	4	
<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	4	ST
PAXIL ORAL SUSPENSION 10 MG/5 ML	4	ST
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	4	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	4	
<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, 40 MG	EX	
QELBREE ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG	4	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	
QUETIAPINE ORAL TABLET 150 MG	4	ST

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

Drug Name	Drug Tier	Requirements / Limits
RYKINDO INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	4	
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	4	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	
SERTRALINE ORAL CAPSULE 150 MG, 200 MG	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	4	PA
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	4	PA; QL (3 Bottles per month); SP; LA; QL (3 per 30 days)
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	4	PA; SP
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG	EX	
SUNOSI ORAL TABLET 150 MG	4	PA; QL (30 Tablets per month); QL (30 per 30 days)
SUNOSI ORAL TABLET 75 MG	4	PA; QL (60 Tablets per month); QL (60 per 30 days)
SYMBYAX ORAL CAPSULE 6-25 MG	4	ST
<i>tasimelteon oral capsule 20 mg</i>	4	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	

Drug Name	Drug Tier	Requirements / Limits
<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	4	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	4	
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG	EX	
VENLAFAXINE BESYLATE ORAL TABLET EXTENDED RELEASE 24HR 112.5 MG	4	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	4	ST
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	EX	
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	4	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	4	ST
VYLEESI SUBCUTANEOUS AUTO-INJECTOR 1.75 MG/0.3 ML	4	PA; SP
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	4	PA
VYVANSE ORAL TABLET, CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	4	PA
WAKIX ORAL TABLET 17.8 MG	4	PA; QL (60 Tablets per month); SP; LA; QL (60 per 30 days)
WAKIX ORAL TABLET 4.45 MG	4	PA; QL (30 Tablets per month); SP; LA; QL (60 per 30 days)
WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR 100 MG, 150 MG, 200 MG	4	ST
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	4	ST

Drug Name	Drug Tier	Requirements / Limits
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	4	PA
XYREM ORAL SOLUTION 500 MG/ML	4	PA; QL (3 Bottles per month); SP; LA; QL (3 per 30 days)
XYWAV ORAL SOLUTION 0.5 GRAM/ML	4	PA; QL (3 Bottles per month); 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>	4	PA; ST
ZENZEDI ORAL TABLET 15 MG, 20 MG, 30 MG	4	PA; ST
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG	4	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>	4	
ZOLOFT ORAL CONCENTRATE 20 MG/ML	4	ST
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG	4	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	4	PA; QL (28 Capsules per year); SP; QL (28 per 365 days)
ZURZUVAE ORAL CAPSULE 30 MG	4	PA; QL (14 Capsules per year); SP; QL (14 per 365 days)
ZYPREXA INTRAMUSCULAR RECON SOLN 10 MG	4	ST
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG	4	ST
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG	4	

Drug Name	Drug Tier	Requirements / Limits
ZYPREXA ZYDIS ORAL TABLET, DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG	4	ST

AUTONOMIC & CNS DRUGS, NEUROLOGY

MULTIPLE SCLEROSIS AGENTS

AUBAGIO ORAL TABLET 14 MG, 7 MG	EX	SP; LA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	3	PA; SP; LA
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	3	PA; SP; LA
BAFIERTAM ORAL CAPSULE, DELAYED RELEASE (DR/EC) 95 MG	4	PA; QL (120 Capsules per fill); SP; LA; QL (120 per 30 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	3	PA; SP; LA
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	4	PA; SP; LA
<i>dimethyl fumarate oral capsule, delayed release (dr/ec) 120 mg</i>	3	PA; QL (14 Capsules per year); SP; LA; QL (14 per 365 days)
<i>dimethyl fumarate oral capsule, delayed release (dr/ec) 120 mg (14)- 240 mg (46)</i>	3	PA; QL (1 Pack per year); SP; LA; QL (1 per 365 days)
<i>dimethyl fumarate oral capsule, delayed release (dr/ec) 240 mg</i>	3	PA; QL (60 Capsules per month); SP; LA; QL (60 per 30 days)
<i>fingolimod oral capsule 0.5 mg</i>	3	PA; SP; LA
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG	4	PA; SP; LA
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	3	PA; SP; LA
<i>glatopa subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	3	PA; SP; LA
KESIMPTA SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	3	PA; SP; LA
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	4	PA; QL (40 Tablets per 720 days); SP; LA; QL (40 per 720 days)
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	4	PA; QL (16 Tablets per 720 days); SP; LA; QL (16 per 720 days)
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	4	PA; QL (20 Tablets per 720 days); SP; LA; QL (20 per 720 days)
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	4	PA; QL (24 Tablets per 720 days); SP; LA; QL (24 per 720 days)
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	4	PA; QL (28 Tablets per 720 days); SP; LA; QL (28 per 720 days)
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	4	PA; QL (32 Tablets per 720 days); SP; LA; QL (32 per 720 days)

Drug Name	Drug Tier	Requirements / Limits
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	4	PA; QL (36 Tablets per 720 days); SP; LA; QL (36 per 720 days)
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	3	PA; SP; LA
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS, DOSE PACK 0.25 MG (7 TABS)	3	PA; SP; LA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS, DOSE PACK 0.25 MG (12 TABS)	3	PA; SP; LA
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	3	PA; SP; LA
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	3	PA; SP; LA
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	3	PA; SP; LA
PONVORY ORAL TABLET 20 MG	4	PA; QL (30 Tablets per month); SP; LA; QL (30 per 30 days)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	3	PA; SP; LA
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	3	PA; SP; LA
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	3	PA; SP; LA
TASCENSO ODT ORAL TABLET, DISINTEGRATING 0.25 MG, 0.5 MG	4	PA; QL (30 Tablets per fill); SP; LA; QL (30 per 30 days)
TECFIDERA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 120 MG	4	PA; QL (14 Capsules per year); SP; LA; QL (14 per 365 days)
TECFIDERA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 120 MG (14)- 240 MG (46)	4	PA; QL (1 Pack per year); SP; LA; QL (1 per 365 days)
TECFIDERA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 240 MG	4	PA; QL (60 Capsules per month); SP; LA; QL (60 per 30 days)
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	4	PA; SP; LA
VUMERITY ORAL CAPSULE, DELAYED RELEASE(DR/EC) 231 MG	4	PA; QL (120 Capsules per fill); SP; LA; QL (120 per 30 days)

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
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Drug Name	Drug Tier	Requirements / Limits
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG	4	
BETAPACE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	4	
<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>	4	
<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	4	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	4	
NORPACE ORAL CAPSULE 100 MG, 150 MG	EX	
<i>pacerone oral tablet 100 mg, 200 mg, 400 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	
<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	4	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG	EX	
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	4	ST
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	4	ST
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG	4	
<i>aliskiren oral tablet 150 mg, 300 mg</i>	4	
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG	4	ST
<i>amiloride oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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>	4	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	
<i>amlodipine-valsartan-hcthiazyd oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1	
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	
AVAPRO ORAL TABLET 150 MG, 300 MG, 75 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	
<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	4	
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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	4	ST
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	4	ST
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	4	ST
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG	4	ST
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	4	ST
CAROSPIR ORAL SUSPENSION 25 MG/5 ML	EX	
<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	4	
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24 HR	4	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24 HR	4	
<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	4	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	4	
CONJUPRI ORAL TABLET 2.5 MG, 5 MG	4	ST
CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG	EX	

Drug Name	Drug Tier	Requirements / Limits
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	4	
DIBENZYLINE ORAL CAPSULE 10 MG	4	
<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	
<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	4	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG	4	
EDARBI ORAL TABLET 40 MG, 80 MG	EX	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	EX	
EDECRIN ORAL TABLET 25 MG	4	
<i>enalapril maleate oral solution 1 mg/ml</i>	4	
<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	

Drug Name	Drug Tier	Requirements / Limits
EPANED ORAL SOLUTION 1 MG/ML	4	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>	4	
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	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	EX	SP
<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	4	
<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>	4	

Drug Name	Drug Tier	Requirements / Limits
<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	4	PA; QL (60 Tablets per month); QL (60 per 30 days)
KERENDIA ORAL TABLET 20 MG	4	PA; QL (30 Tablets per month); QL (30 per 30 days)
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
LABELALOL ORAL TABLET 400 MG	EX	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG	4	
LEVAMLODIPINE ORAL TABLET 2.5 MG, 5 MG	4	ST
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<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	4	
<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	4	ST
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	4	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>	4	
<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	

Drug Name	Drug Tier	Requirements / Limits
<i>metirosine oral capsule 250 mg</i>	4	
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG	EX	
MICARDIS ORAL TABLET 20 MG, 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>	4	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	4	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HR 0.17 MG	4	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	
<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>	4	
<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>	4	
NORLIQVA ORAL SOLUTION 1 MG/ML	4	ST
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG	EX	
NYMALIZE ORAL SOLUTION 60 MG/10 ML	4	
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML	4	
<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>	4	
<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)	4	PA; SP; LA
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL, DOSE PACK 0.125 MG (126)- 0.25 MG (210)	4	PA; SP; LA

Drug Name	Drug Tier	Requirements / Limits
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL, DOSE PACK 0.125 MG (126)- 0.25 MG(42)-1MG	4	PA; SP; LA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	4	PA; SP; LA
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>phenoxybenzamine oral capsule 10 mg</i>	4	
<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	4	ST
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<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>	4	
QBRELIS ORAL SOLUTION 1 MG/ML	4	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	
SOANZ ORAL TABLET 40 MG	EX	
<i>spironolactone oral suspension 25 mg/5 ml</i>	4	
<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	4	ST
TEKTRNA ORAL TABLET 150 MG, 300 MG	4	PA; 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	

Drug Name	Drug Tier	Requirements / Limits
<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	4	
TENORETIC 50 ORAL TABLET 50-25 MG	4	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG	4	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
THALITONE ORAL TABLET 15 MG	4	
<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	4	ST
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 200 MG, 25 MG, 50 MG	4	
<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>	4	
<i>triamterene oral capsule 100 mg, 50 mg</i>	4	
<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	4	PA; SP; LA
UPTRAVI ORAL TABLETS, DOSE PACK 200 MCG (140)- 800 MCG (60)	4	PA; SP; LA
VALSARTAN ORAL SOLUTION 4 MG/ML	4	ST
<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	

Drug Name	Drug Tier	Requirements / Limits
VASERETIC ORAL TABLET 10-25 MG	4	ST
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	4	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	
VERELAN PM ORAL CAPSULE, 24 HR ER PELLETT CT 100 MG, 200 MG, 300 MG	4	ST
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	4	ST
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG	4	ST
CARDIAC GLYCOSIDES		
<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>	4	
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG)	4	
COAGULATION THERAPY		
ALHEMO PEN SUBCUTANEOUS PEN INJECTOR 150 MG/1.5 ML (100 MG/ML), 60 MG/1.5 ML (40 MG/ML)	4	PA; SP
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	4	PA; QL (60 Tablets per month); SP; LA; QL (60 per 30 days)
AMICAR ORAL SOLUTION 250 MG/ML (25 %)	4	
AMICAR ORAL TABLET 1,000 MG, 500 MG	4	
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>	4	
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i>	4	
ARIEXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML, 2.5 MG/0.5 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML	4	SP
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
BRILINTA ORAL TABLET 60 MG, 90 MG	2	
CABLIVI INJECTION KIT 11 MG	3	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	3	PA; SP; LA
EFFIENT ORAL TABLET 10 MG, 5 MG	4	
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 5 MG (74 TABS)	2	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	2	
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	3	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>	3	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>	4	SP
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML, 25,000 ANTI-XA UNIT/ML	4	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	4	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	3	PA; SP; LA
<i>hep flush-10 (pf) intravenous solution 10 unit/ml</i>	4	
HEPARIN (PORCINE) IN NAACL (PF) INTRAVENOUS SYRINGE 20 UNIT/20 ML (1 UNIT/ML), 50 UNIT/50 ML (1 UNIT/ML)	4	
<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>	4	

Drug Name	Drug Tier	Requirements / Limits
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml</i>	4	
<i>heparin lockflush(porcine)(pf) intravenous syringe 10 unit/ml, 100 unit/ml</i>	4	
<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	
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5, 000 UNIT/ML	4	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	4	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml</i>	4	
HEPARIN, PORCINE (PF) SUBCUTANEOUS SYRINGE 5, 000 UNIT/0.5 ML	4	
HYMPAVZI PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; QL (4 Pens per month); 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	SP
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	SP
MULPLETA ORAL TABLET 3 MG	EX	SP; LA
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	
PHYTONADIONE (VITAMIN K1) INJECTION SOLUTION 1 MG/0.5 ML	4	
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>	4	
PHYTONADIONE (VITAMIN K1) INJECTION SYRINGE 1 MG/0.5 ML	4	
<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	

Drug Name	Drug Tier	Requirements / Limits
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	1	
PROMACTA ORAL POWDER IN PACKET 12.5 MG	4	PA; QL (360 Packets per month); SP; LA; QL (360 per 30 days)
PROMACTA ORAL POWDER IN PACKET 25 MG	4	PA; QL (180 Packets per month); SP; LA; QL (180 per 30 days)
PROMACTA ORAL TABLET 12.5 MG	4	PA; QL (360 Tablets per month); SP; LA; QL (360 per 30 days)
PROMACTA ORAL TABLET 25 MG	4	PA; QL (180 Tablets per month); SP; LA; QL (180 per 30 days)
PROMACTA ORAL TABLET 50 MG	4	PA; QL (90 Tablets per month); SP; LA; QL (90 per 30 days)
PROMACTA ORAL TABLET 75 MG	4	PA; QL (60 Tablets per month); SP; LA; QL (60 per 30 days)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG	EX	
TAVALISSE ORAL TABLET 100 MG, 150 MG	EX	SP
<i>vitamin k injection solution 1 mg/0.5 ml</i>	4	
<i>vitamin k1 injection solution 10 mg/ml</i>	4	
<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	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	2	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	2	
YOSPRALA ORAL TABLET, IR, DELAYED REL, BIPHASIC 325-40 MG, 81-40 MG	EX	
ZONTIVITY ORAL TABLET 2.08 MG	4	
LIPID/CHOLESTEROL LOWERING AGENTS		
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>	4	
ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	4	PA
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	ACA PV

