

Open A1/Preferred A2 Formulary Drug List (A1/A2) Effective 02-01-2026

How to use this list:

On a high-deductible, health savings account (HSA)? Refer to the A1 drug list.

For all covered drugs, once you have satisfied your medical deductible, you will pay your applicable coinsurance until you reach your out-of-pocket maximum for the plan year. The drug tiers do not apply.

On a PPO plan? Refer to the A2 drug list.

Your drugs will fall into 2 tiers: Generic (1) and Brand (2).

Please see the chart on page 3 for information.

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?

This 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.

Open (A1) / Preferred (A2) 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.

Open (A1) Formulary Drug list

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

Preferred (A2) Drug list

Drug Tier	Includes
Generic (1)	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.
Brand (2)	Tier 2 includes brand drugs.

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

ACA PV	Affordable Care Act (ACA) Preventive Medication	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." <i>The coverage in full for some drugs is limited to the following:</i> • <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> <i>Coverage outside of the limits described above will be at the tier in the "Drug Tier" column.</i>
HCLV	High-Cost Low Value	Certain drugs are not covered under your specific plan if a lower cost generic or therapeutic equivalent is available. This is true even if the prescribed medication is listed as covered on your plan's list of covered drugs, sometimes referred to as a "formulary".
LA	Limited Access Drug	Limited Distribution drugs 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. Your benefit may require that you fill these drugs at an in-network specialty pharmacy. Please see your benefit booklet with 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.
OPT	Optional Benefits	Many benefit plans exclude drugs for erectile dysfunction (ED), fertility, and weight management. Please refer to the applicable benefit plan to

		determine benefit availability and the terms, conditions, and limitations of coverage. For questions about benefit information, contact customer service using the telephone number on the back of the member identification card.
SP	Specialty Pharmacy	In general, specialty drugs are drugs typically used to treat chronic, complex, or rare conditions and may require enhanced clinical support. Specialty Drugs are generally limited to a month supply on dispense. Please check your member booklet for more details.
NP	Non-Preferred	This drug has a preferred drug option. You can find preferred options to non-preferred drugs by clicking on the therapeutic class above and selecting the appropriate subclass. Preferred drug options are listed without the NP flag. Talk to your provider to see if one of these options is right for you.

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	2	HCLV; NP
BREXAFEMME ORAL TABLET 150 MG	2	PA; QL (24 Tablets per 180 days)
<i>clotrimazole mucous membrane troche 10 mg</i>	1	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	2	PA
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	2	HCLV; NP
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	1	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	1	
<i>griseofulvin microsize oral tablet 500 mg</i>	1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	
<i>griseofulvin ultramicrosize oral tablet 165 mg</i>	1	HCLV
<i>itraconazole oral capsule 100 mg</i>	1	
<i>itraconazole oral solution 10 mg/ml</i>	1	
<i>ketoconazole oral tablet 200 mg</i>	1	
NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON 300 MG	2	PA
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	2	PA; HCLV; NP
<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	2	ST; HCLV; NP
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i>	1	
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	1	
SPORANOX ORAL CAPSULE 100 MG	2	HCLV; NP
<i>terbinafine hcl oral tablet 250 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
TOLSURA ORAL CAPSULE, SOLID DISPERSION 65 MG	2	PA; HCLV
VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML)	2	ST; HCLV; NP
VIVJOA ORAL CAPSULE 150 MG	2	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>	1	
<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)	2	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	2	PA; HCLV
BARACLUDE ORAL TABLET 0.5 MG, 1 MG	2	PA; HCLV; NP
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML	2	ACA
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	2	
CABENUVA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	2	SP
CIMDUO ORAL TABLET 300-300 MG	2	
COMPLERA ORAL TABLET 200-25-300 MG	2	HCLV; NP
<i>darunavir oral tablet 600 mg, 800 mg</i>	1	
DELSTRIGO ORAL TABLET 100-300-300 MG	2	HCLV

Drug Name	Drug Tier	Requirements / Limits
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	2	PA
DOVATO ORAL TABLET 50-300 MG	2	
EDURANT ORAL TABLET 25 MG	2	QL (30 per 30 days)
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG	2	QL (180 per 30 days)
<i>efavirenz oral tablet 600 mg</i>	1	
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	1	
<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	
<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate oral tablet 200-25-300 mg</i>	1	QL (30 per 30 days)
EMTRIVA ORAL CAPSULE 200 MG	2	HCLV; NP
EMTRIVA ORAL SOLUTION 10 MG/ML	2	QL (720 mL per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG	2	PA; SP; LA
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	2	PA; SP; LA
EPIVIR ORAL SOLUTION 10 MG/ML	2	ST; HCLV; NP
EPIVIR ORAL TABLET 150 MG, 300 MG	2	ST; HCLV; NP
<i>etravirine oral tablet 100 mg, 200 mg</i>	1	
EVOTAZ ORAL TABLET 300-150 MG	2	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	
FLUMADINE ORAL TABLET 100 MG	2	HCLV; NP
<i>fosamprenavir oral tablet 700 mg</i>	1	
GENVOYA ORAL TABLET 150-150-200-10 MG	2	
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	2	PA; SP; LA
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	2	PA; SP; LA
INTELENCE ORAL TABLET 100 MG, 200 MG	2	HCLV; NP
INTELENCE ORAL TABLET 25 MG	2	

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

Drug Name	Drug Tier	Requirements / Limits
PAXLOVID ORAL TABLETS, DOSE PACK 300 MG (150 MG X 2)-100 MG	2	QL (40 per 30 days)
PIFELTRO ORAL TABLET 100 MG	2	HCLV
PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG	2	
PREVYMIS ORAL TABLET 240 MG, 480 MG	2	
PREZCOBIX ORAL TABLET 675-150 MG	2	QL (30 per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG-MG	2	
PREZISTA ORAL SUSPENSION 100 MG/ML	2	QL (240 per 30 days)
PREZISTA ORAL TABLET 150 MG, 75 MG	2	
PREZISTA ORAL TABLET 600 MG, 800 MG	2	HCLV; NP
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	2	
RETROVIR ORAL CAPSULE 100 MG	2	HCLV; NP
RETROVIR ORAL SYRUP 10 MG/ML	2	HCLV; NP
REYATAZ ORAL CAPSULE 200 MG, 300 MG	2	HCLV; NP
REYATAZ ORAL POWDER IN PACKET 50 MG	2	
<i>ribavirin inhalation recon soln 6 gram</i>	1	
<i>ribavirin oral capsule 200 mg</i>	1	SP; LA
<i>ribavirin oral tablet 200 mg</i>	1	SP; LA
<i>rimantadine oral tablet 100 mg</i>	1	
<i>ritonavir oral tablet 100 mg</i>	1	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	2	PA; QL (60 Tablets per month)
SELZENTRY ORAL SOLUTION 20 MG/ML	2	
SELZENTRY ORAL TABLET 150 MG, 300 MG	2	HCLV; NP
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	2	PA; SP; LA
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	2	PA; SP; LA
SOVALDI ORAL TABLET 200 MG, 400 MG	2	PA; SP; LA
STRIBILD ORAL TABLET 150-150-200-300 MG	2	
SUNLENCA ORAL TABLET 300 MG	2	PA; QL (2 Packs per year); SP
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	2	PA; QL (6 Vials per year); SP
SYMFI ORAL TABLET 600-300-300 MG	2	HCLV; NP

Drug Name	Drug Tier	Requirements / Limits
SYMTUZA ORAL TABLET 800-150-200-10 MG	2	
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG	2	HCLV; NP
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML	2	HCLV; NP
TEMBEXA ORAL SUSPENSION 10 MG/ML	2	
TEMBEXA ORAL TABLET 100 MG	2	
<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	2	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	2	PA; HCLV; NP
TYBOST ORAL TABLET 150 MG	2	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	1	
VALCYTE ORAL RECON SOLN 50 MG/ML	2	HCLV; NP
VALCYTE ORAL TABLET 450 MG	2	HCLV; NP
<i>valganciclovir oral recon soln 50 mg/ml</i>	1	
<i>valganciclovir oral tablet 450 mg</i>	1	
VALTREX ORAL TABLET 1 GRAM, 500 MG	2	HCLV; NP
VEMLIDY ORAL TABLET 25 MG	2	PA
VIRACEPT ORAL TABLET 250 MG, 625 MG	2	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	2	PA
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	PA
VIREAD ORAL TABLET 300 MG	2	PA; HCLV; NP
VOSEVI ORAL TABLET 400-100-100 MG	2	PA; SP; LA
XOFLUZA ORAL TABLET 40 MG, 80 MG	2	QL (2 Tablets per year); HCLV
YEZTUGO ORAL TABLET 300 MG	2	PA; SP; QL (4 per 365 days)
YEZTUGO SUBCUTANEOUS SOLUTION 309 MG/ML	2	PA; SP; QL (1 per 180 days)
ZEPATIER ORAL TABLET 50-100 MG	2	PA; SP; LA
ZIAGEN ORAL SOLUTION 20 MG/ML	2	HCLV; NP

Drug Name	Drug Tier	Requirements / Limits
<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>	1	
<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>	1	
<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>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral capsule 750 mg</i>	1	HCLV
<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	HCLV
ERYTHROMYCINS & OTHER MACROLIDES		
<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	

Drug Name	Drug Tier	Requirements / Limits
<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	2	PA; QL (20 per 30 days)
DIFICID ORAL TABLET 200 MG	2	PA; HCLV; NP; QL (20 per 30 days)
<i>e.e.s. oral tablet 400 mg</i>	1	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	2	NP
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	2	HCLV; NP
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML	2	HCLV; NP
<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	2	NP
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>	1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1	
<i>erythromycin oral capsule, delayed release (dr/ec) 250 mg</i>	1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	1	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	1	
<i>fidaxomicin oral tablet 200 mg</i>	1	
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	2	NP
ZITHROMAX ORAL TABLET 250 MG, 500 MG	2	NP
ZITHROMAX TRI-PAK ORAL TABLET 500 MG	2	NP
ZITHROMAX Z-PAK ORAL TABLET 250 MG	2	NP
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole oral tablet 200 mg</i>	1	PA; QL (112 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	2	PA
ALINIA ORAL TABLET 500 MG	2	PA; HCLV; NP
ARAKODA ORAL TABLET 100 MG	2	HCLV
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	2	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	2	
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	2	PA; SP; HCLV; NP
BILTRICIDE ORAL TABLET 600 MG	2	HCLV; NP
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	2	PA; QL (84 Milliliters per month); SP; LA
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	
CLEOCIN HCL ORAL CAPSULE 150 MG, 300 MG, 75 MG	2	NP
CLEOCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	2	HCLV; NP
<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	2	
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	1	
COLY-MYCIN M PARENTERAL INJECTION RECON SOLN 150 MG	2	NP
<i>cycloserine oral capsule 250 mg</i>	1	
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
DARAPRIM ORAL TABLET 25 MG	2	PA; SP; HCLV; NP
EMVERM ORAL TABLET, CHEWABLE 100 MG	2	PA
<i>ethambutol oral tablet 100 mg, 400 mg</i>	1	
HUMATIN ORAL CAPSULE 250 MG	2	PA; SP; LA
<i>hydroxychloroquine oral tablet 100 mg, 200 mg</i>	1	
<i>hydroxychloroquine oral tablet 300 mg, 400 mg</i>	1	HCLV

Drug Name	Drug Tier	Requirements / Limits
IMPAVIDO ORAL CAPSULE 50 MG	2	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)
<i>ivermectin oral tablet 6 mg</i>	1	HCLV; QL (20 per 30 days)
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	2	PA; SP; HCLV
KRINTAFEL ORAL TABLET 150 MG	2	HCLV
LAMPIT ORAL TABLET 120 MG, 30 MG	2	
LIKMEZ ORAL SUSPENSION 500 MG/5 ML	2	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	2	HCLV; NP
MALARONE PEDIATRIC ORAL TABLET 62.5-25 MG	2	HCLV; NP
<i>mefloquine oral tablet 250 mg</i>	1	
MEPRON ORAL SUSPENSION 750 MG/5 ML	2	HCLV; NP
<i>metronidazole oral capsule 375 mg</i>	1	HCLV
METRONIDAZOLE ORAL TABLET 125 MG	2	PA; HCLV
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
NEBUPENT INHALATION RECON SOLN 300 MG	2	HCLV; NP
<i>neomycin oral tablet 500 mg</i>	1	
<i>nitazoxanide oral tablet 500 mg</i>	1	PA
<i>pentamidine inhalation recon soln 300 mg</i>	1	
PLAQUENIL ORAL TABLET 200 MG	2	HCLV; NP
<i>praziquantel oral tablet 600 mg</i>	1	
PRETOMANID ORAL TABLET 200 MG	2	
PRIFTIN ORAL TABLET 150 MG	2	
<i>primaquine oral tablet 26.3 mg (15 mg base)</i>	1	
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>pyrimethamine oral tablet 25 mg</i>	1	PA; SP
<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	

Drug Name	Drug Tier	Requirements / Limits
SIRTURO ORAL TABLET 100 MG, 20 MG	2	PA
SIVEXTRO ORAL TABLET 200 MG	2	
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM	2	PA
SOVUNA ORAL TABLET 200 MG, 300 MG	2	HCLV
STROMEKTOL ORAL TABLET 3 MG	2	QL (20 Tablets per month); HCLV; NP
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	
TOBI INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	2	PA; SP; HCLV; NP
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	2	PA; SP; HCLV
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	1	SP
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	1	SP; HCLV
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	2	PA; SP; HCLV
XENLETA ORAL TABLET 600 MG	2	
XIFAXAN ORAL TABLET 200 MG, 550 MG	2	PA; QL (60 Tablets per month)
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	2	NP
PENICILLINS		
<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	

Drug Name	Drug Tier	Requirements / Limits
AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION 600-42.9 MG/5 ML	2	HCLV; NP
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR 1,000-62.5 MG	2	HCLV; NP
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)	2	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	2	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	
EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT	2	
LENTOCILIN S INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT	2	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG	2	
<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	2	HCLV
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	2	NP
CIPRO ORAL TABLET 250 MG, 500 MG	2	NP
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>levofloxacin oral solution 250 mg/10 ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin oral tablet 400 mg</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
SULFA'S & RELATED AGENTS		
BACTRIM DS ORAL TABLET 800-160 MG	2	HCLV; NP

Drug Name	Drug Tier	Requirements / Limits
BACTRIM ORAL TABLET 400-80 MG	2	HCLV; NP
<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		
AVIDOXY DK KIT 100 MG-2 % -SPF 30	2	ST; HCLV; NP
<i>avidoxy oral tablet 100 mg</i>	1	ST; HCLV
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	1	
DORYX MPC ORAL TABLET, DELAYED RELEASE (DR/EC) 60 MG	2	ST; HCLV; NP
DORYX ORAL TABLET, DELAYED RELEASE (DR/EC) 200 MG, 80 MG	2	ST; HCLV; NP
<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>	1	HCLV
<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>	1	HCLV
DOXYCYCLINE HYCLATE ORAL TABLET, DELAYED RELEASE (DR/EC) 80 MG	2	ST; HCLV; NP
<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>	1	HCLV
<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	2	ST; HCLV; NP
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1	
MINOCYCLINE ORAL CAPSULE, EXTENDED RELEASE 24HR 135 MG, 45 MG, 90 MG	2	ST; HCLV; NP
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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>	1	ST; HCLV
<i>mondoxyne nl oral capsule 100 mg, 75 mg</i>	1	HCLV
MORGIDOX 1X 50 KIT 50 MG	2	ST; HCLV; NP
MORGIDOX 1X100 KIT 100 MG	2	ST; HCLV; NP
NUZYRA ORAL TABLET 150 MG	2	
ORACEA ORAL CAPSULE, IR - DELAY REL, BIPHASE 40 MG	2	ST; HCLV; NP
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG	2	ST; HCLV; NP
TARGADOX ORAL TABLET 50 MG	2	ST; HCLV; NP
<i>tetracycline oral capsule 250 mg, 500 mg</i>	1	
<i>tetracycline oral tablet 250 mg, 500 mg</i>	1	HCLV
XIMINO ORAL CAPSULE, EXTENDED RELEASE 24HR 135 MG, 45 MG, 90 MG	2	ST; HCLV; NP
URINARY TRACT AGENTS		
BLUJEPAL ORAL TABLET 750 MG	2	PA; QL (20 Tablets per Rx)
<i>fosfomycin tromethamine oral packet 3 gram</i>	1	HCLV
FURADANTIN ORAL SUSPENSION 25 MG/5 ML	2	NP
MACROBID ORAL CAPSULE 100 MG	2	NP
<i>methenamine hippurate oral tablet 1 gram</i>	1	
<i>methenamine mandelate oral tablet 0.5 gram, 1 gram</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	1	
NITROFURANTOIN ORAL SUSPENSION 50 MG/5 ML	2	HCLV
PRIMSOL ORAL SOLUTION 50 MG/5 ML	2	HCLV
<i>trimethoprim oral tablet 100 mg</i>	1	
VANCOMYCIN		
FIRVANQ ORAL RECON SOLN 25 MG/ML	2	HCLV
FIRVANQ ORAL RECON SOLN 50 MG/ML	2	HCLV; NP
VANCOCIN ORAL CAPSULE 125 MG, 250 MG	2	NP

Drug Name	Drug Tier	Requirements / Limits
<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	2	HCLV; NP
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	2	PA; SP
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	1	PA; SP; OCh; LA
<i>abiraterone oral tablet 500 mg</i>	1	PA; SP; OCh; HCLV; LA
<i>abirtega oral tablet 250 mg</i>	1	PA; OCh; LA
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	2	PA; SP; OCh; HCLV; NP; LA
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	2	PA; SP; OCh; HCLV; NP; LA
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	2	PA; SP; OCh
ALECENSA ORAL CAPSULE 150 MG	2	PA; SP; OCh; LA
ALKERAN ORAL TABLET 2 MG	2	OCh; HCLV; NP
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	2	PA; SP; OCh
ALUNBRIG ORAL TABLETS, DOSE PACK 90 MG (7)- 180 MG (23)	2	PA; SP; OCh
<i>anastrozole oral tablet 1 mg</i>	1	OCh; ACA
ARIMIDEX ORAL TABLET 1 MG	2	PA; OCh; HCLV; NP; QL (30 per 30 days)
AROMASIN ORAL TABLET 25 MG	2	PA; QL (30 Tablets per month); OCh; HCLV; NP
ASTAGRAF XL ORAL CAPSULE, EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	2	HCLV
AUGTYRO ORAL CAPSULE 160 MG, 40 MG	2	PA; SP; OCh
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG	2	PA; SP; OCh; QL (1 per 28 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	2	PA; SP; OCh
AZASAN ORAL TABLET 100 MG, 75 MG	2	HCLV; NP

Drug Name	Drug Tier	Requirements / Limits
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	1	
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	2	PA; SP; OCh
<i>bexarotene oral capsule 75 mg</i>	1	PA; SP; OCh; LA
<i>bexarotene topical gel 1 %</i>	1	PA; SP; LA
<i>bicalutamide oral tablet 50 mg</i>	1	OCh
BOSULIF ORAL CAPSULE 100 MG, 50 MG	2	PA; SP; OCh; LA
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	2	PA; SP; OCh; LA
BRAFTOVI ORAL CAPSULE 75 MG	2	PA; SP; OCh; LA
BRUKINSA ORAL CAPSULE 80 MG	2	PA; SP; OCh; QL (120 per 30 days)
BRUKINSA ORAL TABLET 160 MG	2	PA; SP; OCh; QL (60 per 30 days)
BYNFEZIA SUBCUTANEOUS PEN INJECTOR 7,000 MCG/2.8ML (2,500 MCG/ML)	2	PA; SP; QL (2400 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	2	PA; SP; OCh; LA
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	2	PA; SP; OCh
<i>capecitabine oral tablet 150 mg, 500 mg</i>	1	SP; OCh; LA
CAPRELSA ORAL TABLET 100 MG, 300 MG	2	PA; SP; OCh
CASODEX ORAL TABLET 50 MG	2	PA; QL (30 Tablets per month); OCh; HCLV; NP
CELLCEPT ORAL CAPSULE 250 MG	2	NP
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML	2	NP
CELLCEPT ORAL TABLET 500 MG	2	NP
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)	2	PA; SP; OCh; LA
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	2	PA; SP; OCh
COTELLIC ORAL TABLET 20 MG	2	PA; SP; OCh; LA
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	OCh
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	2	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	

Drug Name	Drug Tier	Requirements / Limits
DANZITEN ORAL TABLET 71 MG, 95 MG	2	PA; SP; OCh; HCLV; QL (120 per 30 days)
<i>dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg</i>	1	PA; SP; OCh; LA
DAURISMO ORAL TABLET 100 MG, 25 MG	2	PA; SP; OCh; LA
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	2	
ENSACOVE ORAL CAPSULE 100 MG	2	PA; SP; OCh; QL (60 per 30 days)
ENSACOVE ORAL CAPSULE 25 MG	2	PA; SP; OCh; QL (30 per 30 days)
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; SP; LA
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	2	PA; HCLV
ERIVEDGE ORAL CAPSULE 150 MG	2	PA; SP; OCh; LA
ERLEADA ORAL TABLET 240 MG, 60 MG	2	PA; SP; OCh; LA
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	1	PA; SP; OCh; LA
<i>etoposide oral capsule 50 mg</i>	1	OCh
EULEXIN ORAL CAPSULE 125 MG	2	PA; OCh; HCLV; NP; QL (180 per 30 days)
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1	PA; SP; OCh; LA
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i>	1	PA; SP; OCh; LA
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	1	PA
<i>exemestane oral tablet 25 mg</i>	1	OCh; ACA
FARESTON ORAL TABLET 60 MG	2	PA; QL (30 Tablets per month); OCh; NP
FEMARA ORAL TABLET 2.5 MG	2	PA; QL (30 Tablets per month); OCh; HCLV; NP
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	2	PA; SP; OCh; HCLV; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	2	PA; SP; OCh
GAVRETO ORAL CAPSULE 100 MG	2	PA; QL (120 Capsules per month); SP; OCh
<i>gefitinib oral tablet 250 mg</i>	1	PA; SP; OCh
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	
<i>gengraf oral solution 100 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	2	PA; SP; OCh; LA
GLEEVEC ORAL TABLET 100 MG, 400 MG	2	PA; SP; OCh; HCLV; NP; LA
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	2	PA; OCh
GOMEKLI ORAL CAPSULE 1 MG, 2 MG	2	PA; SP; OCh
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	2	PA; SP; OCh
HERNEXEOS ORAL TABLET 60 MG	2	PA; SP; OCh; QL (90 per 30 days)
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	2	SP; OCh; LA
HYDREA ORAL CAPSULE 500 MG	2	OCh; HCLV; NP
<i>hydroxyurea oral capsule 500 mg</i>	1	OCh
HYRNUO ORAL TABLET 10 MG	2	PA; SP; OCh; QL (120 per 30 days)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	2	PA; SP; OCh; LA
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	2	PA; SP; OCh; LA
IBTROZI ORAL CAPSULE 200 MG	2	PA; SP; OCh; QL (90 per 30 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	2	PA; SP; OCh
IDHIFA ORAL TABLET 100 MG, 50 MG	2	PA; SP; OCh; LA
<i>imatinib oral tablet 100 mg, 400 mg</i>	1	PA; SP; OCh; LA
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	2	PA; SP; OCh
IMBRUVICA ORAL SUSPENSION 70 MG/ML	2	PA; SP; OCh
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	2	PA; SP; OCh
IMKELDI ORAL SOLUTION 80 MG/ML	2	PA; SP; OCh
IMURAN ORAL TABLET 50 MG	2	NP
INLURIYO ORAL TABLET 200 MG	2	PA; SP; OCh; QL (60 per 30 days)
INLYTA ORAL TABLET 1 MG, 5 MG	2	PA; SP; OCh; LA
INQOVI ORAL TABLET 35-100 MG	2	PA; SP; OCh; LA
INREBIC ORAL CAPSULE 100 MG	2	PA; SP; OCh; HCLV; LA; QL (120 per 30 days)
IRESSA ORAL TABLET 250 MG	2	PA; SP; OCh; HCLV; NP; LA
ITOVEBI ORAL TABLET 3 MG, 9 MG	2	PA; SP; OCh; LA
IWILFIN ORAL TABLET 192 MG	2	PA; SP; OCh
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	2	PA; SP; OCh; LA; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
JAYPIRCA ORAL TABLET 100 MG, 50 MG	2	PA; SP; OCh
JYLAMVO ORAL SOLUTION 2 MG/ML	2	OCh; HCLV
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	2	PA; SP; OCh; LA
KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 %	2	PA
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	2	PA; SP; OCh
KOSELUGO ORAL CAPSULE, SPRINKLE 5 MG, 7.5 MG	2	PA; SP; OCh
KRAZATI ORAL TABLET 200 MG	2	PA; SP; OCh
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	1	PA; SP; HCLV; LA
<i>lapatinib oral tablet 250 mg</i>	1	PA; QL (180 Tablets per month); SP; OCh; LA
LAZCLUZE ORAL TABLET 240 MG, 80 MG	2	PA; SP; OCh
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	1	PA; SP; OCh; LA
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 X 2), 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)	2	PA; SP; OCh; LA
<i>letrozole oral tablet 2.5 mg</i>	1	OCh; ACA
LEUKERAN ORAL TABLET 2 MG	2	PA; OCh; QL (150 per 30 days)
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	1	PA; SP; LA
<i>lomustine oral capsule 10 mg, 100 mg, 40 mg</i>	1	PA; OCh
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	2	PA; SP; OCh; LA
LORBRENA ORAL TABLET 100 MG	2	PA; SP; OCh; LA; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	2	PA; SP; OCh; LA; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	2	PA; QL (240 Tablets per month); SP; OCh; LA
LUMAKRAS ORAL TABLET 240 MG	2	PA; QL (120 Tablets per month); SP; OCh; LA
LUMAKRAS ORAL TABLET 320 MG	2	PA; QL (90 Tablets per month); SP; OCh; LA
LUPKYNIS ORAL CAPSULE 7.9 MG	2	PA; QL (180 Capsules per month); SP

