

Preferred (B3) Formulary Drug List Effective 01-01-2026

How to use this list:

On a 3 tier PPO plan? Refer to the B3 drug list.

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

Please see the chart on page 3 for information.

Have any questions? Please call customer service at 800-508-4722 (TTY:711), Monday through Friday, 5 a.m. to 8 p.m. Pacific Time.

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

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

How is the list of covered drugs developed?

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

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

How do I use the Formulary Drug list?

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

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

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

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

Will the Formulary Drug List change?

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

Are there any restrictions on my coverage?

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

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

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

Preferred (B3) 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.

Preferred (B3) Formulary 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 preferred brand drugs. Considered “preferred” when there is no generic, and/or because of their value and effectiveness.
Non-Preferred Brand (3)	Tier 3 includes non-preferred brand drugs. These drugs may be more expensive than their alternatives in tiers 1 and 2.

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.

If you are unsure what plan you are on, check the front of your member ID card or call customer service at 800-508-4722, 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	3	HCLV
BREXAFEMME ORAL TABLET 150 MG	3	PA; QL (24 per 180 days)
<i>clotrimazole mucous membrane troche 10 mg</i>	1	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	3	PA
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	3	HCLV
<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	3	PA
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	3	PA; HCLV
<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	3	ST; HCLV
<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	3	HCLV
<i>terbinafine hcl oral tablet 250 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	3	PA
DOVATO ORAL TABLET 50-300 MG	2	
EDURANT ORAL TABLET 25 MG	2	QL (30 per 30 days)
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG	2	QL (180 per 30 days)
<i>efavirenz oral tablet 600 mg</i>	1	
<i>efavirenz-emtricitabin-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	3	HCLV
EMTRIVA ORAL SOLUTION 10 MG/ML	2	QL (720 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	3	ST; HCLV
EPIVIR ORAL TABLET 150 MG, 300 MG	3	ST; HCLV
<i>etravirine oral tablet 100 mg, 200 mg</i>	1	
EVOTAZ ORAL TABLET 300-150 MG	3	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	
FLUMADINE ORAL TABLET 100 MG	3	HCLV
<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	3	HCLV
INTELENCE ORAL TABLET 25 MG	3	

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

Drug Name	Drug Tier	Requirements / Limits
PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG	3	
PREVYMIS ORAL TABLET 240 MG, 480 MG	3	
PREZCOBIX ORAL TABLET 675-150 MG	3	QL (30 per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG-MG	3	
PREZISTA ORAL SUSPENSION 100 MG/ML	2	QL (240 per 30 days)
PREZISTA ORAL TABLET 150 MG, 75 MG	2	
PREZISTA ORAL TABLET 600 MG, 800 MG	3	HCLV
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	3	
RETROVIR ORAL CAPSULE 100 MG	3	HCLV
RETROVIR ORAL SYRUP 10 MG/ML	3	HCLV
REYATAZ ORAL CAPSULE 200 MG, 300 MG	3	HCLV
REYATAZ ORAL POWDER IN PACKET 50 MG	3	
<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	3	PA; QL (60 per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	2	
SELZENTRY ORAL TABLET 150 MG, 300 MG	3	HCLV
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	3	PA; SP; LA
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	2	PA; SP; LA
SOVALDI ORAL TABLET 200 MG, 400 MG	2	PA; SP; LA
STRIBILD ORAL TABLET 150-150-200-300 MG	3	
SUNLENCA ORAL TABLET 300 MG	3	PA; SP; QL (2 per 365 days)
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	3	PA; SP; QL (6 per 365 days)
SYMFI ORAL TABLET 600-300-300 MG	3	HCLV
SYMTUZA ORAL TABLET 800-150-200-10 MG	3	
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG	3	HCLV

Drug Name	Drug Tier	Requirements / Limits
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML	3	HCLV
TEMBEXA ORAL SUSPENSION 10 MG/ML	3	
TEMBEXA ORAL TABLET 100 MG	3	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	
TIVICAY ORAL TABLET 50 MG	2	
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	2	
TRIUMEQ ORAL TABLET 600-50-300 MG	2	
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	3	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	3	PA; HCLV
TYBOST ORAL TABLET 150 MG	3	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	1	
VALCYTE ORAL RECON SOLN 50 MG/ML	3	HCLV
VALCYTE ORAL TABLET 450 MG	3	HCLV
<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	3	HCLV
VEMLIDY ORAL TABLET 25 MG	2	PA
VIRACEPT ORAL TABLET 250 MG, 625 MG	2	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	3	PA
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	PA
VIREAD ORAL TABLET 300 MG	3	PA; HCLV
VOSEVI ORAL TABLET 400-100-100 MG	2	PA; SP; LA
XOFLUZA ORAL TABLET 40 MG, 80 MG	3	HCLV; QL (2 per 365 days)
YEZTUGO ORAL TABLET 300 MG	2	PA; SP; QL (4 per 274 days)
YEZTUGO SUBCUTANEOUS SOLUTION 309 MG/ML	2	PA; SP; QL (1 per 136 days)
ZEPATIER ORAL TABLET 50-100 MG	3	PA; SP; LA
ZIAGEN ORAL SOLUTION 20 MG/ML	3	HCLV
<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	

Drug Name	Drug Tier	Requirements / Limits
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</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>ceftriaxone injection recon soln 1 gram, 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	
<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	

Drug Name	Drug Tier	Requirements / Limits
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	3	PA; QL (20 per 30 days)
DIFICID ORAL TABLET 200 MG	3	PA; HCLV; QL (20 per 30 days)
<i>e.e.s. oral tablet 400 mg</i>	1	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	3	
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	3	HCLV
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML	3	HCLV
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	1	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	3	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>	1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1	
<i>erythromycin oral capsule, delayed release (dr/ec) 250 mg</i>	1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	1	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	1	
<i>fidaxomicin oral tablet 200 mg</i>	1	
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	3	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG	3	
ZITHROMAX Z-PAK ORAL TABLET 250 MG	3	
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole oral tablet 200 mg</i>	1	PA
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	3	PA
ALINIA ORAL TABLET 500 MG	3	PA; HCLV
<i>amikacin injection solution 500 mg/2 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ARAKODA ORAL TABLET 100 MG	3	HCLV
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	3	PA; SP
<i>atovaquone oral suspension 750 mg/5 ml</i>	1	
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	1	
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	3	
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	3	PA; SP; HCLV
BILTRICIDE ORAL TABLET 600 MG	3	HCLV
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	2	PA; SP; LA; QL (84 per 30 days)
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	
CLEOCIN HCL ORAL CAPSULE 150 MG, 300 MG, 75 MG	3	
CLEOCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	3	HCLV
<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	3	
<i>cycloserine oral capsule 250 mg</i>	1	
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
DARAPRIM ORAL TABLET 25 MG	3	PA; SP; HCLV
EMVERM ORAL TABLET, CHEWABLE 100 MG	3	PA
<i>ethambutol oral tablet 100 mg, 400 mg</i>	1	
<i>gentamicin injection solution 40 mg/ml</i>	1	
HUMATIN ORAL CAPSULE 250 MG	3	PA; SP; LA
<i>hydroxychloroquine oral tablet 100 mg, 200 mg</i>	1	
<i>hydroxychloroquine oral tablet 300 mg, 400 mg</i>	1	HCLV
IMPAVIDO ORAL CAPSULE 50 MG	3	PA
<i>isoniazid oral solution 50 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
<i>ivermectin oral tablet 3 mg</i>	1	QL (20 per 30 days)
<i>ivermectin oral tablet 6 mg</i>	1	HCLV; QL (20 per 30 days)
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	3	PA; SP; HCLV
KRINTAFEL ORAL TABLET 150 MG	3	HCLV
LAMPIT ORAL TABLET 120 MG, 30 MG	3	
LIKMEZ ORAL SUSPENSION 500 MG/5 ML	3	PA
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	1	
<i>linezolid oral tablet 600 mg</i>	1	
MALARONE ORAL TABLET 250-100 MG	3	HCLV
MALARONE PEDIATRIC ORAL TABLET 62.5-25 MG	3	HCLV
<i>mefloquine oral tablet 250 mg</i>	1	
MEPRON ORAL SUSPENSION 750 MG/5 ML	3	HCLV
<i>metronidazole oral capsule 375 mg</i>	1	HCLV
METRONIDAZOLE ORAL TABLET 125 MG	3	PA; HCLV
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
NEBUPENT INHALATION RECON SOLN 300 MG	3	HCLV
<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	3	HCLV
<i>praziquantel oral tablet 600 mg</i>	1	
PRETOMANID ORAL TABLET 200 MG	3	
PRIFTIN ORAL TABLET 150 MG	3	
<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
<i>quinine sulfate oral capsule 324 mg</i>	1	
<i>rifabutin oral capsule 150 mg</i>	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
SIRTURO ORAL TABLET 100 MG, 20 MG	3	PA
SIVEXTRO ORAL TABLET 200 MG	3	

Drug Name	Drug Tier	Requirements / Limits
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM	3	PA
SOVUNA ORAL TABLET 200 MG, 300 MG	3	HCLV
STROMECTOL ORAL TABLET 3 MG	3	HCLV; QL (20 per 30 days)
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	
TOBI INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	3	PA; SP; HCLV
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	3	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
<i>tobramycin sulfate injection recon soln 1.2 gram</i>	1	
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	3	PA; SP; HCLV
XENLETA ORAL TABLET 600 MG	3	
XIFAXAN ORAL TABLET 200 MG	3	PA; QL (60 per 30 days)
XIFAXAN ORAL TABLET 550 MG	2	PA; QL (60 per 30 days)
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	3	
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	3	HCLV
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	3	HCLV
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML	3	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG	3	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
QUINOLONES		
BAXDELA ORAL TABLET 450 MG	3	HCLV
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	3	
CIPRO ORAL TABLET 250 MG, 500 MG	3	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>levofloxacin oral solution 250 mg/10 ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin oral tablet 400 mg</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
SULFA'S & RELATED AGENTS		
BACTRIM DS ORAL TABLET 800-160 MG	3	HCLV
BACTRIM ORAL TABLET 400-80 MG	3	HCLV
<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	3	ST; HCLV

Drug Name	Drug Tier	Requirements / Limits
<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	3	ST; HCLV
DORYX ORAL TABLET, DELAYED RELEASE (DR/EC) 200 MG, 80 MG	3	ST; HCLV
<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	3	ST; HCLV
<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	3	ST; HCLV
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1	
MINOCYCLINE ORAL CAPSULE, EXTENDED RELEASE 24HR 135 MG, 45 MG, 90 MG	3	ST; HCLV
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	1	ST; HCLV
<i>mondoxylene nl oral capsule 100 mg, 75 mg</i>	1	HCLV
MORGIDOX 1X 50 KIT 50 MG	3	ST; HCLV
MORGIDOX 1X100 KIT 100 MG	3	ST; HCLV
NUZYRA ORAL TABLET 150 MG	3	
ORACEA ORAL CAPSULE, IR - DELAY REL, BIPHASE 40 MG	3	ST; HCLV

Drug Name	Drug Tier	Requirements / Limits
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG	3	ST; HCLV
TARGADOX ORAL TABLET 50 MG	3	ST; HCLV
<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	3	ST; HCLV
URINARY TRACT AGENTS		
BLUJEPAL ORAL TABLET 750 MG	3	PA (20 tablets per fill)
<i>fosfomycin tromethamine oral packet 3 gram</i>	1	HCLV
FURADANTIN ORAL SUSPENSION 25 MG/5 ML	3	
MACROBID ORAL CAPSULE 100 MG	3	
<i>methenamine hippurate oral tablet 1 gram</i>	1	
<i>methenamine mandelate oral tablet 0.5 gram, 1 gram</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	1	
NITROFURANTOIN ORAL SUSPENSION 50 MG/5 ML	3	HCLV
PRIMSOL ORAL SOLUTION 50 MG/5 ML	3	HCLV
<i>trimethoprim oral tablet 100 mg</i>	1	
VANCOMYCIN		
FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML	3	HCLV
VANCOCIN ORAL CAPSULE 125 MG, 250 MG	3	
<i>vancomycin oral capsule 125 mg, 250 mg</i>	1	
<i>vancomycin oral recon soln 25 mg/ml, 50 mg/ml</i>	1	
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	3	HCLV

Drug Name	Drug Tier	Requirements / Limits
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	3	PA; SP; OCh; HCLV; LA
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	3	PA; SP; OCh; HCLV; LA
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	3	PA; SP; OCh
ALECENSA ORAL CAPSULE 150 MG	2	PA; SP; OCh; LA
ALKERAN ORAL TABLET 2 MG	3	OCh; HCLV
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	3	PA; SP; OCh
ALUNBRIG ORAL TABLETS, DOSE PACK 90 MG (7)- 180 MG (23)	3	PA; SP; OCh
<i>anastrozole oral tablet 1 mg</i>	1	OCh; ACA
ARIMIDEX ORAL TABLET 1 MG	3	PA; OCh; HCLV; QL (30 per 30 days)
AROMASIN ORAL TABLET 25 MG	3	PA; OCh; HCLV; QL (30 per 30 days)
ASTAGRAF XL ORAL CAPSULE, EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	3	HCLV
AUGTYRO ORAL CAPSULE 160 MG, 40 MG	3	PA; SP; OCh
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG	3	PA; SP; OCh; QL (66 per 20 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	3	PA; SP; OCh
AZASAN ORAL TABLET 100 MG, 75 MG	3	HCLV
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	1	
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	3	PA; SP; OCh
<i>bexarotene oral capsule 75 mg</i>	1	PA; SP; OCh; LA
<i>bexarotene topical gel 1 %</i>	1	PA; SP; LA
<i>bicalutamide oral tablet 50 mg</i>	1	OCh
BLENREP INTRAVENOUS RECON SOLN 70 MG	3	PA; SP