Drug Name	Drug Tier	Requirements / Limits
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	4	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>	4	
<i>colesevelam oral tablet 625 mg</i>	4	
COLESTID ORAL TABLET 1 GRAM	4	
<i>colestipol oral granules 5 gram</i>	1	
<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	
EZALLOR ORAL CAPSULE, SPRINKLE 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	4	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	
FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG	EX	
<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	
FENOGLIDE ORAL TABLET 120 MG, 40 MG	4	PA
FIBRICOR ORAL TABLET 105 MG	4	PA

Drug Name	Drug Tier	Requirements / Limits
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>	4	ACA PV
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	1	ACA PV
<i>gemfibrozil oral tablet 600 mg</i>	1	
<i>icosapent ethyl oral capsule 0.5 gram</i>	4	PA; QL (120 Capsules per month); QL (120 per 30 days)
<i>icosapent ethyl oral capsule 1 gram</i>	1	PA; QL (120 Capsules per month); QL (120 per 30 days)
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	4	PA; QL (30 Capsules per month); SP; LA; QL (30 per 30 days)
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR 80 MG	4	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	4	PA
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	ACA PV
LOVAZA ORAL CAPSULE 1 GRAM	4	PA; QL (120 Capsules per month); QL (120 per 30 days)
NEXLETOL ORAL TABLET 180 MG	4	PA
NEXLIZET ORAL TABLET 180-10 MG	4	PA
<i>niacin oral tablet 500 mg</i>	4	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	1	
NIACOR ORAL TABLET 500 MG	4	ST
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	4	
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	4	ACA PV
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 PV
<i>prevalite oral powder 4 gram</i>	4	
<i>prevalite oral powder in packet 4 gram</i>	1	
QUESTRAN LIGHT ORAL POWDER 4 GRAM	4	
QUESTRAN ORAL POWDER 4 GRAM	4	

Drug Name	Drug Tier	Requirements / Limits
QUESTRAN ORAL POWDER IN PACKET 4 GRAM	4	
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 PV
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG	4	PA
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	ACA PV
TRICOR ORAL TABLET 145 MG, 48 MG	EX	
TRILIPIX ORAL CAPSULE, DELAYED RELEASE (DR/EC) 45 MG	4	PA
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML	4	PA; SP; QL (1 per 28 days)
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	EX	QL (120 Capsules per month)
VYTORIN ORAL TABLET 10-10 MG	EX	
VYTORIN ORAL TABLET 10-20 MG	EX	
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	
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ASPRUZYO SPRINKLE ORAL EXTEND RELEASE GRANULES,PACKET 1,000 MG, 500 MG	EX	
ATTRUBY ORAL TABLET 356 MG	4	PA; SP
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	4	PA; SP; LA
CORLANOR ORAL SOLUTION 5 MG/5 ML	4	PA; SP

Drug Name	Drug Tier	Requirements / Limits
CORLANOR ORAL TABLET 5 MG, 7.5 MG	4	PA
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	2	
ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG	2	
FILSPARI ORAL TABLET 200 MG, 400 MG	4	PA; SP
<i>ivabradine oral tablet 5 mg, 7.5 mg</i>	4	PA
LODOCO ORAL TABLET 0.5 MG	4	PA
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	4	
TRYVIO ORAL TABLET 12.5 MG	4	PA; SP
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	PA
VYNDAMAX ORAL CAPSULE 61 MG	4	PA; SP; LA
VYNDAQEL ORAL CAPSULE 20 MG	4	PA; SP; LA
NITRATES		
GONITRO SUBLINGUAL POWDER IN PACKET 400 MCG	4	
ISORDIL ORAL TABLET 40 MG	4	
ISORDIL TITRADOSE ORAL TABLET 5 MG	4	
<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	4	
<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	4	
NITROMIST TRANSLINGUAL AEROSOL, SPRAY 400 MCG/SPRAY	4	

Drug Name	Drug Tier	Requirements / Limits
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>	4	
ANALPRAM-HC TOPICAL LOTION 2.5-1 %	4	ST
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML	4	PA; SP; LA
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 320 MG/2 ML	4	PA; SP; LA; QL (1 per 28 days)
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML	4	PA; SP; LA
BIMZELX SUBCUTANEOUS SYRINGE 320 MG/2 ML	4	PA; SP; LA; QL (1 per 28 days)
<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>	4	
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i>	4	
<i>calcitriol topical ointment 3 mcg/gram</i>	1	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	EX	SP; LA
COSENTYX PEN (2 PENS) SUBCUTANEOUS INJECTOR 150 MG/ML	EX	SP; LA
COSENTYX PEN SUBCUTANEOUS INJECTOR 150 MG/ML	EX	SP; LA
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	EX	SP; LA
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	EX	SP; LA
ENSTILAR TOPICAL FOAM 0.005-0.064 %	EX	
EPIFOAM TOPICAL FOAM 1-1 %	4	
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	4	

Drug Name	Drug Tier	Requirements / Limits
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; SP; LA
OVACE PLUS TOPICAL SHAMPOO 10 %	EX	
OVACE PLUS TOPICAL CLEANSER 10 %	EX	
OVACE PLUS TOPICAL CREAM 10 %	EX	
OVACE PLUS TOPICAL LOTION 9.8 %	EX	
OVACE PLUS WASH TOPICAL CLEANSER, GEL 10 %	EX	
OVACE TOPICAL CLEANSER 10 %	4	PA
PLEXION NS TOPICAL SHAMPOO 9.8 %	4	PA
PRAMOSONE TOPICAL CREAM 1-1 %	4	ST
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %	4	ST
PRAMOSONE TOPICAL OINTMENT 1-1 %, 2.5-1 %	4	ST
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	4	PA; SP
<i>selenium sulfide topical lotion 2.5 %</i>	1	
<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	SP; LA
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	3	PA; SP; LA
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	3	PA; SP; LA
SORILUX TOPICAL FOAM 0.005 %	EX	
SOTYKTU ORAL TABLET 6 MG	3	PA; SP; LA
SPEVIGO SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; SP; LA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	3	PA; SP; LA
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	3	PA; SP; LA
STEQEYMA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	4	PA; SP
<i>sulfacetamide sodium topical cleanser 10 %</i>	1	
<i>sulfacetamide sodium topical cleanser, gel 10 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>sulfacetamide sodium topical shampoo 10 %</i>	1	
<i>sulfacetamide sodium topical shampoo 9.8 %</i>	4	
TACLONEX TOPICAL SUSPENSION 0.005-0.064 %	EX	
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	3	PA; SP; LA
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	3	PA; SP; LA
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	3	PA; SP; LA
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML, 80 MG/ML	3	PA; SP; LA
TERSI TOPICAL FOAM 2.25 %	4	PA
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	3	PA; SP; LA
TREMFYA SUBCUTANEOUS AUTO- INJECTOR 100 MG/ML	3	PA; SP; LA
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	3	PA; SP; LA
VECTICAL TOPICAL OINTMENT 3 MCG/GRAM	EX	
VTAMA TOPICAL CREAM 1 %	4	PA
WEZLANA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	4	PA; SP
WEZLANA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	4	PA; SP
WYNZORA TOPICAL CREAM 0.005-0.064 %	4	PA
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	4	PA; SP
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	4	PA; SP
ZORYVE TOPICAL CREAM 0.15 %, 0.3 %	4	PA
ZORYVE TOPICAL FOAM 0.3 %	4	PA
BURN THERAPY		
SILVADENE TOPICAL CREAM 1 %	EX	
<i>silver sulfadiazine topical cream 1 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>ssd topical cream 1 %</i>	1	
MISCELLANEOUS DERMATOLOGICALS		
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	3	PA; SP; LA
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	3	PA; SP; LA
<i>ammonium lactate topical cream 12 %</i>	1	
<i>ammonium lactate topical lotion 12 %</i>	1	
CARAC TOPICAL CREAM 0.5 %	EX	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	4	PA; SP; LA
CONDYLOX TOPICAL GEL 0.5 %	EX	
CORTANE-B TOPICAL LOTION 1-1-0.1 %	4	
<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	3	PA; SP; LA
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	3	PA; SP; LA
EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR 250 MG/2 ML	3	PA; SP; LA
EBGLYSS SYRINGE SUBCUTANEOUS SYRINGE 250 MG/2 ML	3	PA; SP; LA
EFUDEX TOPICAL CREAM 5 %	4	
ELIDEL TOPICAL CREAM 1 %	EX	
EUCRISA TOPICAL OINTMENT 2 %	4	PA
FLUOROURACIL TOPICAL CREAM 0.5 %	EX	
<i>fluorouracil topical cream 5 %</i>	4	
<i>fluorouracil topical solution 2 %, 5 %</i>	1	
HYFTOR TOPICAL GEL 0.2 %	4	PA; SP
IODOFLEX TOPICAL PADS, MEDICATED 0.9 %	4	
IODOSORB TOPICAL GEL 0.9 %	4	
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	1	
OPZELURA TOPICAL CREAM 1.5 %	4	PA

Drug Name	Drug Tier	Requirements / Limits
PANRETIN TOPICAL GEL 0.1 %	4	
<i>pimecrolimus topical cream 1 %</i>	1	
<i>podofilox topical gel 0.5 %</i>	4	
<i>podofilox topical solution 0.5 %</i>	1	
<i>prudoxin topical cream 5 %</i>	4	
QBREXZA TOPICAL TOWELETTE 2.4 %	EX	
REGRANEX TOPICAL GEL 0.01 %	4	
SOFDRA TOPICAL GEL WITH PUMP 12.45 % (72 MG /ACTUATION)	4	PA; QL (1 Unit per month); QL (1 per 30 days)
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	1	
TOLAK TOPICAL CREAM 4 %	4	PA
VALCHLOR TOPICAL GEL 0.016 %	4	PA; SP; LA
VEREGEN TOPICAL OINTMENT 15 %	EX	
ZONALON TOPICAL CREAM 5 %	EX	
THERAPY FOR ACNE		
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>	4	
ACZONE TOPICAL GEL 5 %	4	ST
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 %	4	ST
ALTRENO TOPICAL LOTION 0.05 %	EX	
<i>amnesteem oral capsule 10 mg, 20 mg, 40 mg</i>	1	
AMZEEQ TOPICAL FOAM 4 %	EX	

Drug Name	Drug Tier	Requirements / Limits
ARAZLO TOPICAL LOTION 0.045 %	EX	
ATRALIN TOPICAL GEL 0.05 %	EX	
AVAR LS TOPICAL CLEANSER 10-2 %	EX	
<i>avar topical cleanser 10-5 % (w/w)</i>	4	
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 %	4	PA
BENZEPRO (MICROSPHERES) TOPICAL CLEANSER 7 %	4	
<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>	4	
<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 %	4	PA
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>	4	

Drug Name	Drug Tier	Requirements / Limits
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2 %(1 % base) -3.75 %, 1.2-2.5 %</i>	EX	
<i>clindamycin-tretinoin topical gel 1.2-0.025 %</i>	EX	
<i>dapsone topical gel 5 %</i>	4	
<i>dapsone topical gel with pump 7.5 %</i>	4	
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 %	4	PA
<i>ery pads topical swab 2 %</i>	1	
<i>erygel topical gel 2 %</i>	4	
<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 %	4	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>	4	
METROCREAM TOPICAL CREAM 0.75 %	4	PA
METROGEL TOPICAL GEL 1 %	4	PA
<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 %	4	
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	

Drug Name	Drug Tier	Requirements / Limits
PACNEX TOPICAL CLEANSER 7 %	4	
PLEXION CLEANSING CLOTHS TOPICAL PADS, MEDICATED 9.8-4.8 %	EX	
PLEXION TOPICAL CLEANSER 9.8-4.8 %	EX	
PLEXION TOPICAL CREAM 9.8-4.8 %	EX	
PLEXION TOPICAL LOTION 9.8-4.8 %	EX	
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %	4	ST
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 %, 0.1 %	4	ST
RETIN-A TOPICAL GEL 0.01 %, 0.025 %	4	ST
RHOFADE TOPICAL CREAM 1 %	EX	
<i>rosadan topical cream 0.75 %</i>	1	
<i>rosadan topical gel 0.75 %</i>	1	
ROSDAN TOPICAL KIT, CLEANSER AND GEL 0.75 %	EX	
ROSDAN TOPICAL KIT, CLEANSER AND CREAM 0.75 %	EX	
<i>rosula cleansing cloths topical pads, medicated 10-5 %</i>	4	
ROSULA TOPICAL CLEANSER 10-4.5 %	EX	
SOOLANTRA TOPICAL CREAM 1 %	4	PA
<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>	4	
SULFACETAMIDE SODIUM-SULFUR TOPICAL CLEANSER 8-4 %	4	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>	4	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %</i>	4	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %, 9.8-4.8 %</i>	4	

Drug Name	Drug Tier	Requirements / Limits
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %</i>	4	
<i>sulfacetamide sodium-sulfur topical suspension 8-4 %</i>	1	
SULFACETAMIDE SODIUM-SULFUR TOPICAL SUSPENSION 9-4.25 %	EX	
<i>sulfacleanse 8-4 topical suspension 8-4 %</i>	4	
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	4	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>	4	
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 %	4	ST
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 %	2	PA
VELTIN TOPICAL GEL 1.2-0.025 %	EX	
WINLEVI TOPICAL CREAM 1 %	4	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 %	4	ST