Drug Name	Drug Tier	Requirements / Limits
LYNPARZA ORAL TABLET 100 MG, 150 MG	2	PA; SP; OCh; LA; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	2	PA; SP; OCh
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	2	PA; SP; OCh
MATULANE ORAL CAPSULE 50 MG	2	PA; SP; OCh
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	1	
<i>megestrol oral tablet 20 mg, 40 mg</i>	1	OCh
MEKINIST ORAL RECON SOLN 0.05 MG/ML	2	PA; SP; OCh; LA
MEKINIST ORAL TABLET 0.5 MG, 2 MG	2	PA; SP; OCh; LA
MEKTOVI ORAL TABLET 15 MG	2	PA; SP; OCh; LA
<i>mercaptopurine oral suspension 20 mg/ml</i>	1	PA; SP; OCh; LA
<i>mercaptopurine oral tablet 50 mg</i>	1	OCh
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	OCh
MYCAPSSA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 20 MG	2	PA; QL (120 Capsules per month); SP
<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	2	NP
MYHIBBIN ORAL SUSPENSION 200 MG/ML	2	PA
MYLERAN ORAL TABLET 2 MG	2	OCh
NEMLUVIO SUBCUTANEOUS PEN INJECTOR 30 MG	2	PA; QL (2 Pens per month); SP; HCLV; LA
NEORAL ORAL CAPSULE 100 MG, 25 MG	2	NP
NEORAL ORAL SOLUTION 100 MG/ML	2	NP
NERLYNX ORAL TABLET 40 MG	2	PA; QL (180 Tablets per month); SP; OCh; LA
NEXAVAR ORAL TABLET 200 MG	2	PA; SP; OCh; HCLV; NP; LA

Drug Name	Drug Tier	Requirements / Limits
NILOTINIB D-TARTRATE ORAL CAPSULE 150 MG, 200 MG, 50 MG	2	PA; SP; OCh; HCLV; QL (120 per 30 days)
<i>nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg</i>	1	PA; SP; OCh
<i>nilutamide oral tablet 150 mg</i>	1	PA; QL (30 Tablets per month); OCh
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	2	PA; SP; OCh; LA
NUBEQA ORAL TABLET 300 MG	2	PA; SP; OCh; LA
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	PA; SP; LA
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	1	PA; SP; LA
ODOMZO ORAL CAPSULE 200 MG	2	PA; QL (30 Capsules per month); SP; OCh; LA
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG	2	PA; SP; OCh
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	2	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)	2	PA; SP; OCh
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	2	PA; SP; OCh; QL (30 per 30 days)
ONUREG ORAL TABLET 200 MG	2	PA; QL (21 Tablets per month); SP; OCh; LA
ONUREG ORAL TABLET 300 MG	2	PA; QL (14 Tablets per month); SP; OCh; LA
ORGOVYX ORAL TABLET 120 MG	2	PA; SP; OCh
ORSERDU ORAL TABLET 345 MG, 86 MG	2	PA; SP; OCh
<i>pazopanib oral tablet 200 mg</i>	1	PA; SP; OCh; LA
PAZOPANIB ORAL TABLET 400 MG	2	PA; SP; OCh; HCLV; LA
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	2	PA; QL (28 Tablets per month); SP; OCh
PHYRAGO ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	2	PA; SP; OCh; HCLV
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	2	PA; SP; OCh
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	2	PA; SP; OCh; LA

Drug Name	Drug Tier	Requirements / Limits
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	2	NP
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	2	
PURIXAN ORAL SUSPENSION 20 MG/ML	2	PA; SP; OCh; HCLV; NP
QINLOCK ORAL TABLET 50 MG	2	PA; QL (90 Tablets per month); SP; OCh
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG	2	PA; QL (60 Tablets per month); SP; OCh; LA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	2	PA; SP; OCh; HCLV; LA
REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG	2	PA; SP; OCh
REZLIDHIA ORAL CAPSULE 150 MG	2	PA; SP; OCh
REZUROCK ORAL TABLET 200 MG	2	PA
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	2	PA; SP; OCh
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	2	PA; SP; OCh; LA
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	2	PA; SP; OCh; LA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	2	PA; SP; OCh; LA
RYDAPT ORAL CAPSULE 25 MG	2	PA; SP; OCh; LA
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	2	NP
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	2	PA; SP; HCLV; NP; LA
SCSEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG	2	PA; SP; OCh
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	2	PA; SP
SIKLOS ORAL TABLET 1,000 MG, 100 MG	2	HCLV
<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	2	OCh; ACA
<i>sorafenib oral tablet 200 mg</i>	1	PA; SP; OCh; LA
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	2	PA; SP; OCh; HCLV; NP; LA

Drug Name	Drug Tier	Requirements / Limits
STIVARGA ORAL TABLET 40 MG	2	PA; SP; OCh; LA
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	1	PA; SP; OCh; LA
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	2	PA; SP; OCh; HCLV; NP; LA
TABLOID ORAL TABLET 40 MG	2	PA; OCh
TABRECTA ORAL TABLET 150 MG, 200 MG	2	PA; QL (168 Tablets per month); SP; OCh; LA
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	2	PA; SP; OCh; LA
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	2	PA; SP; OCh; LA
TAGRISSO ORAL TABLET 40 MG, 80 MG	2	PA; SP; OCh; LA
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	2	PA; SP; OCh; LA
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	OCh; ACA
TARGRETIN ORAL CAPSULE 75 MG	2	PA; SP; OCh; HCLV; NP; LA
TARGRETIN TOPICAL GEL 1 %	2	PA; SP; HCLV; NP; LA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	2	PA; SP; OCh; HCLV; NP; LA
TAZVERIK ORAL TABLET 200 MG	2	PA; SP; OCh
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	1	PA; SP; OCh; LA
TEPMETKO ORAL TABLET 225 MG	2	PA; QL (60 Tablets per month); SP; OCh; HCLV
THALOMID ORAL CAPSULE 100 MG, 50 MG	2	PA; SP; OCh; LA
TIBSOVO ORAL TABLET 250 MG	2	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>	1	PA; SP; OCh
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	1	OCh
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	2	PA; QL (15 Tablets per month); OCh; HCLV
TRUQAP ORAL TABLET 160 MG, 200 MG	2	PA; SP; OCh
TUKYSA ORAL TABLET 150 MG, 50 MG	2	PA; QL (120 Tablets per month); SP; OCh
TURALIO ORAL CAPSULE 125 MG	2	PA; SP; OCh
TYKERB ORAL TABLET 250 MG	2	PA; SP; OCh; HCLV; NP; LA; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	2	PA; SP; OCh
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	2	PA; SP; OCh
VENCLEXTA STARTING PACK ORAL TABLETS, DOSE PACK 10 MG-50 MG- 100 MG	2	PA; SP; OCh
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	2	PA; SP; OCh; LA
VIJOICE ORAL GRANULES IN PACKET 50 MG	2	PA; SP
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG	2	PA; SP
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	2	PA; SP; OCh; LA
VITRAKVI ORAL SOLUTION 20 MG/ML	2	PA; SP; OCh; LA
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	2	PA; SP; OCh; HCLV; LA
VONJO ORAL CAPSULE 100 MG	2	PA; SP; OCh
VORANIGO ORAL TABLET 10 MG, 40 MG	2	PA; SP; OCh
VOTRIENT ORAL TABLET 200 MG	2	PA; SP; OCh; HCLV; NP; LA
WAYRILZ ORAL TABLET 400 MG	2	PA; SP; QL (60 per 30 days)
WELIREG ORAL TABLET 40 MG	2	PA; QL (90 Tablets per month); SP; OCh
XALKORI ORAL CAPSULE 200 MG, 250 MG	2	PA; SP; OCh; LA
XALKORI ORAL PELLETT 150 MG, 20 MG, 50 MG	2	PA; SP; OCh; LA
XATMEP ORAL SOLUTION 2.5 MG/ML	2	PA; OCh; HCLV; QL (2 per 30 days)
XELODA ORAL TABLET 150 MG, 500 MG	2	PA; SP; OCh; HCLV; NP; LA
XERMELO ORAL TABLET 250 MG	2	PA; SP
XOSPATA ORAL TABLET 40 MG	2	PA; SP; OCh
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (10 MG X 4), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	2	PA; SP; OCh
XROMI ORAL SOLUTION 100 MG/ML	2	PA
XTANDI ORAL CAPSULE 40 MG	2	PA; SP; OCh; LA
XTANDI ORAL TABLET 40 MG, 80 MG	2	PA; SP; OCh; LA
YONSA ORAL TABLET 125 MG	2	PA; SP; OCh; LA

Drug Name	Drug Tier	Requirements / Limits
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	2	PA; SP; OCh; LA; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG	2	PA; SP; OCh; LA
ZOLINZA ORAL CAPSULE 100 MG	2	PA; SP; OCh; LA
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	2	PA; NP
ZYDELIG ORAL TABLET 100 MG, 150 MG	2	PA; SP; OCh; LA; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	2	PA; SP; OCh; LA
ZYTIGA ORAL TABLET 250 MG, 500 MG	2	PA; SP; OCh; HCLV; NP; LA
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG	2	PA; HCLV; NP; QL (240 per 30 days)
APTIOM ORAL TABLET 400 MG	2	PA; HCLV; NP; QL (120 per 30 days)
APTIOM ORAL TABLET 600 MG	2	PA; HCLV; NP; QL (80 per 30 days)
APTIOM ORAL TABLET 800 MG	2	PA; HCLV; NP; QL (60 per 30 days)
BANZEL ORAL SUSPENSION 40 MG/ML	2	PA; HCLV; NP
BANZEL ORAL TABLET 200 MG, 400 MG	2	PA; HCLV; NP
BRIVIACT ORAL SOLUTION 10 MG/ML	2	PA; QL (2 Bottles per month)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	2	PA; QL (60 Tablets per month)
<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	PA; QL (240 per 30 days)
<i>carbamazepine oral tablet 200 mg</i>	1	PA; QL (240 per 30 days)
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	PA; QL (240 per 30 days)
CARBAMAZEPINE ORAL TABLET, CHEWABLE 200 MG	2	HCLV
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	2	PA; NP; QL (180 per 30 days)
CELONTIN ORAL CAPSULE 300 MG	2	PA; HCLV; NP; QL (120 per 30 days)
<i>clobazam oral suspension 2.5 mg/ml</i>	1	
<i>clobazam oral tablet 10 mg, 20 mg</i>	1	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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	2	PA; NP; QL (60 per 30 days)
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	2	PA; NP; QL (60 per 30 days)
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	2	PA; NP; QL (240 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	2	PA; SP
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	2	PA; SP
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	1	
DILANTIN EXTENDED ORAL CAPSULE 100 MG	2	PA; NP; QL (210 per 30 days)
DILANTIN INFATABS ORAL TABLET, CHEWABLE 50 MG	2	PA; QL (390 per 30 days)
DILANTIN ORAL CAPSULE 30 MG	2	PA; QL (210 per 30 days)
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	2	PA; NP; QL (390 per 30 days)
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	1	
<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	2	PA; HCLV; QL (60 per 30 days)
EPIDIOLEX ORAL SOLUTION 100 MG/ML	2	PA; QL (400 Milliliters per month); SP; LA
EPRONTIA ORAL SOLUTION 25 MG/ML	2	PA; HCLV; NP; QL (2 per 30 days)
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	2	PA; QL (180 per 30 days)
<i>eslicarbazepine oral tablet 200 mg</i>	1	HCLV; QL (240 per 30 days)
<i>eslicarbazepine oral tablet 400 mg</i>	1	HCLV; QL (120 per 30 days)
<i>eslicarbazepine oral tablet 600 mg</i>	1	HCLV; QL (80 per 30 days)
<i>eslicarbazepine oral tablet 800 mg</i>	1	HCLV; QL (60 per 30 days)
<i>ethosuximide oral capsule 250 mg</i>	1	
<i>ethosuximide oral solution 250 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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	2	PA; NP; QL (180 per 30 days)
FINTEPLA ORAL SOLUTION 2.2 MG/ML	2	PA; SP; QL (360 per 30 days)
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	2	PA; QL (480 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	2	PA; QL (30 Tablets per month); HCLV; NP
<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, 450 mg, 600 mg, 750 mg, 900 mg</i>	1	PA
GABARONE ORAL TABLET 100 MG, 400 MG	2	PA; HCLV
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 450 MG, 600 MG, 750 MG, 900 MG	2	PA; HCLV; NP
KEPPRA ORAL SOLUTION 100 MG/ML	2	HCLV; NP
KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG	2	HCLV; NP
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	2	HCLV; NP
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG	2	HCLV; NP
<i>lacosamide oral solution 10 mg/ml</i>	1	
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
LAMICTAL ODT ORAL TABLET, DISINTEGRATING 100 MG, 200 MG, 25 MG, 50 MG	2	HCLV; NP
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG (21) -50 MG (7)	2	HCLV; NP
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK 50 MG (42) -100 MG (14)	2	HCLV; NP
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG(14)-50 MG (14)-100 MG (7)	2	HCLV; NP

Drug Name	Drug Tier	Requirements / Limits
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	2	HCLV; NP
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	2	HCLV; NP
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS, DOSE PACK 25 MG (35)	2	HCLV; NP
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS, DOSE PACK 25 MG (84) -100 MG (14)	2	HCLV; NP
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS, DOSE PACK 25 MG (42) -100 MG (7)	2	HCLV; NP
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG	2	HCLV; NP
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL, DOSE PACK 25 MG (21) -50 MG (7)	2	HCLV
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL, DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	2	HCLV
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL, DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	2	HCLV
<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	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	1	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>lamotrigine oral tablets, dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i>	1	
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)</i>	1	PA; QL (360 per 30 days)
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	1	PA; QL (360 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	PA; QL (360 per 30 days)
LEVETIRACETAM ORAL TABLET FOR SUSPENSION 250 MG	2	PA; HCLV; QL (360 per 30 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 330 MG, 82.5 MG	2	PA; HCLV; NP
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	2	PA; HCLV; NP
LYRICA ORAL SOLUTION 20 MG/ML	2	PA; HCLV; NP
<i>methsuximide oral capsule 300 mg</i>	1	
MOTPOLY XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG	2	PA; QL (120 Capsules per month)
MOTPOLY XR ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG, 200 MG	2	PA; QL (60 Capsules per month)
MYSOLINE ORAL TABLET 250 MG, 50 MG	2	PA; NP; QL (240 per 30 days)
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	2	
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG	2	PA; HCLV; NP
NEURONTIN ORAL SOLUTION 250 MG/5 ML	2	PA; HCLV; NP
NEURONTIN ORAL TABLET 600 MG, 800 MG	2	PA; HCLV; NP
ONFI ORAL SUSPENSION 2.5 MG/ML	2	PA; HCLV; NP; QL (60 per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG	2	PA; HCLV; NP; 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>	1	PA; QL (150 per 30 days)
<i>oxcarbazepine oral tablet extended release 24 hr 300 mg</i>	1	PA; QL (210 per 30 days)
<i>oxcarbazepine oral tablet extended release 24 hr 600 mg</i>	1	PA; QL (120 Tablets per month)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	2	PA; NP; QL (150 per 30 days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	2	PA; NP; QL (210 per 30 days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	2	PA; QL (120 Tablets per month); NP

Drug Name	Drug Tier	Requirements / Limits
<i>perampanel oral tablet 10 mg, 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1	PA; QL (30 per 30 days)
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	2	PA; NP; QL (90 per 30 days)
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	
<i>phenytoin oral tablet, chewable 50 mg</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	1	
<i>pregabalin oral solution 20 mg/ml</i>	1	
<i>pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg</i>	1	
PRIMIDONE ORAL TABLET 125 MG	2	PA; HCLV; QL (720 per 30 days)
<i>primidone oral tablet 250 mg, 50 mg</i>	1	PA; QL (720 per 30 days)
<i>roweepra oral tablet 500 mg</i>	1	
<i>rufinamide oral suspension 40 mg/ml</i>	1	PA
<i>rufinamide oral tablet 200 mg, 400 mg</i>	1	PA
SABRIL ORAL POWDER IN PACKET 500 MG	2	PA; SP; HCLV; NP; LA
SABRIL ORAL TABLET 500 MG	2	PA; SP; HCLV; NP; LA
SPRITAM ORAL TABLET FOR SUSPENSION 1, 000 MG	2	PA; QL (90 Tablets per month)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG	2	PA; QL (360 Tablets per month)
SPRITAM ORAL TABLET FOR SUSPENSION 500 MG	2	PA; QL (180 Tablets per month)
SPRITAM ORAL TABLET FOR SUSPENSION 750 MG	2	PA; QL (120 Tablets per month)
SUBVENITE ORAL SUSPENSION 10 MG/ML	2	PA; QL (750 mL per 30 days); HCLV
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>subvenite starter (blue) kit oral tablets, dose pack 25 mg (35)</i>	1	
<i>subvenite starter (green) kit oral tablets, dose pack 25 mg (84) -100 mg (14)</i>	1	
<i>subvenite starter (orange) kit oral tablets, dose pack 25 mg (42) -100 mg (7)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
SYMPAZAN ORAL FILM 10 MG, 5 MG	2	PA; HCLV; QL (60 per 30 days)
SYMPAZAN ORAL FILM 20 MG	2	PA; QL (60 Films per month); HCLV
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	2	PA; NP; QL (240 per 30 days)
TEGRETOL ORAL TABLET 200 MG	2	PA; NP; QL (240 per 30 days)
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG	2	PA; NP; QL (120 per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	
TOPAMAX ORAL CAPSULE, SPRINKLE 15 MG, 25 MG	2	HCLV; NP
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	2	HCLV; NP
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	PA; QL (240 per 30 days)
<i>topiramate oral capsule, sprinkle 50 mg</i>	1	HCLV
<i>topiramate oral capsule, extended release 24hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	QL (30 per 30 days)
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	1	QL (30 per 30 days)
<i>topiramate oral solution 25 mg/ml</i>	1	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	PA; QL (240 per 30 days)
TRILEPTAL ORAL SUSPENSION 300 MG/5 ML (60 MG/ML)	2	HCLV; NP
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG	2	HCLV; NP
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 50 MG	2	PA; HCLV; NP; QL (30 per 30 days)
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	2	
<i>vigabatrin oral powder in packet 500 mg</i>	1	PA; SP; LA
<i>vigabatrin oral tablet 500 mg</i>	1	PA; SP; LA
<i>vigadrone oral powder in packet 500 mg</i>	1	PA; SP
<i>vigadrone oral tablet 500 mg</i>	1	PA; SP

Drug Name	Drug Tier	Requirements / Limits
VIGAFYDE ORAL SOLUTION 100 MG/ML	2	PA; SP
VIMPAT ORAL SOLUTION 10 MG/ML	2	PA; QL (6 Bottles per month); NP
VIMPAT ORAL TABLET 100 MG	2	PA; QL (120 Tablets per month); NP
VIMPAT ORAL TABLET 150 MG	2	PA; QL (80 Tablets per month); NP
VIMPAT ORAL TABLET 200 MG	2	PA; QL (60 Tablets per month); NP
VIMPAT ORAL TABLET 50 MG	2	PA; QL (240 Tablets per month); NP
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY (150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	2	PA
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	2	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)	2	PA
ZARONTIN ORAL CAPSULE 250 MG	2	PA; NP; QL (180 per 30 days)
ZARONTIN ORAL SOLUTION 250 MG/5 ML	2	PA; NP; QL (180 per 30 days)
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	2	HCLV; NP
ZONISADE ORAL SUSPENSION 100 MG/5 ML	2	PA; QL (6 per 30 days)
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	
ZTALMY ORAL SUSPENSION 50 MG/ML	2	PA; SP
ANTIPARKINSONISM AGENTS		
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	2	PA; SP; LA
<i>apomorphine subcutaneous cartridge 10 mg/ml</i>	1	PA; SP
AZILECT ORAL TABLET 0.5 MG, 1 MG	2	HCLV; NP
<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	
CARBIDOPA-LEVODOPA ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	2	PA; HCLV
<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	

Drug Name	Drug Tier	Requirements / Limits
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	
CREXONT ORAL CAPSULE,IR -EXTEND REL,BIPHASE 35-140 MG, 52.5-210 MG, 70-280 MG, 87.5-350 MG	2	PA
DHIVY ORAL TABLET 25-100 MG	2	PA; HCLV
<i>entacapone oral tablet 200 mg</i>	1	
GOCOVRI ORAL CAPSULE, EXTENDED RELEASE 24HR 137 MG, 68.5 MG	2	PA; SP; HCLV
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	2	PA; SP
LODOSYN ORAL TABLET 25 MG	2	PA; HCLV; NP
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	2	HCLV
NOURIANZ ORAL TABLET 20 MG, 40 MG	2	PA; SP; HCLV; LA
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	2	PA
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	1	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	1	
<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	2	PA; HCLV
<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	2	PA; HCLV; NP
TASMAR ORAL TABLET 100 MG	2	HCLV; NP

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	2	PA; HCLV
ZELAPAR ORAL TABLET, DISINTEGRATING 1.25 MG	2	PA; HCLV
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)
BREKIYA SUBCUTANEOUS AUTO-INJECTOR 1 MG/ML	2	PA; SP; HCLV; QL (24 per 28 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>	1	QL (8 Units per month)
<i>eletriptan oral tablet 20 mg, 40 mg</i>	1	QL (18 Tablets per month)
ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML)	2	PA; QL (57.6 mL per 30 days); HCLV
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	2	HCLV
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	QL (12 per 30 days)
FROVA ORAL TABLET 2.5 MG	2	HCLV; NP; QL (18 per 30 days)
<i>frovatriptan oral tablet 2.5 mg</i>	1	QL (18 Tablets per month)
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG	2	HCLV; NP; QL (18 per 30 days)
IMITREX STATDOSE SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML, 6 MG/0.5 ML	2	HCLV; NP; QL (8 per 30 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 4 MG/0.5 ML, 6 MG/0.5 ML	2	HCLV; NP; QL (8 per 30 days)
MAXALT ORAL TABLET 10 MG	2	HCLV; NP; QL (18 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
MAXALT-MLT ORAL TABLET, DISINTEGRATING 10 MG	2	HCLV; NP; QL (18 per 30 days)
<i>migergot rectal suppository 2-100 mg</i>	1	QL (12 per 30 days)
MIGRANAL NASAL SPRAY, NON-AEROSOL 0.5 MG/PUMP ACT. (4 MG/ML)	2	HCLV; NP; QL (8 per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	1	QL (18 Tablets per month)
NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG	2	PA; QL (8 Tablets per month)
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED 11 MG	2	PA; HCLV; QL (16 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	2	PA
RELPAK ORAL TABLET 20 MG, 40 MG	2	HCLV; NP; QL (18 per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	1	QL (18 Tablets per month)
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i>	1	QL (18 Tablets per month)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i>	1	QL (18 Units per month)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (18 Tablets per month)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	1	QL (8 Units per month)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	1	QL (8 Units per month)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	1	QL (8 Units per month)
<i>sumatriptan-naproxen oral tablet 85-500 mg</i>	1	PA; HCLV; QL (18 per 30 days)
SYMBRAVO ORAL TABLET 10-20 MG	2	PA; HCLV; QL (18 per 30 days)
TOSYMRA NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION	2	ST; QL (18 Units per month); HCLV
TREXIMET ORAL TABLET 85-500 MG	2	PA; HCLV; NP; QL (18 per 30 days)
TRUDHESA NASAL SPRAY, NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML)	2	PA; HCLV; QL (12 per 30 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	2	PA; QL (10 Tablets per month)
ZAVZPRET NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION	2	PA; QL (8 Units per month)
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML	2	PA; HCLV; QL (8 per 30 days)
ZOLMITRIPTAN NASAL SPRAY, NON-AEROSOL 2.5 MG	2	HCLV; QL (18 per 28 days)

Drug Name	Drug Tier	Requirements / Limits
<i>zolmitriptan nasal spray, non-aerosol 5 mg</i>	1	QL (18 per 28 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	1	QL (18 Tablets per month)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	1	QL (18 Tablets per month)
ZOMIG NASAL SPRAY, NON-AEROSOL 2.5 MG	2	PA; HCLV; QL (18 per 28 days)
ZOMIG NASAL SPRAY, NON-AEROSOL 5 MG	2	HCLV; NP; QL (18 per 28 days)
ZOMIG ORAL TABLET 2.5 MG, 5 MG	2	HCLV; NP; QL (18 per 30 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/24 HOUR, 5 MG/24 HOUR	2	HCLV
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG	2	PA; SP; HCLV; NP; LA; QL (60 per 30 days)
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG	2	HCLV; NP
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	2	PA; SP; HCLV; LA
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG	2	PA; SP; HCLV; LA
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	2	PA; SP; HCLV; LA
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	1	PA; QL (60 Tablets per fill); SP; LA
DAYBUE ORAL SOLUTION 200 MG/ML	2	PA; SP
<i>dichlorphenamide oral tablet 50 mg</i>	1	PA; QL (120 Tablets per month); SP; LA
<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	2	PA; QL (240 Milliliters per month); SP; LA
EVRYSDI ORAL TABLET 5 MG	2	PA; SP; LA
EXELON PATCH TRANSDERMAL PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR	2	HCLV; NP
FIRDAPSE ORAL TABLET 10 MG	2	PA; SP
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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	2	PA; HCLV
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE, DOSE PACK 40 MG (7)- 80 MG (21)	2	PA; SP; HCLV
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	2	PA; SP; HCLV
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	2	PA; SP; HCLV
KEVEYIS ORAL TABLET 50 MG	2	PA; SP; HCLV; NP; QL (120 per 30 days)
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	1	QL (30 per 30 days)
<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	HCLV
<i>memantine-donepezil oral capsule, sprinkle, er 24hr 14-10 mg, 21-10 mg, 28-10 mg</i>	1	QL (30 per 30 days)
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	2	PA; SP
NAMENDA XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7-14-21-28 MG	2	HCLV
NAMENDA XR ORAL CAPSULE, SPRINKLE, ER 24HR 7 MG	2	HCLV; NP; QL (30 per 30 days)
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 21-10 MG, 28-10 MG	2	HCLV; NP
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 7-10 MG	2	HCLV
NUEDEXTA ORAL CAPSULE 20-10 MG	2	PA; QL (60 Capsules per month); HCLV
<i>ormalvi oral tablet 50 mg</i>	1	PA; SP; QL (120 per 30 days)
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	2	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	2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	1	SP; LA
WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML	2	PA; SP; QL (1 per 30 days)
XENAZINE ORAL TABLET 12.5 MG, 25 MG	2	PA; SP; HCLV; NP; LA
ZEPOSIA ORAL CAPSULE 0.92 MG	2	PA; QL (30 Capsules per fill); SP; LA
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE, DOSE PACK 0.23 MG-0.46 MG - 0.92 MG (21)	2	PA; QL (1 Pack per Year); SP; LA
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE, DOSE PACK 0.23 MG (4)- 0.46 MG (3)	2	PA; QL (1 Pack per Year); SP; LA
ZUNVEYL ORAL TABLET, DELAYED RELEASE (DR/EC) 10 MG, 15 MG, 5 MG	2	PA; HCLV
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
AMRIX ORAL CAPSULE, EXTENDED RELEASE 24HR 15 MG, 30 MG	2	ST; HCLV; NP
<i>baclofen oral solution 10 mg/5 ml (2 mg/ml), 5 mg/5 ml</i>	1	HCLV
<i>baclofen oral suspension 25 mg/5 ml (5 mg/ml)</i>	1	
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>baclofen oral tablet 15 mg</i>	1	HCLV
<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>	1	ST; HCLV
<i>cyclobenzaprine oral tablet 10 mg, 5 mg, 7.5 mg</i>	1	
DANTRUM ORAL CAPSULE 25 MG	2	NP
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	1	
FEXMID ORAL TABLET 7.5 MG	2	HCLV; NP
FLEQSUVY ORAL SUSPENSION 25 MG/5 ML (5 MG/ML)	2	PA; HCLV; NP
LORZONE ORAL TABLET 375 MG, 750 MG	2	PA; HCLV; NP
<i>meprobamate oral tablet 200 mg, 400 mg</i>	1	
MESTINON ORAL SYRUP 60 MG/5 ML	2	PA; HCLV; NP