Drug Name	Drug Tier	Requirements / Limits
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	3	PA; SP; OCh; QL (60 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	3	PA; SP; OCh; LA
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	2	PA; SP; OCh
<i>capecitabine oral tablet 150 mg, 500 mg</i>	1	SP; OCh; LA
CAPRELSA ORAL TABLET 100 MG, 300 MG	2	PA; SP; OCh
CASODEX ORAL TABLET 50 MG	3	PA; OCh; HCLV; QL (30 per 30 days)
CELLCEPT ORAL CAPSULE 250 MG	3	
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML	3	
CELLCEPT ORAL TABLET 500 MG	3	
COMETRIQ ORAL CAPSULE 100 MG/DAY (80 MG X1-20 MG X1), 140 MG/DAY (80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	2	PA; SP; OCh; LA
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	3	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	3	OCh
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	
DANZITEN ORAL TABLET 71 MG, 95 MG	3	PA; SP; OCh; 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	3	PA; SP; OCh; LA
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	3	
ENSACOVE ORAL CAPSULE 100 MG	3	PA; SP; OCh; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
ENSACOVE ORAL CAPSULE 25 MG	3	PA; SP; OCh; QL (30 per 30 days)
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; SP; LA
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	3	PA; HCLV
ERIVEDGE ORAL CAPSULE 150 MG	3	PA; SP; OCh; LA
ERLEADA ORAL TABLET 240 MG, 60 MG	3	PA; SP; OCh; LA
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	1	PA; SP; OCh; LA
<i>etoposide oral capsule 50 mg</i>	1	OCh
EULEXIN ORAL CAPSULE 125 MG	3	PA; OCh; HCLV; 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	3	PA; OCh; QL (30 per 30 days)
FEMARA ORAL TABLET 2.5 MG	3	PA; OCh; HCLV; QL (30 per 30 days)
FOTIVDA ORAL CAPSULE 0.89 MG	3	PA; SP; OCh; HCLV; QL (33 per 30 days)
FOTIVDA ORAL CAPSULE 1.34 MG	3	PA; SP; OCh; HCLV; QL (22 per 30 days)
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	3	PA; SP; OCh
GAVRETO ORAL CAPSULE 100 MG	3	PA; SP; OCh; QL (120 per 30 days)
<i>gefitinib oral tablet 250 mg</i>	1	PA; SP; OCh
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	
<i>gengraf oral solution 100 mg/ml</i>	1	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	2	PA; SP; OCh; LA
GLEEVEC ORAL TABLET 100 MG, 400 MG	3	PA; SP; OCh; HCLV; LA
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	2	PA; OCh
GOMEKLI ORAL CAPSULE 1 MG, 2 MG	3	PA; SP; OCh
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	3	PA; SP; OCh

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

Drug Name	Drug Tier	Requirements / Limits
KOSELUGO ORAL CAPSULE, SPRINKLE 5 MG, 7.5 MG	3	PA; SP; OCh
KRAZATI ORAL TABLET 200 MG	3	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; SP; OCh; LA; QL (180 per 30 days)
LAZCLUZE ORAL TABLET 240 MG, 80 MG	3	PA; SP; OCh
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	1	PA; SP; OCh; LA
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)	3	PA; SP; OCh; LA
<i>letrozole oral tablet 2.5 mg</i>	1	OCh; ACA
LEUKERAN ORAL TABLET 2 MG	2	PA; OCh; QL (150 per 30 days)
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	1	PA; SP; LA
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	3	PA; SP; OCh; LA
LORBRENA ORAL TABLET 100 MG	3	PA; SP; OCh; LA; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	3	PA; SP; OCh; LA; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	3	PA; SP; OCh; LA; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 240 MG	3	PA; SP; OCh; LA; QL (120 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	3	PA; SP; OCh; LA; QL (90 per 30 days)
LUPKYNIS ORAL CAPSULE 7.9 MG	3	PA; SP; QL (180 per 30 days)
LYNPARZA ORAL TABLET 100 MG, 150 MG	2	PA; SP; OCh; LA; 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)	3	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	

Drug Name	Drug Tier	Requirements / Limits
<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	3	PA; SP; QL (120 per 30 days)
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	1	
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	1	
MYFORTIC ORAL TABLET, DELAYED RELEASE (DR/EC) 180 MG, 360 MG	3	
MYHIBBIN ORAL SUSPENSION 200 MG/ML	3	PA
MYLERAN ORAL TABLET 2 MG	2	OCh
NEMLUVIO SUBCUTANEOUS PEN INJECTOR 30 MG	2	PA; SP; HCLV; LA; QL (2 per 30 days)
NEORAL ORAL CAPSULE 100 MG, 25 MG	3	
NEORAL ORAL SOLUTION 100 MG/ML	3	
NERLYNX ORAL TABLET 40 MG	3	PA; SP; OCh; LA; QL (180 per 30 days)
NEXAVAR ORAL TABLET 200 MG	3	PA; SP; OCh; HCLV; LA
NILOTINIB D-TARTRATE ORAL CAPSULE 150 MG, 200 MG, 50 MG	3	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; OCh; QL (30 per 30 days)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	3	PA; SP; OCh; LA
NUBEQA ORAL TABLET 300 MG	3	PA; SP; OCh; LA
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	PA; SP; LA

Drug Name	Drug Tier	Requirements / Limits
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	1	PA; SP; LA
ODOMZO ORAL CAPSULE 200 MG	3	PA; SP; OCh; LA; QL (30 per 30 days)
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG	3	PA; SP; OCh
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	3	PA; SP; OCh
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)	3	PA; SP; OCh
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	3	PA; SP; OCh; QL (30 per 30 days)
ONUREG ORAL TABLET 200 MG	3	PA; SP; OCh; LA; QL (21 per 30 days)
ONUREG ORAL TABLET 300 MG	3	PA; SP; OCh; LA; QL (14 per 30 days)
ORGOVYX ORAL TABLET 120 MG	3	PA; SP; OCh
ORSERDU ORAL TABLET 345 MG, 86 MG	3	PA; SP; OCh
<i>pazopanib oral tablet 200 mg</i>	1	PA; SP; OCh; LA
PAZOPANIB ORAL TABLET 400 MG	3	PA; SP; OCh; HCLV; LA
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	3	PA; SP; OCh; QL (28 per 30 days)
PHYRAGO ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	3	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	3	PA; SP; OCh; LA
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	3	
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	3	
PURIXAN ORAL SUSPENSION 20 MG/ML	3	PA; SP; OCh; HCLV
QINLOCK ORAL TABLET 50 MG	2	PA; SP; OCh; QL (90 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG	3	PA; SP; OCh; LA; QL (60 per 30 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	3	PA; SP; OCh; HCLV; LA

Drug Name	Drug Tier	Requirements / Limits
REVUFORJ ORAL TABLET 110 MG, 160 MG	3	PA; SP; OCh
REVUFORJ ORAL TABLET 25 MG	2	PA; SP; OCh
REZLIDHIA ORAL CAPSULE 150 MG	3	PA; SP; OCh
REZUROCK ORAL TABLET 200 MG	3	PA
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	3	PA; SP; OCh
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	3	PA; SP; OCh; LA
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	3	PA; SP; OCh; LA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	3	PA; SP; OCh; LA
RYDAPT ORAL CAPSULE 25 MG	3	PA; SP; OCh; LA
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	3	
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	3	PA; SP; HCLV; LA
SCSEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG	3	PA; SP; OCh
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	3	PA; SP
SIKLOS ORAL TABLET 1,000 MG, 100 MG	3	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	3	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	3	PA; SP; OCh; HCLV; LA
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	3	PA; SP; OCh; HCLV; LA
TABLOID ORAL TABLET 40 MG	2	PA; OCh
TABRECTA ORAL TABLET 150 MG, 200 MG	3	PA; SP; OCh; LA; QL (168 per 30 days)
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	2	PA; SP; OCh; LA

Drug Name	Drug Tier	Requirements / Limits
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	2	PA; SP; OCh; LA
TAGRISSO ORAL TABLET 40 MG, 80 MG	2	PA; SP; OCh; LA
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	3	PA; SP; OCh; LA
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	OCh; ACA
TARGRETIN ORAL CAPSULE 75 MG	3	PA; SP; OCh; HCLV; LA
TARGRETIN TOPICAL GEL 1 %	3	PA; SP; HCLV; LA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	3	PA; SP; OCh; HCLV; LA
TAZVERIK ORAL TABLET 200 MG	3	PA; SP; OCh
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	1	PA; SP; OCh; LA
TEPMETKO ORAL TABLET 225 MG	3	PA; SP; OCh; HCLV; QL (60 per 30 days)
THALOMID ORAL CAPSULE 100 MG, 50 MG	2	PA; SP; OCh; LA
TIBSOVO ORAL TABLET 250 MG	3	PA; SP; OCh
<i>toremifene oral tablet 60 mg</i>	1	OCh
<i>torpenz oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	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	3	PA; OCh; HCLV; QL (15 per 30 days)
TRUQAP ORAL TABLET 160 MG, 200 MG	3	PA; SP; OCh
TUKYSA ORAL TABLET 150 MG, 50 MG	3	PA; SP; OCh; QL (120 per 30 days)
TURALIO ORAL CAPSULE 125 MG	3	PA; SP; OCh
TYKERB ORAL TABLET 250 MG	3	PA; SP; OCh; HCLV; LA; QL (180 per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	3	PA; SP; OCh
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	3	PA; SP; OCh
VENCLEXTA STARTING PACK ORAL TABLETS, DOSE PACK 10 MG-50 MG- 100 MG	3	PA; SP; OCh
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	2	PA; SP; OCh; LA
VIJOICE ORAL GRANULES IN PACKET 50 MG	3	PA; SP
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG	3	PA; SP

Drug Name	Drug Tier	Requirements / Limits
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	3	PA; SP; OCh; LA
VITRAKVI ORAL SOLUTION 20 MG/ML	3	PA; SP; OCh; LA
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	3	PA; SP; OCh; HCLV; LA
VONJO ORAL CAPSULE 100 MG	3	PA; SP; OCh
VORANIGO ORAL TABLET 10 MG, 40 MG	3	PA; SP; OCh
VOTRIENT ORAL TABLET 200 MG	3	PA; SP; OCh; HCLV; LA
WAYRILZ ORAL TABLET 400 MG	3	PA; SP; QL (60 per 30 days)
WELIREG ORAL TABLET 40 MG	3	PA; SP; OCh; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	2	PA; SP; OCh; LA
XALKORI ORAL PELLET 150 MG, 20 MG, 50 MG	2	PA; SP; OCh; LA
XATMEP ORAL SOLUTION 2.5 MG/ML	3	PA; OCh; HCLV; QL (2 per 30 days)
XELODA ORAL TABLET 150 MG, 500 MG	3	PA; SP; OCh; HCLV; LA
XERMELO ORAL TABLET 250 MG	3	PA; SP
XOSPATA ORAL TABLET 40 MG	3	PA; SP; OCh
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (10 MG X 4), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	3	PA; SP; OCh
XTANDI ORAL CAPSULE 40 MG	2	PA; SP; OCh; LA
XTANDI ORAL TABLET 40 MG, 80 MG	2	PA; SP; OCh; LA
YONSA ORAL TABLET 125 MG	2	PA; SP; OCh; LA
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	3	PA; SP; OCh; LA; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG	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	3	PA
ZYDELIG ORAL TABLET 100 MG, 150 MG	3	PA; SP; OCh; LA; QL (30 per 30 days)
ZYKADIA ORAL TABLET 150 MG	3	PA; SP; OCh; LA
ZYTIGA ORAL TABLET 250 MG, 500 MG	3	PA; SP; OCh; HCLV; LA
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG	3	PA; HCLV; QL (240 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
APTIOM ORAL TABLET 400 MG	3	PA; HCLV; QL (120 per 30 days)
APTIOM ORAL TABLET 600 MG	3	PA; HCLV; QL (80 per 30 days)
APTIOM ORAL TABLET 800 MG	3	PA; HCLV; QL (60 per 30 days)
BANZEL ORAL SUSPENSION 40 MG/ML	3	PA; HCLV
BANZEL ORAL TABLET 200 MG, 400 MG	3	PA; HCLV
BRIVIACT ORAL SOLUTION 10 MG/ML	3	PA; QL (2 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	3	PA; QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	1	
<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	3	HCLV
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	3	PA; QL (180 per 30 days)
CELONTIN ORAL CAPSULE 300 MG	3	PA; HCLV; 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	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	3	PA; QL (60 per 30 days)
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	3	PA; QL (60 per 30 days)
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	3	PA; QL (240 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	3	PA; SP
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	3	PA; SP
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
DILANTIN EXTENDED ORAL CAPSULE 100 MG	2	PA; 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; 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	3	PA; HCLV; QL (60 per 30 days)
EPIDIOLEX ORAL SOLUTION 100 MG/ML	3	PA; SP; LA; QL (400 per 30 days)
EPRONTIA ORAL SOLUTION 25 MG/ML	3	PA; HCLV; QL (2 per 30 days)
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	3	PA; QL (180 per 30 days)
<i>eslicarbazepine oral tablet 200 mg</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	
<i>felbamate oral suspension 600 mg/5 ml</i>	1	
<i>felbamate oral tablet 400 mg, 600 mg</i>	1	
FELBATOL ORAL TABLET 400 MG, 600 MG	3	PA; QL (180 per 30 days)
FINTEPLA ORAL SOLUTION 2.2 MG/ML	3	PA; SP; QL (210 per 30 days)
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	3	PA; QL (2 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	PA; HCLV; QL (30 per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	
<i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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	3	PA; HCLV
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 450 MG, 600 MG, 750 MG, 900 MG	3	PA; HCLV
KEPPRA ORAL SOLUTION 100 MG/ML	3	HCLV
KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG	3	HCLV
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	3	HCLV
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG	3	HCLV
<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	3	HCLV
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG (21) -50 MG (7)	3	HCLV
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK 50 MG (42) -100 MG (14)	3	HCLV
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG(14)-50 MG (14)-100 MG (7)	3	HCLV
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	3	HCLV
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	3	HCLV
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS, DOSE PACK 25 MG (35)	3	HCLV
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS, DOSE PACK 25 MG (84) -100 MG (14)	3	HCLV
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS, DOSE PACK 25 MG (42) -100 MG (7)	3	HCLV