TOPICAL ANESTHETICS

Drug Name	Drug Tier	Requirements / Limits
<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	
<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>	4	
<i>lidocan v topical adhesive patch, medicated 5 %</i>	4	
<i>lidocort topical cream 3-0.5 %</i>	4	
LIDODERM TOPICAL ADHESIVE PATCH, MEDICATED 5 %	EX	
PLIAGLIS TOPICAL CREAM 7-7 %	4	ST
ZTLIDO TOPICAL ADHESIVE PATCH, MEDICATED 1.8 %	EX	
TOPICAL ANTIBACTERIALS		
ALCORTIN A TOPICAL GEL 2-1-1 %	EX	
ALCORTIN A TOPICAL GEL IN PACKET 2-1-1 %	EX	
ALTABAX TOPICAL OINTMENT 1 %	4	
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 %	4	PA
<i>lugols topical solution 5-10 %</i>	4	
<i>mafenide acetate topical packet 50 gram</i>	1	
<i>mupirocin calcium topical cream 2 %</i>	1	
<i>mupirocin topical ointment 2 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
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>	4	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	1	
SULFAMYLON TOPICAL CREAM 85 MG/G	4	
XEPI TOPICAL CREAM 1 %	4	PA
TOPICAL ANTIFUNGALS		
CICLODAN KIT TOPICAL COMBO PACK 0.77 %	EX	
CICLODAN KIT TOPICAL SOLUTION 8 %	EX	
<i>ciclodan topical cream 0.77 %</i>	4	ST
<i>ciclodan topical solution 8 %</i>	1	ST
<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>	4	
<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	
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>ketconazole topical cream 2 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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	
<i>klayesta topical powder 100,000 unit/gram</i>	1	
LOPROX (AS OLAMINE) TOPICAL CREAM 0.77 %	4	ST
LOPROX (AS OLAMINE) TOPICAL SUSPENSION 0.77 %	4	ST
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>	4	
<i>naftifine topical cream 2 %</i>	1	
<i>naftifine topical gel 2 %</i>	4	
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	
XOLEGEL TOPICAL GEL 2 %	EX	

Drug Name	Drug Tier	Requirements / Limits
TOPICAL ANTIVIRALS		
<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>	4	PA
XERESE TOPICAL CREAM 5-1 %	EX	
ZOVIRAX TOPICAL CREAM 5 %	4	PA
ZOVIRAX TOPICAL OINTMENT 5 %	EX	
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	4	
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>	4	
<i>amcinonide topical ointment 0.1 %</i>	4	
<i>apexicon e topical cream 0.05 %</i>	EX	
<i>besser 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>	4	
<i>clobetasol topical cream 0.05 %</i>	4	
<i>clobetasol topical foam 0.05 %</i>	EX	

Drug Name	Drug Tier	Requirements / Limits
<i>clobetasol topical gel 0.05 %</i>	4	
<i>clobetasol topical lotion 0.05 %</i>	4	
<i>clobetasol topical ointment 0.05 %</i>	4	
<i>clobetasol topical shampoo 0.05 %</i>	4	
<i>clobetasol topical spray, non-aerosol 0.05 %</i>	4	
<i>clobetasol-emollient topical cream 0.05 %</i>	4	
<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	
CLODAN 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	
CORDRAN TOPICAL CREAM 0.025 %, 0.05 %	EX	
CORDRAN TOPICAL LOTION 0.05 %	EX	
CORDRAN TOPICAL OINTMENT 0.05 %	EX	
DERMA-SMOOTHIE/FS BODY TOPICAL OIL 0.01 %	4	
DERMA-SMOOTHIE/FS SCALP OIL 0.01 %	4	
<i>desonide topical cream 0.05 %</i>	4	
<i>desonide topical gel 0.05 %</i>	EX	
<i>desonide topical lotion 0.05 %</i>	4	
<i>desonide topical ointment 0.05 %</i>	4	
DESOWEN TOPICAL CREAM 0.05 %	4	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i>	4	
<i>desoximetasone topical gel 0.05 %</i>	4	
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i>	4	
<i>desoximetasone topical spray, non-aerosol 0.25 %</i>	4	
<i>diflorasone topical cream 0.05 %</i>	EX	
<i>diflorasone topical ointment 0.05 %</i>	EX	
DIPROLENE (AUGMENTED) TOPICAL OINTMENT 0.05 %	4	ST
DUOBRII TOPICAL LOTION 0.01-0.045 %	EX	

Drug Name	Drug Tier	Requirements / Limits
<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>	4	
<i>fluocinonide topical gel 0.05 %</i>	4	
<i>fluocinonide topical ointment 0.05 %</i>	4	
<i>fluocinonide topical solution 0.05 %</i>	4	
<i>fluocinonide-e topical cream 0.05 %</i>	4	
<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	
HALOG TOPICAL OINTMENT 0.1 %	EX	
HALOG TOPICAL SOLUTION 0.1 %	EX	
<i>hydrocortisone butyrate topical cream 0.1 %</i>	4	
<i>hydrocortisone butyrate topical lotion 0.1 %</i>	EX	
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	4	
<i>hydrocortisone butyrate topical solution 0.1 %</i>	4	
<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	

Drug Name	Drug Tier	Requirements / Limits
KENALOG TOPICAL AEROSOL 0.147 MG/GRAM	4	ST
LOCOID LIPOCREAM TOPICAL CREAM 0.1 %	EX	
LOCOID TOPICAL LOTION 0.1 %	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 %	4	ST
OLUX TOPICAL FOAM 0.05 %	EX	
PANDEL TOPICAL CREAM 0.1 %	EX	
<i>prednicarbate topical cream 0.1 %</i>	4	
<i>prednicarbate topical ointment 0.1 %</i>	4	
PROCTOCORT TOPICAL CREAM 1 %	EX	
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %	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	

Drug Name	Drug Tier	Requirements / Limits
<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	
TOPICAL ENZYMES		
NEXOBRID TOPICAL GEL 8.8 %	4	PA
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	2	QL (6 Grams per month); QL (6 per 30 days)
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan topical lotion 10 %</i>	4	
ELIMITE TOPICAL CREAM 5 %	4	
EURAX TOPICAL CREAM 10 %	4	
EURAX TOPICAL LOTION 10 %	4	
<i>malathion topical lotion 0.5 %</i>	4	
NATROBA TOPICAL SUSPENSION 0.9 %	EX	
OVIDE TOPICAL LOTION 0.5 %	4	
<i>permethrin topical cream 5 %</i>	1	
<i>spinosad topical suspension 0.9 %</i>	1	
ULESFIA TOPICAL LOTION 5 %	4	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation solution</i>	4	
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	4	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L	4	
PHYSIOSOL IRRIGATION SOLUTION 140-5-3-98 MEQ/L	4	
<i>ringer's irrigation solution</i>	4	
SORBITOL IRRIGATION SOLUTION 3 %	4	

Drug Name	Drug Tier	Requirements / Limits
SORBITOL-MANNITOL TRANSURETHRAL SOLUTION 2.7-0.54 GRAM/100 ML	4	
<i>tis-u-sol pentalyte irrigation solution 800-40-20-8.75- 6.25 mg/100 ml</i>	4	
MISCELLANEOUS AGENTS		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	1	
<i>acetic acid irrigation solution 0.25 %</i>	4	
AGRYLIN ORAL CAPSULE 0.5 MG	4	
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	1	
BUPHENYL ORAL POWDER 0.94 GRAM/GRAM	4	PA; SP
BUPHENYL ORAL TABLET 500 MG	4	PA; SP
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	1	
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	4	PA; SP; LA
<i>carglumic acid oral tablet, dispersible 200 mg</i>	4	PA; SP
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML	4	
CARNITOR ORAL SOLUTION 100 MG/ML	4	
CARNITOR ORAL TABLET 330 MG	4	
<i>cevimeline oral capsule 30 mg</i>	1	
CHEMET ORAL CAPSULE 100 MG	4	PA
CUVRIOR ORAL TABLET 300 MG	4	PA; SP
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	3	PA; SP; LA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	3	PA; SP; LA
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	3	PA; SP; LA
<i>deferiprone oral tablet 1,000 mg, 500 mg</i>	4	PA; SP; LA
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	4	PA; SP; LA
DUVYZAT ORAL SUSPENSION 8.86 MG/ML	4	PA; SP
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	3	PA; SP
ENDARI ORAL POWDER IN PACKET 5 GRAM	4	PA; QL (180 Packets per month); SP; LA; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
EVOXAC ORAL CAPSULE 30 MG	4	
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG	EX	SP; LA
FABHALTA ORAL CAPSULE 200 MG	4	PA; SP
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG	4	PA; SP
FERRIPROX ORAL SOLUTION 100 MG/ML	4	PA; SP
FERRIPROX ORAL TABLET 1,000 MG, 500 MG	4	PA; SP
<i>glutamine (sickle cell) oral powder in packet 5 gram</i>	4	PA; QL (180 Packets per month); SP; LA; QL (180 per 30 days)
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	4	PA; SP
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	4	PA; SP; LA
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG	4	PA; SP; LA
JOENJA ORAL TABLET 70 MG	4	PA; QL (60 Tablets per month); 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	4	PA; QL (180 per 30 days)
METOPIRONE ORAL CAPSULE 250 MG	4	
<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>	4	PA; SP; LA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	3	PA; SP; LA
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	4	PA; SP; LA
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM	4	PA; SP
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	4	PA; SP
ORFADIN ORAL SUSPENSION 4 MG/ML	4	PA; SP
PHEBURANE ORAL GRANULES 483 MG/GRAM	4	PA; SP; LA
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	4	PA; SP

Drug Name	Drug Tier	Requirements / Limits
PYRUKYND ORAL TABLETS, DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7)	4	PA; SP
RADIOGARDASE ORAL CAPSULE 0.5 GRAM	4	
RAVICTI ORAL LIQUID 1.1 GRAM/ML	4	PA; SP; LA
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	4	PA; QL (30 Tablets per month); SP; LA; QL (30 per 30 days)
RILUTEK ORAL TABLET 50 MG	4	
<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>	4	
<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>	4	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	4	PA
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG	4	PA; SP
SYPRINE ORAL CAPSULE 250 MG	4	PA; QL (240 Capsules per month); QL (240 per 30 days)
TAVNEOS ORAL CAPSULE 10 MG	4	PA; SP
TEGLUTIK ORAL SUSPENSION 50 MG/10 ML	4	PA; SP
THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG	4	PA; SP
THIOLA ORAL TABLET 100 MG	4	PA; SP
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	4	PA; SP
<i>tiopronin oral tablet 100 mg</i>	4	PA; SP; LA
<i>tiopronin oral tablet, delayed release (dr/ec) 100 mg, 300 mg</i>	4	PA; SP
<i>trientine oral capsule 250 mg</i>	4	PA; QL (240 Capsules per month); QL (240 per 30 days)
TRIENTINE ORAL CAPSULE 500 MG	4	PA; QL (90 Capsules per month); QL (90 per 30 days)
VAFSEO ORAL TABLET 150 MG, 300 MG	4	PA; QL (30 Tablets per month); QL (30 per 30 days)
VELTASSA ORAL POWDER IN PACKET 1 GRAM	4	PA

Drug Name	Drug Tier	Requirements / Limits
<i>venxxiva oral tablet, delayed release (dr/ec) 100 mg, 300 mg</i>	4	PA; SP
VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1)	4	PA; QL (120 Tablets per month); SP; QL (120 per 30 days)
<i>water for irrigation, sterile irrigation solution</i>	1	
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	4	PA; QL (120 Packets per month); SP; QL (120 per 30 days)
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	3	PA; SP
SMOKING DETERRENENTS		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	1	ACA PV
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	4	
CHANTIX ORAL TABLET 0.5 MG, 1 MG	4	
CHANTIX STARTING MONTH BOX ORAL TABLETS, DOSE PACK 0.5 MG (11)- 1 MG (42)	4	
NICORETTE BUCCAL GUM 2 MG	2	ACA PV
<i>nicorette buccal gum 4 mg</i>	1	ACA PV
NICORETTE BUCCAL LOZENGE 2 MG, 4 MG	2	ACA PV
NICORETTE BUCCAL MINI LOZENGE 2 MG, 4 MG	2	ACA PV
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	1	ACA PV
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	1	ACA PV
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	1	ACA PV
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	4	ACA PV
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	4	ACA PV
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	2	ACA PV
<i>quit 2 buccal gum 2 mg</i>	4	ACA PV
<i>quit 2 buccal lozenge 2 mg</i>	1	ACA PV
<i>quit 4 buccal gum 4 mg</i>	4	ACA PV
<i>quit 4 buccal lozenge 4 mg</i>	1	ACA PV
<i>stop smoking aid buccal lozenge 2 mg, 4 mg</i>	4	ACA PV
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	1	ACA PV

Drug Name	Drug Tier	Requirements / Limits
<i>varenicline tartrate oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i>	1	ACA PV
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>	4	
<i>dentagel dental gel 1.1 %</i>	1	
<i>fluoride (sodium) dental cream 1.1 %</i>	4	
<i>fluoride (sodium) dental gel 1.1 %</i>	1	
<i>fluoride (sodium) dental paste 1.1 %</i>	4	
<i>fluoride (sodium) dental solution 0.2 %</i>	1	
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 %	4	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 %	4	
FLUORIMAX 5000 DENTAL PASTE 1.1 %	4	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 %	4	
<i>fraiche 5000 dental gel 1.1 %</i>	EX	
GELCLAIR MUCOUS MEMBRANE GEL IN PACKET	4	
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	1	
JUST RIGHT 5000 DENTAL PASTE 1.1 %	4	
<i>kourzeq dental paste 0.1 %</i>	1	
MUGARD MUCOUS MEMBRANE SOLUTION	4	SP
<i>olopatadine nasal spray, non-aerosol 0.6 %</i>	4	
<i>oralone dental paste 0.1 %</i>	1	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	4	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
PERIDEX MUCOUS MEMBRANE MOUTHWASH 0.12 %	4	
<i>perio gard 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 %	4	
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 %	4	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 %	4	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 %	4	
PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 %	4	
PREVIDENT DENTAL GEL 1.1 %	4	
PREVIDENT DENTAL SOLUTION 0.2 %	4	
PREVIDENT KIDS DENTAL PASTE 1.1 %	4	
PROTHELIAL MUCOUS MEMBRANE PASTE 1 GRAM/10 ML	4	SP
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG, 7.5 MG	4	
<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>	4	
<i>triamcinolone acetonide dental paste 0.1 %</i>	1	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear) solution 2 %</i>	1	
CETRAXAL OTIC (EAR) DROPPERETTE 0.2 %	EX	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	1	
DERMOTIC OIL OTIC (EAR) DROPS 0.01 %	4	
<i>flac oil otic (ear) drops 0.01 %</i>	4	
<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	
OTIC STEROID / ANTIBIOTIC		

Drug Name	Drug Tier	Requirements / Limits
CIPRO HC OTIC (EAR) DROPS, SUSPENSION 0.2-1 %	EX	
<i>ciprofloxacin-dexamethasone otic (ear) drops, suspension 0.3-0.1 %</i>	4	
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	4	
<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	