Drug Name	Drug Tier	Requirements / Limits
MESTINON ORAL TABLET 60 MG	2	PA; HCLV; NP
MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE 180 MG	2	PA; HCLV; NP
<i>metaxalone oral tablet 400 mg, 800 mg</i>	1	
METAXALONE ORAL TABLET 640 MG	2	HCLV
<i>methocarbamol oral tablet 1,000 mg, 500 mg, 750 mg</i>	1	
NORGESIC FORTE ORAL TABLET 50-770-60 MG	2	ST; HCLV; NP
NORGESIC ORAL TABLET 25-385-30 MG	2	ST; HCLV; NP
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	1	
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i>	1	
<i>orphengesic forte oral tablet 50-770-60 mg</i>	1	HCLV
OZOBAX DS ORAL SOLUTION 10 MG/5 ML (2 MG/ML)	2	PA; HCLV
OZOBAX ORAL SOLUTION 5 MG/5 ML	2	PA
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	2	HCLV
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET EXTENDED RELEASE 105 MG	2	HCLV
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	1	
SOMA ORAL TABLET 250 MG, 350 MG	2	NP
<i>tanlor oral tablet 1,000 mg</i>	1	
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i>	1	HCLV
<i>tizanidine oral tablet 2 mg, 4 mg</i>	1	
<i>vanadom oral tablet 350 mg</i>	1	
VYVGART HYTRULO SUBCUTANEOUS SYRINGE 1,000 MG-10,000 UNIT/5 ML	2	PA; SP; LA
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	2	HCLV; NP
ZANAFLEX ORAL CAPSULE 8 MG	2	HCLV
ZANAFLEX ORAL TABLET 4 MG	2	NP

Drug Name	Drug Tier	Requirements / Limits
ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML	2	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	2	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>	1	PA
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	1	PA
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	1	HCLV
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	1	HCLV
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg</i>	1	
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	1	HCLV
<i>butalbital-acetaminophen-caff oral solution 50-325-40 mg/15 ml</i>	1	HCLV
<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	HCLV
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR	2	PA; HCLV
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	1	PA

Drug Name	Drug Tier	Requirements / Limits
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i>	1	PA
DILAUDID ORAL LIQUID 1 MG/ML	2	PA; NP
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG	2	PA; NP
<i>diskets oral tablet, soluble 40 mg</i>	1	PA
DSUVIA SUBLINGUAL TABLET IN APPLICATOR 30 MCG	2	PA
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	PA
FENTANYL CITRATE BUCCAL TABLET, EFFERVESCENT 400 MCG, 600 MCG, 800 MCG	2	PA; HCLV
<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	2	HCLV; NP
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	1	PA; QL (60 Capsules per month)
<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>	1	PA
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 10-325 mg/15 ml(15 ml), 7.5-325 mg/15 ml</i>	1	PA
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	PA
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	PA
<i>hydromorphone oral liquid 1 mg/ml</i>	1	PA
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	1	PA
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>	1	PA; QL (60 Tablets per month)
<i>hydromorphone rectal suppository 3 mg</i>	1	PA
HYSINGLA ER ORAL TABLET, ORAL ONLY, EXT.REL.24 HR 100 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	2	PA; NP
<i>levorphanol tartrate oral tablet 2 mg, 3 mg</i>	1	PA; HCLV
<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)
<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)
<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)
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	1	PA
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG, 60 MG	2	PA; QL (120 Tablets per month); NP
NALOCET ORAL TABLET 2.5-300 MG	2	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	2	PA; HCLV
OXYCODONE ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 20 MG, 40 MG	2	PA; HCLV; QL (90 per 30 days)
OXYCODONE ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 80 MG	2	PA; HCLV; QL (120 per 30 days)
<i>oxycodone-acetaminophen oral solution 10-300 mg/5 ml</i>	1	PA
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-300 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	PA

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

Drug Name	Drug Tier	Requirements / Limits
<i>bayer low dose aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	1	ACA
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	1	QL (60 Films per month)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	1	QL (90 Films per month)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	1	QL (90 Tablets per month)
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	1	PA; QL (5 per 30 days)
CAMBIA ORAL POWDER IN PACKET 50 MG	2	PA; HCLV; NP
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG	2	HCLV; NP
<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	2	PA; HCLV
CONZIP ORAL CAPSULE, ER BIPHASE 24 HR 25-75 100 MG, 200 MG	2	PA; HCLV
COXANTO ORAL CAPSULE 300 MG	2	ST; HCLV; NP
DICLOFENAC EPOLAMINE TRANSDERMAL PATCH 12 HOUR 1.3 %	2	ST; HCLV; NP
<i>diclofenac potassium oral capsule 25 mg</i>	1	HCLV
<i>diclofenac potassium oral powder in packet 50 mg</i>	1	HCLV
<i>diclofenac potassium oral tablet 25 mg</i>	1	HCLV
<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>	1	HCLV
DICLOFENAC SUBMICRONIZED ORAL CAPSULE 35 MG	2	ST; NP
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	1	HCLV
<i>diflunisal oral tablet 500 mg</i>	1	
DISALCID ORAL TABLET 500 MG, 750 MG	2	HCLV; NP
DOLOBID ORAL TABLET 250 MG, 375 MG	2	HCLV

Drug Name	Drug Tier	Requirements / Limits
EC-NAPROSYN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG, 500 MG	2	ST; NP
<i>ecotrin low strength oral tablet, delayed release (dr/ec) 81 mg</i>	1	ACA
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	
<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	2	ST; HCLV; NP
<i>fenoprofen oral capsule 400 mg</i>	1	HCLV
<i>fenoprofen oral tablet 600 mg</i>	1	HCLV
FENOPRON ORAL CAPSULE 300 MG	2	ST; HCLV; NP
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %	2	ST; HCLV; NP
<i>flurbiprofen oral tablet 100 mg</i>	1	
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	1	
<i>ibuprofen oral tablet 300 mg</i>	1	HCLV
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>	1	PA
INDOCIN ORAL SUSPENSION 25 MG/5 ML	2	ST; HCLV; NP
INDOCIN RECTAL SUPPOSITORY 50 MG	2	HCLV; NP
<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>	1	HCLV
<i>indomethacin rectal suppository 50 mg</i>	1	HCLV
JOURNAVX ORAL TABLET 50 MG	2	PA; QL (29 per 30 days)
<i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i>	1	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	1	
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml)</i>	1	
<i>ketorolac injection syringe 15 mg/ml, 30 mg/ml</i>	1	
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	1	
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	1	
<i>ketorolac oral tablet 10 mg</i>	1	QL (20 Tablets per 5 days)

Drug Name	Drug Tier	Requirements / Limits
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	2	
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	2	ST; NP
LODINE ORAL TABLET 400 MG	2	ST; NP
<i>lofena oral tablet 25 mg</i>	1	HCLV
<i>lofexidine oral tablet 0.18 mg</i>	1	PA; HCLV
LUCEMYRA ORAL TABLET 0.18 MG	2	PA; HCLV; NP
<i>lurbiro oral tablet 100 mg</i>	1	HCLV
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	1	
<i>mefenamic acid oral capsule 250 mg</i>	1	HCLV
MELOXICAM ORAL SUSPENSION 7.5 MG/5 ML	2	ST; HCLV; NP
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>meloxicam submicronized oral capsule 10 mg, 5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
NALFON ORAL CAPSULE 400 MG	2	ST; HCLV; NP
NALFON ORAL TABLET 600 MG	2	PA; HCLV; NP
<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	2	HCLV; NP
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 750 MG	2	ST; HCLV; NP
NAPROSYN ORAL SUSPENSION 125 MG/5 ML	2	ST; NP
NAPROSYN ORAL TABLET 500 MG	2	ST; NP
<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>	1	HCLV
<i>naproxen-esomeprazole oral tablet, ir, delayed rel, biphasic 375-20 mg, 500-20 mg</i>	1	ST; HCLV

Drug Name	Drug Tier	Requirements / Limits
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	2	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	2	PA; HCLV; QL (60 per 30 days)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	2	PA; HCLV; QL (181 per 30 days)
OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION	2	PA
OXAPROZIN ORAL CAPSULE 300 MG	2	ST; HCLV; NP
<i>oxaprozin oral tablet 600 mg</i>	1	
<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	2	ST; NP
REXTOVY NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	2	
<i>salsalate oral tablet 500 mg, 750 mg</i>	1	
SPRIX NASAL SPRAY, NON-AEROSOL 15.75 MG/SPRAY	2	PA; SP; HCLV; QL (5 per 30 days)
<i>st joseph aspirin oral tablet, chewable 81 mg</i>	1	ACA
SUBOXONE SUBLINGUAL FILM 12-3 MG	2	QL (60 Films per month); NP
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG, 8-2 MG	2	QL (90 Films per month); NP
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
TOLECTIN 600 ORAL TABLET 600 MG	2	ST; NP
<i>tolmetin oral capsule 400 mg</i>	1	
<i>tolmetin oral tablet 600 mg</i>	1	
TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 17-83 300 MG	2	PA; HCLV
TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 25-75 100 MG, 200 MG	2	PA; HCLV
TRAMADOL ORAL SOLUTION 5 MG/ML	2	PA
<i>tramadol oral tablet 100 mg</i>	1	PA; HCLV
TRAMADOL ORAL TABLET 25 MG, 75 MG	2	PA; HCLV
<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

Drug Name	Drug Tier	Requirements / Limits
<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
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG	2	SP
VIVLODEX ORAL CAPSULE 10 MG, 5 MG	2	ST; HCLV; NP
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML	2	
ZIPSOR ORAL CAPSULE 25 MG	2	ST; HCLV; NP
ZORVOLEX ORAL CAPSULE 18 MG, 35 MG	2	ST; HCLV; NP
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG	2	QL (90 Tablets per month)
ZUBSOLV SUBLINGUAL TABLET 11.4-2.9 MG	2	QL (30 Tablets per month)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	2	QL (60 Tablets per month)
ZURNAI INJECTION AUTO-INJECTOR 1.5 MG/0.5 ML	2	
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720 MG/2.4 ML, 960 MG/3.2 ML	2	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 300 MG, 400 MG	2	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 300 MG, 400 MG	2	
ABILIFY ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG, 5 MG	2	ST; HCLV; NP
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	2	HCLV
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG	2	PA; HCLV; NP
ADDERALL XR ORAL CAPSULE, EXTENDED RELEASE 24HR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG	2	PA; HCLV; NP
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	2	PA; HCLV
<i>alprazolam intensol oral concentrate 1 mg/ml</i>	1	HCLV

Drug Name	Drug Tier	Requirements / Limits
<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	HCLV
AMBIEN CR ORAL TABLET, EXT RELEASE MULTIPHASE 12.5 MG, 6.25 MG	2	PA; HCLV; NP
AMBIEN ORAL TABLET 10 MG, 5 MG	2	PA; HCLV; NP
<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 oral tablet, disintegrating biphase 24h 12.5 mg, 15.7 mg, 18.8 mg, 3.1 mg, 6.3 mg, 9.4 mg</i>	1	PA
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	1	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG	2	NP
ALENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG	2	ST; HCLV; NP
APTENSIO XR ORAL CAP, ER SPRINKLE, BIPHASIC 40-60 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	2	PA; NP
<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	2	
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	2	
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	1	
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG	2	HCLV; NP
<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	2	ST; NP
AZSTARYS ORAL CAPSULE 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG	2	PA
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	2	PA
BUCAPSOL ORAL CAPSULE 10 MG, 15 MG	2	HCLV; QL (120 per 30 days)
BUCAPSOL ORAL CAPSULE 7.5 MG	2	HCLV; QL (60 per 30 days)
<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	2	ST; HCLV; NP
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	1	
<i>buspirone 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	2	ST; HCLV; NP
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG	2	ST; NP
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	1	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
CITALOPRAM ORAL CAPSULE 30 MG	2	ST; HCLV; NP
<i>citalopram oral solution 10 mg/5 ml</i>	1	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	1	
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	1	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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	2	ST; HCLV; NP
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	2	PA
COBENFY STARTER PACK ORAL CAPSULE, DOSE PACK 50 MG-20 MG /100 MG-20 MG	2	PA
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 54 MG	2	PA; HCLV; NP
COTEMPLA XR-ODT ORAL TABLET, DISINTEG ER BIPHASE 24H 17.3 MG, 25.9 MG, 8.6 MG	2	PA
DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR	2	PA; NP
DAYVIGO ORAL TABLET 10 MG, 5 MG	2	PA
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
DESOXYN ORAL TABLET 5 MG	2	PA; HCLV; NP
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 50 MG	2	ST; NP
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	1	
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG, 15 MG	2	PA; HCLV; NP
<i>dexmethylphenidate oral capsule, er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	1	
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	1	
<i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i>	1	
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	1	
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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	2	PA; HCLV
<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>	1	
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	2	ST; NP
<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	2	PA; HCLV
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG	2	PA; HCLV
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG	2	PA; HCLV
EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG, 37.5 MG, 75 MG	2	ST; HCLV; NP
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	2	
<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	2	
<i>escitalopram 10 mg/10 ml cup inner 5 mg/5 ml</i>	1	HCLV
ESCITALOPRAM OXALATE ORAL CAPSULE 15 MG	2	ST; NP
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>estazolam oral tablet 1 mg, 2 mg</i>	1	
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	1	
EVEKEO ORAL TABLET 10 MG, 5 MG	2	PA; HCLV; NP
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	2	ST; HCLV; NP

Drug Name	Drug Tier	Requirements / Limits
FANAPT TITRATION PACK A ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2)	2	ST; HCLV; NP
FANAPT TITRATION PACK B ORAL TABLETS, DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2)	2	ST; NP
FANAPT TITRATION PACK C ORAL TABLETS, DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2)	2	ST; NP
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	2	ST
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	2	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	2	PA; HCLV; NP
FOCALIN XR ORAL CAPSULE, ER BIPHASIC 50-50 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG	2	PA; HCLV; NP
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)	2	HCLV; NP
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG	2	ST; HCLV; NP
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
HALCION ORAL TABLET 0.25 MG	2	NP

Drug Name	Drug Tier	Requirements / Limits
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	1	
<i>haloperidol lactate injection solution 5 mg/ml</i>	1	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	1	
<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	2	PA; SP; LA
HETLIOZ ORAL CAPSULE 20 MG	2	PA; SP; HCLV; NP; 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>	1	
INTUNIV ER ORAL TABLET EXTENDED RELEASE 24 HR 1 MG, 2 MG, 3 MG, 4 MG	2	PA; HCLV; NP
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML, 1,560 MG/5 ML	2	
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 6 MG, 9 MG	2	ST; HCLV; NP
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	2	
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML, 410 MG/1.32 ML, 546 MG/1.75 ML, 819 MG/2.63 ML	2	
JORNAY PM ORAL CAPSULE, DEL REL, EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	2	PA
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	2	ST; HCLV; NP
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG	2	ST; NP
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	1	QL (30 per 30 days)
<i>lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	QL (30 per 30 days)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG	2	HCLV; NP
<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	2	HCLV
<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	2	PA; QL (30 Packets per month); SP; LA
LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK 4.5-6-7.5 GRAM	2	PA; QL (1 Kit per year); SP; LA
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG	2	PA; HCLV; NP
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	2	ST; HCLV; NP
MARPLAN ORAL TABLET 10 MG	2	
METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	2	PA; NP
<i>methamphetamine oral tablet 5 mg</i>	1	
METHYLIN ORAL SOLUTION 10 MG/5 ML, 5 MG/5 ML	2	ST; NP
<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>	1	
<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	
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg, 72 mg</i>	1	
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG	2	PA
<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>	1	
<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	2	PA; HCLV; NP
NARDIL ORAL TABLET 15 MG	2	NP
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	
<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	2	PA; SP; LA
NUPLAZID ORAL TABLET 10 MG	2	PA; SP; LA
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG	2	HCLV; NP
<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	2	PA
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	2	PA; HCLV
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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	2	NP
PARNATE ORAL TABLET 10 MG	2	NP
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	1	
<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	2	ST; NP
PAXIL ORAL SUSPENSION 10 MG/5 ML	2	ST; NP
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	2	ST; NP
<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	2	
<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	2	ST; HCLV; NP
<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	2	HCLV; NP
PROZAC ORAL CAPSULE 10 MG, 20 MG	2	ST; HCLV; NP
QELBREE ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG	2	PA
QUAZEPAM ORAL TABLET 15 MG	2	PA; HCLV
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	
QUETIAPINE ORAL TABLET 150 MG	2	ST; HCLV; NP
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
QUILLICHEW ER ORAL TABLET, CHEW, IR-ER.BIPHASIC24HR 20 MG, 30 MG, 40 MG	2	PA
QUILLIVANT XR ORAL SUSPENSION, EXT REL 24HR, RECON 5 MG/ML (25 MG/5 ML)	2	PA
QUVIVIQ ORAL TABLET 25 MG, 50 MG	2	PA
RALDESY ORAL SOLUTION 10 MG/ML	2	PA; HCLV; QL (1200 per 30 days)
<i>ramelteon oral tablet 8 mg</i>	1	
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 54 MG	2	PA; NP
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG, 72 MG	2	PA
REMERON ORAL TABLET 15 MG, 30 MG	2	ST; HCLV; NP
REMERON SOLTAB ORAL TABLET, DISINTEGRATING 15 MG, 30 MG, 45 MG	2	ST; HCLV; NP
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG	2	NP
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	2	ST; HCLV
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	2	HCLV; NP
RISPERDAL ORAL SOLUTION 1 MG/ML	2	ST; HCLV; NP
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	2	ST; HCLV; NP
<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>	1	
<i>risperidone oral solution 1 mg/ml</i>	1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG	2	PA; NP
ROZEREM ORAL TABLET 8 MG	2	PA; HCLV; NP
RYKINDO INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	2	
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	2	ST; HCLV; NP

Drug Name	Drug Tier	Requirements / Limits
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	2	ST; HCLV; NP
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG	2	ST; HCLV; NP
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG	2	ST; HCLV; NP
<i>sertraline oral capsule 150 mg, 200 mg</i>	1	HCLV
<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	2	PA; NP
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	2	PA; SP; LA; QL (540 per 30 days)
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	2	PA; SP; QL (4 per 30 days)
SUNOSI ORAL TABLET 150 MG	2	PA; QL (30 Tablets per month)
SUNOSI ORAL TABLET 75 MG	2	PA; QL (60 Tablets per month)
<i>tasimelteon oral capsule 20 mg</i>	1	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>tranylcypromine oral tablet 10 mg</i>	1	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	1	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	2	ST; NP
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	2	
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG	2	HCLV; NP

Drug Name	Drug Tier	Requirements / Limits
VENLAFAXINE BESYLATE ORAL TABLET EXTENDED RELEASE 24HR 112.5 MG	2	ST; NP
<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	2	ST; HCLV; NP
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	2	ST; HCLV; NP
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	1	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	2	ST; HCLV
VYLEESI SUBCUTANEOUS AUTO-INJECTOR 1.75 MG/0.3 ML	2	PA; SP
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	2	PA; HCLV; NP; QL (30 per 30 days)
VYVANSE ORAL TABLET, CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	2	PA; HCLV; NP; QL (30 per 30 days)
WAKIX ORAL TABLET 17.8 MG	2	PA; QL (60 Tablets per month); SP; HCLV; LA
WAKIX ORAL TABLET 4.45 MG	2	PA; QL (30 Tablets per month); SP; HCLV; LA
WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR 100 MG, 150 MG, 200 MG	2	ST; NP
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	2	ST; NP
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	2	HCLV; NP
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 1 MG, 2 MG	2	HCLV; NP
XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR	2	PA
XYREM ORAL SOLUTION 500 MG/ML	2	PA; SP; LA; QL (540 per 30 days)
XYWAV ORAL SOLUTION 0.5 GRAM/ML	2	PA; SP; LA; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	PA; HCLV

Drug Name	Drug Tier	Requirements / Limits
ZENZEDI ORAL TABLET 15 MG, 20 MG, 30 MG, 7.5 MG	2	PA; HCLV; NP
ZENZEDI ORAL TABLET 2.5 MG	2	PA; HCLV
<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>	1	
ZOLOFT ORAL CONCENTRATE 20 MG/ML	2	ST; NP
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG	2	ST; NP
ZOLPIDEM ORAL CAPSULE 7.5 MG	2	PA; HCLV
<i>zolpidem oral tablet 10 mg, 5 mg</i>	1	
<i>zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg</i>	1	
<i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i>	1	
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG	2	PA; SP
ZYPREXA ORAL TABLET 2.5 MG, 20 MG, 5 MG	2	ST; HCLV; NP
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG	2	

AUTONOMIC & CNS DRUGS, NEUROLOGY

MULTIPLE SCLEROSIS AGENTS

AUBAGIO ORAL TABLET 14 MG, 7 MG	2	PA; SP; HCLV; NP; LA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	2	PA; SP; LA
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	2	PA; SP; LA
BAFIERTAM ORAL CAPSULE, DELAYED RELEASE (DR/EC) 95 MG	2	PA; QL (120 Capsules per fill); SP; LA
BETASERON SUBCUTANEOUS KIT 0.3 MG	2	PA; SP; LA
<i>cladribine(multiple sclerosis) oral tablet 10 mg</i>	1	SP
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	2	PA; SP; HCLV; NP; LA
<i>dimethyl fumarate oral capsule, delayed release (dr/ec) 120 mg</i>	1	PA; QL (14 Capsules per year); SP; LA
<i>dimethyl fumarate oral capsule, delayed release (dr/ec) 120 mg (14)- 240 mg (46)</i>	1	PA; QL (1 Pack per year); SP; LA

Drug Name	Drug Tier	Requirements / Limits
<i>dimethyl fumarate oral capsule, delayed release (dr/ec) 240 mg</i>	1	PA; QL (60 Capsules per month); SP; LA
<i>fingolimod oral capsule 0.5 mg</i>	1	PA; SP; LA
GILENYA ORAL CAPSULE 0.25 MG	2	PA; SP; HCLV
GILENYA ORAL CAPSULE 0.5 MG	2	PA; SP; HCLV; NP; LA
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	1	PA; SP; LA
<i>glatopa subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	1	PA; SP; LA
KESIMPTA SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	2	PA; SP; LA
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	2	PA; SP; LA
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	2	PA; SP; LA
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	2	PA; SP; LA
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	2	PA; SP; LA
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	2	PA; SP; LA
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	2	PA; SP; LA
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	2	PA; SP; LA
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	2	PA; SP; LA
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS, DOSE PACK 0.25 MG (7 TABS)	2	PA; SP; LA; QL (12 per 365 days)
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS, DOSE PACK 0.25 MG (12 TABS)	2	PA; SP; LA; QL (12 per 365 days)
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	2	PA; SP; LA
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA; SP; LA
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA; SP; LA
PONVORY 14-DAY STARTER PACK ORAL TABLETS, DOSE PACK 2 MG (2) - 10 MG (3)	2	PA; SP; HCLV; LA

Drug Name	Drug Tier	Requirements / Limits
PONVORY ORAL TABLET 20 MG	2	PA; QL (30 Tablets per month); SP; HCLV; LA
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	2	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)	2	PA; SP; LA
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	PA; SP; LA
TASCENSO ODT ORAL TABLET, DISINTEGRATING 0.25 MG, 0.5 MG	2	PA; SP; HCLV; LA
TECFIDERA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 120 MG	2	PA; QL (14 Capsules per year); SP; HCLV; NP; LA
TECFIDERA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 120 MG (14)- 240 MG (46)	2	PA; QL (1 Pack per year); SP; HCLV; NP; LA
TECFIDERA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 240 MG	2	PA; QL (60 Capsules per month); SP; HCLV; NP; LA
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	1	PA; SP; LA
VUMERITY ORAL CAPSULE, DELAYED RELEASE(DR/EC) 231 MG	2	PA; QL (120 Capsules per fill); SP; LA

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG	2	HCLV; NP
BETAPACE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	2	HCLV; NP
<i>disopyramide phosphate oral capsule 100 mg</i>	1	
<i>disopyramide phosphate oral capsule 150 mg</i>	1	HCLV
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	1	
<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	2	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	2	
NORPACE ORAL CAPSULE 100 MG, 150 MG	2	HCLV; NP
<i>pacerone oral tablet 100 mg, 200 mg</i>	1	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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	2	PA
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG	2	HCLV; NP
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG	2	NP
<i>aliskiren oral tablet 150 mg, 300 mg</i>	1	
ALTACE ORAL CAPSULE 1.25 MG, 5 MG	2	ST; HCLV; NP
<i>amiloride oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	HCLV
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	HCLV
<i>amlodipine-valsartan-hctiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1	HCLV
ARBLI ORAL SUSPENSION 10 MG/ML	2	ST; HCLV; NP; QL (300 per 30 days)
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG	2	ST; HCLV; NP
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	2	ST; HCLV; NP
<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	2	ST; HCLV; NP
AVAPRO ORAL TABLET 150 MG, 300 MG	2	ST; HCLV; NP