Drug Name	Drug Tier	Requirements / Limits
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG	3	HCLV
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL, DOSE PACK 25 MG (21) -50 MG (7)	3	HCLV
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL, DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	3	HCLV
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL, DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	3	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)
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	PA; QL (360 per 30 days)
LEVETIRACETAM ORAL TABLET FOR SUSPENSION 250 MG	3	PA; HCLV; QL (360 per 30 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 330 MG, 82.5 MG	3	PA; HCLV
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	3	PA; HCLV
LYRICA ORAL SOLUTION 20 MG/ML	3	PA; HCLV
<i>methsuximide oral capsule 300 mg</i>	1	
MOTPOLY XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG	3	PA; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
MOTPOLY XR ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG, 200 MG	3	PA; QL (60 per 30 days)
MYSOLINE ORAL TABLET 250 MG, 50 MG	3	PA; QL (240 per 30 days)
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	2	
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG	3	PA; HCLV
NEURONTIN ORAL SOLUTION 250 MG/5 ML	3	PA; HCLV
NEURONTIN ORAL TABLET 600 MG, 800 MG	3	PA; HCLV
ONFI ORAL SUSPENSION 2.5 MG/ML	3	PA; HCLV; QL (60 per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG	3	PA; HCLV; 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 (480 per 30 days)
<i>oxcarbazepine oral tablet extended release 24 hr 300 mg</i>	1	PA; QL (240 per 30 days)
<i>oxcarbazepine oral tablet extended release 24 hr 600 mg</i>	1	PA; QL (120 per 30 days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	3	PA; QL (480 per 30 days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	PA; QL (240 per 30 days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	3	PA; QL (120 per 30 days)
<i>perampanel oral tablet 10 mg, 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	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; 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	

Drug Name	Drug Tier	Requirements / Limits
<i>pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg</i>	1	
PRIMIDONE ORAL TABLET 125 MG	3	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	3	PA; SP; HCLV; LA
SABRIL ORAL TABLET 500 MG	3	PA; SP; HCLV; LA
SPRITAM ORAL TABLET FOR SUSPENSION 1, 000 MG	3	PA; QL (90 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG	3	PA; QL (360 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 500 MG	3	PA; QL (180 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 750 MG	3	PA; QL (120 per 30 days)
SUBVENITE ORAL SUSPENSION 10 MG/ML	3	ST; 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	
SYMPAZAN ORAL FILM 10 MG	3	PA; HCLV; QL (120 per 30 days)
SYMPAZAN ORAL FILM 20 MG	3	PA; HCLV; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	3	PA; HCLV; QL (240 per 30 days)
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	3	PA; QL (240 per 30 days)
TEGRETOL ORAL TABLET 200 MG	3	PA; QL (240 per 30 days)
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG	3	PA; QL (120 per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	
TOPAMAX ORAL CAPSULE, SPRINKLE 15 MG, 25 MG	3	HCLV
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	3	HCLV

Drug Name	Drug Tier	Requirements / Limits
<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)	3	HCLV
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG	3	HCLV
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG	3	PA; HCLV; QL (120 per 30 days)
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 200 MG	3	PA; HCLV; QL (60 per 30 days)
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 25 MG	3	PA; HCLV; QL (480 per 30 days)
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 50 MG	3	PA; HCLV; QL (240 per 30 days)
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	2	
<i>vigabatrin oral powder in packet 500 mg</i>	1	PA; SP; LA
<i>vigabatrin oral tablet 500 mg</i>	1	PA; SP; LA
<i>vigadrone oral powder in packet 500 mg</i>	1	PA; SP
<i>vigadrone oral tablet 500 mg</i>	1	PA; SP
VIGAFYDE ORAL SOLUTION 100 MG/ML	3	PA; SP
VIMPAT ORAL SOLUTION 10 MG/ML	3	PA; QL (6 per 30 days)
VIMPAT ORAL TABLET 100 MG	3	PA; QL (120 per 30 days)
VIMPAT ORAL TABLET 150 MG	3	PA; QL (80 per 30 days)
VIMPAT ORAL TABLET 200 MG	3	PA; QL (60 per 30 days)
VIMPAT ORAL TABLET 50 MG	3	PA; QL (240 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY (150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	3	PA
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	3	PA
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14) - 25 MG (14), 150 MG (14) - 200 MG (14), 50 MG (14) - 100 MG (14)	3	PA
ZARONTIN ORAL CAPSULE 250 MG	3	PA; QL (180 per 30 days)
ZARONTIN ORAL SOLUTION 250 MG/5 ML	3	PA; QL (180 per 30 days)
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	3	HCLV
ZONISADE ORAL SUSPENSION 100 MG/5 ML	3	PA; QL (6 per 30 days)
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	
ZTALMY ORAL SUSPENSION 50 MG/ML	3	PA; SP
ANTIPARKINSONISM AGENTS		
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	3	PA; SP; LA
<i>apomorphine subcutaneous cartridge 10 mg/ml</i>	1	PA; SP
AZILECT ORAL TABLET 0.5 MG, 1 MG	3	HCLV
<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	3	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	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	
CREXONT ORAL CAPSULE,IR -EXTEND REL,BIPHASE 35-140 MG, 52.5-210 MG, 70-280 MG, 87.5-350 MG	3	PA

Drug Name	Drug Tier	Requirements / Limits
DHIVY ORAL TABLET 25-100 MG	3	PA; HCLV
<i>entacapone oral tablet 200 mg</i>	1	
GOCOVRI ORAL CAPSULE, EXTENDED RELEASE 24HR 137 MG, 68.5 MG	3	PA; SP; HCLV
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	3	PA; SP
LODOSYN ORAL TABLET 25 MG	3	PA; HCLV
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	3	HCLV
NOURIANZ ORAL TABLET 20 MG, 40 MG	3	PA; SP; HCLV; LA
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	3	PA
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	1	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	1	
<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	3	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	3	PA; HCLV
TASMAR ORAL TABLET 100 MG	3	HCLV
<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	3	PA; HCLV
ZELAPAR ORAL TABLET, DISINTEGRATING 1.25 MG	3	PA; HCLV

MIGRAINE & CLUSTER HEADACHE THERAPY

Drug Name	Drug Tier	Requirements / Limits
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	2	PA
AJOVY SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	2	PA
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	1	QL (18 per 30 days)
BREKIYA SUBCUTANEOUS AUTO-INJECTOR 1 MG/ML	3	PA; SP; QL (24 per 30 days)
<i>dihydroergotamine injection solution 1 mg/ml</i>	1	
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	1	QL (8 per 30 days)
<i>eletriptan oral tablet 20 mg, 40 mg</i>	1	QL (18 per 30 days)
ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML)	3	PA; HCLV; QL (57.6 per 30 days)
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	3	HCLV; QL (18 per 30 days)
<i>frovatriptan oral tablet 2.5 mg</i>	1	QL (18 per 30 days)
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG	3	HCLV; QL (18 per 30 days)
IMITREX STATDOSE SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML, 6 MG/0.5 ML	3	HCLV; QL (8 per 30 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 4 MG/0.5 ML, 6 MG/0.5 ML	3	HCLV; QL (8 per 30 days)
MAXALT ORAL TABLET 10 MG	3	HCLV; QL (18 per 30 days)
MAXALT-MLT ORAL TABLET, DISINTEGRATING 10 MG	3	HCLV; 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)	3	HCLV; QL (8 per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	1	QL (18 per 30 days)
NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG	3	PA; QL (8 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED 11 MG	3	PA; HCLV; QL (16 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	3	PA
RELPAZ ORAL TABLET 20 MG, 40 MG	3	HCLV; QL (18 per 30 days)
REYVOW ORAL TABLET 100 MG, 50 MG	3	PA; QL (8 per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	1	QL (18 per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i>	1	QL (18 per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i>	1	QL (18 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	1	QL (8 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	1	QL (8 per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	1	QL (8 per 30 days)
<i>sumatriptan-naproxen oral tablet 85-500 mg</i>	1	PA; HCLV; QL (18 per 30 days)
TOSYMRA NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION	3	ST; HCLV; QL (18 per 30 days)
TREXIMET ORAL TABLET 85-500 MG	3	PA; HCLV; QL (18 per 30 days)
TRUDHESA NASAL SPRAY, NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML)	3	PA; HCLV; QL (18 per 30 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	3	PA; QL (10 per 30 days)
ZAVZPRET NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION	3	PA; QL (8 per 30 days)
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML	3	PA; HCLV; QL (8 per 30 days)
ZOLMITRIPTAN NASAL SPRAY, NON-AEROSOL 2.5 MG	3	HCLV; QL (18 per 30 days)
<i>zolmitriptan nasal spray, non-aerosol 5 mg</i>	1	QL (18 per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	1	QL (18 per 30 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	1	QL (18 per 30 days)
ZOMIG NASAL SPRAY, NON-AEROSOL 2.5 MG	3	PA; HCLV; QL (18 per 30 days)
ZOMIG NASAL SPRAY, NON-AEROSOL 5 MG	3	HCLV; QL (18 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
ZOMIG ORAL TABLET 2.5 MG, 5 MG	3	HCLV; QL (18 per 30 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/24 HOUR, 5 MG/24 HOUR	3	HCLV
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG	3	PA; SP; HCLV; LA; QL (60 per 30 days)
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG	3	HCLV
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; SP; LA; QL (60 per 30 days)
DAYBUE ORAL SOLUTION 200 MG/ML	3	PA; SP
<i>dichlorphenamide oral tablet 50 mg</i>	1	PA; SP; LA; QL (120 per 30 days)
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i>	1	
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	1	
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	3	PA; SP; LA; QL (240 per 30 days)
EVRYSDI ORAL TABLET 5 MG	3	PA; SP; LA
EXELON PATCH TRANSDERMAL PATCH 24 HOUR 4.6 MG/24 HOUR	3	HCLV
FIRDAPSE ORAL TABLET 10 MG	3	PA; SP
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	1	
<i>galantamine oral solution 4 mg/ml</i>	1	
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	1	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG	3	PA; HCLV
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE, DOSE PACK 40 MG (7)- 80 MG (21)	3	PA; SP; HCLV
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	3	PA; SP; HCLV
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	3	PA; SP; HCLV

Drug Name	Drug Tier	Requirements / Limits
KEVEYIS ORAL TABLET 50 MG	3	PA; SP; HCLV; QL (6050 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	3	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	3	PA; SP
NAMENDA XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7-14-21-28 MG	3	HCLV
NAMENDA XR ORAL CAPSULE, SPRINKLE, ER 24HR 7 MG	3	HCLV; QL (30 per 30 days)
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	3	HCLV
NUDEXTA ORAL CAPSULE 20-10 MG	3	PA; HCLV; QL (60 per 30 days)
<i>ormalvi oral tablet 50 mg</i>	1	PA; SP; QL (121 per 30 days)
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	3	PA; SP; LA
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	1	
SKYCLARYS ORAL CAPSULE 50 MG	3	PA; SP
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	1	SP; LA
WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML	3	PA; SP; QL (30 per 30 days)
XENAZINE ORAL TABLET 12.5 MG, 25 MG	3	PA; SP; HCLV; LA
ZEPOSIA ORAL CAPSULE 0.92 MG	2	PA; SP; LA; QL (30 per 30 days)
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE, DOSE PACK 0.23 MG-0.46 MG - 0.92 MG (21)	2	PA; SP; LA; QL (1 per 365 days)
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE, DOSE PACK 0.23 MG (4)- 0.46 MG (3)	2	PA; SP; LA; QL (1 per 365 days)