ENDOCRINE/DIABETES

ADRENAL HORMONES

ACTHAR INJECTION GEL 80 UNIT/ML	4	PA; SP; LA
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML	4	PA; SP; LA
AGAMREE ORAL SUSPENSION 40 MG/ML	4	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>	4	
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG	4	ST
<i>cortisone oral tablet 25 mg</i>	1	
CORTROPHIN GEL INJECTION 80 UNIT/ML	4	PA; SP; LA
<i>deflazacort oral suspension 22.75 mg/ml</i>	EX	SP
<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i>	EX	SP; LA
<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), 1.5 mg (51 tabs)</i>	4	

Drug Name	Drug Tier	Requirements / Limits
<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>	1	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	EX	SP; LA
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	EX	SP; LA
<i>fludrocortisone oral tablet 0.1 mg</i>	1	
HEMADY ORAL TABLET 20 MG	4	ST
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
KENALOG INJECTION SUSPENSION 10 MG/ML, 40 MG/ML	4	
MEDROL (PAK) ORAL TABLETS, DOSE PACK 4 MG	4	ST
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG	4	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	
<i>millipred oral tablet 5 mg</i>	1	
ORAPRED ODT ORAL TABLET, DISINTEGRATING 10 MG, 15 MG, 30 MG	4	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	

Drug Name	Drug Tier	Requirements / Limits
<i>prednisone oral tablets, dose pack 10 mg, 5 mg</i>	1	
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	4	PA; SP
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	4	
ZCORT ORAL TABLETS, DOSE PACK 1.5 MG (25 TABS)	4	ST
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>potassium iodide oral solution 1 gram/ml</i>	4	
<i>propylthiouracil oral tablet 50 mg</i>	1	
SSKI ORAL SOLUTION 1 GRAM/ML	2	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
ACCU-CHEK AVIVA PLUS TEST STRIP	4	ST
ACCU-CHEK GUIDE TEST STRIP	4	ST
ACCU-CHEK SMARTVIEW TEST STRIP	4	ST
ACCUTREND GLUCOSE TEST STRIP	4	ST
CONTOUR NEXT TEST STRIP	2	
CONTOUR PLUS TEST STRIP	2	ST
CONTOUR TEST STRIP	2	
DEXCOM G6 SENSOR DEVICE	4	
DEXCOM G6 TRANSMITTER DEVICE	4	
DEXCOM G7 SENSOR DEVICE	4	
EVERSENSE 365 TRANSMITTER DEVICE	4	
FREESTYLE INSULINX STRIP	4	ST
FREESTYLE INSULINX TEST STRIP	4	ST
FREESTYLE LIBRE 14 DAY SENSOR KIT	4	
FREESTYLE LIBRE 2 PLUS SENSOR DEVICE	4	
FREESTYLE LIBRE 2 SENSOR KIT	4	
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE	4	
FREESTYLE LIBRE 3 SENSOR DEVICE	4	

Drug Name	Drug Tier	Requirements / Limits
FREESTYLE LITE STRIP	4	ST
FREESTYLE TEST STRIP	4	ST
GLUCOCARD SHINE TEST STRIP	4	ST
GLUCOCARD VITAL SENSOR STRIP	4	ST
GUARDIAN 4 GLUCOSE SENSOR DEVICE	4	
GUARDIAN 4 TRANSMITTER DEVICE	4	
GUARDIAN CONNECT TRANSMITTER DEVICE	4	
GUARDIAN LINK 3 TRANSMITTER DEVICE	4	
GUARDIAN SENSOR 3 DEVICE	4	
ONETOUCH ULTRA TEST STRIP	2	
ONETOUCH VERIO TEST STRIP	2	
OPTIUM EZ STRIP	4	ST
OPTIUM TEST STRIP	4	ST
PRECISION PCX PLUS TEST STRIP	4	ST
PRECISION PCX TEST STRIP	4	ST
PRECISION POINT OF CARE TEST STRIP	4	ST
PRECISION Q-I-D TEST STRIP	4	ST
PRECISION XTRA TEST STRIP	4	ST
TRUETRACK TEST STRIP	4	ST
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
ACE AEROSOL CLOUD ENHANCER SPACER	2	
AEROCHAMBER MECHANICAL VENT SPACER	4	
AEROCHAMBER MINI SPACER	2	
AEROCHAMBER PLUS FLOW-VU SPACER	2	
AEROCHAMBER PLUS Z STAT SPACER	4	
AEROTRACH PLUS SPACER	2	
AEROVENT PLUS SPACER	2	
BREATHERITE MDI SPACER	4	
COMPACT SPACE CHAMBER SPACER	2	
EASIVENT HOLDING CHAMBER SPACER	2	
FLEXICHAMBER SPACER	2	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	2	
LITEAIRE MDI CHAMBER SPACER	2	

Drug Name	Drug Tier	Requirements / Limits
<i>metformin oral tablet 750 mg</i>	EX	
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	
RYBELSUS ORAL TABLET 1.5 MG, 4 MG, 9 MG	2	PA
SPACE CHAMBER SPACER	4	
VORTEX HOLDING CHAMBER SPACER	2	
GLUCOSE ELEVATING AGENTS		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	2	
<i>diazoxide oral suspension 50 mg/ml</i>	1	
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	4	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	4	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	4	
PROGLYCEM ORAL SUSPENSION 50 MG/ML	4	
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
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	4	
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	4	

Drug Name	Drug Tier	Requirements / Limits
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	4	
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE	4	
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	4	
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	4	
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	2	
INSULIN THERAPY		
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)	4	PA
BASAGLAR TEMPO PEN(U-100)INSLN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML (3 ML)	4	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)	4	
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	

Drug Name	Drug Tier	Requirements / Limits
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	
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	

Drug Name	Drug Tier	Requirements / Limits
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	2	
INSULIN ASPART U-100 SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	
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)	4	PA
INSULIN DEGLUDEC SUBCUTANEOUS SOLUTION 100 UNIT/ML	4	PA
INSULIN GLARGINE U-300 CONC SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML), 300 UNIT/ML (3 ML)	4	PA
INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	4	PA
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION 100 UNIT/ML	4	PA
INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	4	PA
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	EX	
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	4	PA
INSULIN LISPRO 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	4	PA
LYUMJEV KWIKPEN U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	4	PA

Drug Name	Drug Tier	Requirements / Limits
LYUMJEV TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML	4	PA
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	4	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)	4	PA
SEMGLEE (INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	4	PA
SEMGLEE (INSULIN GLARG-YFGN) PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	4	PA
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	2	PA

Drug Name	Drug Tier	Requirements / Limits
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
MISCELLANEOUS HORMONES		
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	EX	
ANDROGEL 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)	EX	
AVEED INTRAMUSCULAR SOLUTION 750 MG/3 ML (250 MG/ML)	EX	SP
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>	4	
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	1	
<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	3	PA; SP; LA
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i>	1	PA
CRENESSITY ORAL CAPSULE 100 MG	4	PA; SP; QL (120 per 30 days)
CRENESSITY ORAL CAPSULE 50 MG	4	PA; SP; QL (60 per 30 days)
CRENESSITY ORAL SOLUTION 50 MG/ML	4	PA; SP; QL (240 per 30 days)
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	4	
DDAVP ORAL TABLET 0.1 MG, 0.2 MG	4	

Drug Name	Drug Tier	Requirements / Limits
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML, 200 MG/ML	2	
<i>desmopressin injection solution 4 mcg/ml</i>	4	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)	4	
<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>	4	
GALAFOLD ORAL CAPSULE 123 MG	3	PA; SP; LA
ISTURISA ORAL TABLET 1 MG, 5 MG	4	PA; QL (180 Tablets per month); SP; QL (180 per 30 days)
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG	4	PA
<i>javygtor oral powder in packet 100 mg, 500 mg</i>	4	PA; SP; LA
<i>javygtor oral tablet, soluble 100 mg</i>	4	PA; SP; LA
JYNARQUE ORAL TABLET 15 MG, 30 MG	4	PA; QL (60 Tablets per month); SP; QL (60 per 30 days)
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)	4	PA; QL (60 Tablets per month); SP; QL (60 per 30 days)
KORLYM ORAL TABLET 300 MG	4	PA; SP
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	EX	SP; LA
KUVAN ORAL TABLET, SOLUBLE 100 MG	EX	SP; LA
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG	EX	
METHITEST ORAL TABLET 10 MG	EX	
<i>methyltestosterone oral capsule 10 mg</i>	1	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	4	
<i>mifepristone oral tablet 300 mg</i>	4	PA; SP; LA
<i>miglustat oral capsule 100 mg</i>	3	PA; SP; LA
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	4	PA; QL (27 Units per month); SP; LA; QL (27 per 30 days)
NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION	EX	

Drug Name	Drug Tier	Requirements / Limits
NOCDURNA (MEN) SUBLINGUAL TABLET, DISINTEGRATING 55.3 MCG	4	
NOCDURNA (WOMEN) SUBLINGUAL TABLET, DISINTEGRATING 27.7 MCG	4	
OPFOLDA ORAL CAPSULE 65 MG	4	PA; SP; LA
ORILISSA ORAL TABLET 150 MG	4	PA; QL (30 Tablets per month); QL (30 per 30 days)
ORILISSA ORAL TABLET 200 MG	4	PA; QL (60 Tablets per month); QL (60 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	4	PA; SP; LA
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	
RAYALDEE ORAL CAPSULE, EXTENDED RELEASE 24 HR 30 MCG	4	
RECORLEV ORAL TABLET 150 MG	4	PA; QL (240 Tablets per month); SP; QL (240 per 30 days)
ROCALTROL ORAL SOLUTION 1 MCG/ML	4	PA
SAMSCA ORAL TABLET 15 MG, 30 MG	EX	SP; LA
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	4	PA; SP; LA
<i>sapropterin oral tablet, soluble 100 mg</i>	4	PA; SP; LA
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG	4	PA
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	4	PA; QL (30 Vials per month); SP; LA; QL (30 per 30 days)
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	3	PA; SP
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	4	PA; QL (5 Units per month); QL (5 per 30 days)
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	

Drug Name	Drug Tier	Requirements / Limits
<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 oral tablet 15 mg, 30 mg</i>	4	PA; QL (60 Tablets per month); 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	4	PA; QL (30 Vials per month); SP; LA; QL (30 per 30 days)
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	EX	
YORVIPATH SUBCUTANEOUS PEN INJECTOR 168 MCG/0.56 ML	4	PA; SP
YORVIPATH SUBCUTANEOUS PEN INJECTOR 294 MCG/0.98 ML, 420 MCG/1.4 ML	3	PA; SP
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	4	PA
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1	
ACTOPLUS MET ORAL TABLET 15-850 MG	4	
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG	4	
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	4	PA

Drug Name	Drug Tier	Requirements / Limits
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	2	PA
CYCLOSET ORAL TABLET 0.8 MG	4	
DAPAGLIFLOZ PROPANED-METFORMIN ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 5-1,000 MG	4	PA
DAPAGLIFLOZIN PROPANEDIOL ORAL TABLET 10 MG, 5 MG	4	PA
DUETACT ORAL TABLET 30-2 MG, 30-4 MG	4	
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	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 2.5 MG, 5 MG	EX	
<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	4	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

Drug Name	Drug Tier	Requirements / Limits
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>	4	PA
<i>metformin oral solution 500 mg/5 ml</i>	4	ST
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
METFORMIN ORAL TABLET 625 MG	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	
<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 12.5-30 MG, 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	4	
QTERN ORAL TABLET 10-5 MG, 5-5 MG	2	PA
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
RIOMET ORAL SOLUTION 500 MG/5 ML	4	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	4	PA
STEGLATRO ORAL TABLET 15 MG, 5 MG	4	PA
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	4	PA
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	2	PA
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	2	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
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)	2	PA
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	2	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	4	PA
ZITUVIMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	4	PA
ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG	4	PA

Drug Name	Drug Tier	Requirements / Limits
THYROID HORMONES		
<i>adthyza oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	4	
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG	4	
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>	4	
<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>	4	
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	
<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>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>	4	
<i>np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	
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	4	
<i>thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG	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>	4	
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)	EX	
DARTISLA ORAL TABLET, DISINTEGRATING 1.7 MG	4	PA
<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	
<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	4	
DONNATAL ORAL TABLET 16.2-0.1037 - 0.0194 MG	4	
<i>ed-spaz oral tablet, disintegrating 0.125 mg</i>	1	
GLYCATE ORAL TABLET 1.5 MG	4	
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i>	4	
<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	