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

Drug Name	Drug Tier	Requirements / Limits
<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	2	HCLV; NP
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24 HR	2	HCLV; NP
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24 HR	2	HCLV; NP
<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	2	HCLV
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	1	
CONJUPRI ORAL TABLET 2.5 MG, 5 MG	2	ST; HCLV; NP
CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG	2	ST; HCLV; NP
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG	2	HCLV; NP
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG	2	HCLV; NP
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG	2	ST; HCLV; NP
DEMSER ORAL CAPSULE 250 MG	2	HCLV; NP
<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	

Drug Name	Drug Tier	Requirements / Limits
<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	2	ST; HCLV; NP
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG	2	ST; HCLV; NP
DIURIL ORAL SUSPENSION 250 MG/5 ML	2	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG	2	NP
EDARBI ORAL TABLET 40 MG, 80 MG	2	ST; HCLV; NP
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	2	ST; HCLV; NP
EDECRIN ORAL TABLET 25 MG	2	NP
<i>enalapril maleate oral solution 1 mg/ml</i>	1	
<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	
ENBUMYST NASAL SPRAY, NON-AEROSOL 0.5 MG/SPRAY (0.1 ML)	2	PA; QL (2 CARTONS PER RX); HCLV
EPANED ORAL SOLUTION 1 MG/ML	2	ST; HCLV; NP
<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>	1	
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	2	ST; HCLV; NP
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG	2	ST; HCLV; NP
<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	

Drug Name	Drug Tier	Requirements / Limits
<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	2	PA; SP; HCLV
HEMICLOR ORAL TABLET 12.5 MG	2	PA; HCLV; QL (30 per 30 days)
<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	2	ST; HCLV; NP
<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	2	HCLV; NP
INDERAL XL ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 80 MG	2	HCLV
INNOPRAN XL ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 80 MG	2	HCLV
INSPIRA ORAL TABLET 25 MG	2	NP
INZIRQO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML	2	PA; HCLV; QL (300 per 30 days)
<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>	1	
<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	2	HCLV
KATERZIA ORAL SUSPENSION 1 MG/ML	2	ST; HCLV; NP
KERENDIA ORAL TABLET 10 MG, 40 MG	2	PA; QL (30 per 30 days)
KERENDIA ORAL TABLET 20 MG	2	PA; QL (30 Tablets per month)
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
LABETALOL ORAL TABLET 400 MG	2	HCLV
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG	2	NP
LEVAMLODIPINE ORAL TABLET 2.5 MG, 5 MG	2	ST; HCLV; NP

Drug Name	Drug Tier	Requirements / Limits
<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	2	HCLV; NP
<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	2	ST; HCLV; NP
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	2	ST; HCLV; NP
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	2	ST; HCLV; NP
<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>	1	
<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, 50 mg</i>	1	
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	1	HCLV
<i>metirosine oral capsule 250 mg</i>	1	
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG	2	ST; HCLV; NP
MICARDIS ORAL TABLET 40 MG, 80 MG	2	ST; HCLV; NP
<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>	1	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HR 0.17 MG	2	PA; HCLV
<i>nicardipine oral capsule 20 mg, 30 mg</i>	1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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>	1	
<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>	1	
NORLIQVA ORAL SOLUTION 1 MG/ML	2	ST; NP
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG	2	ST; HCLV; NP
NYMALIZE ORAL SOLUTION 60 MG/10 ML	2	HCLV
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML	2	HCLV
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	1	
<i>olmesartan-amlodipin-hcthiiazid 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>	1	HCLV
<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)	2	PA; SP; HCLV; LA
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL, DOSE PACK 0.125 MG (126)- 0.25 MG (210)	2	PA; SP; HCLV; LA
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL, DOSE PACK 0.125 MG (126)- 0.25 MG(42)-1MG	2	PA; SP; HCLV; LA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	2	PA; SP; HCLV; LA
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>phenoxybenzamine oral capsule 10 mg</i>	1	
<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	2	ST; HCLV; NP; QL (30 per 30 days)
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG	2	ST; HCLV; NP

Drug Name	Drug Tier	Requirements / Limits
<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>	1	
QBRELIS ORAL SOLUTION 1 MG/ML	2	ST; HCLV; NP
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
SOAANZ ORAL TABLET 40 MG	2	HCLV
<i>spironolactone oral suspension 25 mg/5 ml</i>	1	
<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	2	ST; HCLV; NP
TEKTURNAL ORAL TABLET 150 MG, 300 MG	2	ST; NP
<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	HCLV
<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	2	HCLV; NP
TENORETIC 50 ORAL TABLET 50-25 MG	2	HCLV; NP
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG	2	HCLV; NP
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
TEZRULY ORAL SOLUTION 1 MG/ML	2	PA; HCLV
THALITONE ORAL TABLET 15 MG	2	
<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	2	ST; HCLV; NP

Drug Name	Drug Tier	Requirements / Limits
<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	2	HCLV; NP
<i>torsemide 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>	1	HCLV
<i>triamterene oral capsule 100 mg, 50 mg</i>	1	
<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	2	ST; HCLV; NP
UPTRAVID ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	2	PA; SP; LA
UPTRAVID ORAL TABLETS, DOSE PACK 200 MCG (140)- 800 MCG (60)	2	PA; SP; LA
<i>valsartan oral solution 4 mg/ml</i>	1	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	
VASERETIC ORAL TABLET 10-25 MG	2	ST; HCLV; NP
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	2	ST; HCLV; NP
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	1	
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	2	ST; HCLV; NP

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

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

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

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

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

Drug Name	Drug Tier	Requirements / Limits
NEXLETOL ORAL TABLET 180 MG	2	PA; HCLV
NEXLIZET ORAL TABLET 180-10 MG	2	PA; HCLV
<i>niacin oral tablet 500 mg</i>	1	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	1	
NIACOR ORAL TABLET 500 MG	2	ST; NP
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	1	
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	1	ACA
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	2	PA; HCLV
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	ACA
<i>prevalite oral powder 4 gram</i>	1	
<i>prevalite oral powder in packet 4 gram</i>	1	
QUESTRAN LIGHT ORAL POWDER 4 GRAM	2	HCLV; NP
QUESTRAN ORAL POWDER 4 GRAM	2	HCLV; NP
QUESTRAN ORAL POWDER IN PACKET 4 GRAM	2	HCLV; NP
REDEMPLO SUBCUTANEOUS SYRINGE 25 MG/0.5 ML	2	PA; SP; QL (1 per 90 days)
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	2	PA
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	2	PA
REPATHA SUBCUTANEOUS SYRINGE 140 MG/ML	2	PA
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	ACA
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG	2	PA; HCLV
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	ACA
TRICOR ORAL TABLET 145 MG	2	PA; HCLV; NP
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML	2	PA; SP
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	2	PA; HCLV; NP; QL (120 per 30 days)
VYTORIN ORAL TABLET 10-10 MG	2	PA; HCLV; NP
VYTORIN ORAL TABLET 10-20 MG	2	PA; HCLV; NP

Drug Name	Drug Tier	Requirements / Limits
VYTORIN ORAL TABLET 10-40 MG	2	PA; HCLV; NP
VYTORIN ORAL TABLET 10-80 MG	2	PA; HCLV; NP
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	2	HCLV; NP
WELCHOL ORAL TABLET 625 MG	2	HCLV; NP
ZETIA ORAL TABLET 10 MG	2	PA; HCLV; NP
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	2	PA; HCLV; NP
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	2	PA; HCLV
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ATTRUBY ORAL TABLET 356 MG	2	PA; SP
CAMZYOS ORAL CAPSULE 10 MG, 15 MG	2	PA; SP; LA; QL (30 per 30 days)
CAMZYOS ORAL CAPSULE 2.5 MG	2	PA; SP; LA; QL (180 per 30 days)
CAMZYOS ORAL CAPSULE 5 MG	2	PA; SP; LA; QL (90 per 30 days)
CORLANOR ORAL SOLUTION 5 MG/5 ML	2	PA; SP; HCLV
CORLANOR ORAL TABLET 5 MG, 7.5 MG	2	PA; HCLV; NP
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	2	PA; HCLV; NP
ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG	2	PA
FILSPARI ORAL TABLET 200 MG, 400 MG	2	PA; SP; HCLV; QL (30 per 30 days)
<i>ivabradine oral tablet 5 mg, 7.5 mg</i>	1	PA; HCLV
LODOCO ORAL TABLET 0.5 MG	2	PA; HCLV
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	1	
<i>sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg</i>	1	
TRYVIO ORAL TABLET 12.5 MG	2	PA; SP
VANRAFIA ORAL TABLET 0.75 MG	2	PA; SP; QL (30 per 30 days)
VECAMYL ORAL TABLET 2.5 MG	2	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	2	PA
VYNDAMAX ORAL CAPSULE 61 MG	2	PA; SP; LA
NITRATES		
GONITRO SUBLINGUAL POWDER IN PACKET 400 MCG	2	
ISORDIL ORAL TABLET 40 MG	2	HCLV; NP
ISORDIL TITRADOSE ORAL TABLET 5 MG	2	HCLV; NP

Drug Name	Drug Tier	Requirements / Limits
<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	2	
<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	2	HCLV; NP
NITROMIST TRANSLINGUAL AEROSOL, SPRAY 400 MCG/SPRAY	2	HCLV; NP
NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG	2	HCLV; NP
<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>	1	
ANALPRAM-HC TOPICAL LOTION 2.5-1 %	2	ST; NP
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML, 320 MG/2 ML	2	PA; SP; LA
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML, 320 MG/2 ML	2	PA; SP; LA
<i>calcipotriene scalp solution 0.005 %</i>	1	
<i>calcipotriene topical cream 0.005 %</i>	1	
CALCIPOTRIENE TOPICAL FOAM 0.005 %	2	PA; HCLV
<i>calcipotriene topical ointment 0.005 %</i>	1	
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	1	HCLV
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i>	1	

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

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

Drug Name	Drug Tier	Requirements / Limits
TREMFYA PEN INDUCTION PK(2PEN) SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	2	PA; SP; LA
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML	2	PA; SP; LA
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	2	PA; SP; LA
USTEKINUMAB SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	2	PA; SP; HCLV
USTEKINUMAB SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	2	PA; SP; HCLV
USTEKINUMAB-AAUZ SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	2	PA; SP; HCLV
USTEKINUMAB-AEKN SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	2	PA; SP; HCLV
USTEKINUMAB-TTWE SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	2	PA; SP; HCLV; LA
VECTICAL TOPICAL OINTMENT 3 MCG/GRAM	2	PA; HCLV; NP
VTAMA TOPICAL CREAM 1 %	2	PA
WEZLANA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	2	PA; SP; HCLV
WEZLANA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	2	PA; SP; HCLV
WYNZORA TOPICAL CREAM 0.005-0.064 %	2	PA
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	2	PA; SP; LA
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	2	PA; SP; LA
ZORYVE TOPICAL CREAM 0.05 %, 0.15 %, 0.3 %	2	PA; HCLV
ZORYVE TOPICAL FOAM 0.3 %	2	PA; HCLV
BURN THERAPY		
SILVADENE TOPICAL CREAM 1 %	2	HCLV; NP
<i>silver sulfadiazine topical cream 1 %</i>	1	
<i>ssd topical cream 1 %</i>	1	
MISCELLANEOUS DERMATOLOGICALS		
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	2	PA; SP; LA

Drug Name	Drug Tier	Requirements / Limits
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	2	PA; SP; LA
<i>ammonium lactate topical cream 12 %</i>	1	
<i>ammonium lactate topical lotion 12 %</i>	1	
ANZUPGO TOPICAL CREAM 2 %	2	PA; SP; LA; QL (60 per 30 days)
CARAC TOPICAL CREAM 0.5 %	2	PA; HCLV
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	2	PA; SP; HCLV; LA
CONDYLOX TOPICAL GEL 0.5 %	2	PA; HCLV; NP
CORTANE-B TOPICAL LOTION 1-1-0.1 %	2	HCLV; NP
<i>diclofenac sodium topical gel 3 %</i>	1	
<i>doxepin topical cream 5 %</i>	1	HCLV
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 %	2	
DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	2	PA; SP; LA; QL (4 per 30 days)
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	2	PA; SP; LA; QL (4 per 30 days)
EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR 250 MG/2 ML	2	PA; SP; LA
EBGLYSS SYRINGE SUBCUTANEOUS SYRINGE 250 MG/2 ML	2	PA; SP; LA
EFUDEX TOPICAL CREAM 5 %	2	NP
ELIDEL TOPICAL CREAM 1 %	2	PA; HCLV; NP
EUCRISA TOPICAL OINTMENT 2 %	2	PA
FLUOROURACIL TOPICAL CREAM 0.5 %	2	PA; HCLV
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution 2 %, 5 %</i>	1	
HYFTOR TOPICAL GEL 0.2 %	2	PA; SP
<i>imiquimod topical cream in metered-dose pump 3.75 %</i>	1	HCLV
<i>imiquimod topical cream in packet 3.75 %, 5 %</i>	1	
IODOFLEX TOPICAL PADS, MEDICATED 0.9 %	2	
IODOSORB TOPICAL GEL 0.9 %	2	
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	1	
OPZELURA TOPICAL CREAM 1.5 %	2	PA

Drug Name	Drug Tier	Requirements / Limits
PANRETIN TOPICAL GEL 0.1 %	2	
<i>pimecrolimus topical cream 1 %</i>	1	
<i>podofilox topical gel 0.5 %</i>	1	
<i>podofilox topical solution 0.5 %</i>	1	
<i>prudoxin topical cream 5 %</i>	1	HCLV
QBREXZA TOPICAL TOWELETTE 2.4 %	2	PA; HCLV
SOFDRA TOPICAL GEL WITH PUMP 12.45 % (72 MG /ACTUATION)	2	PA; QL (1 Unit per month)
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	1	
VALCHLOR TOPICAL GEL 0.016 %	2	PA; SP; LA
VEREGEN TOPICAL OINTMENT 15 %	2	PA; HCLV
ZELSUVMI TOPICAL GEL 10.3 %	2	PA; QL (1 tube per Rx)
ZONALON 5% CREAM	2	HCLV
ZONALON TOPICAL CREAM 5 %	2	HCLV; NP
ZYCLARA TOPICAL CREAM IN METERED- DOSE PUMP 2.5 %	2	PA; HCLV
ZYCLARA TOPICAL CREAM IN METERED- DOSE PUMP 3.75 %	2	PA; HCLV; NP
ZYCLARA TOPICAL CREAM IN PACKET 3.75 %	2	PA; HCLV; NP
THERAPY FOR ACNE		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG	2	ST; HCLV; NP
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG	2	ST; HCLV; NP
ACANYA TOPICAL GEL WITH PUMP 1.2-2.5 %	2	ST; HCLV; NP
<i>acutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
ACZONE TOPICAL GEL 5 %	2	ST; HCLV; NP
ACZONE TOPICAL GEL WITH PUMP 7.5 %	2	ST; HCLV; NP
<i>adapalene topical cream 0.1 %</i>	1	ST; HCLV
<i>adapalene topical gel 0.3 %</i>	1	ST; HCLV
<i>adapalene topical gel with pump 0.3 %</i>	1	ST; HCLV
ADAPALENE TOPICAL LOTION 0.1 %	2	ST; HCLV
<i>adapalene topical solution 0.1 %</i>	1	ST; HCLV
<i>adapalene topical swab 0.1 %</i>	1	ST; HCLV

Drug Name	Drug Tier	Requirements / Limits
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i>	1	QL (45 per 30 days)
<i>adapalene-benzoyl peroxide topical gel with pump 0.3-2.5 %</i>	1	HCLV; QL (45 per 30 days)
AKLIEF TOPICAL CREAM 0.005 %	2	ST; NP
ALTRENO TOPICAL LOTION 0.05 %	2	ST; HCLV; NP
<i>amnesteem oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
AMZEEQ TOPICAL FOAM 4 %	2	ST; HCLV; NP
ARAZLO TOPICAL LOTION 0.045 %	2	ST; HCLV; NP
ATRALIN TOPICAL GEL 0.05 %	2	ST; HCLV; NP
AVAR LS TOPICAL CLEANSER 10-2 %	2	ST; HCLV; NP
<i>avar topical cleanser 10-5 % (w/w)</i>	1	
AVAR-E TOPICAL CREAM 10-5 % (W/W)	2	HCLV
<i>azelaic acid topical gel 15 %</i>	1	
AZELEX TOPICAL CREAM 20 %	2	ST; HCLV; NP
BENZAMYCIN TOPICAL GEL 3-5 %	2	PA; HCLV; NP
BENZEPRO (MICROSPHERES) TOPICAL CLEANSER 7 %	2	HCLV; NP
<i>benzepro topical towelette 6 %</i>	1	HCLV
<i>benzoyl peroxide topical cleanser 7 %</i>	1	
<i>benzoyl peroxide topical foam 9.8 %</i>	1	HCLV
<i>bp topical cleanser 10-1 %</i>	1	
<i>brimonidine topical gel with pump 0.33 %</i>	1	
CABTREO TOPICAL GEL 0.15-3.1-1.2 %	2	ST; HCLV; NP
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
CLENIA PLUS TOPICAL SUSPENSION 9-4.25 %	2	ST; HCLV; NP
CLEOCIN T TOPICAL LOTION 1 %	2	ST; HCLV; NP
CLINDACIN ETZ TOPICAL KIT 1 %	2	ST; HCLV; NP
<i>clindacin etz topical swab 1 %</i>	1	HCLV
<i>clindacin p topical swab 1 %</i>	1	HCLV
CLINDACIN PAC TOPICAL KIT 1 %	2	ST; HCLV; NP
<i>clindacin topical foam 1 %</i>	1	HCLV
CLINDAGEL TOPICAL GEL, ONCE DAILY 1 %	2	ST; HCLV; NP
<i>clindamycin phosphate topical foam 1 %</i>	1	HCLV

Drug Name	Drug Tier	Requirements / Limits
<i>clindamycin phosphate topical gel 1 %</i>	1	
<i>clindamycin phosphate topical gel, once daily 1 %</i>	1	HCLV
<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>	1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2 %(1 % base) -3.75 %, 1.2-2.5 %</i>	1	HCLV
<i>clindamycin-tretinoin topical gel 1.2-0.025 %</i>	1	HCLV
<i>dapsone topical gel 5 %</i>	1	
DAPSONE TOPICAL GEL 7.5 %	2	
<i>dapsone topical gel with pump 7.5 %</i>	1	
DIFFERIN TOPICAL CREAM 0.1 %	2	ST; HCLV; NP
DIFFERIN TOPICAL GEL WITH PUMP 0.3 %	2	ST; HCLV; NP
DIFFERIN TOPICAL LOTION 0.1 %	2	ST; HCLV
EPIDUO FORTE 0.3-2.5% GEL PUMP	2	ST; HCLV; NP; QL (45 per 30 days)
EPIDUO FORTE TOPICAL GEL WITH PUMP 0.3-2.5 %	2	ST; HCLV; NP; QL (60 per 30 days)
EPSOLAY TOPICAL CREAM 5 %	2	PA
<i>ery pads topical swab 2 %</i>	1	
<i>erythromycin with ethanol topical gel 2 %</i>	1	
<i>erythromycin with ethanol topical solution 2 %</i>	1	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	1	
EVOCLIN TOPICAL FOAM 1 %	2	PA; HCLV; NP
FABIOR TOPICAL FOAM 0.1 %	2	ST; HCLV; NP
FINACEA TOPICAL FOAM 15 %	2	ST; NP
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>isotretinoin oral capsule 25 mg, 35 mg</i>	1	HCLV
<i>ivermectin topical cream 1 %</i>	1	
METROCREAM TOPICAL CREAM 0.75 %	2	PA; HCLV; NP
METROGEL TOPICAL GEL 1 %	2	PA; HCLV; NP
<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>	1	HCLV

Drug Name	Drug Tier	Requirements / Limits
<i>metronidazole topical lotion 0.75 %</i>	1	
MIRVASO TOPICAL GEL WITH PUMP 0.33 %	2	NP
NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL 1.2-5 %	2	ST; HCLV; NP
<i>neuac topical gel 1.2 %(1 % base) -5 %</i>	1	HCLV
NORITATE TOPICAL CREAM 1 %	2	PA; HCLV
ONEXTON TOPICAL GEL WITH PUMP 1.2 % (1 % BASE) -3.75 %	2	ST; HCLV; NP
PACNEX TOPICAL CLEANSER 7 %	2	HCLV; NP
PLEXION CLEANSING CLOTHS TOPICAL PADS, MEDICATED 9.8-4.8 %	2	HCLV
PLEXION TOPICAL CLEANSER 9.8-4.8 %	2	ST; HCLV; NP
PLEXION TOPICAL CREAM 9.8-4.8 %	2	HCLV
PLEXION TOPICAL LOTION 9.8-4.8 %	2	HCLV
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %	2	HCLV; NP
RETIN-A MICRO TOPICAL GEL WITH PUMP 0.04 %, 0.06 %, 0.08 %, 0.1 %	2	ST; HCLV; NP
RETIN-A MICRO TOPICAL GEL 0.04 %, 0.1 %	2	ST; HCLV; NP
RETIN-A TOPICAL CREAM 0.025 %, 0.05 %	2	ST; HCLV; NP
RETIN-A TOPICAL CREAM 0.1 %	2	ST; NP
RETIN-A TOPICAL GEL 0.01 %, 0.025 %	2	ST; HCLV; NP
RHOFADE TOPICAL CREAM 1 %	2	PA; HCLV
<i>rosadan topical cream 0.75 %</i>	1	
<i>rosadan topical gel 0.75 %</i>	1	
ROSDAN TOPICAL KIT, CLEANSER AND GEL 0.75 %	2	ST; HCLV; NP
ROSDAN TOPICAL KIT, CLEANSER AND CREAM 0.75 %	2	ST; HCLV; NP
<i>rosula cleansing cloths topical pads, medicated 10-5 %</i>	1	
ROSULA TOPICAL CLEANSER 10-4.5 %	2	ST; HCLV; NP
SOOLANTRA TOPICAL CREAM 1 %	2	PA; HCLV; NP
<i>sss 10-5 topical cream 10-5 % (w/w)</i>	1	
<i>sss 10-5 topical foam 10-5 %</i>	1	HCLV
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 10-5 % (w/w), 9-4.5 %, 9.8-4.8 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
SULFACETAMIDE SODIUM-SULFUR TOPICAL CLEANSER 8-4 %	2	ST; NP
<i>sulfacetamide sodium-sulfur topical cleanser 9-4 %</i>	1	HCLV
<i>sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w), 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i>	1	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %</i>	1	
<i>sulfacetamide sodium-sulfur topical suspension 8-4 %</i>	1	HCLV
SULFACETAMIDE SODIUM-SULFUR TOPICAL SUSPENSION 9-4.25 %	2	ST; HCLV; NP
<i>sulfacleanse 8-4 topical suspension 8-4 %</i>	1	HCLV
SUMADAN TOPICAL CLEANSER 9-4.5 %	2	ST; HCLV; NP
SUMADAN TOPICAL KIT 9-4.5 %	2	ST; HCLV; NP
SUMADAN XLT TOPICAL COMBO PACK, CLEANSER AND CREAM 9 %-4.5 % -SPF 25	2	ST; NP
SUMAXIN CP TOPICAL KIT 10-4 %	2	ST; HCLV; NP
SUMAXIN TOPICAL CLEANSER 9-4 %	2	ST; HCLV; NP
SUMAXIN TOPICAL PADS, MEDICATED 10-4 %	2	HCLV; NP
SUMAXIN TS TOPICAL SUSPENSION 8-4 %	2	ST; HCLV; NP
<i>tazarotene topical cream 0.05 %, 0.1 %</i>	1	
TAZAROTENE TOPICAL FOAM 0.1 %	2	ST; HCLV; NP
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	1	HCLV
TAZORAC TOPICAL CREAM 0.05 %	2	ST; HCLV; NP
TAZORAC TOPICAL CREAM 0.1 %	2	ST; HCLV
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	2	ST; HCLV
<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>	1	HCLV
<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 %	2	ST; HCLV; NP

Drug Name	Drug Tier	Requirements / Limits
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 %	2	PA
VELTIN TOPICAL GEL 1.2-0.025 %	2	ST; HCLV; NP
WINLEVI TOPICAL CREAM 1 %	2	ST; NP
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
ZIANA TOPICAL GEL 1.2-0.025 %	2	PA; HCLV; NP
ZILXI TOPICAL FOAM 1.5 %	2	ST; HCLV; NP
ZMA CLEAR TOPICAL SUSPENSION 9-4.5 %	2	ST; NP
TOPICAL ANESTHETICS		
<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>	1	HCLV
<i>lidocort topical cream 3-0.5 %</i>	1	
LIDODERM TOPICAL ADHESIVE PATCH, MEDICATED 5 %	2	ST; HCLV; NP
ZTLIDO TOPICAL ADHESIVE PATCH, MEDICATED 1.8 %	2	ST; HCLV; NP
TOPICAL ANTIBACTERIALS		
ALCORTIN A TOPICAL GEL 2-1-1 %	2	ST; HCLV; NP
ALCORTIN A TOPICAL GEL IN PACKET 2-1-1 %	2	ST; HCLV; NP
ALTABAX TOPICAL OINTMENT 1 %	2	HCLV
CENTANY AT TOPICAL OINTMENT KIT 2 %	2	ST; HCLV; NP
CENTANY TOPICAL OINTMENT 2 %	2	PA; HCLV
<i>gentamicin topical cream 0.1 %</i>	1	
<i>gentamicin topical ointment 0.1 %</i>	1	
KLARON TOPICAL SUSPENSION 10 %	2	PA; HCLV; NP
<i>lugols topical solution 5-10 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>mupirocin calcium topical cream 2 %</i>	1	
<i>mupirocin topical ointment 2 %</i>	1	
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	2	ST; HCLV; NP
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	2	ST; HCLV; NP
<i>strong iodine topical solution 5-10 %</i>	1	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	1	
SULFAMYLON TOPICAL CREAM 85 MG/G	2	
TOPICAL ANTIFUNGALS		
CICLODAN KIT TOPICAL COMBO PACK 0.77 %	2	ST; HCLV; NP
CICLODAN KIT TOPICAL SOLUTION 8 %	2	ST; HCLV; NP
<i>ciclodan topical cream 0.77 %</i>	1	
<i>ciclodan topical solution 8 %</i>	1	
<i>ciclopirox topical cream 0.77 %</i>	1	
<i>ciclopirox topical gel 0.77 %</i>	1	
<i>ciclopirox topical shampoo 1 %</i>	1	
<i>ciclopirox topical solution 8 %</i>	1	
<i>ciclopirox topical suspension 0.77 %</i>	1	
<i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i>	1	HCLV
<i>clotrimazole topical cream 1 %</i>	1	
<i>clotrimazole topical solution 1 %</i>	1	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	1	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	1	
<i>econazole nitrate topical cream 1 %</i>	1	
ECONAZOLE NITRATE TOPICAL FOAM 1 %	2	ST; HCLV; NP
ECOZA TOPICAL FOAM 1 %	2	ST; HCLV; NP
ERTACZO TOPICAL CREAM 2 %	2	ST; HCLV; NP
EXELDERM TOPICAL CREAM 1 %	2	ST; HCLV; NP
EXELDERM TOPICAL SOLUTION 1 %	2	ST; HCLV; NP
EXTINA TOPICAL FOAM 2 %	2	ST; HCLV; NP