MUSCLE RELAXANTS & ANTISPASMODIC THERAPY

Drug Name	Drug Tier	Requirements / Limits
AMRIX ORAL CAPSULE, EXTENDED RELEASE 24HR 15 MG, 30 MG	3	ST; HCLV
<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	
DANTRIUM ORAL CAPSULE 25 MG	3	
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	1	
FEXMID ORAL TABLET 7.5 MG	3	HCLV
FLEQSUVY ORAL SUSPENSION 25 MG/5 ML (5 MG/ML)	3	PA; HCLV
LORZONE ORAL TABLET 375 MG, 750 MG	3	PA; HCLV
<i>meprobamate oral tablet 200 mg, 400 mg</i>	1	
MESTINON ORAL SYRUP 60 MG/5 ML	3	PA; HCLV
MESTINON ORAL TABLET 60 MG	3	PA; HCLV
MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE 180 MG	3	PA; HCLV
<i>metaxalone oral tablet 400 mg, 800 mg</i>	1	
METAXALONE ORAL TABLET 640 MG	3	HCLV
<i>methocarbamol oral tablet 1,000 mg, 500 mg, 750 mg</i>	1	
NORGESIC FORTE ORAL TABLET 50-770-60 MG	3	ST; HCLV
NORGESIC ORAL TABLET 25-385-30 MG	3	ST; HCLV
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	1	
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>orphengesic forte oral tablet 50-770-60 mg</i>	1	HCLV
OZOBAX DS ORAL SOLUTION 10 MG/5 ML (2 MG/ML)	3	PA; HCLV
OZOBAX ORAL SOLUTION 5 MG/5 ML	3	PA
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	3	HCLV
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET EXTENDED RELEASE 105 MG	3	HCLV
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	1	
SOMA ORAL TABLET 250 MG, 350 MG	3	
<i>tanlor oral tablet 1,000 mg</i>	1	
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i>	1	HCLV
<i>tizanidine oral tablet 2 mg, 4 mg</i>	1	
TONMYA SUBLINGUAL TABLET 2.8 MG	3	ST; HCLV; QL (60 per 30 days)
<i>vanadom oral tablet 350 mg</i>	1	
VYVGART HYTRULO SUBCUTANEOUS SYRINGE 1,000 MG-10,000 UNIT/5 ML	3	PA; SP; LA
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG, 8 MG	3	HCLV
ZANAFLEX ORAL TABLET 4 MG	3	
ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML	2	PA; SP
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	3	PA
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	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	3	PA; HCLV
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	1	PA
<i>codeine-bitalbital-asa-caff oral capsule 30-50-325-40 mg</i>	1	PA
DILAUDID ORAL LIQUID 1 MG/ML	3	PA
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG	3	PA
<i>diskets oral tablet, soluble 40 mg</i>	1	PA
DSUVIA SUBLINGUAL TABLET IN APPLICATOR 30 MCG	3	PA
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	PA
FENTANYL CITRATE BUCCAL TABLET, EFFERVESCENT 400 MCG, 600 MCG, 800 MCG	3	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	3	HCLV

Drug Name	Drug Tier	Requirements / Limits
<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 per 30 days)
<i>hydrocodone bitartrate oral tablet, oral only, ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	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 per 30 days)
<i>hydromorphone rectal suppository 3 mg</i>	1	PA
HYSINGLA ER ORAL TABLET, ORAL ONLY, EXT.REL.24 HR 100 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	3	PA
<i>levorphanol tartrate oral tablet 2 mg, 3 mg</i>	1	PA; HCLV
<i>meperidine oral solution 50 mg/5 ml</i>	1	PA
<i>meperidine oral tablet 50 mg</i>	1	PA
<i>methadone oral concentrate 10 mg/ml</i>	1	PA
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	PA
<i>methadone oral tablet 10 mg, 5 mg</i>	1	PA
<i>methadone oral tablet, soluble 40 mg</i>	1	PA
<i>methadose oral concentrate 10 mg/ml</i>	1	PA
<i>methadose oral tablet, soluble 40 mg</i>	1	PA
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1	PA
<i>morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	1	PA; QL (60 per 30 days)
<i>morphine oral capsule, extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	1	PA; QL (90 per 30 days)
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	1	PA
<i>morphine oral tablet 15 mg, 30 mg</i>	1	PA

Drug Name	Drug Tier	Requirements / Limits
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1	PA; QL (120 per 30 days)
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	1	PA
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG, 60 MG	3	PA; QL (120 per 30 days)
NALOCET ORAL TABLET 2.5-300 MG	3	PA
<i>oxycodone oral capsule 5 mg</i>	1	PA
<i>oxycodone oral concentrate 20 mg/ml</i>	1	PA
<i>oxycodone oral solution 5 mg/5 ml</i>	1	PA
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	PA
OXYCODONE ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG, 5 MG	3	PA; HCLV
OXYCODONE ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 20 MG, 40 MG	3	PA; HCLV; QL (90 per 30 days)
OXYCODONE ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 80 MG	3	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
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG	3	PA; HCLV; QL (90 per 30 days)
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 60 MG, 80 MG	3	PA; HCLV; QL (120 per 30 days)
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	1	PA
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	1	PA; QL (90 per 30 days)
PERCOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	3	PA; HCLV
PRIMLEV ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	3	PA
PROLATE ORAL SOLUTION 10-300 MG/5 ML	3	PA
<i>prolate oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	1	PA
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	PA; HCLV

Drug Name	Drug Tier	Requirements / Limits
ROXYBOND ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG, 5 MG	3	PA; HCLV
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML	3	SP
<i>tencon oral tablet 50-325 mg</i>	1	HCLV
TREZIX ORAL CAPSULE 320.5-30-16 MG	3	PA
XTAMPZA ER ORAL CAP, SPRINKL, ER12HR (DONT CRUSH) 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	3	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	3	ST
ARTHROTEC 50 ORAL TABLET, IR, DELAYED REL, BIPHASIC 50-200 MG-MCG	3	ST
ARTHROTEC 75 ORAL TABLET, IR, DELAYED REL, BIPHASIC 75-200 MG-MCG	3	ST
<i>aspirin childrens oral tablet, chewable 81 mg</i>	1	ACA
<i>aspirin oral tablet, 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	3	
<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 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	1	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	1	QL (90 per 30 days)
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	1	PA; QL (2 per 30 days)
CAMBIA ORAL POWDER IN PACKET 50 MG	3	PA; HCLV
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG	3	HCLV
<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	3	PA; HCLV

Drug Name	Drug Tier	Requirements / Limits
CONZIP ORAL CAPSULE, ER BIPHASE 24 HR 25-75 100 MG, 200 MG	3	PA; HCLV
COXANTO ORAL CAPSULE 300 MG	3	ST; HCLV
DICLOFENAC EPOLAMINE TRANSDERMAL PATCH 12 HOUR 1.3 %	3	ST; HCLV
<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	3	ST
<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	3	HCLV
DOLOBID ORAL TABLET 250 MG, 375 MG	3	HCLV
EC-NAPROSYN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG, 500 MG	3	ST
<i>ecotrin low strength oral tablet, delayed release (dr/ec) 81 mg</i>	1	ACA
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	
<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	3	ST; HCLV
<i>fenoprofen oral capsule 400 mg</i>	1	HCLV
<i>fenoprofen oral tablet 600 mg</i>	1	HCLV
FENOPRON ORAL CAPSULE 300 MG	3	ST; HCLV
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %	3	ST; HCLV
<i>flurbiprofen oral tablet 100 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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	3	ST; HCLV
INDOCIN RECTAL SUPPOSITORY 50 MG	3	HCLV
<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	3	PA; QL (14 per 30 days)
<i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i>	1	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	1	
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)</i>	1	
<i>ketorolac injection syringe 30 mg/ml</i>	1	
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	1	
<i>ketorolac oral tablet 10 mg</i>	1	QL (20 per 5 days)
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	3	
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	3	ST
LODINE ORAL TABLET 400 MG	3	ST
<i>lofena oral tablet 25 mg</i>	1	HCLV
<i>lofexidine oral tablet 0.18 mg</i>	1	PA; HCLV
LUCEMYRA ORAL TABLET 0.18 MG	3	PA; HCLV
<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	3	ST; HCLV
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>meloxicam submicronized oral capsule 10 mg, 5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
NALFON ORAL CAPSULE 400 MG	3	ST; HCLV
NALFON ORAL TABLET 600 MG	3	PA; HCLV
<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	3	HCLV
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 750 MG	3	ST; HCLV
NAPROSYN ORAL SUSPENSION 125 MG/5 ML	3	ST
NAPROSYN ORAL TABLET 500 MG	3	ST
<i>naproxen oral suspension 125 mg/5 ml</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg, 750 mg</i>	1	HCLV
<i>naproxen-esomeprazole oral tablet, ir, delayed rel, biphasic 375-20 mg, 500-20 mg</i>	1	ST; HCLV
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	3	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	3	PA; HCLV; QL (60 per 30 days)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	3	PA; HCLV; QL (181 per 30 days)
OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION	3	PA
OXAPROZIN ORAL CAPSULE 300 MG	3	ST; HCLV
<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	3	ST
REXTOVY NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	3	
<i>salsalate oral tablet 500 mg, 750 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
SPRIX NASAL SPRAY, NON-AEROSOL 15.75 MG/SPRAY	3	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	3	QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG, 8-2 MG	3	QL (90 per 30 days)
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
TOLECTIN 600 ORAL TABLET 600 MG	3	ST
<i>tolmetin oral capsule 400 mg</i>	1	
<i>tolmetin oral tablet 600 mg</i>	1	
TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 17-83 300 MG	3	PA; HCLV
TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 25-75 100 MG, 200 MG	3	PA; HCLV
TRAMADOL ORAL SOLUTION 5 MG/ML	3	PA
<i>tramadol oral tablet 100 mg</i>	1	PA; HCLV
TRAMADOL ORAL TABLET 25 MG, 75 MG	3	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
<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	3	SP
VIVLODEX ORAL CAPSULE 10 MG, 5 MG	3	ST; HCLV
VYSCOXIA ORAL SUSPENSION 10 MG/ML	3	ST; HCLV; QL (99 per 99 days)
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML	3	
ZIPSOR ORAL CAPSULE 25 MG	3	ST; HCLV
ZORVOLEX ORAL CAPSULE 18 MG, 35 MG	3	ST; HCLV
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG	3	QL (90 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 11.4-2.9 MG	3	QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	3	QL (60 per 30 days)
ZURNAI INJECTION AUTO-INJECTOR 1.5 MG/0.5 ML	3	

PSYCHOTHERAPEUTIC DRUGS

Drug Name	Drug Tier	Requirements / Limits
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	3	ST; HCLV
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	3	HCLV
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG	3	PA; HCLV
ADDERALL XR ORAL CAPSULE, EXTENDED RELEASE 24HR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG	3	PA; HCLV
ADDYI ORAL TABLET 100 MG	3	PA
ADZENYS XR-ODT ORAL TABLET, DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	3	PA; HCLV
<i>alprazolam intensol oral concentrate 1 mg/ml</i>	1	HCLV
<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	3	PA; HCLV
AMBIEN ORAL TABLET 10 MG, 5 MG	3	PA; HCLV
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	
AMPHETAMINE ORAL TABLET, DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	3	PA; HCLV

Drug Name	Drug Tier	Requirements / Limits
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	1	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG	3	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG	3	ST; HCLV
APTENSIO XR ORAL CAP, ER SPRINKLE, BIPHASIC 40-60 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	3	PA
<i>aripiprazole oral solution 1 mg/ml</i>	1	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>aripiprazole oral tablet, disintegrating 10 mg, 15 mg</i>	1	
ARISTADA INITIO INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 675 MG/2.4 ML	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	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG	3	HCLV
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	1	
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	3	ST
AZSTARYS ORAL CAPSULE 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG	3	PA
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	PA
BUCAPSOL ORAL CAPSULE 10 MG, 15 MG	3	HCLV; QL (120 per 30 days)
BUCAPSOL ORAL CAPSULE 7.5 MG	3	HCLV; QL (90 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	3	ST; HCLV

Drug Name	Drug Tier	Requirements / Limits
<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	3	ST; HCLV
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG	3	ST
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	1	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
CITALOPRAM ORAL CAPSULE 30 MG	3	ST; HCLV
<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	
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	1	
CLOZARIL ORAL TABLET 100 MG, 25 MG	3	ST; HCLV
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	3	PA
COBENFY STARTER PACK ORAL CAPSULE, DOSE PACK 50 MG-20 MG /100 MG-20 MG	3	PA
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 54 MG	3	PA; HCLV
COTEMPLA XR-ODT ORAL TABLET, DISINTEG ER BIPHASE 24H 17.3 MG, 25.9 MG, 8.6 MG	3	PA
DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR	3	PA
DAYVIGO ORAL TABLET 10 MG, 5 MG	3	PA

Drug Name	Drug Tier	Requirements / Limits
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
DESOXYN ORAL TABLET 5 MG	3	PA; HCLV
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 50 MG	3	ST
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	1	
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG, 15 MG	3	PA; HCLV
<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	
<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	3	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	3	ST
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 40 mg, 60 mg</i>	1	
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML	3	PA; HCLV

Drug Name	Drug Tier	Requirements / Limits
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG	3	PA; HCLV
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG	3	PA; HCLV
EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG, 37.5 MG, 75 MG	3	ST; HCLV
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	3	
<i>ergoloid oral tablet 1 mg</i>	1	
ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 351 MG/2.25 ML, 39 MG/0.25 ML, 78 MG/0.5 ML	2	
<i>escitalopram 10 mg/10 ml cup inner 5 mg/5 ml</i>	1	HCLV
ESCITALOPRAM OXALATE ORAL CAPSULE 15 MG	3	ST
<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	3	PA; HCLV
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	ST; HCLV
FANAPT TITRATION PACK A ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2)	3	ST; HCLV
FANAPT TITRATION PACK B ORAL TABLETS, DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2)	3	ST
FANAPT TITRATION PACK C ORAL TABLETS, DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2)	3	ST
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	3	ST
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	3	ST
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>fluoxetine oral capsule, delayed release (dr/ec) 90 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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	3	PA; HCLV
FOCALIN XR ORAL CAPSULE, ER BIPHASIC 50-50 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG	3	PA; HCLV
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)	3	HCLV
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG	3	ST; HCLV
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
HALCION ORAL TABLET 0.25 MG	3	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	1	
<i>haloperidol lactate injection solution 5 mg/ml</i>	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	3	PA; SP; LA
HETLIOZ ORAL CAPSULE 20 MG	3	PA; SP; HCLV; 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	3	PA; HCLV
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML, 1,560 MG/5 ML	2	