Drug Name	Drug Tier	Requirements / Limits
<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	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	4	
LEVSIN ORAL TABLET 0.125 MG	4	
LEVSIN/SL SUBLINGUAL TABLET 0.125 MG	4	
LIBRAX (WITH CLIDINIUM) ORAL CAPSULE 5-2.5 MG	EX	
LOMOTIL ORAL TABLET 2.5-0.025 MG	4	
<i>loperamide oral capsule 2 mg</i>	1	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	1	
MOTOFEN ORAL TABLET 1-0.025 MG	4	
MYTESI ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG	EX	SP
NULEV ORAL TABLET, DISINTEGRATING 0.125 MG	4	
<i>opium oral tincture 10 mg/ml (morphine)</i>	4	
<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>	4	
<i>phenobarb-hyoscy-atropine-scop oral tablet 16.2-0.1037 -0.0194 mg</i>	4	
<i>phenohydro oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	4	
<i>phenohydro oral tablet 16.2-0.1037 -0.0194 mg</i>	1	
ROBINUL FORTE ORAL TABLET 2 MG	4	
ROBINUL ORAL TABLET 1 MG	4	
SYMAX DUOTAB ORAL TABLET, EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG)	4	
<i>symax fastabs oral tablet, disintegrating 0.125 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>symax-sl sublingual tablet 0.125 mg</i>	4	
<i>symax-sr oral tablet extended release 12 hr 0.375 mg</i>	1	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	EX	
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	4	
<i>alvimopan oral capsule 12 mg</i>	4	
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	4	PA
ANALPRAM-HC RECTAL CREAM 1-1 %	4	
ANALPRAM-HC RECTAL CREAM 2.5-1 %	EX	
ANTIVERT ORAL TABLET 50 MG	4	
ANTIVERT ORAL TABLET, CHEWABLE 25 MG	4	
<i>anucort-hc rectal suppository 25 mg</i>	4	
ANUSOL-HC RECTAL SUPPOSITORY 25 MG	EX	
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	4	
AZULFIDINE ORAL TABLET 500 MG	4	
<i>balsalazide oral capsule 750 mg</i>	1	
<i>betaine oral powder 1 gram/scoop</i>	4	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>	4	
<i>budesonide rectal foam 2 mg/actuation</i>	4	
BYLVAY ORAL CAPSULE 1,200 MCG	4	PA; QL (150 Capsules per month); SP; LA; QL (150 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
BYLVAY ORAL CAPSULE 400 MCG	4	PA; QL (450 Capsules per month); SP; LA; QL (450 per 30 days)
BYLVAY ORAL PELLETT 200 MCG	4	PA; QL (900 Pellets per month); SP; LA; QL (900 per 30 days)
BYLVAY ORAL PELLETT 600 MCG	4	PA; QL (300 Pellets per month); SP; LA; QL (300 per 30 days)
CANASA RECTAL SUPPOSITORY 1,000 MG	4	
CHENODAL ORAL TABLET 250 MG	4	SP
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	4	PA; SP
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	4	PA; SP; LA
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	4	PA; SP; LA
<i>clearlax oral powder 17 gram/dose</i>	4	ACA PV
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	4	ACA PV
COLAZAL ORAL CAPSULE 750 MG	EX	
COMPAZINE ORAL TABLET 10 MG, 5 MG	4	
COMPAZINE RECTAL SUPPOSITORY 25 MG	4	
<i>compro rectal suppository 25 mg</i>	1	
<i>constulose oral solution 10 gram/15 ml</i>	1	
CORTENEMA RECTAL ENEMA 100 MG/60 ML	4	
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	
CYSTADANE ORAL POWDER 1 GRAM/SCOOP	EX	SP
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) 400 MG	EX	
DICLEGIS ORAL TABLET, DELAYED RELEASE (DR/EC) 10-10 MG	4	PA
DIPENTUM ORAL CAPSULE 250 MG	EX	
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec) 10-10 mg</i>	4	

Drug Name	Drug Tier	Requirements / Limits
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	4	
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	4	PA; SP; LA
<i>enulose oral solution 10 gram/15 ml</i>	1	
EOHILIA ORAL SUSPENSION IN PACKET 2 MG/10 ML	4	PA
GASTROCROM ORAL CONCENTRATE 100 MG/5 ML	4	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	4	PA; SP; LA
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	1	ACA PV
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	ACA PV
<i>gavilyte-n oral recon soln 420 gram</i>	1	ACA PV
<i>generlac oral solution 10 gram/15 ml</i>	1	
<i>gentle laxative (mag hydrox) oral suspension 400 mg/5 ml</i>	4	ACA PV
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY	4	PA; SP
GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	4	
<i>granisetron hcl oral tablet 1 mg</i>	1	
<i>hemmorex-hc rectal suppository 25 mg, 30 mg</i>	4	
<i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>	1	
<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	4	PA

Drug Name	Drug Tier	Requirements / Limits
IQIRVO ORAL TABLET 80 MG	4	PA; QL (30 Tablets per month); SP; LA; QL (30 per 30 days)
KRISTALOSE ORAL PACKET 10 GRAM, 20 GRAM	EX	
<i>lactulose oral packet 10 gram</i>	4	
<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>	4	ACA PV
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)	4	
<i>lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram), 3-0.5 %, 3-1 % (7 gram)</i>	EX	
LIDOCAINE HCL-HYDROCORTISON AC RECTAL KIT 3-2.5 % (7 GRAM)	EX	
<i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>	1	
<i>lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)</i>	EX	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	4	PA
LIVDELZI ORAL CAPSULE 10 MG	4	PA; QL (30 Capsules per month); SP; QL (30 per 30 days)
LIVMARLI ORAL SOLUTION 19 MG/ML	4	PA; SP
LIVMARLI ORAL SOLUTION 9.5 MG/ML	4	PA; QL (3 Bottles per month); SP; QL (3 per 30 days)
LOTRONEX ORAL TABLET 0.5 MG, 1 MG	4	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	4	
MARINOL ORAL CAPSULE 10 MG, 5 MG	4	
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
MECLIZINE ORAL TABLET 50 MG	4	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	1	
<i>mesalamine oral capsule, extended release 500 mg</i>	4	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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	
MOTEGRITY ORAL TABLET 1 MG, 2 MG	4	PA
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	4	PA
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM	4	
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i>	4	
OCALIVA ORAL TABLET 10 MG, 5 MG	4	PA; QL (30 Tablets per month); SP; LA; QL (30 per 30 days)
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 300MG/3ML(100MG /ML-200 MG/2ML)	3	PA; SP; LA
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML, 300MG/3ML(100MG /ML-200 MG/2ML)	3	PA; SP; LA
<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>	4	ACA PV
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 PV
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i>	1	ACA PV
<i>peg-electrolyte oral recon soln 420 gram</i>	1	ACA PV

Drug Name	Drug Tier	Requirements / Limits
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	4	ACA PV
<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>	4	PA
RECTIV RECTAL OINTMENT 0.4 % (W/W)	4	
REGLAN ORAL TABLET 10 MG, 5 MG	4	
RELISTOR ORAL TABLET 150 MG	4	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	4	
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	4	
RELTONE ORAL CAPSULE 200 MG, 400 MG	4	
ROWASA RECTAL ENEMA KIT 4 GRAM/60 ML	4	ST
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	4	
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	3	PA; SP; LA

Drug Name	Drug Tier	Requirements / Limits
<i>sodium, potassium, mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	4	ACA PV
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	4	PA; QL (236 Milliliters per month); SP; QL (236 per 30 days)
SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM	4	ACA PV
<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	4	
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	4	ACA PV
SYMPROIC ORAL TABLET 0.2 MG	4	
SYNDROS ORAL SOLUTION 5 MG/ML	4	
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS	4	
<i>trimethobenzamide oral capsule 300 mg</i>	1	
TRULANCE ORAL TABLET 3 MG	EX	
UCERIS ORAL TABLET, DELAYED AND EXT.RELEASE 9 MG	4	PA
UCERIS RECTAL FOAM 2 MG/ACTUATION	4	PA
URSO FORTE ORAL TABLET 500 MG	4	
<i>ursodiol oral capsule 200 mg, 400 mg</i>	4	
<i>ursodiol oral capsule 300 mg</i>	1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	
VARUBI ORAL TABLET 90 MG	4	PA
VELSIPITY ORAL TABLET 2 MG	3	PA; SP; LA
VIBERZI ORAL TABLET 100 MG, 75 MG	2	PA; QL (60 Tablets per month); QL (60 per 30 days)
VIOKACE ORAL TABLET 10,440-39,150-39,150 UNIT, 20,880-78,300- 78,300 UNIT	EX	
VOWST ORAL CAPSULE	4	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	

Drug Name	Drug Tier	Requirements / Limits
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML	3	PA; SP
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML	3	PA; SP
ULCER THERAPY		
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>	4	PA
CARAFATE ORAL SUSPENSION 100 MG/ML	EX	
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	4	
DEXILANT ORAL CAPSULE, BIPHASE DELAYED RELEAS 30 MG, 60 MG	EX	
<i>dexlansoprazole oral capsule, biphas delayed releas 30 mg, 60 mg</i>	EX	
<i>esomeprazole magnesium oral capsule, delayed release (dr/ec) 40 mg</i>	EX	
<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	
KONVOMEF 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	

Drug Name	Drug Tier	Requirements / Limits
<i>nizatidine oral capsule 150 mg, 300 mg</i>	EX	
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)	4	PA; ST
<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>	4	
<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	
PROTONIX ORAL TABLET, DELAYED RELEASE (DR/EC) 20 MG, 40 MG	EX	
PYLERA ORAL CAPSULE 140-125-125 MG	4	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>	4	
<i>sucralfate oral tablet 1 gram</i>	1	
TALICIA ORAL CAPSULE, IR - DELAY REL, BIPHASE 10-250-12.5 MG	4	PA; ST
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)	4	PA
VOQUEZNA ORAL TABLET 10 MG, 20 MG	4	PA
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG	4	PA

IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

Drug Name	Drug Tier	Requirements / Limits
BIOTECHNOLOGY DRUGS		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	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	4	PA; SP; LA
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	4	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	3	PA; SP; LA
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	3	PA; SP
FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; SP
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	3	SP
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	3	SP
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	4	PA; SP; LA
LEUKINE INJECTION RECON SOLN 250 MCG	4	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	4	PA; SP
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	4	SP; LA
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	EX	SP
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	EX	SP
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	4	PA; SP
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA; SP

Drug Name	Drug Tier	Requirements / Limits
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	3	SP
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	3	SP
NYPOZI INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	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	3	PA; SP; LA
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	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	3	PA; SP; LA
ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML	4	PA; SP
STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; SP
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML	4	PA; SP
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	4	PA; SP
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; SP
XOLREMDI ORAL CAPSULE 100 MG	4	PA; QL (120 Capsules per month); SP; QL (120 per 30 days)
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA; SP
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; SP
GROWTH HORMONES		
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	3	PA; SP; LA

Drug Name	Drug Tier	Requirements / Limits
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	3	PA; SP; LA
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	EX	SP; LA
NGENLA SUBCUTANEOUS PEN INJECTOR 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML)	4	PA; SP; LA
NORDITROPIN FLEXPRO 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	SP; LA
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	SP
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	3	PA; SP; LA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	3	PA; SP; LA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	4	PA; SP; LA
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	4	PA; 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)	4	PA; SP; LA
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG	EX	SP; LA
INTERFERONS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	4	PA; SP; LA
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	3	PA; SP
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	3	PA; SP; LA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	3	PA; SP; LA
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		

Drug Name	Drug Tier	Requirements / Limits
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	2	VAC
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	VAC
ADACEL (TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	VAC
ADACEL (TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	VAC
AFLURIA TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	2	VAC
AFLURIA TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	2	VAC
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	2	VAC
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	2	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	2	VAC
BIOTHRAX INTRAMUSCULAR SUSPENSION 0.5 ML/DOSE	2	VAC
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	2	VAC
CAPVAXIVE INTRAMUSCULAR SYRINGE 0.5 ML	2	VAC
COMIRNATY 2024-25 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	2	VAC
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	2	VAC
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	2	VAC
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	2	VAC
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	2	VAC
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	2	VAC

Drug Name	Drug Tier	Requirements / Limits
FLUAD TRIV 2024-25(65Y UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	2	VAC
FLUARIX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	2	VAC
FLUBLOK TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML	2	VAC
FLUCELVAX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	2	VAC
FLUCELVAX TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	2	VAC
FLULAVAL TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	2	VAC
FLUMIST TRIVALENT 2024-2025 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	2	VAC
FLUZONE HIGH-DOSE TRIV 24-25 INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	2	VAC
FLUZONE TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	2	VAC
FLUZONE TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	2	VAC
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	2	VAC
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	VAC
GRASTEK SUBLINGUAL TABLET 2,800 BAU	4	PA
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1, 440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	2	VAC
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	2	VAC
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	VAC
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	2	VAC

Drug Name	Drug Tier	Requirements / Limits
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	2	VAC
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	2	VAC
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	4	VAC
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	2	VAC
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	2	VAC
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	2	VAC
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	4	VAC
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	2	VAC
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	4	VAC
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	2	VAC
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	2	VAC
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM	4	PA
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	4	PA; SP
PALFORZIA (LEVEL 0) ORAL CAPSULE, SPRINKLE 1 MG	4	PA; SP; QL (60 per 30 days)
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3)	4	PA; QL (30 Capsules per month); SP; QL (30 per 30 days)
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6)	4	PA; QL (30 Capsules per month); SP; QL (30 per 30 days)
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1)	4	PA; QL (30 Capsules per month); SP; QL (30 per 30 days)
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG	4	PA; QL (30 Capsules per month); SP; QL (30 per 30 days)
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2)	4	PA; QL (30 Capsules per month); SP; QL (30 per 30 days)
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4)	4	PA; QL (30 Capsules per month); SP; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1)	4	PA; QL (30 Capsules per month); SP; QL (30 per 30 days)
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1)	4	PA; QL (30 Capsules per month); SP; QL (30 per 30 days)
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2)	4	PA; QL (30 Capsules per month); SP; QL (30 per 30 days)
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2)	4	PA; QL (30 Capsules per month); SP; QL (30 per 30 days)
PALFORZIA INITIAL (1-3 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3 MG	4	PA; SP; QL (60 per 30 days)
PALFORZIA INITIAL (4-17 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG	4	PA; QL (30 Capsules per month); SP; QL (30 per 30 days)
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG	4	PA; QL (30 Packets per month); SP; QL (30 per 30 days)
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	2	VAC
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	2	VAC
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	2	VAC
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	2	VAC
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	2	VAC
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	VAC
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	2	VAC
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	2	VAC
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	2	VAC
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	2	VAC
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	2	VAC
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT	4	PA

Drug Name	Drug Tier	Requirements / Limits
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	2	VAC
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	2	VAC
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	2	VAC
ROTATEQ VACCINE ORAL SOLUTION 2 ML	2	VAC
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	2	VAC
SPIKEVAX 2024-2025(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	2	VAC
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML	4	VAC
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	2	VAC
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	2	VAC
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	2	VAC
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML	4	VAC
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	2	VAC
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	2	VAC
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	2	VAC
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	2	VAC
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	2	VAC
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	2	VAC
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	2	VAC
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	2	VAC

Drug Name	Drug Tier	Requirements / Limits
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML	4	VAC
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML	4	VAC
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML	4	VAC
VIVOTIF ORAL CAPSULE, DELAYED RELEASE (DR/EC) 2 BILLION UNIT	2	VAC
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	2	VAC

IMMUNOLOGY

INTERLEUKINS

<i>imiquimod topical cream in metered-dose pump 3.75 %</i>	EX	
<i>imiquimod topical cream in packet 3.75 %</i>	4	PA; ST
<i>imiquimod topical cream in packet 5 %</i>	1	
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %, 3.75 %	EX	
ZYCLARA TOPICAL CREAM IN PACKET 3.75 %	EX	