Drug Name	Drug Tier	Requirements / Limits
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 %	2	PA; HCLV
<i>ketoconazole topical cream 2 %</i>	1	
<i>ketoconazole topical foam 2 %</i>	1	HCLV
<i>ketoconazole topical shampoo 2 %</i>	1	
<i>ketodan kit topical combo pack 2 %</i>	1	ST; HCLV
<i>ketodan topical foam 2 %</i>	1	HCLV
<i>klayesta topical powder 100,000 unit/gram</i>	1	
LOPROX (AS OLAMINE) TOPICAL CREAM 0.77 %	2	ST; HCLV; NP
LOPROX (AS OLAMINE) TOPICAL SUSPENSION 0.77 %	2	ST; HCLV; NP
LOPROX KIT TOPICAL COMBO PACK 0.77 %	2	ST; HCLV; NP
LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER 0.77 %	2	ST; HCLV; NP
LULICONAZOLE TOPICAL CREAM 1 %	2	ST; HCLV; NP
LUZU TOPICAL CREAM 1 %	2	ST; HCLV; NP
MICONAZOLE NITRATE-ZINC OX-PET TOPICAL OINTMENT 0.25-15-81.35 %	2	ST; HCLV; NP
<i>naftifine topical cream 1 %, 2 %</i>	1	
<i>naftifine topical gel 2 %</i>	1	
NAFTIN TOPICAL GEL 2 %	2	ST; HCLV; NP
<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>	1	HCLV
OXISTAT TOPICAL LOTION 1 %	2	ST; HCLV; NP
SULCONAZOLE TOPICAL CREAM 1 %	2	ST; HCLV; NP
SULCONAZOLE TOPICAL SOLUTION 1 %	2	ST; HCLV; NP
<i>tavaborole topical solution with applicator 5 %</i>	1	PA; HCLV

Drug Name	Drug Tier	Requirements / Limits
VUSION TOPICAL OINTMENT 0.25-15-81.35 %	2	ST; HCLV; NP
TOPICAL ANTIVIRALS		
<i>acyclovir topical cream 5 %</i>	1	
<i>acyclovir topical ointment 5 %</i>	1	
DENAVIR TOPICAL CREAM 1 %	2	PA; HCLV; NP
<i>penciclovir topical cream 1 %</i>	1	PA; HCLV
XERESE TOPICAL CREAM 5-1 %	2	PA; HCLV
ZOVIRAX TOPICAL CREAM 5 %	2	PA; HCLV; NP
ZOVIRAX TOPICAL OINTMENT 5 %	2	PA; HCLV; NP
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	1	HCLV
ALA-SCALP TOPICAL LOTION 2 %	2	ST; HCLV; NP
<i>alclometasone topical cream 0.05 %</i>	1	
<i>alclometasone topical ointment 0.05 %</i>	1	
<i>amcinonide topical cream 0.1 %</i>	1	
<i>amcinonide topical ointment 0.1 %</i>	1	
<i>apexicon e topical cream 0.05 %</i>	1	HCLV
<i>beser topical lotion 0.05 %</i>	1	HCLV
<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>	1	HCLV
<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 %	2	ST; HCLV; NP
CAPEX TOPICAL SHAMPOO 0.01 %	2	ST; HCLV; NP
<i>clobetasol scalp solution 0.05 %</i>	1	
CLOBETASOL TOPICAL CREAM 0.025 %	2	ST; HCLV; NP

Drug Name	Drug Tier	Requirements / Limits
<i>clobetasol topical cream 0.05 %</i>	1	
<i>clobetasol topical foam 0.05 %</i>	1	HCLV
<i>clobetasol topical gel 0.05 %</i>	1	
<i>clobetasol topical lotion 0.05 %</i>	1	
<i>clobetasol topical ointment 0.05 %</i>	1	
<i>clobetasol topical shampoo 0.05 %</i>	1	
<i>clobetasol topical spray, non-aerosol 0.05 %</i>	1	
<i>clobetasol-emollient topical cream 0.05 %</i>	1	
<i>clobetasol-emollient topical foam 0.05 %</i>	1	HCLV
CLOBEX TOPICAL SHAMPOO 0.05 %	2	ST; HCLV; NP
CLOBEX TOPICAL SPRAY, NON-AEROSOL 0.05 %	2	ST; HCLV; NP
<i>clocortolone pivalate topical cream 0.1 %</i>	1	HCLV
CLODAN KIT TOPICAL KIT, SHAMPOO AND CLEANSER 0.05 %	2	ST; HCLV; NP
<i>clodan topical shampoo 0.05 %</i>	1	HCLV
CORDRAN LARGE ROLL TOPICAL TAPE 4 MCG/CM2	2	ST; HCLV; NP
DERMA-SMOOTHIE/FS BODY TOPICAL OIL 0.01 %	2	NP
DERMA-SMOOTHIE/FS SCALP OIL 0.01 %	2	NP
<i>desonide topical cream 0.05 %</i>	1	
<i>desonide topical gel 0.05 %</i>	1	HCLV
<i>desonide topical lotion 0.05 %</i>	1	HCLV
<i>desonide topical ointment 0.05 %</i>	1	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i>	1	
<i>desoximetasone topical gel 0.05 %</i>	1	HCLV
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i>	1	
<i>desoximetasone topical spray, non-aerosol 0.25 %</i>	1	HCLV
<i>diflorasone topical cream 0.05 %</i>	1	HCLV
<i>diflorasone topical ointment 0.05 %</i>	1	HCLV
DIPROLENE (AUGMENTED) TOPICAL OINTMENT 0.05 %	2	ST; HCLV; NP
DUOBRII TOPICAL LOTION 0.01-0.045 %	2	ST; HCLV; NP
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	1	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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>	1	
<i>fluocinonide topical gel 0.05 %</i>	1	
<i>fluocinonide topical ointment 0.05 %</i>	1	
<i>fluocinonide topical solution 0.05 %</i>	1	
<i>fluocinonide-e topical cream 0.05 %</i>	1	
<i>flurandrenolide topical cream 0.05 %</i>	1	HCLV
<i>flurandrenolide topical lotion 0.05 %</i>	1	HCLV
<i>flurandrenolide topical ointment 0.05 %</i>	1	HCLV
<i>fluticasone propionate topical cream 0.05 %</i>	1	
<i>fluticasone propionate topical lotion 0.05 %</i>	1	HCLV
<i>fluticasone propionate topical ointment 0.005 %</i>	1	
<i>halcinonide topical cream 0.1 %</i>	1	HCLV
<i>halcinonide topical solution 0.1 %</i>	1	HCLV
<i>halobetasol propionate topical cream 0.05 %</i>	1	
<i>halobetasol propionate topical foam 0.05 %</i>	1	HCLV
<i>halobetasol propionate topical ointment 0.05 %</i>	1	
HALOG TOPICAL CREAM 0.1 %	2	ST; HCLV; NP
HALOG TOPICAL SOLUTION 0.1 %	2	ST; HCLV; NP
<i>hydrocortisone butyrate topical cream 0.1 %</i>	1	
<i>hydrocortisone butyrate topical lotion 0.1 %</i>	1	HCLV
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	1	
<i>hydrocortisone butyrate topical solution 0.1 %</i>	1	
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2 %, 2.5 %</i>	1	HCLV
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone topical solution 2.5 %</i>	1	PA; HCLV
<i>hydrocortisone valerate topical cream 0.2 %</i>	1	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	1	
IMPOYZ TOPICAL CREAM 0.025 %	2	ST; HCLV; NP
KENALOG TOPICAL AEROSOL 0.147 MG/GRAM	2	ST; HCLV; NP
<i>lexette topical foam 0.05 %</i>	1	HCLV

Drug Name	Drug Tier	Requirements / Limits
<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 %	2	ST; NP
OLUX TOPICAL FOAM 0.05 %	2	ST; HCLV; NP
PANDEL TOPICAL CREAM 0.1 %	2	ST; HCLV; NP
<i>prednicarbate topical cream 0.1 %</i>	1	
PROCTOCORT TOPICAL CREAM 1 %	2	ST; HCLV; NP
<i>scalacort topical lotion 2 %</i>	1	HCLV
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %	2	ST; HCLV; NP
SYNALAR CREAM KIT TOPICAL CREAM 0.025 %	2	ST; HCLV; NP
SYNALAR OINTMENT KIT TOPICAL COMBO PACK, OINTMENT AND CREAM 0.025 %	2	ST; HCLV; NP
SYNALAR TOPICAL CREAM 0.025 %	2	ST; HCLV; NP
SYNALAR TOPICAL OINTMENT 0.025 %	2	ST; HCLV; NP
SYNALAR TOPICAL SOLUTION 0.01 %	2	ST; HCLV; NP
SYNALAR TS TOPICAL KIT 0.01 %	2	ST; HCLV; NP
TEXACORT TOPICAL SOLUTION 2.5 %	2	ST; HCLV; NP
TOPICORT TOPICAL CREAM 0.05 %, 0.25 %	2	ST; HCLV; NP
TOPICORT TOPICAL GEL 0.05 %	2	ST; HCLV; NP
TOPICORT TOPICAL OINTMENT 0.05 %, 0.25 %	2	ST; HCLV; NP
TOPICORT TOPICAL SPRAY, NON-AEROSOL 0.25 %	2	ST; HCLV; NP
<i>tovet emollient topical foam 0.05 %</i>	1	HCLV
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	1	HCLV
<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>	1	HCLV
ULTRAVATE TOPICAL LOTION 0.05 %	2	ST; HCLV; NP
VANOS TOPICAL CREAM 0.1 %	2	ST; HCLV; NP

Drug Name	Drug Tier	Requirements / Limits
VERDESO TOPICAL FOAM 0.05 %	2	ST; HCLV; NP
TOPICAL ENZYMES		
NEXOBRID TOPICAL GEL 8.8 %	2	PA
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	2	QL (180 per 30 days)
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan topical lotion 10 %</i>	1	HCLV
ELIMITE TOPICAL CREAM 5 %	2	NP
EURAX TOPICAL CREAM 10 %	2	PA
EURAX TOPICAL LOTION 10 %	2	
<i>malathion topical lotion 0.5 %</i>	1	
NATROBA TOPICAL SUSPENSION 0.9 %	2	HCLV; NP
OVIDE TOPICAL LOTION 0.5 %	2	HCLV; NP
<i>permethrin topical cream 5 %</i>	1	
<i>pruradik topical lotion 10 %</i>	1	HCLV
<i>spinosad topical suspension 0.9 %</i>	1	
ULESFIA TOPICAL LOTION 5 %	2	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
ANOREXIANTS		
ALLI ORAL CAPSULE 60 MG	2	OPT
<i>benzphetamine oral tablet 50 mg</i>	1	OPT
CONTRAVE ORAL TABLET EXTENDED RELEASE 8-90 MG	2	PA; OPT; QL (120 per 30 days)
<i>diethylpropion oral tablet 25 mg</i>	1	OPT
<i>diethylpropion oral tablet extended release 75 mg</i>	1	OPT
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML	2	PA; QL (9 Vials per month); SP
<i>liraglutide (weight loss) subcutaneous pen injector 3 mg/0.5 ml (18 mg/3 ml)</i>	1	PA; OPT; QL (5 per 30 days)
LOMAIRA ORAL TABLET 8 MG	2	OPT
ORLISTAT ORAL CAPSULE 120 MG	2	PA; OPT; QL (90 per 30 days)
<i>phendimetrazine tartrate oral capsule, extended release 105 mg</i>	1	OPT
<i>phendimetrazine tartrate oral tablet 35 mg</i>	1	OPT
<i>phentermine oral capsule 15 mg, 30 mg, 37.5 mg</i>	1	OPT
<i>phentermine oral tablet 37.5 mg, 8 mg</i>	1	OPT

Drug Name	Drug Tier	Requirements / Limits
<i>phentermine-topiramate oral capsule, er multiphase 24 hr 11.25-69 mg, 15-92 mg, 3.75-23 mg, 7.5-46 mg</i>	1	PA; OPT; QL (30 per 30 days)
QSYMIA ORAL CAPSULE, ER MULTIPHASE 24 HR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG	2	PA; NP; OPT; QL (30 per 30 days)
SAXENDA SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML (18 MG/3 ML)	2	PA; NP; OPT; QL (5 per 30 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML	2	PA; OPT; QL (2 per 28 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	2	PA; OPT; QL (1 per 28 days)
XENICAL ORAL CAPSULE 120 MG	2	PA; OPT; QL (90 per 30 days)
ZEPBOUND SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	2	PA; OPT; QL (4 per 28 days)
ZEPBOUND SUBCUTANEOUS SOLUTION 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; OPT; QL (4 per 28 days)
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation solution</i>	1	
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	1	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L	2	HCLV; NP
PHYSIOSOL IRRIGATION SOLUTION 140-5-3-98 MEQ/L	2	HCLV; NP
<i>ringer's irrigation solution</i>	1	
SORBITOL IRRIGATION SOLUTION 3 %	2	
SORBITOL-MANNITOL TRANSURETHRAL SOLUTION 2.7-0.54 GRAM/100 ML	2	
MISCELLANEOUS AGENTS		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	1	
<i>acetic acid irrigation solution 0.25 %</i>	1	
AGRYLIN ORAL CAPSULE 0.5 MG	2	NP
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	1	
BUPHENYL ORAL POWDER 0.94 GRAM/GRAM	2	PA; SP; HCLV; NP

Drug Name	Drug Tier	Requirements / Limits
BUPHENYL ORAL TABLET 500 MG	2	PA; SP; HCLV; NP
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	1	
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	2	PA; SP; HCLV; NP; LA
<i>carglumic acid oral tablet, dispersible 200 mg</i>	1	PA; SP
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML	2	NP
CARNITOR ORAL SOLUTION 100 MG/ML	2	NP
CARNITOR ORAL TABLET 330 MG	2	NP
<i>cevimeline oral capsule 30 mg</i>	1	
CHEMET ORAL CAPSULE 100 MG	2	PA
CUVRIOR ORAL TABLET 300 MG	2	PA; SP; HCLV
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	1	PA; SP; LA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	1	PA; SP; LA
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	1	PA; SP; LA
<i>deferiprone oral tablet 1,000 mg, 500 mg</i>	1	PA; SP; LA
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	1	PA; SP; HCLV; LA
DUVYZAT ORAL SUSPENSION 8.86 MG/ML	2	PA; SP
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	2	PA; SP
ENDARI ORAL POWDER IN PACKET 5 GRAM	2	PA; QL (180 Packets per month); SP; HCLV; NP; LA
EVOXAC ORAL CAPSULE 30 MG	2	NP
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG	2	PA; SP; HCLV; NP; LA
FABHALTA ORAL CAPSULE 200 MG	2	PA; SP; QL (60 per 30 days)
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG	2	PA; SP; HCLV
FERRIPROX ORAL SOLUTION 100 MG/ML	2	PA; SP
FERRIPROX ORAL TABLET 1,000 MG, 500 MG	2	PA; SP; HCLV; NP
FORZINITY SUBCUTANEOUS SOLUTION 80 MG/ML	2	PA; SP; QL (1 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
<i>glutamine (sickle cell) oral powder in packet 5 gram</i>	1	PA; QL (180 Packets per month); SP; LA
<i>glycerol phenylbutyrate oral liquid 1.1 gram/ml</i>	1	PA; SP; LA
HARLIKU ORAL TABLET 2 MG	2	PA; SP; HCLV
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	2	PA; SP
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	2	PA; SP; HCLV; NP; LA
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG	2	PA; SP; HCLV; NP; LA
JOENJA ORAL TABLET 70 MG	2	PA; QL (60 Tablets per month); SP
<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	2	PA; QL (180 per 30 days)
METOPIRONE ORAL CAPSULE 250 MG	2	
<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>	1	PA; SP; LA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	2	PA; SP; LA
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	2	PA; SP; HCLV; NP; LA
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM	2	PA; SP; HCLV
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	2	PA; SP; HCLV; NP
ORFADIN ORAL SUSPENSION 4 MG/ML	2	PA; SP
PHEBURANE ORAL GRANULES 483 MG/GRAM	2	PA; SP; HCLV; LA
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	2	PA; SP
PYRUKYND ORAL TABLETS, DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7)	2	PA; SP
RADIOGARDASE ORAL CAPSULE 0.5 GRAM	2	
RAVICTI ORAL LIQUID 1.1 GRAM/ML	2	PA; SP; HCLV; LA
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	2	PA; QL (30 Tablets per month); SP; LA
RHAPSIDO ORAL TABLET 25 MG	2	PA; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
<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>	1	
<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>	1	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	1	PA
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG	2	PA; SP
SYPRINE ORAL CAPSULE 250 MG	2	PA; QL (240 Capsules per month); HCLV; NP
TAVNEOS ORAL CAPSULE 10 MG	2	PA; SP
TEGLUTIK ORAL SUSPENSION 50 MG/10 ML	2	PA; SP
THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG	2	PA; SP; HCLV; NP
THIOLA ORAL TABLET 100 MG	2	PA; SP; HCLV; NP
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	2	PA; SP
<i>tiopronin oral tablet 100 mg</i>	1	PA; SP; LA
<i>tiopronin oral tablet, delayed release (dr/ec) 100 mg, 300 mg</i>	1	PA; SP
<i>trientine oral capsule 250 mg</i>	1	PA; QL (240 Capsules per month)
TRIENTINE ORAL CAPSULE 500 MG	2	PA; QL (90 Capsules per month); HCLV
VAFSEO ORAL TABLET 150 MG, 300 MG	2	PA; QL (30 Tablets per month)
<i>venxxiva oral tablet, delayed release (dr/ec) 100 mg, 300 mg</i>	1	PA; SP; HCLV
VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1)	2	PA; SP; QL (180 per 30 days)
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	2	PA; SP; QL (90 per 30 days)
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 25 MG	2	PA; SP; QL (60 per 30 days)
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG	2	PA; SP; QL (30 per 30 days)
<i>water for irrigation, sterile irrigation solution</i>	1	

Drug Name	Drug Tier	Requirements / Limits
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	2	PA; QL (120 Packets per month); SP
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	2	PA; SP
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	1	ACA
CHANTIX ORAL TABLET 0.5 MG, 1 MG	2	
CHANTIX STARTING MONTH BOX ORAL TABLETS, DOSE PACK 0.5 MG (11)- 1 MG (42)	2	
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	1	ACA
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	1	ACA
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	1	ACA
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	1	ACA
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	1	ACA
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	2	ACA
<i>quit 2 buccal gum 2 mg</i>	1	ACA
<i>quit 2 buccal lozenge 2 mg</i>	1	ACA
<i>quit 4 buccal gum 4 mg</i>	1	ACA
<i>quit 4 buccal lozenge 4 mg</i>	1	ACA
<i>stop smoking aid buccal lozenge 2 mg, 4 mg</i>	1	ACA
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	1	ACA
<i>varenicline tartrate oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i>	1	ACA
EAR, NOSE & THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %)</i>	1	
<i>azelastine nasal spray, non-aerosol 205.5 mcg (0.15 %)</i>	1	HCLV
<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	

Drug Name	Drug Tier	Requirements / Limits
<i>denta 5000 plus sensitive dental paste 1.1-5 %</i>	1	
<i>dentagel dental gel 1.1 %</i>	1	
<i>fluoride (sodium) dental cream 1.1 %</i>	1	
<i>fluoride (sodium) dental gel 1.1 %</i>	1	
<i>fluoride (sodium) dental paste 1.1 %</i>	1	
<i>fluoride (sodium) dental solution 0.2 %</i>	1	
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 %	2	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 %	2	
FLUORIMAX 5000 DENTAL PASTE 1.1 %	2	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 %	2	
GELCLAIR MUCOUS MEMBRANE GEL IN PACKET	2	
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	1	
JUST RIGHT 5000 DENTAL PASTE 1.1 %	2	
<i>kourzeq dental paste 0.1 %</i>	1	
MUGARD MUCOUS MEMBRANE SOLUTION	2	SP; HCLV
<i>olopatadine nasal spray, non-aerosol 0.6 %</i>	1	
<i>oralone dental paste 0.1 %</i>	1	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	2	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	1	
PERIDEX MUCOUS MEMBRANE MOUTHWASH 0.12 %	2	HCLV; NP
<i>periogard mucous membrane mouthwash 0.12 %</i>	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	1	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %	2	
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 %	2	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 %	2	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 %	2	HCLV; NP

Drug Name	Drug Tier	Requirements / Limits
PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 %	2	
PREVIDENT DENTAL GEL 1.1 %	2	HCLV; NP
PREVIDENT DENTAL SOLUTION 0.2 %	2	HCLV; NP
PREVIDENT KIDS DENTAL PASTE 1.1 %	2	
PROTHELIAL MUCOUS MEMBRANE PASTE 1 GRAM/10 ML	2	SP
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG, 7.5 MG	2	NP
<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>	1	
<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 %	2	HCLV
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	1	HCLV
DERMOTIC OIL OTIC (EAR) DROPS 0.01 %	2	HCLV; NP
<i>flac oil otic (ear) drops 0.01 %</i>	1	
<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		
CIPRO HC OTIC (EAR) DROPS, SUSPENSION 0.2-1 %	2	HCLV
<i>ciprofloxacin-dexamethasone otic (ear) drops, suspension 0.3-0.1 %</i>	1	
CIPROFLOXACIN-FLUOCINOLONE OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	2	HCLV
<i>ciprofloxacin-hydrocortisone otic (ear) drops, suspension 0.2-1 %</i>	1	HCLV
CORTISPORIN-TC OTIC (EAR) DROPS, SUSPENSION 3.3-3-10-0.5 MG/ML	2	
<i>neomycin-polymyxin-hc otic (ear) drops, suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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)	2	HCLV
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR INJECTION GEL 80 UNIT/ML	2	PA; SP; LA
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML	2	PA; SP; LA
AGAMREE ORAL SUSPENSION 40 MG/ML	2	PA; SP
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG	2	ST; SP; HCLV; NP; QL (90 per 30 days)
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 5 MG	2	ST; SP; HCLV; NP; QL (120 per 30 days)
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG	2	ST; HCLV; NP
<i>cortisone oral tablet 25 mg</i>	1	
CORTROPHIN GEL INJECTION 80 UNIT/ML	2	PA; SP; LA
CORTROPHIN GEL SUBCUTANEOUS SYRINGE 40 UNIT/0.5 ML, 80 UNIT/ML	2	PA; SP; LA
<i>deflazacort oral suspension 22.75 mg/ml</i>	1	PA; SP; HCLV; LA
<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i>	1	PA; SP; HCLV; LA
<i>dexabliss oral tablets, dose pack 1.5 mg (39 tabs)</i>	1	HCLV
<i>dexamethasone intensol oral drops 1 mg/ml</i>	1	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>dexamethasone oral tablets, dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs)</i>	1	HCLV
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	2	PA; SP; HCLV; NP; LA
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	2	PA; SP; HCLV; NP; LA
<i>fludrocortisone oral tablet 0.1 mg</i>	1	
HEMADY ORAL TABLET 20 MG	2	ST; HCLV; NP
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>jaythari oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i>	1	PA; SP
KHINDIVI ORAL SOLUTION 1 MG/ML	2	ST; SP; HCLV; NP

Drug Name	Drug Tier	Requirements / Limits
<i>kymbee oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i>	1	PA; SP; HCLV
MEDROL (PAK) ORAL TABLETS, DOSE PACK 4 MG	2	ST; HCLV; NP
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG	2	ST; HCLV; NP
<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	HCLV
<i>millipred oral tablet 5 mg</i>	1	
ORAPRED ODT ORAL TABLET, DISINTEGRATING 10 MG, 15 MG, 30 MG	2	ST; HCLV; NP
<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, 20 mg/5 ml (4 mg/ml)</i>	1	HCLV
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 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	HCLV
<i>prednisone oral solution 5 mg/5 ml</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablets, dose pack 10 mg, 5 mg</i>	1	HCLV
<i>pyquvi oral suspension 22.75 mg/ml</i>	1	PA; SP; HCLV
TAPERDEX ORAL TABLETS, DOSE PACK 1.5 MG (21 TABS), 1.5 MG (27 TABS), 1.5 MG (49 TABS)	2	ST; HCLV; NP
TARPEYO ORAL CAPSULE, DELAYED RELEASE(DR/EC) 4 MG	2	PA; SP
ZCORT ORAL TABLETS, DOSE PACK 1.5 MG (25 TABS)	2	ST; HCLV; NP
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>potassium iodide oral solution 1 gram/ml</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
SSKI ORAL SOLUTION 1 GRAM/ML	2	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
ACCU-CHEK AVIVA PLUS TEST STRIP	2	ST; NP
ACCU-CHEK GUIDE TEST STRIP	2	ST; NP
ACCU-CHEK SMARTVIEW TEST STRIP	2	ST; NP
ACCUTREND GLUCOSE TEST STRIP	2	ST; NP
ASSURE TITANIUM TEST STRIP	2	ST; NP
CONTOUR NEXT TEST STRIP	2	
CONTOUR PLUS TEST STRIP	2	ST
CONTOUR TEST STRIP	2	
DEXCOM G6 SENSOR DEVICE	2	
DEXCOM G6 TRANSMITTER DEVICE	2	
DEXCOM G7 SENSOR DEVICE	2	
FREESTYLE INSULINX STRIP	2	ST; NP
FREESTYLE INSULINX TEST STRIP	2	ST; NP
FREESTYLE LIBRE 14 DAY SENSOR KIT	2	
FREESTYLE LIBRE 2 PLUS SENSOR DEVICE	2	
FREESTYLE LIBRE 2 SENSOR KIT	2	
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE	2	
FREESTYLE LIBRE 3 SENSOR DEVICE	2	
FREESTYLE LITE STRIPS STRIP	2	ST; NP
FREESTYLE TEST STRIP	2	ST; NP
MINIMED INSTINCT SENSOR DEVICE	2	
ONETOUCH ULTRA TEST STRIP	2	
ONETOUCH VERIO TEST STRIP	2	
OPTIUM EZ STRIP	2	ST; NP
OPTIUM TEST STRIP	2	ST; NP
PRECISION PCX PLUS TEST STRIP	2	ST; NP
PRECISION PCX TEST STRIP	2	ST; NP
PRECISION POINT OF CARE TEST STRIP	2	ST; NP
PRECISION Q-I-D TEST STRIP	2	ST; NP
PRECISION XTRA TEST STRIP	2	ST; NP
SIMPLERA SENSOR DEVICE	2	
SIMPLERA SYNC SENSOR DEVICE	2	
TRUETRACK TEST STRIP	2	ST; NP