Drug Name	Drug Tier	Requirements / Limits
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 6 MG, 9 MG	3	ST; HCLV
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	3	PA
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	3	ST; HCLV
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG	3	ST
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	1	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	
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG	3	HCLV
<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	3	HCLV
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
LUMRYZ ORAL EXTEND RELEASE GRANULES, PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM	3	PA; SP; LA; QL (30 per 30 days)
LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK 4.5-6-7.5 GRAM	3	PA; SP; LA; QL (1 per 365 days)
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG	3	PA; HCLV

Drug Name	Drug Tier	Requirements / Limits
<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	3	ST; HCLV
MARPLAN ORAL TABLET 10 MG	3	
METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	3	PA
<i>methamphetamine oral tablet 5 mg</i>	1	
METHYLIN ORAL SOLUTION 10 MG/5 ML, 5 MG/5 ML	3	ST
<i>methylphenidate hcl oral cap, er sprinkle, biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	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	
<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	3	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	

Drug Name	Drug Tier	Requirements / Limits
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG	3	PA; HCLV
NARDIL ORAL TABLET 15 MG	3	
<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	3	PA; SP; LA
NUPLAZID ORAL TABLET 10 MG	3	PA; SP; LA
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG	3	HCLV
<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	3	PA
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	3	PA; HCLV
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	1	
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg</i>	1	
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG	3	
PARNATE ORAL TABLET 10 MG	3	
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	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	3	ST
PAXIL ORAL SUSPENSION 10 MG/5 ML	3	ST

Drug Name	Drug Tier	Requirements / Limits
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	3	ST
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	
PERSERIS SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG	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	3	ST; HCLV
<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	3	HCLV
PROZAC ORAL CAPSULE 10 MG, 20 MG	3	ST; HCLV
QELBREE ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG	3	PA
QUAZEPAM ORAL TABLET 15 MG	3	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	3	ST; HCLV
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	1	
QUILLICHEW ER ORAL TABLET, CHEW, IR-ER.BIPHASIC24HR 20 MG, 30 MG, 40 MG	3	PA
QUILLIVANT XR ORAL SUSPENSION, EXT REL 24HR, RECON 5 MG/ML (25 MG/5 ML)	3	PA
QUVIVIQ ORAL TABLET 25 MG, 50 MG	3	PA
<i>ramelteon oral tablet 8 mg</i>	1	
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 45 MG, 54 MG, 63 MG, 72 MG	3	PA
REMERON ORAL TABLET 15 MG, 30 MG	3	ST; HCLV
REMERON SOLTAB ORAL TABLET, DISINTEGRATING 15 MG, 30 MG, 45 MG	3	ST; HCLV
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG	3	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	2	ST; HCLV

Drug Name	Drug Tier	Requirements / Limits
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	3	HCLV
RISPERDAL ORAL SOLUTION 1 MG/ML	3	ST; HCLV
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	ST; HCLV
<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	3	PA
ROZEREM ORAL TABLET 8 MG	3	PA; HCLV
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	3	ST; HCLV
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	3	ST; HCLV
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG	3	ST; HCLV
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG	3	ST; HCLV
<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	3	PA
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	3	PA; SP; LA; QL (3 per 30 days)
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	3	PA; SP; QL (4 per 30 days)
SUNOSI ORAL TABLET 150 MG	3	PA; QL (30 per 30 days)
SUNOSI ORAL TABLET 75 MG	3	PA; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
<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	3	ST
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 100 MG/0.28 ML, 125 MG/0.35 ML, 150 MG/0.42 ML, 200 MG/0.56 ML, 250 MG/0.7 ML, 50 MG/0.14 ML, 75 MG/0.21 ML	2	
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG	3	HCLV
VENLAFAXINE BESYLATE ORAL TABLET EXTENDED RELEASE 24HR 112.5 MG	3	ST
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	1	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	1	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	3	ST; HCLV
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	3	ST; HCLV
<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
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	3	PA; HCLV; QL (30 per 30 days)
VYVANSE ORAL TABLET, CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	3	PA; HCLV; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	3	PA; SP; HCLV; LA; QL (60 per 30 days)
WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR 100 MG, 150 MG, 200 MG	3	ST
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	3	ST
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	3	HCLV
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 0.5 MG, 1 MG, 2 MG, 3 MG	3	HCLV
XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR	3	PA
XYREM ORAL SOLUTION 500 MG/ML	3	PA; SP; LA; QL (3 per 30 days)
XYWAV ORAL SOLUTION 0.5 GRAM/ML	3	PA; SP; LA; QL (3 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	PA; HCLV
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	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	3	ST
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG	3	ST
ZOLPIDEM ORAL CAPSULE 7.5 MG	3	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	3	PA; SP
ZYPREXA ORAL TABLET 2.5 MG, 20 MG, 5 MG	3	ST; HCLV
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG	3	

AUTONOMIC & CNS DRUGS, NEUROLOGY

Drug Name	Drug Tier	Requirements / Limits
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO ORAL TABLET 14 MG, 7 MG	3	PA; SP; HCLV; 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	3	PA; SP; LA; QL (120 per 30 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	2	PA; SP; LA
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	3	PA; SP; HCLV; LA
<i>dimethyl fumarate oral capsule, delayed release (dr/ec) 120 mg</i>	1	PA; SP; LA; QL (14 per 365 days)
<i>dimethyl fumarate oral capsule, delayed release (dr/ec) 120 mg (14)- 240 mg (46)</i>	1	PA; SP; LA; QL (1 per 365 days)
<i>dimethyl fumarate oral capsule, delayed release (dr/ec) 240 mg</i>	1	PA; SP; LA; QL (60 per 30 days)
<i>fingolimod oral capsule 0.5 mg</i>	1	PA; SP; LA
GILENYA ORAL CAPSULE 0.25 MG	3	PA; SP; HCLV
GILENYA ORAL CAPSULE 0.5 MG	3	PA; SP; HCLV; LA
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	1	PA; SP; LA
<i>glatopa subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	1	PA; SP; LA
KESIMPTA SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	2	PA; SP; LA
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	3	PA; SP; LA
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	3	PA; SP; LA
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	3	PA; SP; LA
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	3	PA; SP; LA
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	3	PA; SP; LA
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	3	PA; SP; LA
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	3	PA; SP; LA

Drug Name	Drug Tier	Requirements / Limits
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 (7 per 274 days)
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS, DOSE PACK 0.25 MG (12 TABS)	2	PA; SP; LA; QL (12 per 274 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)	3	PA; SP; HCLV; LA
PONVORY ORAL TABLET 20 MG	3	PA; SP; HCLV; LA; QL (30 per 30 days)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	2	PA; SP; LA
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	PA; SP; LA
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	PA; SP; LA
TASCENSO ODT ORAL TABLET, DISINTEGRATING 0.25 MG, 0.5 MG	3	PA; SP; HCLV; LA
TECFIDERA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 120 MG	3	PA; SP; HCLV; LA; QL (14 per 365 days)
TECFIDERA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 120 MG (14)- 240 MG (46)	3	PA; SP; HCLV; LA; QL (1 per 365 days)
TECFIDERA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 240 MG	3	PA; SP; HCLV; LA; QL (60 per 30 days)
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	1	PA; SP; LA
VUMERITY ORAL CAPSULE, DELAYED RELEASE(DR/EC) 231 MG	3	PA; SP; LA; QL (120 per 30 days)
CARDIOVASCULAR, HYPERTENSION & LIPIDS		
ANTIARRHYTHMIC AGENTS		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG	3	HCLV
BETAPACE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	3	HCLV
<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	3	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	3	
NORPACE ORAL CAPSULE 100 MG, 150 MG	3	HCLV
<i>pacerone oral tablet 100 mg, 200 mg</i>	1	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	1	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML	3	PA
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG	3	HCLV
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG	3	
<i>aliskiren oral tablet 150 mg, 300 mg</i>	1	
ALTACE ORAL CAPSULE 1.25 MG, 2.5 MG, 5 MG	3	ST; HCLV
<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	

Drug Name	Drug Tier	Requirements / Limits
<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-hcthidiazid 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	3	PA; HCLV; QL (300 per 30 days)
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG	3	ST; HCLV
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	3	ST; HCLV
<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	3	ST; HCLV
AVAPRO ORAL TABLET 150 MG, 300 MG	3	ST; HCLV
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG	3	ST; HCLV
<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	3	ST; HCLV
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG	3	ST; HCLV
<i>betaxolol oral tablet 10 mg, 20 mg</i>	1	
BIDIL ORAL TABLET 20-37.5 MG	3	HCLV
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
BISOPROLOL FUMARATE ORAL TABLET 2.5 MG	3	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	3	HCLV
<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	

Drug Name	Drug Tier	Requirements / Limits
<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	3	ST; HCLV
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	3	ST; HCLV
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	ST; HCLV
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG	3	PA; HCLV
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	3	PA
CAROSPIR ORAL SUSPENSION 25 MG/5 ML	3	PA; HCLV
<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	3	HCLV
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24 HR	3	HCLV
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24 HR	3	HCLV
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
CLONIDINE HCL ORAL TABLET EXTENDED RELEASE 24 HR 0.17 MG	3	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	3	ST; HCLV
CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG	3	ST; HCLV
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG	3	HCLV

Drug Name	Drug Tier	Requirements / Limits
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG	3	HCLV
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG	3	ST; HCLV
DEMSER ORAL CAPSULE 250 MG	3	HCLV
<i>diltiazem hcl oral capsule, ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral capsule, extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>dilt-xr oral capsule, ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG	3	ST; HCLV
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG	3	ST; HCLV
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	3	
EDARBI ORAL TABLET 40 MG, 80 MG	3	ST; HCLV
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	3	ST; HCLV
EDECRIN ORAL TABLET 25 MG	3	
<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)	3	
EPANED ORAL SOLUTION 1 MG/ML	3	ST; HCLV
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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	3	ST; HCLV
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG	3	ST; HCLV
<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	
FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML	3	SP; HCLV
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	3	PA; SP; HCLV
HEMICLOR ORAL TABLET 12.5 MG	3	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	3	ST; HCLV
<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	3	HCLV
INDERAL XL ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 80 MG	3	HCLV
INNOPRAN XL ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 80 MG	3	HCLV
INSPIRA ORAL TABLET 25 MG, 50 MG	3	
INZIRQO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML	3	PA; HCLV; QL (300 per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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	
KAPSPARGO SPRINKLE ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG, 200 MG, 25 MG, 50 MG	3	HCLV
KATERZIA ORAL SUSPENSION 1 MG/ML	3	ST; HCLV
KERENDIA ORAL TABLET 10 MG	3	PA; QL (60 per 30 days)
KERENDIA ORAL TABLET 20 MG	3	PA; QL (30 per 30 days)
KERENDIA ORAL TABLET 40 MG	3	PA; QL (600 per 30 days)
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
LABETALOL ORAL TABLET 400 MG	3	HCLV
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG	3	
LEVAMLODIPINE ORAL TABLET 2.5 MG, 5 MG	3	ST; HCLV
<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	3	HCLV
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	3	ST; HCLV
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	ST; HCLV
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	3	ST; HCLV
<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	

Drug Name	Drug Tier	Requirements / Limits
<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>metyrosine oral capsule 250 mg</i>	1	
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG	3	ST; HCLV
MICARDIS ORAL TABLET 40 MG, 80 MG	3	ST; HCLV
<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	3	PA; HCLV
<i>nicardipine oral capsule 20 mg, 30 mg</i>	1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	1	
<i>nimodipine oral capsule 30 mg</i>	1	
<i>nimodipine oral solution 60 mg/20 ml</i>	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	3	ST
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	ST; HCLV
NYMALIZE ORAL SOLUTION 60 MG/10 ML	3	HCLV
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML	3	HCLV
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	1	
<i>olmesartan-amlodipin-hcthiazid 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	

Drug Name	Drug Tier	Requirements / Limits
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL, DOSE PACK 0.125 MG (126)- 0.25 MG (42)	3	PA; SP; HCLV; LA
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL, DOSE PACK 0.125 MG (126)- 0.25 MG (210)	3	PA; SP; HCLV; LA
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL, DOSE PACK 0.125 MG (126)- 0.25 MG(42)-1MG	3	PA; SP; HCLV; LA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	3	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	3	ST; HCLV; QL (30 per 30 days)
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG	3	ST; HCLV
<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	3	ST; HCLV
<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	3	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	

Drug Name	Drug Tier	Requirements / Limits
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	ST; HCLV
TEKTURNAL ORAL TABLET 150 MG, 300 MG	3	ST
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1	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	3	HCLV
TENORETIC 50 ORAL TABLET 50-25 MG	3	HCLV
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG	3	HCLV
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
THALITONE ORAL TABLET 15 MG	3	
<i>tiadylt er oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
TIAZAC ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	3	ST; HCLV
<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	3	HCLV
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	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	3	ST; HCLV
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3	PA; SP; LA
UPTRAVI ORAL TABLETS, DOSE PACK 200 MCG (140)- 800 MCG (60)	3	PA; SP; LA

Drug Name	Drug Tier	Requirements / Limits
<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	3	ST; HCLV
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	3	ST; HCLV
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	1	
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	3	ST; HCLV
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG	3	ST; HCLV
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)	3	HCLV
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)	3	PA; SP; LA; QL (4 per 30 days)
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	3	PA; SP; LA; QL (60 per 30 days)
AMICAR ORAL SOLUTION 250 MG/ML (25 %)	3	HCLV
AMICAR ORAL TABLET 1,000 MG, 500 MG	3	HCLV
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>	1	
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML, 2.5 MG/0.5 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML	3	SP; HCLV
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	1	
BRILINTA ORAL TABLET 60 MG, 90 MG	3	HCLV
CABLIVI INJECTION KIT 11 MG	2	PA; SP
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel oral tablet 300 mg, 75 mg</i>	1	
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i>	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
DOPTELET ORAL TABLET 20 MG	3	PA; SP; LA
DOPTELET SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG	3	PA; SP; QL (60 per 30 days)
EFFIENT ORAL TABLET 10 MG, 5 MG	3	
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 5 MG (74 TABS)	2	PA
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	2	PA
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	SP