MUSCULOSKELETAL & RHEUMATOLOGY

GOUT THERAPY

<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	4	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	4	
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML	4	PA
MITIGARE ORAL CAPSULE 0.6 MG	4	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	4	PA

OSTEOPOROSIS THERAPY

Drug Name	Drug Tier	Requirements / Limits
ACTONEL ORAL TABLET 150 MG, 35 MG	4	
<i>alendronate oral solution 70 mg/75 ml</i>	1	
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	
ATELVIA ORAL TABLET, DELAYED RELEASE (DR/EC) 35 MG	4	
BINOSTO ORAL TABLET, EFFERVESCENT 70 MG	4	
EVISTA ORAL TABLET 60 MG	4	PA; QL (30 Tablets per month); QL (30 per 30 days)
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	4	PA; QL (1 Pen per month); SP; LA; QL (1 per 30 days)
FOSAMAX ORAL TABLET 70 MG	4	
FOSAMAX PLUS D ORAL TABLET 70 MG- 2, 800 UNIT, 70 MG- 5, 600 UNIT	4	
<i>ibandronate oral tablet 150 mg</i>	1	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	4	PA; SP; LA
<i>raloxifene oral tablet 60 mg</i>	1	OCh; ACA PV
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	1	
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>	1	
<i>teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml)</i>	3	PA; QL (1 Pen per month); SP; LA; QL (1 per 30 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	4	PA; QL (1 Pen per month); SP; QL (1 per 30 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	3	PA; QL (1 Pen per month); SP; LA; QL (1 per 30 days)
OTHER RHEUMATOLOGICALS		
ABRILADA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	EX	SP
ABRILADA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML	EX	SP
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	3	PA; SP; LA
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	3	PA; SP; LA
ADALIMUMAB-AACF SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	EX	SP; LA

Drug Name	Drug Tier	Requirements / Limits
ADALIMUMAB-AACF SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	EX	SP; LA
ADALIMUMAB-AACF(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	EX	SP; LA
ADALIMUMAB-AACF(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	EX	SP; LA
ADALIMUMAB-AATY SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML	EX	SP
ADALIMUMAB-AATY SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML	EX	SP
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML	3	PA; SP; LA
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 20 MG/0.2 ML, 40 MG/0.4 ML	3	PA; SP; LA
ADALIMUMAB-ADBM SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	3	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	3	PA; SP; LA
ADALIMUMAB-ADBM(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	3	PA; SP; LA
ADALIMUMAB-ADBM(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	3	PA; SP; LA
ADALIMUMAB-FKJP SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	EX	SP
ADALIMUMAB-FKJP SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML	EX	SP
ADALIMUMAB-RYVK SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	3	PA; SP; LA
ADALIMUMAB-RYVK SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	3	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	SP; LA
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	SP; LA

Drug Name	Drug Tier	Requirements / Limits
ARAVA ORAL TABLET 10 MG, 20 MG	4	
AURANOFIN ORAL CAPSULE 3 MG	4	
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	3	PA; SP; LA
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	3	PA; SP; LA
CUPRIMINE ORAL CAPSULE 250 MG	EX	
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	3	PA; SP; LA
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	3	PA; SP; LA
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	3	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	3	PA; SP; LA
DEPEN TITRATABS ORAL TABLET 250 MG	4	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	3	PA; SP; LA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	3	PA; SP; LA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	3	PA; SP; LA
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	3	PA; SP; LA
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	EX	SP; LA
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	EX	SP; LA
HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	EX	SP; LA
HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	EX	SP; LA
HULIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	EX	SP; LA
HULIO(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML	EX	SP; LA

Drug Name	Drug Tier	Requirements / Limits
HUMIRA (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	3	PA; SP; LA
HUMIRA PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	3	PA; SP; LA
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	3	PA; SP; LA
HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	3	PA; SP; LA
HUMIRA(CF) PEN CROHNS-UC-HS (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	3	PA; SP; LA
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	3	PA; SP; LA
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	EX	SP; LA
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR 80MG/0.8ML(X1)- 40 MG/0.4ML(X2)	EX	SP; LA
HYRIMOZ PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML	EX	SP
HYRIMOZ SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	EX	SP
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML, 80 MG/0.8 ML- 40 MG/0.4 ML	EX	SP; LA
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML	EX	SP; LA
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	EX	SP; LA
IDACIO(CF) PEN CROHN-UC STARTR SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	EX	SP; LA
IDACIO(CF) PEN PSORIASIS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	EX	SP; LA

Drug Name	Drug Tier	Requirements / Limits
IDACIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	EX	SP; LA
IDACIO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	EX	SP; LA
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	4	PA; SP; LA
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	4	PA; SP; LA
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	EX	SP
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	4	PA; SP; LA
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	4	PA; SP; LA
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	4	PA; SP; LA
OTEZLA ORAL TABLET 20 MG, 30 MG	3	PA; SP; LA
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	3	PA; SP; LA
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	EX	
<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 Auto-Injectors per month); QL (4 per 30 days)
RIDAURA ORAL CAPSULE 3 MG	4	
RINVOQ LQ ORAL SOLUTION 1 MG/ML	3	PA; SP; LA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	3	PA; SP; LA
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	4	PA
SAVELLA ORAL TABLETS, DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	4	PA

Drug Name	Drug Tier	Requirements / Limits
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	3	PA; SP; LA
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 80 MG/0.8 ML	3	PA; SP
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	3	PA; SP; LA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	4	PA; SP; LA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	4	PA; SP; LA
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	3	PA; SP; LA
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	3	PA; SP; LA
XELJANZ ORAL SOLUTION 1 MG/ML	3	PA; SP; LA
XELJANZ ORAL TABLET 10 MG, 5 MG	3	PA; SP; LA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	3	PA; SP; LA
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	EX	SP
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML	EX	SP
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML	EX	SP
YUSIMRY(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML	EX	SP

OBSTETRICS & GYNECOLOGY

DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	4	ACA PV
DUREX AVANTI BARE REAL FEEL	4	ACA PV
DUREX TROPICAL CONDOM DEVICE	4	ACA PV
FC2 FEMALE CONDOM	4	ACA PV
FEMCAP VAGINAL DEVICE 22 MM	4	ACA PV
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG	4	SP; ACA PV

Drug Name	Drug Tier	Requirements / Limits
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	4	ST; SP; ACA PV
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG	4	SP; ACA PV
PARAGARD T 380A INTRAUTERINE DEVICE 380 SQUARE MM	4	SP; ACA PV
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG	4	SP; ACA PV
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	4	ACA PV
WIDE-SEAL VAGINAL DIAPHRAGM 60 MM	4	ACA PV
ESTROGENS & PROGESTINS		
ACTIVELLA ORAL TABLET 1-0.5 MG	4	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	4	
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG	EX	
<i>camila oral tablet 0.35 mg</i>	1	ACA PV
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	4	
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 %	4	
<i>deblitane oral tablet 0.35 mg</i>	1	ACA PV
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML	4	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	2	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	4	ACA PV
DEPO-PROVERA INTRAMUSCULAR SYRINGE 150 MG/ML	4	ACA PV
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	4	ACA PV

Drug Name	Drug Tier	Requirements / Limits
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 %)	4	
<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	4	
<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 PV
<i>errin oral tablet 0.35 mg</i>	1	ACA PV
ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG	4	
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	
<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 F.S. ORAL TABLET 1.25-2.5 MG	4	

Drug Name	Drug Tier	Requirements / Limits
ESTRATEST H.S. ORAL TABLET 0.625-1.25 MG	4	
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%)	4	
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 PV
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	4	
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG	4	
<i>incassia oral tablet 0.35 mg</i>	1	ACA PV
<i>jencycla oral tablet 0.35 mg</i>	1	ACA PV
<i>jinteli oral tablet 1-5 mg-mcg</i>	1	
<i>lyleq oral tablet 0.35 mg</i>	1	ACA PV
<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 PV
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	1	ACA PV
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	1	ACA PV
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	4	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	4	
<i>mimvey oral tablet 1-0.5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
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 PV
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	1	ACA PV
<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	QL (28 Tablets per month); ACA PV; QL (28 per 28 days)
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)	4	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	4	
<i>progesterone intramuscular oil 50 mg/ml</i>	3	SP; LA
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	1	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG	4	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	
<i>sharobel oral tablet 0.35 mg</i>	1	ACA PV
<i>tulana oral tablet 0.35 mg</i>	1	ACA PV
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	
MISCELLANEOUS OB/GYN		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	2	ACA PV
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG	4	
CLEOCIN VAGINAL CREAM 2 %	4	PA

Drug Name	Drug Tier	Requirements / Limits
CLEOCIN VAGINAL SUPPOSITORY 100 MG	4	PA
<i>clindamycin phosphate vaginal cream 2 %</i>	1	
CLINDESSE VAGINAL CREAM, EXTENDED RELEASE 2 %	4	PA
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	1	ACA PV
<i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i>	1	ACA PV
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	1	ACA PV
<i>fem ph vaginal gel 0.9-0.025 %</i>	1	
GYNAZOLE-1 VAGINAL CREAM 2 %	4	
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	1	ACA PV
INTRAROSA VAGINAL INSERT 6.5 MG	4	
<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	4	PA; QL (30 Tablets per month); QL (30 per 30 days)
NEXPLANON SUBDERMAL IMPLANT 68 MG	4	SP; ACA PV
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	1	ACA PV
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	4	ACA PV
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM)	4	PA
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG (AM) /300 MG (PM)	4	PA; QL (56 Capsules per month); QL (56 per 30 days)
OSPHENA ORAL TABLET 60 MG	4	
PHEXXI VAGINAL GEL 1.8-1-0.4 %	2	ACA PV
PREPIDIL VAGINAL GEL 0.5 MG/3 G	4	
RELAGARD VAGINAL GEL 0.9-0.025 %	4	
<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 %	4	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR	4	ACA PV
<i>vandazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
VCF CONTRACEPTIVE VAGINAL FILM 28 %	4	ACA PV
VCF CONTRACEPTIVE VAGINAL GEL 4 %	4	ACA PV
VEOZAH ORAL TABLET 45 MG	4	PA; QL (30 Tablets per month); QL (30 per 30 days)
XACIATO VAGINAL GEL 2 %	4	PA
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	1	ACA PV
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	1	ACA PV
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	1	ACA PV
<i>after pill oral tablet 1.5 mg</i>	4	ACA PV
AFTERA ORAL TABLET 1.5 MG	4	ACA PV
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA PV
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	ACA PV
<i>amethia oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA PV
<i>amethyst oral tablet 90-20 mcg (28)</i>	1	ACA PV
<i>apri oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	ACA PV
<i>ashlyna oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA PV
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	1	ACA PV
<i>aubra oral tablet 0.1-20 mg-mcg</i>	1	ACA PV
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	ACA PV
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	ACA PV
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA PV
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA PV
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA PV
<i>aviane oral tablet 0.1-20 mg-mcg</i>	1	ACA PV
<i>ayuna oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA PV

Drug Name	Drug Tier	Requirements / Limits
BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	4	ACA PV
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	1	ACA PV
BEYAZ ORAL TABLET 3-0.02-0.451 MG (24) (4)	4	ACA PV
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA PV
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA PV
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA PV
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	1	ACA PV
<i>camrese lo oral tablets, dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	1	ACA PV
<i>camrese oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA PV
<i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	1	ACA PV
<i>charlotte 24 fe oral tablet, chewable 1 mg-20 mcg (24) /75 mg (4)</i>	1	ACA PV
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	1	ACA PV
<i>curae oral tablet 1.5 mg</i>	4	ACA PV
<i>cyred eq oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>cyred oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA PV
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	ACA PV
<i>daysee oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA PV
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA PV
<i>dolishale oral tablet 90-20 mcg (28)</i>	1	ACA PV
<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>	4	ACA PV
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	1	ACA PV
<i>econtra ez oral tablet 1.5 mg</i>	1	ACA PV
<i>econtra one-step oral tablet 1.5 mg</i>	1	ACA PV
<i>elinest oral tablet 0.3-30 mg-mcg</i>	1	ACA PV

Drug Name	Drug Tier	Requirements / Limits
ELLA ORAL TABLET 30 MG	2	ACA PV
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	ACA PV
<i>enskyce oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>estarylla oral tablet 0.25-0.035 mg</i>	1	ACA PV
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	ACA PV
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	1	ACA PV
<i>feirza oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i>	4	ACA PV
FEMLYV ORAL TABLET, DISINTEGRATING 1 MG- 20 MCG	4	ACA PV
<i>finzala oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	ACA PV
<i>gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	4	ACA PV
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA PV
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA PV
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA PV
<i>hailey oral tablet 1.5-30 mg-mcg</i>	1	ACA PV
<i>her style oral tablet 1.5 mg</i>	4	ACA PV
<i>iclevia oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	1	ACA PV
<i>isibloom oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>jaimiess oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA PV
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	1	ACA PV
<i>jolessa oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	1	ACA PV
<i>joyeaux oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	1	ACA PV
<i>juleber oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	ACA PV
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	ACA PV
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA PV
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA PV

Drug Name	Drug Tier	Requirements / Limits
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA PV
<i>kaitlib fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	1	ACA PV
<i>kalliga oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA PV
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA PV
<i>kelnor 1/50 (28) oral tablet 1-50 mg-mcg</i>	1	ACA PV
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>l norgest/e.estradiol-e.estradiol oral tablets, dose pack, 3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA PV
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	ACA PV
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	ACA PV
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA PV
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA PV
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA PV
<i>layolis fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	1	ACA PV
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	ACA PV
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1	ACA PV
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	ACA PV
<i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	1	ACA PV
<i>levonorgestrel oral tablet 1.5 mg</i>	1	ACA PV
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	1	ACA PV
<i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	1	ACA PV
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30 (10)</i>	1	ACA PV
<i>levora-28 oral tablet 0.15-0.03 mg</i>	1	ACA PV
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	4	ACA PV