Drug Name	Drug Tier	Requirements / Limits
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	2	
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE	2	
GLUCOSE ELEVATING AGENTS		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	2	
<i>diazoxide oral suspension 50 mg/ml</i>	1	PA
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	2	
<i>glucagon emergency kit (human) injection recon soln 1 mg</i>	1	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	2	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	2	
PROGLYCEM ORAL SUSPENSION 50 MG/ML	2	PA; HCLV; NP
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	2	PA; HCLV
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	2	PA; HCLV
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	
ILET STARTER KIT-INSET KIT	2	
LANCETS 33 GAUGE	2	
LANCING DEVICE	2	
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE	2	
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	2	

Drug Name	Drug Tier	Requirements / Limits
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	2	
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	2	
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	2	
PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	2	
INSULIN THERAPY		
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	2	PA; HCLV
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	PA; HCLV
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)	2	HCLV
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	2	PA; HCLV
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	PA; HCLV
BASAGLAR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	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 U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	2	PA; HCLV
HUMALOG KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)	2	PA; HCLV
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	2	PA; HCLV

Drug Name	Drug Tier	Requirements / Limits
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	2	PA; HCLV
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	2	PA; HCLV
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	PA; HCLV
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	PA; HCLV
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	PA; HCLV
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	PA; HCLV
HUMULIN N NPH KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	PA; HCLV
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	PA; HCLV
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	2	PA; HCLV
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	2	
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	2	
INSULIN ASPART U-100 SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	
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)	2	PA
INSULIN DEGLUDEC SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	PA

Drug Name	Drug Tier	Requirements / Limits
INSULIN GLARGINE U-300 CONC SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML), 300 UNIT/ML (3 ML)	2	PA
INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	PA
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	PA
INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	2	PA
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	2	PA; HCLV
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	2	PA
INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	PA; HCLV
KIRSTY PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	HCLV
KIRSTY SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	HCLV
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	2	PA
LYUMJEV KWIKPEN U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	PA
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	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	

Drug Name	Drug Tier	Requirements / Limits
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)	2	PA
SEMGLEE (INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	PA
SEMGLEE (INSULIN GLARG-YFGN) PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	PA
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	2	PA
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	

Drug Name	Drug Tier	Requirements / Limits
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 %)	2	PA; HCLV; NP
AZMIRO INTRAMUSCULAR SYRINGE 200 MG/ML	2	HCLV
<i>cabergoline oral tablet 0.5 mg</i>	1	QL (8 per 28 days)
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	1	PA
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	1	PA; QL (1 SPRAY PER DAY)
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	
<i>calcitriol oral solution 1 mcg/ml</i>	1	
CERDELGA ORAL CAPSULE 84 MG	2	PA; SP; LA
<i>cetorelix subcutaneous kit 0.25 mg</i>	1	SP; OPT; LA
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	2	SP; NP; OPT; LA
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i>	1	PA
<i>clomid oral tablet 50 mg</i>	1	OPT
<i>clomiphene citrate oral tablet 50 mg</i>	1	OPT
CRENESSITY ORAL CAPSULE 100 MG	2	PA; SP; QL (120 per 30 days)
CRENESSITY ORAL CAPSULE 25 MG, 50 MG	2	PA; SP; QL (60 per 30 days)
CRENESSITY ORAL SOLUTION 50 MG/ML	2	PA; SP; QL (240 per 30 days)
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	
DDAVP ORAL TABLET 0.1 MG, 0.2 MG	2	HCLV; NP
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML	2	HCLV
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 200 MG/ML	2	NP
<i>desmopressin injection solution 4 mcg/ml</i>	1	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)	2	
<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>	1	

Drug Name	Drug Tier	Requirements / Limits
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML	2	PA; SP; OPT; LA
<i>fyremadel subcutaneous syringe 250 mcg/0.5 ml</i>	1	PA; SP; OPT; LA
GALAFOLD ORAL CAPSULE 123 MG	2	PA; SP; LA
<i>ganirelix subcutaneous syringe 250 mcg/0.5 ml</i>	1	PA; SP; OPT; LA
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300 UNIT/0.48 ML, 450 UNIT/0.72 ML, 900 UNIT/1.44 ML	2	SP; OPT; LA
GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT	2	SP; OPT; LA
ISTURISA ORAL TABLET 1 MG	2	PA; SP; HCLV; QL (240 per 30 days)
ISTURISA ORAL TABLET 5 MG	2	PA; SP; HCLV; QL (60 per 30 days)
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG	2	PA; HCLV
<i>javygtor oral powder in packet 100 mg, 500 mg</i>	1	PA; SP; LA
<i>javygtor oral tablet, soluble 100 mg</i>	1	PA; SP; LA
JYNARQUE ORAL TABLET 15 MG, 30 MG	2	PA; QL (60 Tablets per month); SP; HCLV; NP
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)	2	PA; QL (60 Tablets per month); SP; HCLV; NP
KORLYM ORAL TABLET 300 MG	2	PA; SP; HCLV; NP
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	2	PA; SP; HCLV; NP; LA
KUVAN ORAL TABLET, SOLUBLE 100 MG	2	PA; SP; HCLV; NP; LA
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG	2	PA; HCLV
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT	2	SP; OPT; LA
METHITEST ORAL TABLET 10 MG	2	PA; HCLV
<i>methyltestosterone oral capsule 10 mg</i>	1	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	2	PA; HCLV; NP
<i>mifepristone oral tablet 300 mg</i>	1	PA; SP; LA
<i>miglustat oral capsule 100 mg</i>	1	PA; SP; LA
<i>milophene oral tablet 50 mg</i>	1	OPT

Drug Name	Drug Tier	Requirements / Limits
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	2	PA; QL (306 MG per 30 days); SP; LA
NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION	2	PA; HCLV
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT	2	SP; OPT; LA
OPFOLDA ORAL CAPSULE 65 MG	2	PA; SP; LA
ORILISSA ORAL TABLET 150 MG	2	PA; QL (30 per 30 days)
ORILISSA ORAL TABLET 200 MG	2	PA; QL (60 per 30 days)
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML	2	SP; OPT; LA
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	2	PA; SP; LA
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT	2	PA; SP; OPT; LA
RAYALDEE ORAL CAPSULE, EXTENDED RELEASE 24 HR 30 MCG	2	PA; QL (60 per 30 days)
RECORLEV ORAL TABLET 150 MG	2	PA; SP; HCLV; QL (240 per 30 days)
SAMSCA ORAL TABLET 15 MG, 30 MG	2	PA; SP; HCLV; NP; LA; QL (60 per 30 days)
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	1	PA; SP; LA
<i>sapropterin oral tablet, soluble 100 mg</i>	1	PA; SP; LA
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG	2	PA; HCLV; NP
SEPHIENCE ORAL POWDER IN PACKET 1,000 MG, 250 MG	2	PA; SP
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	2	PA; SP; LA
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML	2	PA; SP
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	2	PA
TESTIM TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	2	PA; HCLV; NP
<i>testosterone cypionate intramuscular oil 100 mg/ml</i>	1	
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation, 12.5 mg/ 1.25 gram (1 %), 20.25 mg/1.25 gram (1.62 %)</i>	1	
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i>	1	
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	1	
TLANDO ORAL CAPSULE 112.5 MG	2	PA; HCLV
<i>tolvaptan (polycys kidney dis) oral tablet 15 mg, 30 mg</i>	1	PA; SP; LA; QL (60 per 30 days)
<i>tolvaptan (polycys kidney dis) oral tablets, sequential 15 mg (am)/ 15 mg (pm), 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm)</i>	1	PA; SP; LA
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	1	PA; QL (60 Tablets per month); SP; LA
UNDECATREX ORAL CAPSULE 200 MG	2	PA; HCLV
VOGELXO TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	2	PA; HCLV; NP
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %)	2	PA; HCLV
VOGELXO TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	2	PA; HCLV
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG	2	PA; SP; LA
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	2	PA; HCLV
YORVIPATH SUBCUTANEOUS PEN INJECTOR 168 MCG/0.56 ML, 294 MCG/0.98 ML, 420 MCG/1.4 ML	2	PA; SP
<i>zelvysia oral powder in packet 100 mg, 500 mg</i>	1	PA; SP
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	2	PA; NP
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1	
ACTOPLUS MET ORAL TABLET 15-850 MG	2	HCLV; NP
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG	2	HCLV; NP
ALOGLIPTIN ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	2	PA; HCLV

Drug Name	Drug Tier	Requirements / Limits
ALOGLIPTIN-METFORMIN ORAL TABLET 12.5-1,000 MG, 12.5-500 MG	2	PA; HCLV
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	2	PA; HCLV
BRENZAVVY ORAL TABLET 20 MG	2	PA; HCLV
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	2	PA
CYCLOSET ORAL TABLET 0.8 MG	2	
DAPAGLIFLOZ PROPANED-METFORMIN ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 5-1,000 MG	2	PA
DAPAGLIFLOZIN PROPANEDIOL ORAL TABLET 10 MG, 5 MG	2	PA
DUETACT ORAL TABLET 30-2 MG, 30-4 MG	2	HCLV; NP
<i>exenatide subcutaneous pen injector 10 mcg/dose(250 mcg/ml) 2.4 ml</i>	1	PA; QL (2.4 mL in 30 days)
<i>exenatide subcutaneous pen injector 5 mcg/dose (250 mcg/ml) 1.2 ml</i>	1	PA; QL (1.2 mL in 30 days)
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	2	HCLV
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
GLIPIZIDE ORAL TABLET 2.5 MG	2	HCLV
<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	
<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	2	PA; HCLV
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	2	PA; HCLV

Drug Name	Drug Tier	Requirements / Limits
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	2	PA; HCLV
INVOKANA ORAL TABLET 100 MG, 300 MG	2	PA; HCLV
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	2	PA
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	2	PA
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	PA
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	PA
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	2	PA
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	2	PA
KAZANO ORAL TABLET 12.5-1,000 MG, 12.5-500 MG	2	PA; HCLV
<i>liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)</i>	1	PA; QL (1 per 30 days)
<i>metformin oral solution 500 mg/5 ml</i>	1	ST
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
METFORMIN ORAL TABLET 625 MG	2	PA; HCLV
<i>metformin oral tablet 750 mg</i>	1	HCLV
<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>	1	ST; HCLV
<i>metformin oral tablet, er gast.retention 24 hr 1,000 mg, 500 mg</i>	1	ST; HCLV
<i>miglitol 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; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	
NESINA ORAL TABLET 12.5 MG, 25 MG	2	PA; HCLV
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA; QL (1 per 28 days)

Drug Name	Drug Tier	Requirements / Limits
<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	HCLV
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	1	HCLV
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG	2	HCLV; NP
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
RIOMET ORAL SOLUTION 500 MG/5 ML	2	ST; HCLV; NP
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	PA; QL (30 per 30 days)
<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	2	PA; HCLV
SITAGLIPTIN-METFORMIN ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	2	PA
STEGLATRO ORAL TABLET 15 MG, 5 MG	2	PA; HCLV
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	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; QL (4 per 28 days)
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	2	PA; HCLV; NP; QL (2 per 30 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	2	PA; HCLV; NP; QL (3 per 30 days)
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

Drug Name	Drug Tier	Requirements / Limits
ZITUVIMET ORAL TABLET 50-1,000 MG, 50-500 MG	2	PA
ZITUVIMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	2	PA
ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG	2	PA
THYROID HORMONES		
<i>adthyza oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG	2	
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	2	HCLV; NP
<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>	1	
<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>	1	
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	2	HCLV
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>liomny oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	
<i>niva thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>renthyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	HCLV

Drug Name	Drug Tier	Requirements / Limits
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	2	
<i>thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG	2	HCLV
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	2	HCLV
<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>	1	
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)	2	HCLV; NP
DARTISLA ORAL TABLET, DISINTEGRATING 1.7 MG	2	PA; HCLV; QL (120 per 30 days)
<i>dicyclomine oral capsule 10 mg</i>	1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	1	
<i>dicyclomine oral tablet 20 mg</i>	1	
DICYCLOMINE ORAL TABLET 40 MG	2	HCLV
<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	2	HCLV; NP
DONNATAL ORAL TABLET 16.2-0.1037 -0.0194 MG	2	HCLV

Drug Name	Drug Tier	Requirements / Limits
<i>ed-spaz oral tablet, disintegrating 0.125 mg</i>	1	
GLYCATE ORAL TABLET 1.5 MG	2	HCLV
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
<i>glycopyrrolate oral tablet 1.5 mg</i>	1	HCLV
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>	1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	1	
<i>hyoscyamine sulfate oral tablet, disintegrating 0.125 mg</i>	1	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	1	
<i>hyosyne oral drops 0.125 mg/ml</i>	1	
<i>hyosyne oral elixir 0.125 mg/5 ml</i>	1	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	2	HCLV; NP
LEVSIN ORAL TABLET 0.125 MG	2	HCLV; NP
LEVSIN/SL SUBLINGUAL TABLET 0.125 MG	2	HCLV; NP
LIBRAX (WITH CLIDINIUM) ORAL CAPSULE 5-2.5 MG	2	HCLV; NP
LOMOTIL ORAL TABLET 2.5-0.025 MG	2	HCLV; NP
<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	2	
MYTESI ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG	2	PA; SP; HCLV; QL (60 per 30 days)
NULEV ORAL TABLET, DISINTEGRATING 0.125 MG	2	HCLV; NP
<i>opium oral tincture 10 mg/ml (morphine)</i>	1	
<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>	1	
<i>phenobarb-hyoscy-atropine-scop oral tablet 16.2-0.1037 -0.0194 mg</i>	1	
<i>phenohytro oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>phenohydro oral tablet 16.2-0.1037 -0.0194 mg</i>	1	
ROBINUL FORTE ORAL TABLET 2 MG	2	HCLV; NP
ROBINUL ORAL TABLET 1 MG	2	HCLV; NP
SYMAX DUOTAB ORAL TABLET, EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG)	2	HCLV
<i>symax fastabs oral tablet, disintegrating 0.125 mg</i>	1	
<i>symax-sl sublingual tablet 0.125 mg</i>	1	
<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	2	PA; HCLV
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	1	
<i>alvimopan oral capsule 12 mg</i>	1	
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	2	PA; NP
ANALPRAM-HC RECTAL CREAM 1-1 %	2	
ANALPRAM-HC RECTAL CREAM 2.5-1 %	2	HCLV; NP
ANALPRAM-HC SINGLES RECTAL CREAM 2.5-1 % (4G)	2	HCLV; NP
ANTIVERT ORAL TABLET 50 MG	2	HCLV
ANTIVERT ORAL TABLET, CHEWABLE 25 MG	2	HCLV; NP
<i>anucort-hc rectal suppository 25 mg</i>	1	
ANUSOL-HC RECTAL SUPPOSITORY 25 MG	2	ST; HCLV; NP
ANUSOL-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	2	ST; HCLV; NP
<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	2	PA; HCLV; NP
AZULFIDINE EN-TABS ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	2	HCLV; NP
AZULFIDINE ORAL TABLET 500 MG	2	HCLV; NP
<i>balsalazide oral capsule 750 mg</i>	1	
<i>betaine oral powder 1 gram/scoop</i>	1	SP; LA

Drug Name	Drug Tier	Requirements / Limits
BONJESTA ORAL TABLET, IR, DELAYED REL, BIPHASIC 20-20 MG	2	PA; HCLV
<i>budesonide oral capsule, delayed, extend.release 3 mg</i>	1	
<i>budesonide oral tablet, delayed and ext.release 9 mg</i>	1	
<i>budesonide rectal foam 2 mg/actuation</i>	1	
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG	2	PA; SP; LA
BYLVAY ORAL PELLETT 200 MCG, 600 MCG	2	PA; SP; LA
CANASA RECTAL SUPPOSITORY 1,000 MG	2	HCLV; NP
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	2	PA; SP
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	2	PA; SP; LA
CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML, 400 MG/2 ML (200 MG/ML X 2)	2	PA; SP; LA
<i>citroma oral solution</i>	1	ACA
<i>clearlax oral powder 17 gram/dose</i>	1	ACA
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	2	ACA
COLAZAL ORAL CAPSULE 750 MG	2	PA; HCLV; NP
COMPAZINE ORAL TABLET 10 MG, 5 MG	2	HCLV; NP
COMPAZINE RECTAL SUPPOSITORY 25 MG	2	HCLV; NP
<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	2	HCLV; NP
CORTIFOAM RECTAL FOAM 10 % (80 MG)	2	ST; HCLV
CREON ORAL CAPSULE,DELAYED RELEASE (DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	2	
<i>cromolyn oral concentrate 100 mg/5 ml</i>	1	
CTEXLI ORAL TABLET 250 MG	2	PA; SP; QL (90 per 30 days)
CYSTADANE ORAL POWDER 1 GRAM/SCOOP	2	SP; HCLV; NP

Drug Name	Drug Tier	Requirements / Limits
DICLEGIS ORAL TABLET, DELAYED RELEASE (DR/EC) 10-10 MG	2	PA; HCLV; NP
DIPENTUM ORAL CAPSULE 250 MG	2	PA; HCLV
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec) 10-10 mg</i>	1	HCLV
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	
EMEND ORAL CAPSULE 80 MG	2	PA; HCLV; NP
EMEND ORAL CAPSULE, DOSE PACK 125 MG (1)- 80 MG (2)	2	PA; HCLV; NP
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	2	PA; HCLV
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	2	PA; SP; LA
<i>enulose oral solution 10 gram/15 ml</i>	1	
EOHILIA ORAL SUSPENSION IN PACKET 2 MG/10 ML	2	PA
GASTROCROM ORAL CONCENTRATE 100 MG/5 ML	2	NP
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	1	ACA
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	ACA
<i>gavilyte-n oral recon soln 420 gram</i>	1	ACA
<i>generlac oral solution 10 gram/15 ml</i>	1	
<i>gentle laxative (mag hydrox) oral suspension 400 mg/5 ml</i>	1	ACA
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY	2	PA; SP; HCLV
GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	2	NP
<i>granisetron hcl oral tablet 1 mg</i>	1	
<i>hemmorex-hc rectal suppository 25 mg, 30 mg</i>	1	
<i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>	1	
<i>hydrocortisone acetate topical cream with perineal applicator 2.5 %</i>	1	HCLV
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	1	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %, 2.5-1 % (4g)</i>	1	
HYDROCORTISONE-PRAMOXINE RECTAL SUPPOSITORY 25-18 MG	2	ST; HCLV; NP
IBSRELA ORAL TABLET 50 MG	2	PA
IQIRVO ORAL TABLET 80 MG	2	PA; QL (30 Tablets per month); SP; LA
KRISTALOSE ORAL PACKET 10 GRAM, 20 GRAM	2	HCLV
<i>lactulose oral packet 10 gram</i>	1	
<i>lactulose oral packet 20 gram</i>	1	HCLV
<i>lactulose oral solution 10 gram/15 ml</i>	1	
<i>laxative peg 3350 oral powder 17 gram/dose</i>	1	ACA
LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC) 1.2 GRAM	2	PA; HCLV; NP
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	1	
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL 3 %-2.5 % (7 GRAM)	2	
<i>lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %, 3-1 % (7 gram), 3-2.5 % (7 gram)</i>	1	ST; HCLV
<i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>	1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	2	PA
LIVDELZI ORAL CAPSULE 10 MG	2	PA; QL (30 Capsules per month); SP
LIVMARLI ORAL SOLUTION 19 MG/ML	2	PA; SP; QL (60 per 30 days)
LIVMARLI ORAL SOLUTION 9.5 MG/ML	2	PA; SP; QL (90 per 30 days)
LIVMARLI ORAL TABLET 10 MG, 15 MG, 30 MG	2	PA; SP; QL (30 per 30 days)
LIVMARLI ORAL TABLET 20 MG	2	PA; SP; QL (60 per 30 days)
LOTRONEX ORAL TABLET 0.5 MG, 1 MG	2	NP
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	1	
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG	2	HCLV; NP
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
<i>meclizine oral tablet 50 mg</i>	1	HCLV
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>mesalamine oral capsule, extended release 500 mg</i>	1	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	1	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram, 800 mg</i>	1	
<i>mesalamine rectal enema 4 gram/60 ml</i>	1	
<i>mesalamine rectal suppository 1,000 mg</i>	1	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	1	ST
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
MICORT-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	2	PA; HCLV
<i>milk of magnesia concentrated oral suspension 2,400 mg/10 ml</i>	1	ACA
<i>milk of magnesia oral suspension 400 mg/5 ml</i>	1	ACA
MOTEGRITY ORAL TABLET 1 MG, 2 MG	2	PA; HCLV; NP
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	2	PA
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM	2	NP
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i>	1	
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML (100 MG/ML X 2), 300MG/3ML(100MG /ML-200 MG/2ML)	2	PA; SP; LA
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	2	PA; SP
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML (100 MG/ML X 2), 300MG/3ML(100MG /ML-200 MG/2ML)	2	PA; SP; LA
OMVOH SUBCUTANEOUS SYRINGE 200 MG/2 ML	2	PA; SP
<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	2	HCLV; QL (60 per 30 days)
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1	
<i>onelax magnesium citrate oral solution</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
PANCREAZE ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT	2	PA; HCLV
<i>peg 3350-electrolytes oral recon soln 236-22.74- 6.74 -5.86 gram</i>	1	ACA
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i>	1	ACA
<i>peg-electrolyte oral recon soln 420 gram</i>	1	ACA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	2	PA; HCLV
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	2	PA; HCLV; NP
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	2	PA; HCLV
<i>phosphate laxative oral liquid 7.2-2.7 gram/15 ml</i>	1	ACA
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	2	ACA
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	1	
PROCORT RECTAL CREAM 1.85-1.15 %	2	HCLV
PROCTOCORT RECTAL SUPPOSITORY 30 MG	2	ST; HCLV; NP
PROCTOFOAM HC RECTAL FOAM 1-1 %	2	HCLV
<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>	1	PA
RECTIV RECTAL OINTMENT 0.4 % (W/W)	2	NP
REGLAN ORAL TABLET 10 MG, 5 MG	2	NP
RELISTOR ORAL TABLET 150 MG	2	PA

Drug Name	Drug Tier	Requirements / Limits
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	2	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	2	PA
RELTONE ORAL CAPSULE 200 MG, 400 MG	2	HCLV
ROWASA RECTAL ENEMA KIT 4 GRAM/60 ML	2	ST; HCLV; NP
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	2	PA; HCLV
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	1	
SFROWASA RECTAL ENEMA 4 GRAM/60 ML	2	HCLV; NP
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	2	PA; SP; LA
<i>sodium, potassium, mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	1	ACA
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	2	PA; SP; QL (360 per 30 days)
SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM	2	ACA
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	1	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	2	NP
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	2	ACA
SYMPROIC ORAL TABLET 0.2 MG	2	PA
SYNDROS ORAL SOLUTION 5 MG/ML	2	
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS	2	HCLV; NP
<i>trimethobenzamide oral capsule 300 mg</i>	1	
TRULANCE ORAL TABLET 3 MG	2	PA; HCLV
UCERIS ORAL TABLET, DELAYED AND EXT.RELEASE 9 MG	2	PA; HCLV; NP
UCERIS RECTAL FOAM 2 MG/ACTUATION	2	HCLV; NP
URSO FORTE ORAL TABLET 500 MG	2	HCLV; NP
<i>ursodiol oral capsule 200 mg, 300 mg, 400 mg</i>	1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
VARUBI ORAL TABLET 90 MG	2	PA
VELSIPITY ORAL TABLET 2 MG	2	PA; SP; LA
VIBERZI ORAL TABLET 100 MG, 75 MG	2	PA
VIOKACE ORAL TABLET 10,440-39,150-39,150 UNIT, 20,880-78,300- 78,300 UNIT	2	HCLV
VOWST ORAL CAPSULE	2	PA; SP
ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	2	
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML	2	PA; SP
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML	2	PA; SP
ULCER THERAPY		
ACIPHEX ORAL TABLET, DELAYED RELEASE (DR/EC) 20 MG	2	ST; HCLV; NP
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	1	
<i>bismuth subcit k-metronidz-ten oral capsule 140-125-125 mg</i>	1	PA
CARAFATE ORAL TABLET 1 GRAM	2	HCLV; NP
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	1	HCLV
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	1	HCLV
CYTOTEC ORAL TABLET 100 MCG, 200 MCG	2	HCLV; NP
DEXILANT ORAL CAPSULE, BIPHASE DELAYED RELEAS 30 MG, 60 MG	2	ST; HCLV; NP
<i>dexlansoprazole oral capsule, biphasic delayed release 30 mg, 60 mg</i>	1	ST; HCLV
<i>esomeprazole magnesium oral capsule, delayed release (dr/ec) 40 mg</i>	1	HCLV
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 40 mg, 5 mg</i>	1	HCLV
<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	