Drug Name	Drug Tier	Requirements / Limits
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 lockflush(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	
<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	3	PA; SP; LA; QL (4 per 30 days)
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
LOVENOX SUBCUTANEOUS SOLUTION 300 MG/3 ML	3	SP; HCLV
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	3	PA; SP; HCLV
MULPLETA ORAL TABLET 3 MG	3	PA; SP; HCLV; LA
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	
PHYTONADIONE (VITAMIN K1) INJECTION SOLUTION 1 MG/0.5 ML	3	
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	
PLAVIX ORAL TABLET 75 MG	3	HCLV
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	3	HCLV
PRADAXA ORAL PELLETS IN PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG	3	SP; HCLV
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	1	
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	3	PA; SP; HCLV; LA; QL (30 per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG	3	PA; SP; HCLV; LA; QL (30 per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	3	PA; SP; HCLV; LA; QL (60 per 30 days)
QFITLIA PEN SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	3	PA; SP; QL (1 per 30 days)
QFITLIA SUBCUTANEOUS SOLUTION 20 MG/0.2 ML	3	PA; SP; QL (1 per 30 days)
<i>rivaroxaban oral suspension for reconstitution 1 mg/ml</i>	1	QL (60 per 30 days)
<i>rivaroxaban oral tablet 2.5 mg</i>	1	QL (60 per 30 days)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG	3	HCLV
TAVALISSE ORAL TABLET 100 MG, 150 MG	3	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	3	HCLV; 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	3	HCLV; QL (60 per 30 days)
YOSPRALA ORAL TABLET, IR, DELAYED REL, BIPHASIC 325-40 MG, 81-40 MG	3	HCLV
ZONTIVITY ORAL TABLET 2.08 MG	3	

LIPID/CHOLESTEROL LOWERING AGENTS

Drug Name	Drug Tier	Requirements / Limits
<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)	3	PA
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	ACA
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	3	ST; HCLV
<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	3	HCLV
<i>colestipol oral granules 5 gram</i>	1	
<i>colestipol oral packet 5 gram</i>	1	
<i>colestipol oral tablet 1 gram</i>	1	
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	3	PA; HCLV
<i>ezetimibe oral tablet 10 mg</i>	1	
EZETIMIBE-ROSUVASTATIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG	3	PA; 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	3	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	

Drug Name	Drug Tier	Requirements / Limits
FIBRICOR ORAL TABLET 105 MG	3	PA
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML)	3	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 per 30 days)
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	3	PA; SP; LA; QL (30 per 30 days)
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR 80 MG	3	PA; HCLV
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	3	PA; HCLV
LIPOFEN ORAL CAPSULE 150 MG, 50 MG	3	PA; HCLV
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	3	PA; HCLV
LOPID ORAL TABLET 600 MG	3	PA
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	ACA
LOVAZA ORAL CAPSULE 1 GRAM	3	PA; QL (120 per 30 days)
NEXLETOL ORAL TABLET 180 MG	3	PA; HCLV
NEXLIZET ORAL TABLET 180-10 MG	3	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	3	ST
<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	3	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	3	HCLV
QUESTRAN ORAL POWDER 4 GRAM	3	HCLV
QUESTRAN ORAL POWDER IN PACKET 4 GRAM	3	HCLV

Drug Name	Drug Tier	Requirements / Limits
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	2	PA
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	2	PA
REPATHA SUBCUTANEOUS SYRINGE 140 MG/ML	2	PA
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	ACA
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG	3	PA; HCLV
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	ACA
TRICOR ORAL TABLET 145 MG	3	PA; HCLV
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML	3	PA; SP
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	3	PA; HCLV; QL (120 per 30 days)
VYTORIN ORAL TABLET 10-10 MG	3	PA; HCLV
VYTORIN ORAL TABLET 10-20 MG	3	PA; HCLV
VYTORIN ORAL TABLET 10-40 MG	3	PA; HCLV
VYTORIN ORAL TABLET 10-80 MG	3	PA; HCLV
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	3	HCLV
WELCHOL ORAL TABLET 625 MG	3	HCLV
ZETIA ORAL TABLET 10 MG	3	PA; HCLV
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	3	PA; HCLV
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	3	PA; HCLV
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ATTRUBY ORAL TABLET 356 MG	3	PA; SP
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	3	PA; SP; LA
CORLANOR ORAL SOLUTION 5 MG/5 ML	3	PA; SP; HCLV
CORLANOR ORAL TABLET 5 MG, 7.5 MG	3	PA; HCLV
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	PA; HCLV
ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG	2	PA
FILSPARI ORAL TABLET 200 MG, 400 MG	3	PA; SP; HCLV; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
<i>ivabradine oral tablet 5 mg, 7.5 mg</i>	1	PA; HCLV
LODOCO ORAL TABLET 0.5 MG	3	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	3	PA; SP
VANRAFIA ORAL TABLET 0.75 MG	3	PA; SP; QL (30 per 30 days)
VECAMYL ORAL TABLET 2.5 MG	3	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	PA
VYNDAMAX ORAL CAPSULE 61 MG	3	PA; SP; LA
VYNDAQEL ORAL CAPSULE 20 MG	3	PA; SP; LA
NITRATES		
GONITRO SUBLINGUAL POWDER IN PACKET 400 MCG	3	
ISORDIL ORAL TABLET 40 MG	3	HCLV
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	HCLV
<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	3	HCLV
NITROMIST TRANSLINGUAL AEROSOL, SPRAY 400 MCG/SPRAY	3	HCLV
NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG	3	HCLV

Drug Name	Drug Tier	Requirements / Limits
<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 %	3	ST
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML, 320 MG/2 ML	3	PA; SP; LA
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML, 320 MG/2 ML	3	PA; SP; LA
<i>calcipotriene scalp solution 0.005 %</i>	1	
<i>calcipotriene topical cream 0.005 %</i>	1	
CALCIPOTRIENE TOPICAL FOAM 0.005 %	3	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	
<i>calcitriol topical ointment 3 mcg/gram</i>	1	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	3	PA; SP; HCLV; LA
COSENTYX PEN (2 PENS) SUBCUTANEOUS NJECTOR 150 MG/ML	3	PA; SP; HCLV; LA
COSENTYX PEN SUBCUTANEOUS INJECTOR 150 MG/ML	3	PA; SP; HCLV; LA
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	3	PA; SP; HCLV; LA
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	3	PA; SP; HCLV; LA
ENSTILAR TOPICAL FOAM 0.005-0.064 %	3	PA; HCLV
EPIFOAM TOPICAL FOAM 1-1 %	3	
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	1	
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	3	PA; SP; LA
IMULDOSA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	3	PA; SP; HCLV
OTULFI SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	3	SP

Drug Name	Drug Tier	Requirements / Limits
OTULFI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	3	PA; SP; HCLV
OVACE PLUS TOPICAL SHAMPOO 10 %	3	PA; HCLV
OVACE PLUS TOPICAL CLEANSER 10 %	3	PA; HCLV
OVACE PLUS WASH TOPICAL CLEANSER, GEL 10 %	3	PA; HCLV
OVACE TOPICAL CLEANSER 10 %	3	PA; HCLV
PLEXION NS TOPICAL SHAMPOO 9.8 %	3	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	3	PA; SP; HCLV
PYZCHIVA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	3	PA; SP; HCLV
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	3	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	3	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 %	3	PA; HCLV
SOTYKTU ORAL TABLET 6 MG	2	PA; SP; LA
SPEVIGO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	3	PA; SP; LA
STARJEMZA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	3	PA; SP; HCLV
STARJEMZA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	3	PA; SP; HCLV
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	2	PA; SP; HCLV; LA

Drug Name	Drug Tier	Requirements / Limits
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 %	3	PA; HCLV
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	2	PA; SP; LA
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	2	PA; SP; LA
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	2	PA; SP; LA
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML, 80 MG/ML	2	PA; SP; LA
TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	2	PA; SP; LA
TREMFYA PEN INDUCTION PK(2PEN) SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	2	PA; SP; 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	3	PA; SP; HCLV
USTEKINUMAB SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	3	PA; SP; HCLV
USTEKINUMAB-AAUZ SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	3	PA; SP; HCLV
USTEKINUMAB-AEKN SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	3	PA; SP; HCLV
USTEKINUMAB-TTWE SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	3	PA; SP; HCLV; LA

Drug Name	Drug Tier	Requirements / Limits
VECTICAL TOPICAL OINTMENT 3 MCG/GRAM	3	PA; HCLV
VTAMA TOPICAL CREAM 1 %	3	PA
WEZLANA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	3	PA; SP; HCLV
WEZLANA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	3	PA; SP; HCLV
WYNZORA TOPICAL CREAM 0.005-0.064 %	3	PA
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	2	PA; SP; LA
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	2	PA; SP; LA
ZORYVE TOPICAL CREAM 0.05 %, 0.15 %	3	PA
ZORYVE TOPICAL CREAM 0.3 %	3	PA; HCLV
ZORYVE TOPICAL FOAM 0.3 %	3	PA
BURN THERAPY		
SILVADENE TOPICAL CREAM 1 %	3	HCLV
<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
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	
CARAC TOPICAL CREAM 0.5 %	2	PA; HCLV
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	3	PA; SP; HCLV; LA
CONDYLOX TOPICAL GEL 0.5 %	3	PA; HCLV
CORTANE-B TOPICAL LOTION 1-1-0.1 %	3	HCLV
<i>diclofenac sodium topical gel 3 %</i>	1	
<i>doxepin topical cream 5 %</i>	1	HCLV
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 %	3	
DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	2	PA; SP; LA; QL (4 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	2	PA; SP; LA; QL (4 per 30 days)
EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR 250 MG/2 ML	2	PA; SP; LA
EBGLYSS SYRINGE SUBCUTANEOUS SYRINGE 250 MG/2 ML	2	PA; SP; LA
EFUDEX TOPICAL CREAM 5 %	3	
ELIDEL TOPICAL CREAM 1 %	3	PA; HCLV
EUCRISA TOPICAL OINTMENT 2 %	3	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 %	3	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 %	3	
IODOSORB TOPICAL GEL 0.9 %	3	
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	1	
OPZELURA TOPICAL CREAM 1.5 %	3	PA
PANRETIN TOPICAL GEL 0.1 %	3	
<i>pimecrolimus topical cream 1 %</i>	1	
<i>podofilox topical gel 0.5 %</i>	1	
<i>podofilox topical solution 0.5 %</i>	1	
<i>prudoxin topical cream 5 %</i>	1	HCLV
QBREXZA TOPICAL TOWELETTE 2.4 %	3	PA; HCLV
SOFDRA TOPICAL GEL WITH PUMP 12.45 % (72 MG /ACTUATION)	3	PA; QL (1 per 30 days)
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	1	
VALCHLOR TOPICAL GEL 0.016 %	3	PA; SP; LA
VEREGEN TOPICAL OINTMENT 15 %	3	PA; HCLV
ZONALON TOPICAL CREAM 5 %	3	HCLV
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %, 3.75 %	3	PA; HCLV
ZYCLARA TOPICAL CREAM IN PACKET 3.75 %	3	PA; HCLV