Drug Name	Drug Tier	Requirements / Limits
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	4	ACA PV
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	4	ACA PV
LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	4	ACA PV
LOESTRIN FE 1/20 (28-DAY) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	4	ACA PV
<i>lojaimiess oral tablets, dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	1	ACA PV
<i>loryna (28) oral tablet 3-0.02 mg</i>	1	ACA PV
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	1	ACA PV
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	1	ACA PV
<i>lutra (28) oral tablet 0.1-20 mg-mcg</i>	1	ACA PV
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA PV
<i>mibelas 24 fe oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	ACA PV
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	ACA PV
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	ACA PV
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA PV
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA PV
<i>mili oral tablet 0.25-0.035 mg</i>	1	ACA PV
<i>minzoya oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	1	ACA PV
<i>mono-linyah oral tablet 0.25-0.035 mg</i>	1	ACA PV
<i>my choice oral tablet 1.5 mg</i>	4	ACA PV
<i>my way oral tablet 1.5 mg</i>	1	ACA PV
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	4	ACA PV
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	ACA PV
<i>new day oral tablet 1.5 mg</i>	1	ACA PV
NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28)	2	ACA PV
<i>nikki (28) oral tablet 3-0.02 mg</i>	1	ACA PV

Drug Name	Drug Tier	Requirements / Limits
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)</i>	1	ACA PV
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	ACA PV
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	4	ACA PV
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA PV
<i>norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg (24) /75 mg (4)</i>	1	ACA PV
<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 PV
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	ACA PV
<i>nortrel 1/35 oral tablet 1-35 mg-mcg (21)</i>	1	ACA PV
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA PV
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	ACA PV
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA PV
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	ACA PV
<i>ocella oral tablet 3-0.03 mg</i>	1	ACA PV
<i>opcicon one-step oral tablet 1.5 mg</i>	4	ACA PV
<i>option-2 oral tablet 1.5 mg</i>	1	ACA PV
<i>philith oral tablet 0.4-35 mg-mcg</i>	1	ACA PV
<i>pimtreea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA PV
PLAN B ONE-STEP ORAL TABLET 1.5 MG	4	ACA PV
<i>portia 28 oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>rivelsa oral tablets, dose pack, 3 month 0.15 mg-20 mcg/0.15 mg-25 mcg</i>	1	ACA PV
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (21) (7)	4	ACA PV
<i>setlakin oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	1	ACA PV
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA PV

Drug Name	Drug Tier	Requirements / Limits
<i>simpesse oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA PV
SLYND ORAL TABLET 4 MG (28)	2	ACA PV
<i>sprintec (28) oral tablet 0.25-0.035 mg</i>	1	ACA PV
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	1	ACA PV
<i>syeda oral tablet 3-0.03 mg</i>	1	ACA PV
TAKE ACTION ORAL TABLET 1.5 MG	4	ACA PV
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA PV
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA PV
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	4	ACA PV
<i>tilia fe oral tablet 1-20 (5)/1-30 (7) /1mg-35mcg (9)</i>	1	ACA PV
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	1	ACA PV
<i>tri-legest fe oral tablet 1-20 (5)/1-30 (7) /1mg-35mcg (9)</i>	1	ACA PV
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	1	ACA PV
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	1	ACA PV
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	1	ACA PV
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	1	ACA PV
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	1	ACA PV
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	1	ACA PV
<i>tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	ACA PV
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	ACA PV
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	1	ACA PV
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	1	ACA PV
<i>turqoz (28) oral tablet 0.3-30 mg-mcg</i>	1	ACA PV

Drug Name	Drug Tier	Requirements / Limits
TYBLUME ORAL TABLET, CHEWABLE 0.1 MG- 20 MCG	2	ACA PV
<i>valtya oral tablet 1-50 mg-mcg</i>	4	ACA PV
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	1	ACA PV
<i>vestura (28) oral tablet 3-0.02 mg</i>	1	ACA PV
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1	ACA PV
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA PV
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA PV
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	1	ACA PV
<i>vylibra oral tablet 0.25-0.035 mg</i>	1	ACA PV
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	1	ACA PV
<i>wymzya fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	1	ACA PV
YASMIN (28) ORAL TABLET 3-0.03 MG	4	ACA PV
YAZ (28) ORAL TABLET 3-0.02 MG	4	ACA PV
<i>zarah oral tablet 3-0.03 mg</i>	1	ACA PV
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA PV
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	1	ACA PV
OXYTOCICS		
<i>methylergonovine oral tablet 0.2 mg</i>	1	
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE OPHTHALMIC (EYE) DROPS 1 %	4	
<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 %	4	
BETADINE PREP OPHTHALMIC (EYE) SOLUTION 5 %	2	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	EX	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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 1.5 %</i>	1	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	4	
NATACYN OPHTHALMIC (EYE) DROPS, SUSPENSION 5 %	4	
<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 %	4	
<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	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1	
TOBEX OPHTHALMIC (EYE) OINTMENT 0.3 %	4	
VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 %	4	
ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	4	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	4	
BETOPTIC S OPHTHALMIC (EYE) DROPS, SUSPENSION 0.25 %	4	PA; ST
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
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>	4	
<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>	4	
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %, 0.5 %	EX	
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	3	SP
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	1	
CYCLOGYL OPHTHALMIC (EYE) DROPS 0.5 %, 2 %	2	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	1	
<i>homatropaire ophthalmic (eye) drops 5 %</i>	1	
MYDRIACYL OPHTHALMIC (EYE) DROPS 1 %	4	
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	1	
DIRECT ACTING MIOTICS		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
QLOSI OPHTHALMIC (EYE) DROPPERETTE 0.4 %	4	PA
VUITY OPHTHALMIC (EYE) DROPS 1.25 %	4	PA
MISCELLANEOUS OPHTHALMOLOGICS		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %	4	
ALCAINE OPHTHALMIC (EYE) DROPS 0.5 %	4	
<i>altacaine ophthalmic (eye) drops 0.5 %</i>	1	
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 %	4	

Drug Name	Drug Tier	Requirements / Limits
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1	
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i>	4	
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %	EX	
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	4	PA
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	
CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS 0.1-0.25 %	4	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	1	
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	4	PA; SP
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	4	PA; SP
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	1	
FLUORESCEIN-BENOXINATE OPHTHALMIC (EYE) DROPS 0.3-0.4 %	4	
<i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>	1	
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %	4	PA
<i>olopatadine ophthalmic (eye) drops 0.1 %, 0.2 %</i>	1	
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	4	PA; QL (30 Units per month); SP; LA; QL (30 per 30 days)
PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS 0.146 % -0.146 %	4	
PREDNISOLONE ACETATE-BROMFENAC OPHTHALMIC (EYE) DROPS, SUSPENSION 1-0.075 %	4	
PREDNISOLONE ACETATE-NEPAFENAC OPHTHALMIC (EYE) DROPS, SUSPENSION 1-0.1 %	4	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	1	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	4	PA
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	4	PA
TETRACAINE HCL (PF) OPHTHALMIC (EYE) DROPS 0.5 %	4	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY	4	PA
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 %	4	PA
VEVYE OPHTHALMIC (EYE) DROPS 0.1 %	4	PA
XDEMVIY OPHTHALMIC (EYE) DROPS 0.25 %	4	PA; SP
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	4	PA; QL (60 Vials per fill); QL (60 per 30 days)
ZERVIATE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	EX	
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 %	4	
ACULAR OPHTHALMIC (EYE) DROPS 0.5 %	4	
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	EX	
<i>bromfenac ophthalmic (eye) drops 0.07 %, 0.075 %</i>	4	
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	1	
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	4	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1	
ILEVRO OPHTHALMIC (EYE) DROPS, SUSPENSION 0.3 %	4	
<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 %	4	
ORAL DRUGS FOR GLAUCOMA		
<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>	4	
OTHER GLAUCOMA DRUGS		

Drug Name	Drug Tier	Requirements / Limits
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>	4	
<i>brinzolamide ophthalmic (eye) drops, suspension 1 %</i>	4	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	4	
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 %	4	
COSOPT OPHTHALMIC (EYE) DROPS 22.3-6.8 MG/ML	EX	
DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS 2 %	4	
<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 %	4	PA
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	4	PA
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	4	PA
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	4	PA
SIMBRINZA OPHTHALMIC (EYE) DROPS, SUSPENSION 1-0.2 %	4	
<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	

Drug Name	Drug Tier	Requirements / Limits
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %	EX	
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	EX	
STEROID-ANTIBIOTIC COMBINATIONS		
MAXITROL OPHTHALMIC (EYE) DROPS, SUSPENSION 3.5MG/ML-10,000 UNIT/ML-0.1 %	4	
MAXITROL OPHTHALMIC (EYE) OINTMENT 3.5 MG/G-10,000 UNIT/G-0.1 %	4	
<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 %	4	ST
TOBRADEX ST OPHTHALMIC (EYE) DROPS, SUSPENSION 0.3-0.05 %	4	ST
<i>tobramycin-dexamethasone ophthalmic (eye) drops, suspension 0.3-0.1 %</i>	1	
ZYLET OPHTHALMIC (EYE) DROPS, SUSPENSION 0.3-0.5 %	4	PA
STERIODS		
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	4	
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	4	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	EX	

Drug Name	Drug Tier	Requirements / Limits
EYSUVIS OPHTHALMIC (EYE) DROPS, SUSPENSION 0.25 %	4	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 %	4	
LOTEMAX OPHTHALMIC (EYE) DROPS, GEL 0.5 %	4	
LOTEMAX OPHTHALMIC (EYE) DROPS, SUSPENSION 0.5 %	4	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	4	
LOTEMAX SM OPHTHALMIC (EYE) DROPS, GEL 0.38 %	4	
<i>loteprednol etabonate ophthalmic (eye) drops, gel 0.5 %</i>	4	
<i>loteprednol etabonate ophthalmic (eye) drops, suspension 0.2 %</i>	EX	
<i>loteprednol etabonate ophthalmic (eye) drops, suspension 0.5 %</i>	4	
MAXIDEX OPHTHALMIC (EYE) DROPS, SUSPENSION 0.1 %	EX	
PRED FORTE OPHTHALMIC (EYE) DROPS, SUSPENSION 1 %	4	
PRED MILD OPHTHALMIC (EYE) DROPS, SUSPENSION 0.12 %	EX	
PREDNISOLONE ACETATE (PF) OPHTHALMIC (EYE) DROPS, SUSPENSION 1 %	4	
<i>prednisolone acetate ophthalmic (eye) drops, suspension 1 %</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	

STEROID-SULFONAMIDE COMBINATIONS

Drug Name	Drug Tier	Requirements / Limits
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	
SULFONAMIDES		
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	1	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %, 0.15 %	4	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.1 %</i>	4	
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	4	
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	4	
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	1	
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 %	4	PA; QL (30 Units per month); QL (30 per 30 days)
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI-HISTAMINE & ANTI-ALLERGENIC AGENTS		
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML, 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	EX	QL (4 Auto-Injectors per fill)
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	EX	
CARBINOXAMINE MALEATE ORAL SUSPENSION, EXTENDED REL 12 HR 4 MG/5 ML	4	PA
<i>carbinoxamine maleate oral tablet 4 mg, 6 mg</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>cyproheptadine oral syrup 2 mg/5 ml</i>	1	
<i>cyproheptadine oral tablet 4 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>desloratadine oral tablet 5 mg</i>	1	PA; ST; QL (30 Tablets per month); QL (30 per 30 days)
<i>desloratadine oral tablet, disintegrating 2.5 mg, 5 mg</i>	1	PA; ST; QL (30 Tablets per month); QL (30 per 30 days)
<i>dexchlorpheniramine maleate oral solution 2 mg/5 ml</i>	EX	
DIPHEN ORAL ELIXIR 12.5 MG/5 ML	4	
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	2	QL (4 Syringes per fill); 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 Syringes per fill); QL (4 per 30 days)
EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	4	QL (4 Auto-Injectors per fill); QL (4 per 30 days)
EPIPEN JR INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	4	QL (4 Auto-Injectors per fill); 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	
<i>levocetirizine oral tablet 5 mg</i>	1	
NEFFY NASAL SPRAY, NON-AEROSOL 2 MG/SPRAY (0.1 ML)	4	QL (4 Units per month); 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	
COUGH & COLD THERAPY		
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	1	
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML	4	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	4	

Drug Name	Drug Tier	Requirements / Limits
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG	EX	
<i>codeine-guaiifenesin oral liquid 10-100 mg/5 ml</i>	1	
CODITUSSIN AC ORAL LIQUID 10-200 MG/5 ML	4	
CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5 ML	4	
<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 SYRUP 5-1.5 MG/5 ML	4	
HYCODAN (WITH HOMATROPINE) ORAL TABLET 5-1.5 MG	4	
<i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr 10-8 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	1	
<i>hydromet oral syrup 5-1.5 mg/5 ml</i>	1	
MAR-COF CG ORAL LIQUID 7.5-225 MG/5 ML	4	
<i>maxi-tuss ac oral liquid 10-100 mg/5 ml</i>	4	
MAXI-TUSS CD ORAL LIQUID 4-10-10 MG/5 ML	4	
NINJACOF-XG ORAL LIQUID 8-200 MG/5 ML	4	
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	4	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG	4	
PULMONARY AGENTS		
ACCOLATE ORAL TABLET 10 MG, 20 MG	4	
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	4	

Drug Name	Drug Tier	Requirements / Limits
ADCIRCA ORAL TABLET 20 MG	EX	SP; LA
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	4	PA; SP; LA
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	4	
ADVAIR HFA INHALATION AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	2	
AIRDUO RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	EX	
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	4	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	
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION	EX	
ALYFTREK ORAL TABLET 10-50-125 MG	3	PA; SP; LA; QL (60 per 30 days)
ALYFTREK ORAL TABLET 4-20-50 MG	3	PA; SP; LA; QL (90 per 30 days)
<i>alyq oral tablet 20 mg</i>	3	PA; SP
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	3	PA; SP; LA
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	2	
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	4	
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	2	

Drug Name	Drug Tier	Requirements / Limits
ASMANEX HFA INHALATION AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	4	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)	4	PA
ATROVENT HFA INHALATION AEROSOL INHALER 17 MCG/ACTUATION	4	
<i>azelastine-fluticasone nasal spray, non-aerosol 137-50 mcg/spray</i>	4	
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	4	
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	3	PA; SP; LA
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	2	
<i>breynga 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	4	
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	4	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	4	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION	4	

Drug Name	Drug Tier	Requirements / Limits
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	
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	4	
ESBRIET ORAL CAPSULE 267 MG	4	PA; QL (270 Capsules per month); SP; LA; QL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG, 801 MG	4	PA; QL (90 Tablets per month); SP; LA; QL (90 per 30 days)
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	3	PA; SP; LA
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML	3	PA; SP; LA
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	EX	SP
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	EX	
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	4	
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	4	
<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	4	