Drug Name	Drug Tier	Requirements / Limits
KONVOMEP ORAL SUSPENSION FOR RECONSTITUTION 2-84 MG/ML	2	ST; HCLV; NP
<i>lansoprazole oral capsule, delayed release (dr/ec) 15 mg, 30 mg</i>	1	HCLV
<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg, 30 mg</i>	1	HCLV
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	
NEXIUM ORAL CAPSULE, DELAYED RELEASE(DR/EC) 20 MG, 40 MG	2	ST; HCLV; NP
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG	2	ST; HCLV; NP
<i>nizatidine oral capsule 150 mg, 300 mg</i>	1	HCLV
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)	2	
<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>	1	ST; HCLV
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg, 40-1,680 mg</i>	1	ST; HCLV
<i>pantoprazole oral granules dr for susp in packet 40 mg</i>	1	
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i>	1	
PEPCID ORAL TABLET 20 MG, 40 MG	2	HCLV; NP
PREVACID ORAL CAPSULE, DELAYED RELEASE (DR/EC) 30 MG	2	ST; HCLV; NP
PREVACID SOLUTAB ORAL TABLET, DISINTEGRAT, DELAY REL 15 MG, 30 MG	2	ST; HCLV; NP
PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON 10 MG, 2.5 MG	2	ST; HCLV; NP
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	2	ST; HCLV; NP
PROTONIX ORAL TABLET, DELAYED RELEASE (DR/EC) 20 MG, 40 MG	2	ST; HCLV; NP
PYLERA ORAL CAPSULE 140-125-125 MG	2	PA; HCLV; NP
RABEPRAZOLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG	2	ST; HCLV; NP

Drug Name	Drug Tier	Requirements / Limits
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	HCLV
<i>sucralfate oral suspension 100 mg/ml</i>	1	
<i>sucralfate oral tablet 1 gram</i>	1	
TALICIA ORAL CAPSULE, IR - DELAY REL, BIPHASE 10-250-12.5 MG	2	HCLV
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)	2	PA; QL (1 Rx per 180 days)
VOQUEZNA ORAL TABLET 10 MG, 20 MG	2	PA; QL (30 per 30 days)
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG	2	PA; QL (1 Rx per 180 days)

IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	2	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	2	PA; SP; LA
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	2	PA; SP
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PA; SP; LA
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	2	PA; SP
FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	2	PA; SP; HCLV
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML	2	SP
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	SP
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	2	PA; SP; LA
LEUKINE INJECTION RECON SOLN 250 MCG	2	PA; SP; LA

Drug Name	Drug Tier	Requirements / Limits
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	2	PA; SP
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	2	PA; SP; HCLV
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	2	PA; SP; HCLV
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	2	PA; SP; HCLV
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	PA; SP; HCLV
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	2	SP
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	SP
NYPOZI INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	PA; SP; HCLV
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	2	PA; SP; HCLV
PROCRIPT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	2	PA; SP; LA
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	PA; SP; HCLV
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	2	PA; SP; LA
ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML	2	PA; SP
RYZNEUTA SUBCUTANEOUS SYRINGE 20 MG/ML	2	PA; SP
STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	2	PA; SP; HCLV
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML	2	PA; SP
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	2	PA; SP
XOLREMDI ORAL CAPSULE 100 MG	2	PA; SP
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	PA; SP; HCLV
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	2	PA; SP; HCLV
GROWTH HORMONES		
GENOTROPIN MINIQUEL SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	2	PA; SP; LA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	2	PA; SP; LA
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	2	PA; SP; HCLV; LA
NGENLA SUBCUTANEOUS PEN INJECTOR 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML)	2	PA; SP; LA
NORDITROPIN FLEXPEN 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)	2	PA; SP; HCLV; 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)	2	PA; SP; HCLV
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	2	PA; SP; LA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	2	PA; SP; LA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	2	PA; SP; HCLV; LA; QL (4 per 28 days)
SKYTROFA SUBCUTANEOUS CARTRIDGE 0.7 MG, 1.4 MG, 1.8 MG, 11 MG, 13.3 MG, 2.1 MG, 2.5 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	2	PA; SP; LA

Drug Name	Drug Tier	Requirements / Limits
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)	2	PA; SP; LA
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG	2	PA; SP; HCLV; LA
INTERFERONS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	2	PA; SP; LA
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	2	PA; SP
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	2	PA; SP; LA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	2	PA; SP; LA
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	2	ACA
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	ACA
ADACEL (TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	ACA
ADACEL (TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	ACA
AFLURIA 2025-2026 (3YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	2	ACA
AFLURIA 2025-2026 (6MO UP) INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	2	ACA
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	2	ACA
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	2	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	2	ACA
BIOTHRAX INTRAMUSCULAR SUSPENSION 0.5 ML/DOSE	2	ACA

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

Drug Name	Drug Tier	Requirements / Limits
FLUZONE 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	2	ACA
FLUZONE 2025-2026 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	2	ACA
FLUZONE HIGH-DOSE 2025-26 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	2	ACA
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	2	ACA
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	ACA
GRASTEK SUBLINGUAL TABLET 2,800 BAU	2	PA
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1, 440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	2	ACA
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	2	ACA
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	ACA
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	2	ACA
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	2	ACA
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	2	ACA
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	2	ACA
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	2	ACA
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	2	ACA
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	2	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	2	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	2	ACA
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	2	ACA
MNEXSPIKE 2025-2026 (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.2 ML	2	ACA

Drug Name	Drug Tier	Requirements / Limits
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	2	ACA
NUVAXOVID 2025-2026 (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	2	ACA
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM	2	PA
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	2	PA; SP
PALFORZIA (LEVEL 0) ORAL CAPSULE, SPRINKLE 1 MG	2	PA; SP; HCLV; QL (180 per 30 days)
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3)	2	PA; QL (30 Capsules per month); SP; HCLV
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6)	2	PA; QL (30 Capsules per month); SP; HCLV
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1)	2	PA; QL (30 Capsules per month); SP; HCLV
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG	2	PA; QL (30 Capsules per month); SP; HCLV
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2)	2	PA; QL (30 Capsules per month); SP; HCLV
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4)	2	PA; QL (30 Capsules per month); SP; HCLV
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1)	2	PA; QL (30 Capsules per month); SP; HCLV
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1)	2	PA; QL (30 Capsules per month); SP; HCLV
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2)	2	PA; QL (30 Capsules per month); SP; HCLV
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2)	2	PA; QL (30 Capsules per month); SP; HCLV
PALFORZIA INITIAL (1-3 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3 MG	2	PA; SP; HCLV; QL (180 per 30 days)
PALFORZIA INITIAL (4-17 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG	2	PA; QL (30 Capsules per month); SP; HCLV
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG	2	PA; QL (30 Packets per month); SP; HCLV
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	2	ACA
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	2	ACA

Drug Name	Drug Tier	Requirements / Limits
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	2	ACA
PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML	2	ACA
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	2	ACA
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	2	ACA
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	ACA
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	2	ACA
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	2	ACA
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	2	ACA
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	2	ACA
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	2	ACA
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT	2	PA
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	2	ACA
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	2	ACA
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	2	ACA
ROTATEQ VACCINE ORAL SOLUTION 2 ML	2	ACA
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	2	ACA
SPIKEVAX 2025-2026(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	2	ACA
SPIKEVAX 2025-26 (6M-11Y) (PF) INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML	2	ACA

Drug Name	Drug Tier	Requirements / Limits
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML	2	ACA
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	2	ACA
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	2	ACA
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML	2	ACA
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	2	ACA
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	2	ACA
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	2	ACA
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	2	ACA
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	2	ACA
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	2	ACA
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	2	ACA
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	2	ACA
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML	2	ACA
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML	2	ACA
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	ACA
VIMKUNYA INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML	2	ACA
VIVOTIF ORAL CAPSULE, DELAYED RELEASE (DR/EC) 2 BILLION UNIT	2	ACA
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	2	ACA

MUSCULOSKELETAL & RHEUMATOLOGY

Drug Name	Drug Tier	Requirements / Limits
GOUT THERAPY		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>allopurinol oral tablet 200 mg</i>	1	HCLV
<i>colchicine oral capsule 0.6 mg</i>	1	HCLV
<i>colchicine oral tablet 0.6 mg</i>	1	
COLCRYS ORAL TABLET 0.6 MG	2	HCLV; NP
<i>febuxostat oral tablet 40 mg, 80 mg</i>	1	
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML	2	PA
MITIGARE ORAL CAPSULE 0.6 MG	2	PA; HCLV; NP
<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	2	PA; HCLV; NP
ZYLOPRIM ORAL TABLET 100 MG	2	PA; NP
OSTEOPOROSIS THERAPY		
ACTONEL ORAL TABLET 150 MG, 35 MG	2	HCLV; NP
<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	2	HCLV; NP
BILDYOS SUBCUTANEOUS SYRINGE 60 MG/ML	2	PA; SP
BINOSTO ORAL TABLET, EFFERVESCENT 70 MG	2	HCLV
BONSITY SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)	2	PA; SP; HCLV; NP; QL (1 per 30 days)
CONEXXENCE SUBCUTANEOUS SYRINGE 60 MG/ML	2	PA; SP
EVISTA ORAL TABLET 60 MG	2	PA; QL (30 Tablets per month); HCLV; NP
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)	2	PA; QL (1 Pen per month); SP; HCLV; NP; LA
FOSAMAX ORAL TABLET 70 MG	2	HCLV; NP
FOSAMAX PLUS D ORAL TABLET 70 MG- 2, 800 UNIT, 70 MG- 5, 600 UNIT	2	HCLV
<i>ibandronate oral tablet 150 mg</i>	1	
JUBBONTI SUBCUTANEOUS SYRINGE 60 MG/ML	2	PA; SP; HCLV; LA

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

Drug Name	Drug Tier	Requirements / Limits
ADALIMUMAB-AATY(CF) AI CROHNS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	2	PA; SP
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML	2	PA; SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	2	PA; SP
ADALIMUMAB-ADBM SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	2	PA; SP; LA
ADALIMUMAB-ADBM SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	2	PA; SP; LA
ADALIMUMAB-FKJP SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA; SP; HCLV
ADALIMUMAB-FKJP SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML	2	PA; SP; HCLV
ADALIMUMAB-RYVK SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML	2	PA; SP; LA
ADALIMUMAB-RYVK SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	2	PA; SP; LA
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML, 40 MG/0.8 ML, 80 MG/0.8 ML	2	PA; SP; HCLV; LA
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.2 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	2	PA; SP; HCLV; LA
ARAVAL ORAL TABLET 10 MG, 20 MG	2	HCLV; NP
AURANOFIN ORAL CAPSULE 3 MG	2	
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	2	PA; SP; LA
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	2	PA; SP; LA
CUPRIMINE ORAL CAPSULE 250 MG	2	PA; HCLV; NP
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA; SP; HCLV; LA
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA; SP; HCLV; LA

Drug Name	Drug Tier	Requirements / Limits
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	2	PA; SP; HCLV; LA
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	2	PA; SP; HCLV; LA
DEPEN TITRATABS ORAL TABLET 250 MG	2	PA; HCLV; NP
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	2	PA; SP; LA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	2	PA; SP; LA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	2	PA; SP; LA
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	2	PA; SP; LA
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	2	PA; SP; HCLV; LA
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	2	PA; SP; HCLV; LA
HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	2	PA; SP; HCLV; LA
HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	2	PA; SP; HCLV; LA
HULIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA; SP; HCLV
HULIO(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML	2	PA; SP; HCLV
HUMIRA (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	2	PA; SP; HCLV; LA
HUMIRA PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA; SP; HCLV; 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	2	PA; SP; HCLV; LA
HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	2	PA; SP; HCLV; LA

Drug Name	Drug Tier	Requirements / Limits
HUMIRA(CF) PEN CROHNS-UC-HS (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	2	PA; SP; HCLV; 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	2	PA; SP; HCLV; LA
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	2	PA; SP; HCLV; LA
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR 80MG/0.8ML(X1)- 40 MG/0.4ML(X2)	2	PA; SP; HCLV; LA
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML, 80 MG/0.8 ML- 40 MG/0.4 ML	2	PA; SP; HCLV; LA
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML	2	PA; SP; HCLV; LA
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	2	PA; SP; HCLV; LA
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	2	PA; SP; LA
KEVZARA SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	2	PA; SP; LA
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	2	PA; SP; HCLV
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	
LEQSELVI ORAL TABLET 8 MG	2	PA; SP; LA; QL (60 per 30 days)
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	2	PA; SP; LA
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	2	PA; SP; LA
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	2	PA; SP; LA
OTEZLA ORAL TABLET 20 MG, 30 MG	2	PA; SP; LA
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	2	PA; SP; LA
OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK 10-20-30-75 MG	2	PA; SP; LA

Drug Name	Drug Tier	Requirements / Limits
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG	2	PA; SP; LA
<i>penicillamine oral capsule 250 mg</i>	1	PA
<i>penicillamine oral tablet 250 mg</i>	1	PA; HCLV
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)
RIDAURA ORAL CAPSULE 3 MG	2	
RINVOQ LQ ORAL SOLUTION 1 MG/ML	2	PA; SP; LA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	2	PA; SP; LA
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	2	PA
SAVELLA ORAL TABLETS, DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	2	PA
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML	2	PA; SP; LA
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML	2	PA; SP; LA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	2	PA; SP; LA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	2	PA; SP; LA
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	2	PA; SP; LA
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	2	PA; SP; LA
XELJANZ ORAL SOLUTION 1 MG/ML	2	PA; SP; LA
XELJANZ ORAL TABLET 10 MG, 5 MG	2	PA; SP; LA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	2	PA; SP; LA
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	2	PA; SP
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML	2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML	2	PA; SP
YUSIMRY(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML	2	PA; SP; HCLV

OBSTETRICS & GYNECOLOGY

DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	2	ACA
DUREX AVANTI BARE REAL FEEL	2	ACA
DUREX TROPICAL CONDOM DEVICE	2	ACA
FC2 FEMALE CONDOM	2	ACA
FEMCAP VAGINAL DEVICE 22 MM	2	ACA
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG	2	SP; ACA
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	2	ST; SP; NP; ACA
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG	2	SP; ACA
MIUDELLA INTRAUTERINE INTRAUTERINE DEVICE 175 SQUARE MM	2	SP; ACA
PARAGARD T 380A INTRAUTERINE DEVICE 380 SQUARE MM	2	SP; ACA
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG	2	SP; ACA
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	2	ACA
WIDE-SEAL VAGINAL DIAPHRAGM 60 MM	2	ACA

ESTROGENS & PROGESTINS

<i>abigale lo oral tablet 0.5-0.1 mg</i>	1	
<i>abigale oral tablet 1-0.5 mg</i>	1	
ACTIVELLA ORAL TABLET 1-0.5 MG	2	HCLV; NP
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	2	HCLV
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG	2	HCLV
<i>camila oral tablet 0.35 mg</i>	1	ACA
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	2	HCLV

Drug Name	Drug Tier	Requirements / Limits
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	2	HCLV; NP
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	2	
<i>conjugated estrogens oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg</i>	1	
<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 %	2	
CRINONE VAGINAL GEL 8 %	2	SP; OPT; LA
<i>deblitane oral tablet 0.35 mg</i>	1	ACA
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML	2	HCLV; NP
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	2	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	2	HCLV; NP; ACA
DEPO-PROVERA INTRAMUSCULAR SYRINGE 150 MG/ML	2	HCLV; NP; ACA
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	2	ACA
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %), 1.25 MG/1.25 GRAM (0.1 %)	2	HCLV; NP
<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	2	HCLV
<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	2	HCLV
<i>emzahh oral tablet 0.35 mg</i>	1	ACA
ENDOMETRIN VAGINAL INSERT 100 MG	2	SP; NP; OPT; LA

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

Drug Name	Drug Tier	Requirements / Limits
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG	2	
<i>incassia oral tablet 0.35 mg</i>	1	ACA
<i>jencycla oral tablet 0.35 mg</i>	1	ACA
<i>jinteli oral tablet 1-5 mg-mcg</i>	1	
<i>lyleq oral tablet 0.35 mg</i>	1	ACA
<i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	
<i>lyza oral tablet 0.35 mg</i>	1	ACA
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	1	ACA
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	1	ACA
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>meleya oral tablet 0.35 mg</i>	1	ACA
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	2	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	2	HCLV
<i>mimvey oral tablet 1-0.5 mg</i>	1	
MINIVELLE TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	2	HCLV; NP
<i>nora-be oral tablet 0.35 mg</i>	1	ACA
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	1	ACA
<i>norethindrone acetate oral tablet 5 mg</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
OPILL ORAL TABLET 0.075 MG	2	QL (28 Tablets per month); ACA
<i>orquidea oral tablet 0.35 mg</i>	1	ACA
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	2	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	2	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	2	

Drug Name	Drug Tier	Requirements / Limits
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	2	
<i>progesterone intramuscular oil 50 mg/ml</i>	1	SP; LA
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	1	
<i>progesterone micronized vaginal insert 100 mg</i>	1	SP; OPT; LA
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG	2	NP
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG	2	NP
<i>sharobel oral tablet 0.35 mg</i>	1	ACA
<i>tulana oral tablet 0.35 mg</i>	1	ACA
VAGIFEM VAGINAL TABLET 10 MCG	2	HCLV; NP
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	2	HCLV; NP
<i>yuvafem vaginal tablet 10 mcg</i>	1	
MISCELLANEOUS OB/GYN		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	2	ACA
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG	2	
CLEOCIN VAGINAL CREAM 2 %	2	HCLV; NP
CLEOCIN VAGINAL SUPPOSITORY 100 MG	2	
<i>clindamycin phosphate vaginal cream 2 %</i>	1	
CLINDESSE VAGINAL CREAM, EXTENDED RELEASE 2 %	2	PA
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	1	ACA
<i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i>	1	ACA
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	1	ACA
<i>fem ph vaginal gel 0.9-0.025 %</i>	1	
GYNAZOLE-1 VAGINAL CREAM 2 %	2	
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	1	ACA
INTRAROSA VAGINAL INSERT 6.5 MG	2	HCLV
LYNKUET ORAL CAPSULE 60 MG	2	QL (60 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
<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	2	PA; QL (30 Tablets per month)
NEXPLANON SUBDERMAL IMPLANT 68 MG	2	SP; ACA
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	1	ACA
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	2	NP; ACA
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM)	2	PA
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG (AM) /300 MG (PM)	2	PA; QL (60 per 30 days)
OSPHENA ORAL TABLET 60 MG	2	HCLV
PHEXX VAGINAL GEL 1.8-1-0.4 %	2	ACA
PREPIDIL VAGINAL GEL 0.5 MG/3 G	2	
RELAGARD VAGINAL GEL 0.9-0.025 %	2	HCLV; NP
<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 %	2	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR	2	ACA
<i>vandazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	
VCF CONTRACEPTIVE VAGINAL FILM 28 %	2	ACA
VCF CONTRACEPTIVE VAGINAL GEL 4 %	2	ACA
VEOZAH ORAL TABLET 45 MG	2	PA; QL (30 Tablets per month)
XACIATO VAGINAL GEL 2 %	2	PA
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	1	ACA
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	1	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	1	ACA
<i>after pill oral tablet 1.5 mg</i>	1	ACA
AFTERA ORAL TABLET 1.5 MG	2	HCLV; NP; ACA

Drug Name	Drug Tier	Requirements / Limits
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	1	ACA
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	ACA
<i>amethia oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA
<i>amethyst oral tablet 90-20 mcg (28)</i>	1	ACA
<i>apri oral tablet 0.15-0.03 mg</i>	1	ACA
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	ACA
<i>ashlyna oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	1	ACA
<i>aubra oral tablet 0.1-20 mg-mcg</i>	1	ACA
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	ACA
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	ACA
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA
AVERI ORAL TABLET 0.15 MG-0.03 MG (21)/36.5 MG(7)	2	HCLV; ACA
<i>aviane oral tablet 0.1-20 mg-mcg</i>	1	ACA
<i>ayuna oral tablet 0.15-0.03 mg</i>	1	ACA
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA
BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	2	HCLV; NP; ACA
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	1	ACA
BEYAZ ORAL TABLET 3-0.02-0.451 MG (24) (4)	2	HCLV; NP; ACA
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>camrese lo oral tablets, dose pack, 3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	1	ACA
<i>camrese oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA
<i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	1	ACA
<i>charlotte 24 fe oral tablet, chewable 1 mg-20 mcg (24) /75 mg (4)</i>	1	ACA
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	1	ACA
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	1	ACA
<i>cyred eq oral tablet 0.15-0.03 mg</i>	1	ACA
<i>cyred oral tablet 0.15-0.03 mg</i>	1	ACA
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	ACA
<i>daysee oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA
<i>dolishale oral tablet 90-20 mcg (28)</i>	1	ACA
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)</i>	1	ACA
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	1	ACA
<i>econtra ez oral tablet 1.5 mg</i>	1	ACA
<i>econtra one-step oral tablet 1.5 mg</i>	1	ACA
<i>elinest oral tablet 0.3-30 mg-mcg</i>	1	ACA
ELLA ORAL TABLET 30 MG	2	ACA
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	ACA
<i>enskyce oral tablet 0.15-0.03 mg</i>	1	ACA
<i>estarylla oral tablet 0.25-0.035 mg</i>	1	ACA
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	ACA
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	1	ACA
<i>feirza oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA
FEMLYV ORAL TABLET, DISINTEGRATING 1 MG- 20 MCG	2	ACA

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

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

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

Drug Name	Drug Tier	Requirements / Limits
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	ACA
<i>ocella oral tablet 3-0.03 mg</i>	1	ACA
<i>opcicon one-step oral tablet 1.5 mg</i>	1	ACA
<i>option-2 oral tablet 1.5 mg</i>	1	ACA
<i>philith oral tablet 0.4-35 mg-mcg</i>	1	ACA
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA
PLAN B ONE-STEP ORAL TABLET 1.5 MG	2	HCLV; NP; ACA
<i>portia 28 oral tablet 0.15-0.03 mg</i>	1	ACA
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	1	ACA
<i>rivelsa oral tablets, dose pack, 3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	1	ACA
<i>rosyrah oral tablets, dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	1	ACA
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (21) (7)	2	HCLV; NP; ACA
<i>setlakin oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	1	ACA
<i>shewise oral tablet 1.5 mg</i>	1	ACA
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA
<i>simpesse oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA
SLYND ORAL TABLET 4 MG (28)	2	ACA
<i>sprintec (28) oral tablet 0.25-0.035 mg</i>	1	ACA
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	1	ACA
<i>syeda oral tablet 3-0.03 mg</i>	1	ACA
TAKE ACTION ORAL TABLET 1.5 MG	2	HCLV; NP; ACA
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	2	HCLV; NP; ACA
<i>tilia fe oral tablet 1-20 (5)/1-30 (7) /1mg-35mcg (9)</i>	1	ACA
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>tri-legest fe oral tablet 1-20 (5)/1-30 (7) /1mg-35mcg (9)</i>	1	ACA
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	1	ACA
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	1	ACA
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	1	ACA
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	1	ACA
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	1	ACA
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	1	ACA
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	1	ACA
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	1	ACA
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	1	ACA
<i>turqoz (28) oral tablet 0.3-30 mg-mcg</i>	1	ACA
TYBLUME ORAL TABLET, CHEWABLE 0.1 MG- 20 MCG	2	ACA
<i>tydemy oral tablet 3-0.03-0.451 mg (21) (7)</i>	1	ACA
<i>valtya oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	ACA
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	1	ACA
<i>vestura (28) oral tablet 3-0.02 mg</i>	1	ACA
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1	ACA
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	1	ACA
<i>vylibra oral tablet 0.25-0.035 mg</i>	1	ACA
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	1	ACA
<i>wymzya fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	1	ACA
<i>xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>xelria fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	1	ACA
YASMIN (28) ORAL TABLET 3-0.03 MG	2	HCLV; NP; ACA
YAZ (28) ORAL TABLET 3-0.02 MG	2	HCLV; NP; ACA
<i>zarah oral tablet 3-0.03 mg</i>	1	ACA
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	1	ACA

OXYTOCICS

<i>methylergonovine oral tablet 0.2 mg</i>	1	
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OPHTHALMOLOGY

ANTIBIOTICS

AZASITE OPHTHALMIC (EYE) DROPS 1 %	2	
<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 %	2	
BETADINE PREP OPHTHALMIC (EYE) SOLUTION 5 %	2	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	2	HCLV
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	1	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	
<i>levofloxacin ophthalmic (eye) drops 0.5 %, 1.5 %</i>	1	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	1	
NATACYN OPHTHALMIC (EYE) DROPS, SUSPENSION 5 %	2	
<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	

Drug Name	Drug Tier	Requirements / Limits
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1	
OCUFLOX OPHTHALMIC (EYE) DROPS 0.3 %	2	HCLV; NP
<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	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	2	
VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 %	2	HCLV; NP
ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	2	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1	
BETIMOL OPHTHALMIC (EYE) DROPS 0.5 %	2	HCLV; NP
BETOPTIC S OPHTHALMIC (EYE) DROPS, SUSPENSION 0.25 %	2	
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	
ISTALOL OPHTHALMIC (EYE) DROPS, ONCE DAILY 0.5 %	2	PA; HCLV; NP
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %</i>	1	
<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>	1	
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %	2	HCLV
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.5 %	2	HCLV; NP

Drug Name	Drug Tier	Requirements / Limits
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	2	SP
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	1	
ATROPINE SULFATE (PF) OPHTHALMIC (EYE) DROPPERETTE 1 %	2	HCLV
CYCLOGYL OPHTHALMIC (EYE) DROPS 0.5 %	2	HCLV
CYCLOGYL OPHTHALMIC (EYE) DROPS 2 %	2	HCLV; NP
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	1	
<i>homatropaire ophthalmic (eye) drops 5 %</i>	1	
MYDRIACYL OPHTHALMIC (EYE) DROPS 1 %	2	HCLV; NP
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	1	
DIRECT ACTING MIOTICS		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
<i>pilocarpine hcl ophthalmic (eye) drops 1.25 %</i>	1	PA
QLOSI OPHTHALMIC (EYE) DROPPERETTE 0.4 %	2	PA
VIZZ OPHTHALMIC (EYE) DROPPERETTE 1.44 %	2	PA; QL (1 box per 25 days)
VUITY OPHTHALMIC (EYE) DROPS 1.25 %	2	PA; NP
MISCELLANEOUS OPHTHALMOLOGICS		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %	2	
ALCAINE OPHTHALMIC (EYE) DROPS 0.5 %	2	HCLV; NP
<i>altacaine ophthalmic (eye) drops 0.5 %</i>	1	
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 %	2	HCLV; NP
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1	
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i>	1	
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %	2	PA; HCLV; NP
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	2	PA; HCLV; QL (60 per 30 days)
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	1	QL (60 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	2	PA; SP; HCLV
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	2	PA; SP
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	1	
FLUORESCEIN-BENOXINATE OPHTHALMIC (EYE) DROPS 0.3-0.4 %	2	
<i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>	1	
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %	2	PA; HCLV; QL (3 per 30 days)
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	2	PA; SP; LA
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	1	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	2	PA; QL (5.5 per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	2	PA; HCLV; NP; QL (60 per 30 days)
TETRACAINE HCL (PF) OPHTHALMIC (EYE) DROPS 0.5 %	2	HCLV
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>	1	
TRYPTYR OPHTHALMIC (EYE) DROPPERETTE 0.003 %	2	PA; QL (60 per 30 days)
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY	2	PA
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 %	2	PA; HCLV; QL (120 per 30 days)
VEVYE OPHTHALMIC (EYE) DROPS 0.1 %	2	PA; HCLV; QL (1 per 30 days)
XDEMVIY OPHTHALMIC (EYE) DROPS 0.25 %	2	PA; SP
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	2	PA; QL (60 per 30 days)
ZERVIAE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	2	PA; HCLV
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 %	2	HCLV; NP
ACULAR OPHTHALMIC (EYE) DROPS 0.5 %	2	HCLV; NP
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	2	HCLV