Drug Name	Drug Tier	Requirements / Limits
THERAPY FOR ACNE		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG	3	ST; HCLV
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG	3	ST; HCLV
ACANYA TOPICAL GEL WITH PUMP 1.2-2.5 %	3	ST; HCLV
<i>accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
ACZONE TOPICAL GEL 5 %	3	ST; HCLV
ACZONE TOPICAL GEL WITH PUMP 7.5 %	3	ST; HCLV
<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
<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 %	3	ST
ALTRENO TOPICAL LOTION 0.05 %	3	ST; HCLV
<i>amnesteeem oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
AMZEEQ TOPICAL FOAM 4 %	3	ST; HCLV
ARAZLO TOPICAL LOTION 0.045 %	3	ST; HCLV
ATRALIN TOPICAL GEL 0.05 %	3	ST; HCLV
AVAR LS TOPICAL CLEANSER 10-2 %	3	ST; HCLV
<i>avar topical cleanser 10-5 % (w/w)</i>	1	
AVAR-E TOPICAL CREAM 10-5 % (W/W)	3	HCLV
<i>azelaic acid topical gel 15 %</i>	1	
AZELEX TOPICAL CREAM 20 %	3	ST; HCLV
BENZAMYCIN TOPICAL GEL 3-5 %	3	PA; HCLV
BENZEPRO (MICROSPHERES) TOPICAL CLEANSER 7 %	3	HCLV
<i>benzepro topical towelette 6 %</i>	1	HCLV
<i>benzoyl peroxide topical cleanser 7 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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 %	3	ST; HCLV
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
CLENIA PLUS TOPICAL SUSPENSION 9-4.25 %	3	ST; HCLV
CLEOCIN T TOPICAL LOTION 1 %	3	ST; HCLV
CLINDACIN ETZ TOPICAL KIT 1 %	3	ST; HCLV
<i>clindacin etz topical swab 1 %</i>	1	HCLV
<i>clindacin p topical swab 1 %</i>	1	HCLV
CLINDACIN PAC TOPICAL KIT 1 %	3	ST; HCLV
<i>clindacin topical foam 1 %</i>	1	HCLV
CLINDAGEL TOPICAL GEL, ONCE DAILY 1 %	3	ST; HCLV
<i>clindamycin phosphate topical foam 1 %</i>	1	HCLV
<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 %	3	ST
<i>dapsone topical gel with pump 7.5 %</i>	1	
DIFFERIN TOPICAL CREAM 0.1 %	3	ST; HCLV
DIFFERIN TOPICAL GEL WITH PUMP 0.3 %	3	ST; HCLV
DIFFERIN TOPICAL LOTION 0.1 %	2	ST; HCLV
EPIDUO FORTE TOPICAL GEL WITH PUMP 0.3-2.5 %	3	ST; HCLV; QL (45 per 30 days)
EPSOLAY TOPICAL CREAM 5 %	3	PA
<i>ery pads topical swab 2 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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 %	3	PA; HCLV
FABIOR TOPICAL FOAM 0.1 %	3	ST; HCLV
FINACEA TOPICAL FOAM 15 %	3	ST
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>isotretinoin oral capsule 25 mg, 35 mg</i>	1	HCLV
<i>ivermectin topical cream 1 %</i>	1	
METROCREAM TOPICAL CREAM 0.75 %	3	PA; HCLV
METROGEL TOPICAL GEL 1 %	3	PA; HCLV
<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
<i>metronidazole topical lotion 0.75 %</i>	1	
MIRVASO TOPICAL GEL WITH PUMP 0.33 %	3	
NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL 1.2-5 %	3	ST; HCLV
<i>neuac topical gel 1.2 %(1 % base) -5 %</i>	1	HCLV
NORITATE TOPICAL CREAM 1 %	3	PA; HCLV
ONEXTON TOPICAL GEL WITH PUMP 1.2 % (1 % BASE) -3.75 %	3	ST; HCLV
PACNEX TOPICAL CLEANSER 7 %	3	HCLV
PLEXION CLEANSING CLOTHS TOPICAL PADS, MEDICATED 9.8-4.8 %	3	HCLV
PLEXION TOPICAL CLEANSER 9.8-4.8 %	3	ST; HCLV
PLEXION TOPICAL CREAM 9.8-4.8 %	3	HCLV
PLEXION TOPICAL LOTION 9.8-4.8 %	3	HCLV
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %	3	HCLV
RETIN-A MICRO TOPICAL GEL WITH PUMP 0.04 %, 0.06 %, 0.08 %, 0.1 %	3	ST; HCLV
RETIN-A MICRO TOPICAL GEL 0.04 %, 0.1 %	3	ST; HCLV
RETIN-A TOPICAL CREAM 0.025 %, 0.05 %	3	ST; HCLV
RETIN-A TOPICAL CREAM 0.1 %	3	ST
RETIN-A TOPICAL GEL 0.01 %, 0.025 %	3	ST; HCLV

Drug Name	Drug Tier	Requirements / Limits
RHOFADE TOPICAL CREAM 1 %	3	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 %	3	ST; HCLV
ROSDAN TOPICAL KIT, CLEANSER AND CREAM 0.75 %	3	ST; HCLV
<i>rosula cleansing cloths topical pads, medicated 10-5 %</i>	1	
ROSULA TOPICAL CLEANSER 10-4.5 %	3	ST; HCLV
SOOLANTRA TOPICAL CREAM 1 %	3	PA; HCLV
<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	
SULFACETAMIDE SODIUM-SULFUR TOPICAL CLEANSER 8-4 %	3	ST
<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 %	3	ST; HCLV
<i>sulfacleanse 8-4 topical suspension 8-4 %</i>	1	HCLV
SUMADAN TOPICAL CLEANSER 9-4.5 %	3	ST; HCLV
SUMADAN TOPICAL KIT 9-4.5 %	3	ST; HCLV
SUMADAN XLT TOPICAL COMBO PACK, CLEANSER AND CREAM 9 %-4.5 % -SPF 25	3	ST
SUMAXIN CP TOPICAL KIT 10-4 %	3	ST; HCLV
SUMAXIN TOPICAL CLEANSER 9-4 %	3	ST; HCLV

Drug Name	Drug Tier	Requirements / Limits
SUMAXIN TOPICAL PADS, MEDICATED 10-4 %	3	HCLV
SUMAXIN TS TOPICAL SUSPENSION 8-4 %	3	ST; HCLV
<i>tazarotene topical cream 0.05 %, 0.1 %</i>	1	
TAZAROTENE TOPICAL FOAM 0.1 %	3	ST; HCLV
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	1	HCLV
TAZORAC TOPICAL CREAM 0.05 %, 0.1 %	3	ST; HCLV
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	3	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 %	3	ST; HCLV
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 %	3	PA
VELTIN TOPICAL GEL 1.2-0.025 %	3	ST; HCLV
WINLEVI TOPICAL CREAM 1 %	3	ST
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
ZIANA TOPICAL GEL 1.2-0.025 %	3	PA; HCLV
ZILXI TOPICAL FOAM 1.5 %	3	ST; HCLV
ZMA CLEAR TOPICAL SUSPENSION 9-4.5 %	3	ST
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>lidocan iii topical adhesive patch, medicated 5 %</i>	1	HCLV
<i>lidocan iv topical adhesive patch, medicated 5 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>lidocan v topical adhesive patch, medicated 5 %</i>	1	
<i>lidocort topical cream 3-0.5 %</i>	1	
LIDODERM TOPICAL ADHESIVE PATCH, MEDICATED 5 %	3	ST; HCLV
ZTLIDO TOPICAL ADHESIVE PATCH, MEDICATED 1.8 %	3	ST; HCLV
TOPICAL ANTIBACTERIALS		
ALCORTIN A TOPICAL GEL 2-1-1 %	3	ST; HCLV
ALCORTIN A TOPICAL GEL IN PACKET 2-1-1 %	3	ST; HCLV
ALTABAX TOPICAL OINTMENT 1 %	3	HCLV
CENTANY AT TOPICAL OINTMENT KIT 2 %	3	ST; HCLV
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 %	3	PA; HCLV
<i>lugols topical solution 5-10 %</i>	1	
<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 %	3	ST; HCLV
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	3	ST; HCLV
<i>strong iodine topical solution 5-10 %</i>	1	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	1	
SULFAMYLON TOPICAL CREAM 85 MG/G	3	
XEPI TOPICAL CREAM 1 %	3	PA
TOPICAL ANTIFUNGALS		
CICLODAN KIT TOPICAL COMBO PACK 0.77 %	3	ST; HCLV
CICLODAN KIT TOPICAL SOLUTION 8 %	3	ST; HCLV
<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	

Drug Name	Drug Tier	Requirements / Limits
<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 %	3	HCLV
ECOZA TOPICAL FOAM 1 %	3	ST; HCLV
ERTACZO TOPICAL CREAM 2 %	3	ST; HCLV
EXELDERM TOPICAL CREAM 1 %	3	ST; HCLV
EXELDERM TOPICAL SOLUTION 1 %	3	ST; HCLV
EXTINA TOPICAL FOAM 2 %	3	ST; HCLV
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 %	3	PA; HCLV
<i>ketconazole topical cream 2 %</i>	1	
<i>ketconazole topical foam 2 %</i>	1	HCLV
<i>ketconazole 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 %	3	ST; HCLV
LOPROX (AS OLAMINE) TOPICAL SUSPENSION 0.77 %	3	ST; HCLV
LOPROX KIT TOPICAL COMBO PACK 0.77 %	3	ST; HCLV
LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER 0.77 %	3	ST; HCLV
LULICONAZOLE TOPICAL CREAM 1 %	3	ST; HCLV
LUZU TOPICAL CREAM 1 %	3	ST; HCLV
MICONAZOLE NITRATE-ZINC OX-PET TOPICAL OINTMENT 0.25-15-81.35 %	3	ST; HCLV
<i>naftifine topical cream 1 %, 2 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>naftifine topical gel 2 %</i>	1	
NAFTIN TOPICAL GEL 2 %	3	ST; HCLV
<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 %	3	ST; HCLV
SULCONAZOLE TOPICAL CREAM 1 %	3	ST; HCLV
SULCONAZOLE TOPICAL SOLUTION 1 %	3	ST; HCLV
<i>tavaborole topical solution with applicator 5 %</i>	1	PA; HCLV
VUSION TOPICAL OINTMENT 0.25-15-81.35 %	3	ST; HCLV
TOPICAL ANTIVIRALS		
<i>acyclovir topical cream 5 %</i>	1	
<i>acyclovir topical ointment 5 %</i>	1	
DENAVIR TOPICAL CREAM 1 %	3	PA; HCLV
<i>penciclovir topical cream 1 %</i>	1	PA; HCLV
XERESE TOPICAL CREAM 5-1 %	3	PA; HCLV
ZOVIRAX TOPICAL CREAM 5 %	3	PA; HCLV
ZOVIRAX TOPICAL OINTMENT 5 %	3	PA; HCLV
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	1	HCLV
ALA-SCALP TOPICAL LOTION 2 %	3	ST; HCLV
<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	

Drug Name	Drug Tier	Requirements / Limits
<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 %	3	ST; HCLV
CAPEX TOPICAL SHAMPOO 0.01 %	2	ST; HCLV
<i>clobetasol scalp solution 0.05 %</i>	1	
CLOBETASOL TOPICAL CREAM 0.025 %	3	ST; HCLV
<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 %	3	ST; HCLV
CLOBEX TOPICAL SPRAY, NON-AEROSOL 0.05 %	3	ST; HCLV
<i>clocortolone pivalate topical cream 0.1 %</i>	1	HCLV
CLODAN KIT TOPICAL KIT, SHAMPOO AND CLEANSER 0.05 %	3	ST; HCLV
<i>clodan topical shampoo 0.05 %</i>	1	HCLV
CORDRAN LARGE ROLL TOPICAL TAPE 4 MCG/CM2	3	ST; HCLV
DERMA-SMOOTH/FS BODY TOPICAL OIL 0.01 %	3	
DERMA-SMOOTH/FS SCALP OIL 0.01 %	3	

Drug Name	Drug Tier	Requirements / Limits
<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 %	3	ST; HCLV
DUOBRII TOPICAL LOTION 0.01-0.045 %	3	ST; HCLV
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	1	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	1	
<i>fluocinolone topical oil 0.01 %</i>	1	
<i>fluocinolone topical ointment 0.025 %</i>	1	
<i>fluocinolone topical solution 0.01 %</i>	1	
<i>fluocinonide topical cream 0.05 %, 0.1 %</i>	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 %	3	ST; HCLV

Drug Name	Drug Tier	Requirements / Limits
<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 %	3	ST; HCLV
KENALOG TOPICAL AEROSOL 0.147 MG/GRAM	3	ST; HCLV
<i>lexette topical foam 0.05 %</i>	1	HCLV
<i>mometasone topical cream 0.1 %</i>	1	
<i>mometasone topical ointment 0.1 %</i>	1	
<i>mometasone topical solution 0.1 %</i>	1	
NUCORT TOPICAL LOTION 2 %	3	ST
OLUX TOPICAL FOAM 0.05 %	3	ST; HCLV
PANDEL TOPICAL CREAM 0.1 %	3	ST; HCLV
<i>prednicarbate topical cream 0.1 %</i>	1	
PROCTOCORT TOPICAL CREAM 1 %	3	ST; HCLV
<i>scalacort topical lotion 2 %</i>	1	HCLV
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %	3	ST; HCLV
SYNALAR CREAM KIT TOPICAL CREAM 0.025 %	3	ST; HCLV
SYNALAR OINTMENT KIT TOPICAL COMBO PACK, OINTMENT AND CREAM 0.025 %	3	ST; HCLV
SYNALAR TOPICAL CREAM 0.025 %	3	ST; HCLV
SYNALAR TOPICAL OINTMENT 0.025 %	3	ST; HCLV
SYNALAR TOPICAL SOLUTION 0.01 %	3	ST; HCLV
SYNALAR TS TOPICAL KIT 0.01 %	3	ST; HCLV
TEXACORT TOPICAL SOLUTION 2.5 %	3	ST; HCLV
TOPICORT TOPICAL CREAM 0.05 %, 0.25 %	3	ST; HCLV
TOPICORT TOPICAL GEL 0.05 %	3	ST; HCLV

Drug Name	Drug Tier	Requirements / Limits
TOPICORT TOPICAL OINTMENT 0.05 %, 0.25 %	3	ST; HCLV
TOPICORT TOPICAL SPRAY, NON-AEROSOL 0.25 %	3	ST; HCLV
<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 %	3	ST; HCLV
VANOS TOPICAL CREAM 0.1 %	3	ST; HCLV
VERDESO TOPICAL FOAM 0.05 %	3	ST; HCLV
TOPICAL ENZYMES		
NEXOBRID TOPICAL GEL 8.8 %	3	PA
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	3	QL (6 per 30 days)
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan topical lotion 10 %</i>	1	HCLV
ELIMITE TOPICAL CREAM 5 %	3	
EURAX TOPICAL CREAM 10 %	2	PA
EURAX TOPICAL LOTION 10 %	3	
<i>malathion topical lotion 0.5 %</i>	1	
NATROBA TOPICAL SUSPENSION 0.9 %	3	HCLV
OVIDE TOPICAL LOTION 0.5 %	3	HCLV
<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 %	3	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
ANOREXIANTS		
<i>benzphetamine oral tablet 50 mg</i>	1	OPT