Drug Name	Drug Tier	Requirements / Limits
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	1	
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	4	PA; SP; LA
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %, 7 %	4	
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	3	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	3	PA; SP; LA
KALYDECO ORAL TABLET 150 MG	3	PA; SP; LA
LETAIRIS ORAL TABLET 10 MG, 5 MG	EX	SP; LA
<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	
LIQREV ORAL SUSPENSION 10 MG/ML	4	PA; SP; LA
<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 %	4	
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	3	PA; SP; LA
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML	3	PA; SP; LA
OFEV ORAL CAPSULE 100 MG, 150 MG	3	PA; QL (60 Capsules per month); SP; LA; QL (60 per 30 days)
OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION 3 MG/2.5 ML	4	PA; QL (60 Milliliters per fill); SP; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
OMNARIS NASAL SPRAY, NON-AEROSOL 50 MCG	EX	
OPSUMIT ORAL TABLET 10 MG	4	PA; SP; LA
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG	4	PA; SP; LA
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	4	PA; SP; LA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	4	PA; SP; LA
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	4	PA; QL (30 Capsules per month); SP; QL (30 per 30 days)
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	4	
<i>pirfenidone oral capsule 267 mg</i>	3	PA; QL (270 Capsules per month); SP; LA; QL (270 per 30 days)
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	3	PA; QL (90 Tablets per month); SP; LA; QL (90 per 30 days)
PIRFENIDONE ORAL TABLET 534 MG	EX	SP
PROAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 90 MCG/ACTUATION	EX	
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	EX	
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	4	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>	4	
PULMOZYME INHALATION SOLUTION 1 MG/ML	3	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	4	PA; SP; LA
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	4	

Drug Name	Drug Tier	Requirements / Limits
RYALTRIS NASAL SPRAY, NON-AEROSOL 665-25 MCG/SPRAY	4	PA
<i>sajazir subcutaneous syringe 30 mg/3 ml</i>	3	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>	3	PA; SP
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	4	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	4	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	EX	
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	4	
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	3	PA; SP; LA
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	3	PA; SP
TADLIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	4	PA; SP; LA
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	4	PA; QL (2 Vials per month); SP; LA; QL (2 per 30 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)	4	PA; QL (2 Syringes per month); 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)	3	PA; SP; LA

Drug Name	Drug Tier	Requirements / Limits
TEZSPIRE SUBCUTANEOUS SYRINGE 210 MG/1.91 ML (110 MG/ML)	3	PA; SP; LA
THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	4	
<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 100 mg, 200 mg, 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	4	PA; SP; LA
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	3	PA; 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)	3	PA; SP; LA
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	3	PA; SP; LA
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	4	
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) - 48(28) MCG, 32 MCG, 48 MCG, 64 MCG	4	PA; SP; LA
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	4	PA; SP; LA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	4	PA; SP; LA
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	4	PA; SP; LA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	4	PA; SP; LA

Drug Name	Drug Tier	Requirements / Limits
VENTOLIN HFA INHALATION AEROSOL INHALER 90 MCG/ACTUATION	EX	
WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG	4	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	4	PA; QL (2 Auto-Injectors per month); SP; LA; QL (2 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	4	PA; QL (1 Auto-Injector per month); SP; LA; QL (1 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	4	PA; QL (4 Auto-Injectors per month); SP; LA; QL (4 per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	4	PA; QL (2 Milliliters per month); SP; LA; QL (1 per 30 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; QL (2 Syringes per month); SP; LA; QL (2 per 30 days)
XOLAIR SUBCUTANEOUS SYRINGE 300 MG/2 ML	4	PA; QL (1 Syringes per month); SP; LA; QL (1 per 30 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	4	PA; QL (4 Syringes per month); SP; LA; QL (4 per 30 days)
XOPENEX HFA INHALATION AEROSOL INHALER 45 MCG/ACTUATION	EX	
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	4	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	4	
ZETONNA NASAL HFA AEROSOL INHALER 37 MCG/ACTUATION	EX	
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	4	ST
ZYFLO ORAL TABLET 600 MG	EX	

UROLOGICALS

ANTICHOLINERGICS & ANTISPASMODICS

<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>	4	
<i>flavoxate oral tablet 100 mg</i>	1	
GEMTESA ORAL TABLET 75 MG	4	ST

Drug Name	Drug Tier	Requirements / Limits
<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	4	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 LS ORAL SUSPENSION 1 MG/ML	4	ST
VESICARE ORAL TABLET 10 MG, 5 MG	EX	
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	1	
AVODART ORAL CAPSULE 0.5 MG	EX	
<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	
ENTADFI ORAL CAPSULE 5-5 MG	4	PA
<i>finasteride oral tablet 5 mg</i>	1	
FLOMAX ORAL CAPSULE 0.4 MG	4	PA; ST
PROSCAR ORAL TABLET 5 MG	4	
RAPAFLO ORAL CAPSULE 4 MG, 8 MG	EX	
<i>silodosin oral capsule 4 mg, 8 mg</i>	1	
<i>tamsulosin oral capsule 0.4 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR 10 MG	EX	
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
MISCELLANEOUS UROLOGICALS		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	3	PA; SP
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>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	4	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	1	
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	EX	SP; LA
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG	EX	SP; LA
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	4	
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML)	4	PA; SP
RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML	4	PA; SP
<i>sodium citrate-citric acid oral solution 490-640 mg/5 ml</i>	4	
URELLE ORAL TABLET 81-10.8-40.8 MG	4	
<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	4	
URIMAR-T ORAL CAPSULE 120-10.8-40.8 MG	4	
<i>urimar-t oral tablet 120-10.8-0.12 mg</i>	1	
URNEVA ORAL CAPSULE 120-10.8-40.8 MG	4	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1,080 MG)	4	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ	4	

Drug Name	Drug Tier	Requirements / Limits
<i>urogesic-blue oral tablet 81.6-40.8-0.12 mg</i>	4	
<i>uro-mp oral capsule 118-10-40.8-36 mg</i>	1	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG	4	
<i>uro-sp oral capsule 118-10-40.8-36 mg</i>	4	
<i>uryl oral tablet 81.6-40.8-0.12 mg</i>	1	
URINARY ANESTHETICS		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
PYRIDIDIUM ORAL TABLET 100 MG, 200 MG	EX	
VITAMIN, HEMATINIC & ELECTROLYTES		
ELECTROLYTES		
AURYXIA ORAL TABLET 210 MG IRON	4	PA
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	EX	
FOSRENOL ORAL TABLET, CHEWABLE 1,000 MG, 500 MG, 750 MG	EX	
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i>	1	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	4	PA; QL (30 Packets per month); QL (30 per 30 days)
RENVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM	4	PA
RENVELA ORAL TABLET 800 MG	4	PA
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	4	
<i>sevelamer carbonate oral tablet 800 mg</i>	1	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	4	
<i>sodium polystyrene sulfonate oral powder</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>	4	
VELPHORO ORAL TABLET, CHEWABLE 500 MG	4	PA
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	4	PA
XPHOZAH ORAL TABLET 20 MG, 30 MG	4	PA; QL (60 Tablets per month); SP; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
<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	
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)	4	
<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>lugols oral solution 5 %</i>	1	
POKONZA ORAL PACKET 10 MEQ	4	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	1	
<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	
<i>strong iodine oral solution 5 %</i>	1	
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	4	PA; SP; LA
VITAMINS & HEMATINICS		
ACCRUFER ORAL CAPSULE 30 MG	4	PA

Drug Name	Drug Tier	Requirements / Limits
<i>ascorbic acid (vitamin c) injection solution 500 mg/ml</i>	4	
<i>b complex 100 injection solution 100-2-100-2-2 mg/ml</i>	4	
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP, DR 27 MG IRON-1 MG -374 MG	4	
<i>bal-care dha oral combo pack, tablet and cap, dr 27-1-430 mg</i>	1	
CITRANATAL B-CALM (FE GLUC) ORAL TABLETS, SEQUENTIAL 20 MG IRON-1 MG - 25 MG/25 MG	4	
CITRANATAL MEDLEY ORAL CAPSULE 27 MG IRON-1 MG -200 MG	4	
<i>c-nate dha oral capsule 28 mg iron-1 mg -200 mg</i>	4	
<i>complete natal dha oral combo pack 29 mg iron- 1 mg-200 mg</i>	1	
CONCEPT DHA ORAL CAPSULE 35-1-200 MG	4	
CONCEPT OB ORAL CAPSULE 85-1 MG	4	
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	1	PA; ST
<i>cyanocobalamin (vitamin b-12) nasal spray, non-aerosol 500 mcg/spray</i>	4	PA; ST
<i>dodex injection solution 1,000 mcg/ml</i>	4	
DUET DHA WITH OMEGA-3 ORAL COMBO PACK 25 MG IRON-1 MG -400 MG	4	
<i>elite-ob oral tablet 50 mg iron- 1.25 mg</i>	4	
ENBRACE HR ORAL CAPSULE, IR - DELAY REL, BIPHASE 1.5 MG IRON- 8.73 MG-6.4 MG	4	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	
FA-8 ORAL CAPSULE 0.8 MG	4	
FLORIVA (FLUORIDE-VITAMIN D3) ORAL DROPS 0.25 MG (0.55 MG)-400 UNIT/ML	4	
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	4	ACA PV
<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>	4	ACA PV
<i>folic acid injection solution 5 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>folic acid oral tablet 1 mg</i>	1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	1	ACA PV
<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	4	
<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>	4	ACA PV
MARNATAL-F ORAL CAPSULE 60 MG IRON- 1 MG	4	
MECOBALAMIN (VITAMIN B12) INJECTION RECON SOLN 10, 000 MCG	4	
<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>	4	ACA PV
<i>multi-vitamin with fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg</i>	4	ACA PV
<i>mvc-fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg</i>	4	ACA PV
<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	
NATACHEW (FE BIS-GLYCINATE) ORAL TABLET, CHEWABLE 28 MG IRON -1 MG	4	
NATAL PNV ORAL TABLET 6 MG IRON- 833.5 MCG DFE	4	
NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE 27 MG IRON-1.13 MG-581.92 MG	4	
NEONATAL COMPLETE ORAL TABLET 29-1 MG	4	
NEONATAL FE ORAL TABLET 90 MG-120 MG-12 MCG-1,000 MCG	4	
NEONATAL PLUS VITAMIN ORAL TABLET 27 MG IRON- 1 MG	4	
NEONATAL-DHA ORAL COMBO PACK 29-1- 200-500 MG	4	

Drug Name	Drug Tier	Requirements / Limits
<i>neo-vital rx oral tablet 27 mg iron- 1 mg</i>	4	
NESTABS ABC ORAL COMBO PACK 32 MG IRON-1 MG -120 MG-180 MG	4	
NESTABS DHA ORAL COMBO PACK 32 MG IRON- 1,000 MCG-230MG	4	
NESTABS ONE ORAL CAPSULE 38-1-225 MG	4	
NESTABS ORAL TABLET 32-1,000 MG-MCG	4	
<i>newgen oral tablet 32-1,000 mg-mcg</i>	4	
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	
<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	4	
<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	4	
<i>prenatal plus oral tablet 29 mg iron- 1 mg</i>	1	
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET 27 MG IRON- 1 MG	4	

Drug Name	Drug Tier	Requirements / Limits
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	4	ACA PV
<i>prenatal-u oral capsule 106.5-1 mg</i>	1	
PRENATE AM ORAL TABLET 1-500 MG	4	
PRENATE CHEWABLE ORAL TABLET, CHEWABLE 1 MG	4	
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE 18 MG IRON-1 MG -300 MG	4	
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET 20 MG IRON- 1 MG	4	
PRENATE ENHANCE ORAL CAPSULE 28 MG IRON- 1 MG-400 MG	4	
PRENATE ESSENTIAL(IRON-ASP-GL) ORAL CAPSULE 18 MG IRON- 1 MG-300 MG	4	
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE 18-1-350 MG	4	
PRENATE PIXIE ORAL CAPSULE 10 MG IRON- 1 MG-200 MG	4	
PRENATE RESTORE ORAL CAPSULE 27 MG IRON- 1 MG-400 MG	4	
PRENATE STAR ORAL TABLET 20 MG IRON- 1 MG	4	
PRIMACARE ORAL CAPSULE 30-1-300 MG	4	
PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG	4	
R-NATAL OB ORAL CAPSULE 20 MG IRON- 1 MG-320 MG	4	
SELECT-OB (FOLIC ACID) ORAL TABLET, CHEWABLE 29 MG IRON- 1 MG	4	
SELECT-OB + DHA ORAL COMBO PACK 29 MG IRON-1 MG -250 MG	4	
SELECT-OB ORAL TABLET, CHEWABLE 29 MG IRON- 1 MG	4	
<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>	4	ACA PV
<i>soluvita oral drops 0.5 mg (1.1 mg sod.fluorid/ml)</i>	4	ACA PV
<i>taron-c dha oral capsule 35-1-200 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG	4	
TRICARE ORAL TABLET 27 MG IRON- 1 MG	4	
<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	4	
<i>tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	4	ACA PV
VITAFOL FE PLUS ORAL CAPSULE 90 MG IRON- 1 MG-200 MG	4	
VITAFOL GUMMIES ORAL TABLET, CHEWABLE 3.33 MG IRON- 0.33 MG	4	
VITAFOL ULTRA ORAL CAPSULE 29 MG IRON- 1 MG-200 MG	4	
VITAFOL-OB ORAL TABLET 65-1 MG	4	
VITAFOL-OB+DHA ORAL COMBO PACK 65-1-250 MG	4	
VITAFOL-ONE ORAL CAPSULE 29 MG IRON- 1 MG-200 MG	4	
VITAMEDMD ONE RX ORAL CAPSULE 30 MG IRON-1MG -200 MG	4	
<i>vitamins a, c, d and fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	4	ACA PV
<i>wescap-c dha oral capsule 35-1-200 mg</i>	4	
<i>wescap-pn dha oral capsule 27 mg iron-1 mg -300 mg</i>	4	
<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>	4	
<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>	4	
<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>	4	

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