Drug Name	Drug Tier	Requirements / Limits
<i>bromfenac ophthalmic (eye) drops 0.07 %, 0.075 %, 0.09 %</i>	1	
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	2	HCLV; NP
<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 %	2	
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	1	
NEVANAC OPHTHALMIC (EYE) DROPS, SUSPENSION 0.1 %	2	HCLV
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	2	HCLV; NP
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>	1	
OTHER GLAUCOMA DRUGS		
AZOPT OPHTHALMIC (EYE) DROPS, SUSPENSION 1 %	2	HCLV; NP
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	1	
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	1	
<i>brinzolamide ophthalmic (eye) drops, suspension 1 %</i>	1	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	2	NP
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 %	2	NP
COSOPT OPHTHALMIC (EYE) DROPS 22.3-6.8 MG/ML	2	HCLV; NP
DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS 2 %	2	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	1	
IYUZEH (PF) OPHTHALMIC (EYE) DROPPERETTE 0.005 %	2	PA
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	PA
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	2	PA
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	2	PA
SIMBRINZA OPHTHALMIC (EYE) DROPS, SUSPENSION 1-0.2 %	2	
<i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i>	1	HCLV
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %	2	PA; HCLV; NP
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	1	
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	2	PA; HCLV
XALATAN OPHTHALMIC (EYE) DROPS 0.005 %	2	PA; HCLV; NP
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	2	PA; HCLV; NP
STEROID-ANTIBIOTIC COMBINATIONS		
MAXITROL OPHTHALMIC (EYE) DROPS, SUSPENSION 3.5MG/ML-10,000 UNIT/ML-0.1 %	2	HCLV; NP
<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 %	2	ST; NP

Drug Name	Drug Tier	Requirements / Limits
TOBRADEX ST OPHTHALMIC (EYE) DROPS, SUSPENSION 0.3-0.05 %	2	ST; HCLV
<i>tobramycin-dexamethasone ophthalmic (eye) drops, suspension 0.3-0.1 %</i>	1	
ZYLET OPHTHALMIC (EYE) DROPS, SUSPENSION 0.3-0.5 %	2	PA; HCLV
STERIODS		
ALREX 0.2% EYE DROPS	2	HCLV; NP
ALREX OPHTHALMIC (EYE) DROPS, SUSPENSION 0.2 %	2	HCLV
CLOBETASOL OPHTHALMIC (EYE) DROPS, SUSPENSION 0.05 %	2	HCLV
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	
DEXTENZA INTRACANALICULAR INSERT 0.4 MG	2	HCLV
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	1	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	2	HCLV; NP
EYSUVIS OPHTHALMIC (EYE) DROPS, SUSPENSION 0.25 %	2	PA; HCLV
FLAREX OPHTHALMIC (EYE) DROPS, SUSPENSION 0.1 %	2	HCLV
<i>fluorometholone ophthalmic (eye) drops, suspension 0.1 %</i>	1	
FML FORTE OPHTHALMIC (EYE) DROPS, SUSPENSION 0.25 %	2	HCLV
FML LIQUIFILM OPHTHALMIC (EYE) DROPS, SUSPENSION 0.1 %	2	HCLV; NP
INVELTYS OPHTHALMIC (EYE) DROPS, SUSPENSION 1 %	2	HCLV
LOTEMAX OPHTHALMIC (EYE) DROPS, GEL 0.5 %	2	HCLV; NP
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	2	HCLV
LOTEMAX SM OPHTHALMIC (EYE) DROPS, GEL 0.38 %	2	HCLV
<i>loteprednol etabonate ophthalmic (eye) drops, gel 0.5 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>loteprednol etabonate ophthalmic (eye) drops, suspension 0.2 %</i>	1	HCLV
<i>loteprednol etabonate ophthalmic (eye) drops, suspension 0.5 %</i>	1	
MAXIDEX OPHTHALMIC (EYE) DROPS, SUSPENSION 0.1 %	2	HCLV
PRED FORTE OPHTHALMIC (EYE) DROPS, SUSPENSION 1 %	2	HCLV; NP
PRED MILD OPHTHALMIC (EYE) DROPS, SUSPENSION 0.12 %	2	HCLV
<i>prednisolone acetate ophthalmic (eye) drops, suspension 1 %</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	
STEROID-SULFONAMIDE COMBINATIONS		
<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 %	2	NP
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %, 0.2 %</i>	1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	2	HCLV
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	2	
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	1	
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 %	2	PA; QL (30 Units per month); HCLV
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI-HISTAMINE & ANTI-ALLERGENIC AGENTS		

Drug Name	Drug Tier	Requirements / Limits
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML, 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	2	ST; HCLV; NP; QL (4 per 30 days)
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	1	HCLV
CARBINOXAMINE MALEATE ORAL SUSPENSION, EXTENDED REL 12 HR 4 MG/5 ML	2	PA
<i>carbinoxamine maleate oral tablet 4 mg, 6 mg</i>	1	HCLV
<i>carbzah oral liquid 4 mg/5 ml</i>	1	HCLV
<i>cetirizine oral solution 1 mg/ml</i>	1	HCLV
CLARINEX ORAL TABLET 5 MG	2	HCLV; NP
<i>clemastine oral syrup 0.5 mg/5 ml</i>	1	HCLV
<i>clemastine oral tablet 2.68 mg</i>	1	HCLV
<i>clemsza oral tablet 2.68 mg</i>	1	HCLV
<i>cycloheptadine oral syrup 2 mg/5 ml</i>	1	
<i>cycloheptadine oral tablet 4 mg</i>	1	
DESLORATADINE ORAL SOLUTION 0.5 MG/ML	2	HCLV
<i>desloratadine oral tablet 5 mg</i>	1	
<i>desloratadine oral tablet, disintegrating 2.5 mg, 5 mg</i>	1	HCLV
<i>dexchlorpheniramine maleate oral solution 2 mg/5 ml</i>	1	HCLV
DIPHEN ORAL ELIXIR 12.5 MG/5 ML	2	HCLV; NP
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	2	QL (4 Syringes per fill)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	QL (4 Syringes per fill)
EPINEPHRINE INJECTION SYRINGE 0.3 MG/0.3 ML	2	QL (4 PER FILL); QL (99 per 99 days)
EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	2	QL (4 Auto-Injectors per fill); HCLV; NP
EPIPEN JR INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	2	QL (4 Auto-Injectors per fill); HCLV; NP
<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	2	ST; HCLV; NP

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

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

Drug Name	Drug Tier	Requirements / Limits
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION	2	PA; HCLV
ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG	2	PA; SP; LA
<i>alyq oral tablet 20 mg</i>	1	PA; SP
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	1	PA; SP; LA
ANDEMBRY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 200 MG/1.2 ML	2	PA; SP; LA; QL (4.8 per 90 days)
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	2	QL (60 per 30 days)
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	1	
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION	2	
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 50 MCG/ACTUATION	2	QL (1 per 30 days)
ASMANEX HFA INHALATION AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	2	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)	2	PA
ATROVENT HFA INHALATION AEROSOL INHALER 17 MCG/ACTUATION	2	
<i>azelastine-fluticasone nasal spray, non-aerosol 137-50 mcg/spray</i>	1	HCLV
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	2	
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	1	PA; SP; LA
<i>bosentan oral tablet for suspension 32 mg</i>	1	PA; SP; LA
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	2	
<i>breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	1	

Drug Name	Drug Tier	Requirements / Limits
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	2	
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	2	ST; SP; NP; LA; QL (400 per 30 days)
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	2	HCLV; NP
<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	
DALIRESPI ORAL TABLET 250 MCG, 500 MCG	2	HCLV; NP
DAWNZERA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML	2	PA; SP; QL (0.8 per 28 days)
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION	2	
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	2	PA; HCLV; NP
EKTERLY ORAL TABLET 300 MG	2	PA; SP; LA; QL (4 per 30 days)
ESBRIET ORAL TABLET 267 MG, 801 MG	2	PA; SP; HCLV; NP; LA; QL (90 per 30 days)
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	2	PA; SP; LA; QL (1 per 30 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML	2	PA; SP; LA; QL (1 per 30 days)
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	2	PA; SP; HCLV; NP
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	1	HCLV

Drug Name	Drug Tier	Requirements / Limits
FLUTICASONE FUROATE INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	2	QL (1 per 30 days)
FLUTICASONE FUROATE-VILANTEROL INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	2	HCLV
FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION	2	
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	2	
<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	2	
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	1	
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	2	PA; SP; LA
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %, 7 %	2	
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	1	PA; SP
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	2	HCLV
<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	
JASCAYD ORAL TABLET 18 MG, 9 MG	2	PA; SP; LA; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	2	PA; SP; LA
KALYDECO ORAL TABLET 150 MG	2	PA; SP; LA
LETAIRIS ORAL TABLET 10 MG, 5 MG	2	PA; SP; HCLV; NP; 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>	1	HCLV
LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	2	ST; HCLV; NP; QL (2 per 30 days)
<i>mometasone nasal spray, non-aerosol 50 mcg/actuation</i>	1	HCLV
<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 %	2	
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	2	PA; SP; LA; QL (3 per 30 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML	2	PA; SP; LA; QL (3 per 30 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	2	PA; QL (60 Capsules per month); SP; LA
OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION 3 MG/2.5 ML	2	PA; SP
OMNARIS NASAL SPRAY, NON-AEROSOL 50 MCG	2	PA; HCLV
OPSUMIT ORAL TABLET 10 MG	2	PA; SP; LA
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG	2	PA; SP; LA
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	2	PA; SP; LA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	2	PA; SP; LA
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	2	PA; QL (30 Capsules per month); SP
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	2	HCLV; NP

Drug Name	Drug Tier	Requirements / Limits
<i>pirfenidone oral capsule 267 mg</i>	1	PA; QL (270 Capsules per month); SP; LA
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	1	PA; QL (90 Tablets per month); SP; LA
PIRFENIDONE ORAL TABLET 534 MG	2	PA; SP; HCLV; QL (90 per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	2	ST; HCLV; NP; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	2	PA
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML	2	HCLV; NP
<i>pulmosal inhalation solution for nebulization 7 %</i>	1	
PULMOZYME INHALATION SOLUTION 1 MG/ML	2	PA; SP; LA
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION, 80 MCG/ACTUATION	2	PA; HCLV
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	2	
REVATIO ORAL TABLET 20 MG	2	PA; SP; HCLV; NP; LA
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	1	
RYALTRIS NASAL SPRAY, NON-AEROSOL 665-25 MCG/SPRAY	2	PA
<i>sajazir subcutaneous syringe 30 mg/3 ml</i>	1	PA; SP; HCLV; LA
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	2	
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	1	PA; SP
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	1	PA; SP
SINGULAIR ORAL GRANULES IN PACKET 4 MG	2	HCLV; NP
SINGULAIR ORAL TABLET 10 MG	2	HCLV; NP
SINGULAIR ORAL TABLET, CHEWABLE 4 MG, 5 MG	2	HCLV; NP
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION	2	QL (1 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	2	QL (4 per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	2	QL (30 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	2	HCLV
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	2	NP
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	2	PA; SP; LA
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	1	PA; SP
TADLIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	2	PA; SP; LA
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	2	PA; QL (2 Vials per month); SP; LA
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)	2	PA; QL (2 Syringes per month); SP; LA
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1	
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)	2	PA; SP; LA
TEZSPIRE SUBCUTANEOUS SYRINGE 210 MG/1.91 ML (110 MG/ML)	2	PA; SP; LA
THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	2	
<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	QL (30 per 30 days)
TRACLEER ORAL TABLET 125 MG, 62.5 MG	2	PA; SP; HCLV; NP; LA

Drug Name	Drug Tier	Requirements / Limits
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	2	PA; SP; HCLV; LA
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	2	
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	2	PA; SP; LA
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	2	PA; SP; LA
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	2	
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 32 MCG, 48 MCG, 64 MCG, 80 MCG	2	PA; SP; LA; QL (1 per 28 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16(112)-32(112) -48(28) MCG	2	PA; SP; LA; QL (1 per 365 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 32-64 MCG, 48-64 MCG	2	PA; SP; LA
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	2	PA; SP; LA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	2	PA; SP; LA; QL (1 per 28 days)
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	2	PA; SP; LA; QL (1 per 365 days)
UMECLIDINIUM-VILANTEROL INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	2	QL (60 per 30 days)
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML	2	PA; SP; LA
VENTOLIN HFA INHALATION AEROSOL INHALER 90 MCG/ACTUATION	2	ST; HCLV; NP; QL (2 per 30 days)
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)	2	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	2	PA; HCLV

Drug Name	Drug Tier	Requirements / Limits
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML	2	PA; QL (2 Auto-Injectors per month); SP; LA
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	2	PA; QL (1 Auto-Injector per month); SP; LA
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	2	PA; QL (4 Auto-Injectors per month); SP; LA
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	2	PA; QL (2 Milliliters per month); SP; LA
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	2	PA; QL (2 Syringes per month); SP; LA
XOLAIR SUBCUTANEOUS SYRINGE 300 MG/2 ML	2	PA; QL (1 Syringes per month); SP; LA
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	2	PA; QL (4 Syringes per month); SP; LA
XOPENEX HFA INHALATION AEROSOL INHALER 45 MCG/ACTUATION	2	ST; HCLV; NP; QL (2 per 30 days)
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	2	QL (30 per 30 days)
YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG	2	PA; SP; LA; QL (140 per 28 days)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1	
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	1	ST; QL (120 per 30 days)
PULMONARY DEVICES		
ACE AEROSOL CLOUD ENHANCER SPACER	2	
AEROCHAMBER MINI SPACER	2	
AEROCHAMBER PLUS FLOW-VU SPACER	2	
AEROCHAMBER PLUS Z STAT SPACER	2	
AEROCHAMBER2GO SPACER	2	
AEROTRACH PLUS SPACER	2	
BREATHERITE MDI SPACER	2	
EASIVENT HOLDING CHAMBER SPACER	2	
LITEAIRE MDI CHAMBER SPACER	2	
MICROCHAMBER SPACER	2	
MICROSPACER SPACER	2	
OPTICHAMBER DIAMOND VHC SPACER	2	
POCKET CHAMBER SPACER	2	
PRIMEAIRE SPACER	2	

Drug Name	Drug Tier	Requirements / Limits
PROCHAMBER SPACER	2	
RITEFLO AEROCHAMBER SPACER	2	
VORTEX HOLDING CHAMBER SPACER	2	

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>	1	
<i>flavoxate oral tablet 100 mg</i>	1	
GEMTESA ORAL TABLET 75 MG	2	ST
<i>mirabegron oral tablet extended release 24 hr 25 mg, 50 mg</i>	1	ST; HCLV
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON 8 MG/ML	2	ST; HCLV
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	2	ST; HCLV; NP
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	
OXYBUTYNIN CHLORIDE ORAL TABLET 2.5 MG	2	ST; NP
<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	2	ST; HCLV
<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	2	ST; HCLV; NP
<i>trospium oral capsule, extended release 24hr 60 mg</i>	1	
<i>trospium oral tablet 20 mg</i>	1	
VESICARE ORAL TABLET 10 MG, 5 MG	2	ST; HCLV; NP

BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY

<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	1	
AVODART ORAL CAPSULE 0.5 MG	2	HCLV; NP

Drug Name	Drug Tier	Requirements / Limits
CIALIS ORAL TABLET 10 MG, 20 MG	2	NP; OPT
CIALIS ORAL TABLET 5 MG	2	PA; NP; OPT
<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	2	PA; HCLV
<i>finasteride oral tablet 5 mg</i>	1	
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR 0.5-0.4 MG	2	HCLV; NP
PROSCAR ORAL TABLET 5 MG	2	HCLV; NP
RAPAFLO ORAL CAPSULE 4 MG, 8 MG	2	HCLV; NP
<i>silodosin oral capsule 4 mg, 8 mg</i>	1	
<i>tadalafil oral tablet 10 mg, 20 mg</i>	1	OPT
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	PA
<i>tamsulosin oral capsule 0.4 mg</i>	1	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR 10 MG	2	HCLV; NP
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
MISCELLANEOUS UROLOGICALS		
<i>avanafil oral tablet 100 mg, 200 mg, 50 mg</i>	1	OPT
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG	2	OPT
CAVERJECT INTRACAVERNOSAL RECON SOLN 20 MCG, 40 MCG	2	OPT
CAVERJECT INTRACAVERNOSAL SYRINGE 10 MCG, 20 MCG	2	OPT
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	2	PA; SP
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG	2	OPT
ELMIRON ORAL CAPSULE 100 MG	2	PA
K-PHOS NO 2 ORAL TABLET 305-700 MG	2	
K-PHOS ORIGINAL ORAL TABLET, SOLUBLE 500 MG	2	
<i>mb caps oral capsule 120-10.8-40.8 mg</i>	1	HCLV
<i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i>	1	HCLV

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

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

Drug Name	Drug Tier	Requirements / Limits
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	1	
<i>potassium chloride oral packet 20 meq</i>	1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	
POTASSIUM CHLORIDE ORAL TABLET EXTENDED RELEASE 15 MEQ	2	
<i>potassium chloride oral tablet, er particles/crystals 10 meq, 15 meq, 20 meq</i>	1	
RENVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM	2	HCLV; NP
RENVELA ORAL TABLET 800 MG	2	PA; HCLV; NP
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	1	HCLV
<i>sevelamer carbonate oral tablet 800 mg</i>	1	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	1	HCLV
<i>sodium polystyrene sulfonate oral powder 15 gram</i>	1	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	1	
<i>sps (with sorbitol) rectal enema 30-40 gram/120 ml</i>	1	
<i>strong iodine oral solution 5 %</i>	1	
VELPHORO ORAL TABLET, CHEWABLE 500 MG	2	PA
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 8.4 GRAM	2	PA
XPHOZAH ORAL TABLET 20 MG, 30 MG	2	PA; QL (60 Tablets per month); SP; HCLV
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	2	PA; SP; HCLV; LA
VITAMINS & HEMATINICS		
ACCRUFER ORAL CAPSULE 30 MG	2	PA; HCLV
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP, DR 27 MG IRON-1 MG -374 MG	2	
<i>bal-care dha oral combo pack, tablet and cap, dr 27-1-430 mg</i>	1	
<i>complete natal dha oral combo pack 29 mg iron- 1 mg-200 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
CONCEPT DHA ORAL CAPSULE 35-1-200 MG	2	NP
CONCEPT OB ORAL CAPSULE 85-1 MG	2	NP
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	1	
<i>cyanocobalamin (vitamin b-12) nasal spray, non-aerosol 500 mcg/spray</i>	1	
<i>dodex injection solution 1,000 mcg/ml</i>	1	
<i>elite-ob oral tablet 50 mg iron- 1.25 mg</i>	1	
ENBRACE HR ORAL CAPSULE, IR - DELAY REL, BIPHASE 1.5 MG IRON- 8.73 MG-6.4 MG	2	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	
FA-8 ORAL CAPSULE 0.8 MG	2	
FLORIVA (FLUORIDE-VITAMIN D3) ORAL DROPS 0.25 MG (0.55 MG)-400 UNIT/ML	2	
<i>flotrex oral tablet, chewable 1 mg</i>	1	ACA
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	1	ACA
<i>fluoride (sodium) oral tablet, chewable 0.25 mg (0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	1	ACA
<i>folic acid injection solution 5 mg/ml</i>	1	
<i>folic acid oral tablet 1 mg</i>	1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	1	ACA
<i>folitab oral tablet extended release 105 mg iron- 500 mg-800 mcg</i>	1	ACA
<i>folivane-ob oral capsule 85-1 mg</i>	1	
<i>hydroxocobalamin intramuscular solution 1,000 mcg/ml</i>	1	
KOSHER PRENATAL PLUS IRON ORAL TABLET 30 MG IRON- 1 MG	2	
<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>	1	ACA
MARNATAL-F ORAL CAPSULE 60 MG IRON- 1 MG	2	
<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>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>multi-vitamin with fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg</i>	1	ACA
<i>multivit-fluoride (metafolin) oral tablet, chewable 0.5 mg fluoride</i>	1	ACA
<i>mvc-fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg</i>	1	ACA
<i>mynatal oral capsule 65 mg iron- 1 mg</i>	1	
<i>mynatal plus oral tablet 65 mg iron- 1 mg</i>	1	
<i>mynatal-z oral tablet 65 mg iron- 1 mg</i>	1	
NASCOBAL NASAL SPRAY, NON-AEROSOL 500 MCG/SPRAY	2	PA; HCLV; NP
NATAL PNV ORAL TABLET 6 MG IRON-833.5 MCG DFE	2	
NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE 27 MG IRON-1.13 MG-581.92 MG	2	
<i>neo-vital rx oral tablet 27 mg iron- 1 mg</i>	1	
NESTABS ABC ORAL COMBO PACK 32 MG IRON-1 MG -120 MG-180 MG	2	
NESTABS DHA ORAL COMBO PACK 32 MG IRON- 1,000 MCG-230MG	2	
NESTABS ONE ORAL CAPSULE 38-1-225 MG	2	
NESTABS ORAL TABLET 32-1,000 MG-MCG	2	
<i>newgen oral tablet 32-1,000 mg-mcg</i>	1	
OB COMPLETE ONE ORAL CAPSULE 40-10-1-300 MG	2	HCLV
OB COMPLETE ORAL TABLET 50 MG IRON-1.25 MG	2	HCLV
OB COMPLETE PETITE ORAL CAPSULE 35 MG IRON-5 MG IRON-1 MG	2	HCLV
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG	2	HCLV
OB COMPLETE WITH DHA ORAL CAPSULE 30 MG IRON-10 MG IRON-1 MG	2	HCLV
<i>one natal rx oral tablet 27 mg iron- 1 mg</i>	1	
<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	

Drug Name	Drug Tier	Requirements / Limits
<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	2	
<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	2	
<i>prenatal plus oral tablet 29 mg iron- 1 mg</i>	1	
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET 27 MG IRON- 1 MG	2	
<i>prenatal-u oral capsule 106.5-1 mg</i>	1	
PRENATE AM ORAL TABLET 1-500 MG	2	
PRENATE CHEWABLE ORAL TABLET, CHEWABLE 1 MG	2	
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE 18 MG IRON-1 MG -300 MG	2	
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET 20 MG IRON- 1 MG	2	
PRENATE ENHANCE ORAL CAPSULE 28 MG IRON- 1 MG-400 MG	2	
PRENATE ESSENTIAL(IRON-ASP-GL) ORAL CAPSULE 18 MG IRON- 1 MG-300 MG	2	
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE 18-1-350 MG	2	
PRENATE PIXIE ORAL CAPSULE 10 MG IRON- 1 MG-200 MG	2	
PRENATE RESTORE ORAL CAPSULE 27 MG IRON- 1 MG-400 MG	2	
PRENATE STAR ORAL TABLET 20 MG IRON- 1 MG	2	
PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG	2	
<i>purevita folic acid oral tablet 400 mcg</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
R-NATAL OB ORAL CAPSULE 20 MG IRON- 1 MG-320 MG	2	
SELECT-OB (FOLIC ACID) ORAL TABLET, CHEWABLE 29 MG IRON- 1 MG	2	NP
SELECT-OB + DHA ORAL COMBO PACK 29 MG IRON-1 MG -250 MG	2	
SELECT-OB ORAL TABLET, CHEWABLE 29 MG IRON- 1 MG	2	
<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>	1	ACA
<i>soluvita sodium fluoride oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	1	ACA
<i>taron-c dha oral capsule 35-1-200 mg</i>	1	
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG	2	
TRICARE ORAL TABLET 27 MG IRON- 1 MG	2	
<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	2	HCLV
TRISTART DHA ORAL CAPSULE 31 MG IRON- 1 MG-200 MG	2	
<i>tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	1	ACA
VITAFOL FE PLUS ORAL CAPSULE 90 MG IRON- 1 MG-200 MG	2	
VITAFOL GUMMIES ORAL TABLET, CHEWABLE 3.33 MG IRON- 0.33 MG	2	
VITAFOL ULTRA ORAL CAPSULE 29 MG IRON- 1 MG-200 MG	2	
VITAFOL-OB ORAL TABLET 65-1 MG	2	
VITAFOL-OB+DHA ORAL COMBO PACK 65-1-250 MG	2	
VITAFOL-ONE ORAL CAPSULE 29 MG IRON- 1 MG-200 MG	2	
VITAMEDMD ONE RX ORAL CAPSULE 30 MG IRON-1MG -200 MG	2	

Drug Name	Drug Tier	Requirements / Limits
<i>vitamins a,c,d and fluoride oral drops 0.5 mg fluoride (1.1 mg)/ml</i>	1	ACA
<i>wescap-pn dha oral capsule 27 mg iron-1 mg -300 mg</i>	1	
<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>	1	
<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>	1	
<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>	1	

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ZILXI	90	ZOMACTON	135	ZYPITAMAG.....	79
ZIMHI	48	ZOMIG.....	36	ZYPREXA.....	61
<i>zingiber</i>	188	ZONALON.....	85	ZYPREXA RELPREVV	61
ZIOPTAN (PF).....	165	ZONEGRAN	32	ZYTIGA	25
		ZONISADE.....	32	ZYVOX	11
		<i>zonisamide</i>	32		