Drug Name	Drug Tier	Requirements / Limits
CONTRACE ORAL TABLET EXTENDED RELEASE 8-90 MG	3	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	3	PA; SP; QL (90 per 30 days)
<i>liraglutide (weight loss) subcutaneous pen injector 3 mg/0.5 ml (18 mg/3 ml)</i>	1	PA; OPT; QL (1 per 30 days)
LOMAIRA ORAL TABLET 8 MG	3	OPT
ORLISTAT ORAL CAPSULE 120 MG	3	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
<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	3	PA; OPT; QL (30 per 30 days)
SAXENDA SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML (18 MG/3 ML)	3	PA; 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, 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	3	PA; OPT; QL (4 per 30 days)
XENICAL ORAL CAPSULE 120 MG	3	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	3	PA; OPT; QL (4 per 30 days)
ZEPBOUND SUBCUTANEOUS SOLUTION 10 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	3	PA; OPT; QL (4 per 30 days)
ZEPBOUND SUBCUTANEOUS SOLUTION 12.5 MG/0.5 ML, 15 MG/0.5 ML	3	PA; OPT; QL (2 per 30 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	

Drug Name	Drug Tier	Requirements / Limits
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L	3	HCLV
PHYSIOSOL IRRIGATION SOLUTION 140-5-3-98 MEQ/L	3	HCLV
<i>ringer's irrigation solution</i>	1	
SORBITOL IRRIGATION SOLUTION 3 %	3	
SORBITOL-MANNITOL TRANSURETHRAL SOLUTION 2.7-0.54 GRAM/100 ML	3	
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	3	
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	1	
BUPHENYL ORAL POWDER 0.94 GRAM/GRAM	3	PA; SP; HCLV
BUPHENYL ORAL TABLET 500 MG	3	PA; SP; HCLV
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	1	
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	3	PA; SP; HCLV; LA
<i>carglumic acid oral tablet, dispersible 200 mg</i>	1	PA; SP
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML	3	
CARNITOR ORAL SOLUTION 100 MG/ML	3	
CARNITOR ORAL TABLET 330 MG	3	
<i>cevimeline oral capsule 30 mg</i>	1	
CHEMET ORAL CAPSULE 100 MG	2	PA
CUVRIOR ORAL TABLET 300 MG	3	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	3	PA; SP

Drug Name	Drug Tier	Requirements / Limits
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	2	PA; SP
ENDARI ORAL POWDER IN PACKET 5 GRAM	3	PA; SP; HCLV; LA; QL (180 per 30 days)
EVOXAC ORAL CAPSULE 30 MG	3	
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG	3	PA; SP; HCLV; LA
FABHALTA ORAL CAPSULE 200 MG	3	PA; SP; QL (60 per 30 days)
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG	3	PA; SP; HCLV
FERRIPROX ORAL SOLUTION 100 MG/ML	3	PA; SP
FERRIPROX ORAL TABLET 1,000 MG, 500 MG	3	PA; SP; HCLV
<i>glutamine (sickle cell) oral powder in packet 5 gram</i>	1	PA; SP; LA; QL (180 per 30 days)
<i>glycerol phenylbutyrate oral liquid 1.1 gram/ml</i>	1	PA; SP; LA
HARLIKU ORAL TABLET 2 MG	3	PA; SP; HCLV
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	3	PA; SP
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	3	PA; SP; HCLV; LA
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG	3	PA; SP; HCLV; LA
JOENJA ORAL TABLET 70 MG	3	PA; SP; QL (60 per 30 days)
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral tablet 330 mg</i>	1	
LITFULO ORAL CAPSULE 50 MG	3	PA; SP; LA
LITHOSTAT ORAL TABLET 250 MG	3	PA; QL (180 per 30 days)
METOPIRONE ORAL CAPSULE 250 MG	3	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	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	3	PA; SP; HCLV; LA
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM	3	PA; SP; HCLV

Drug Name	Drug Tier	Requirements / Limits
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	3	PA; SP; HCLV
ORFADIN ORAL SUSPENSION 4 MG/ML	3	PA; SP
PHEBURANE ORAL GRANULES 483 MG/GRAM	3	PA; SP; HCLV; LA
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	3	PA; SP
PYRUKYND ORAL TABLETS, DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7)	3	PA; SP
RADIOGARDASE ORAL CAPSULE 0.5 GRAM	3	
RAVICTI ORAL LIQUID 1.1 GRAM/ML	3	PA; SP; HCLV; LA
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	3	PA; SP; LA; QL (30 per 30 days)
RHAPSIDO ORAL TABLET 25 MG	3	PA
<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	3	PA; SP
SYPRINE ORAL CAPSULE 250 MG	3	PA; HCLV; QL (240 per 30 days)
TAVNEOS ORAL CAPSULE 10 MG	3	PA; SP
TEGLUTIK ORAL SUSPENSION 50 MG/10 ML	3	PA; SP
THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG	3	PA; SP; HCLV
THIOLA ORAL TABLET 100 MG	3	PA; SP; HCLV
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	3	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 per 30 days)
TRIENTINE ORAL CAPSULE 500 MG	3	PA; HCLV; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
VAFSEO ORAL TABLET 150 MG, 300 MG	3	PA; QL (30 per 30 days)
<i>venxxiva oral tablet, delayed release (dr/ec) 100 mg, 300 mg</i>	1	PA; SP; HCLV
VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1)	3	PA; SP; QL (120 per 30 days)
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	3	PA; SP; QL (90 per 30 days)
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 25 MG	3	PA; SP; QL (60 per 30 days)
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG	3	PA; SP; QL (30 per 30 days)
<i>water for irrigation, sterile irrigation solution</i>	1	
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	3	PA; SP; QL (120 per 30 days)
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	2	PA; SP
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	3	
CHANTIX STARTING MONTH BOX ORAL TABLETS, DOSE PACK 0.5 MG (11)- 1 MG (42)	3	
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	1	ACA
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	1	ACA
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	1	ACA
<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

Drug Name	Drug Tier	Requirements / Limits
<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 %	3	
<i>denta 5000 plus dental cream 1.1 %</i>	1	
<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 %	3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 %	3	
FLUORIMAX 5000 DENTAL PASTE 1.1 %	3	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 %	3	
GELCLAIR MUCOUS MEMBRANE GEL IN PACKET	3	
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	1	
JUST RIGHT 5000 DENTAL PASTE 1.1 %	3	
<i>kourzeq dental paste 0.1 %</i>	1	
MUGARD MUCOUS MEMBRANE SOLUTION	3	SP; HCLV
<i>olopatadine nasal spray, non-aerosol 0.6 %</i>	1	
<i>oralone dental paste 0.1 %</i>	1	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	3	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
PERIDEX MUCOUS MEMBRANE MOUTHWASH 0.12 %	3	HCLV
<i>periogard mucous membrane mouthwash 0.12 %</i>	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	1	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %	3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 %	3	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 %	3	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 %	3	HCLV
PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 %	3	
PREVIDENT DENTAL GEL 1.1 %	3	HCLV
PREVIDENT DENTAL SOLUTION 0.2 %	3	HCLV
PREVIDENT KIDS DENTAL PASTE 1.1 %	3	
PROTHELIAL MUCOUS MEMBRANE PASTE 1 GRAM/10 ML	3	SP
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG, 7.5 MG	3	
<i>sf 5000 plus dental cream 1.1 %</i>	1	
<i>sf dental gel 1.1 %</i>	1	
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	1	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	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 %	3	HCLV
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	1	HCLV
DERMOTIC OIL OTIC (EAR) DROPS 0.01 %	3	HCLV
<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		

Drug Name	Drug Tier	Requirements / Limits
CIPRO HC OTIC (EAR) DROPS, SUSPENSION 0.2-1 %	3	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)	3	HCLV
CORTISPORIN-TC OTIC (EAR) DROPS, SUSPENSION 3.3-3-10-0.5 MG/ML	3	
<i>neomycin-polymyxin-hc otic (ear) drops, suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	3	HCLV

ENDOCRINE/DIABETES

ADRENAL HORMONES

ACTHAR INJECTION GEL 80 UNIT/ML	3	PA; SP; LA
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML	3	PA; SP; LA
AGAMREE ORAL SUSPENSION 40 MG/ML	3	PA; SP; QL (225 per 30 days)
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG	3	ST; SP; HCLV; QL (90 per 30 days)
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 5 MG	3	ST; SP; HCLV; QL (120 per 30 days)
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG	3	ST; HCLV
<i>cortisone oral tablet 25 mg</i>	1	
CORTROPHIN GEL INJECTION 80 UNIT/ML	3	PA; SP; LA
CORTROPHIN GEL SUBCUTANEOUS SYRINGE 40 UNIT/0.5 ML, 80 UNIT/ML	3	PA; SP; LA
<i>deflazacort oral suspension 22.75 mg/ml</i>	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	

Drug Name	Drug Tier	Requirements / Limits
<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	3	PA; SP; HCLV; LA
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	3	PA; SP; HCLV; LA
<i>fludrocortisone oral tablet 0.1 mg</i>	1	
HEMADY ORAL TABLET 20 MG	3	ST; HCLV
<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	3	ST; SP; HCLV
<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	3	ST; HCLV
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	ST; HCLV
MEDROL ORAL TABLET 2 MG	2	ST; HCLV
<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	3	ST; HCLV
<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>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

Drug Name	Drug Tier	Requirements / Limits
TAPERDEX ORAL TABLETS, DOSE PACK 1.5 MG (21 TABS), 1.5 MG (27 TABS), 1.5 MG (49 TABS)	3	ST; HCLV
TARPEYO ORAL CAPSULE, DELAYED RELEASE(DR/EC) 4 MG	3	PA; SP
ZCORT ORAL TABLETS, DOSE PACK 1.5 MG (25 TABS)	3	ST; HCLV
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	
SSKI ORAL SOLUTION 1 GRAM/ML	3	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
ACCU-CHEK AVIVA PLUS TEST STRIP	3	ST
ACCU-CHEK GUIDE TEST STRIPS	3	ST
ACCU-CHEK SMARTVIEW TEST STRIP	3	ST
ACCUTREND GLUCOSE TEST STRIPS	3	ST
CARESENS S CONTROL A AND B SOLUTION	3	
CARESENS S TEST STRIP	3	ST
CONTOUR NEXT TEST STRIPS	2	
CONTOUR PLUS TEST STRIP	2	ST
CONTOUR TEST STRIPS	2	
DEXCOM G6 RECEIVER	3	
DEXCOM G6 SENSOR DEVICE	3	
DEXCOM G6 TRANSMITTER DEVICE	3	
DEXCOM G7 RECEIVER	3	
DEXCOM G7 SENSOR DEVICE	3	
EVERSENSE 365 TRANSMITTER DEVICE	3	
FREESTYLE INSULINX STRIP	3	ST
FREESTYLE INSULINX TEST STRIPS	3	ST
FREESTYLE LIBRE 14 DAY READER	3	
FREESTYLE LIBRE 14 DAY SENSOR KIT	3	
FREESTYLE LIBRE 2 PLUS SENSOR DEVICE	3	
FREESTYLE LIBRE 2 READER	3	
FREESTYLE LIBRE 2 SENSOR KIT	3	
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE	3	

Drug Name	Drug Tier	Requirements / Limits
FREESTYLE LIBRE 3 READER	3	
FREESTYLE LIBRE 3 SENSOR DEVICE	3	
FREESTYLE LITE STRIPS	3	ST
FREESTYLE TEST STRIP	3	ST
GUARDIAN 4 GLUCOSE SENSOR DEVICE	3	
GUARDIAN 4 TRANSMITTER DEVICE	3	
GUARDIAN LINK 3 TRANSMITTER DEVICE	3	
GUARDIAN SENSOR 3 DEVICE	3	
ONETOUCH ULTRA TEST STRIP	2	
ONETOUCH VERIO TEST STRIPS	2	
OPTIUM EZ STRIP	3	ST
OPTIUM TEST STRIP	3	ST
PRECISION PCX PLUS TEST STRIP	3	ST
PRECISION PCX TEST STRIP	3	ST
PRECISION POINT OF CARE TEST STRIP	3	ST
PRECISION Q-I-D TEST STRIP	3	ST
PRECISION XTRA TEST STRIP	3	ST
SIMPLERA SENSOR DEVICE	3	
SIMPLERA SYNC SENSOR DEVICE	3	
TRUETRACK TEST STRIP	3	ST
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	3	
GLUCOSE ELEVATING AGENTS		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	2	
<i>diazoxide oral suspension 50 mg/ml</i>	1	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	3	
<i>glucagon emergency kit (human) injection recon soln 1 mg</i>	1	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	

Drug Name	Drug Tier	Requirements / Limits
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	3	
PROGLYCEM ORAL SUSPENSION 50 MG/ML	3	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	
LANCETS 33 GAUGE	2	
LANCING DEVICE	2	
MODD1 PATIENT WELCOME KIT KIT	3	
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE	3	
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	3	
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	3	
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	3	
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	3	
PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	2	
INSULIN THERAPY		
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	3	PA; HCLV
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	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)	3	HCLV
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	3	PA; HCLV
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	PA; HCLV

Drug Name	Drug Tier	Requirements / Limits
BASAGLAR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	PA
FIASP FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	2	
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML)	3	
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	3	PA; HCLV
HUMALOG KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)	3	PA; HCLV
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	3	PA; HCLV
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	3	PA; HCLV
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	3	PA; HCLV
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	3	PA; HCLV
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	PA; HCLV
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	PA; HCLV
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	PA; HCLV
HUMULIN N NPH KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	PA; HCLV
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	PA; HCLV

Drug Name	Drug Tier	Requirements / Limits
HUMULIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML	3	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)	3	PA
INSULIN DEGLUDEC SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	PA
INSULIN GLARGINE U-300 CONC SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML), 300 UNIT/ML (3 ML)	3	PA
INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	PA
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	PA
INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	3	PA
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	3	PA; HCLV
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	3	PA
INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	PA; HCLV
KIRSTY PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	HCLV

Drug Name	Drug Tier	Requirements / Limits
KIRSTY SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	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	3	PA
LYUMJEV KWIKPEN U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	3	PA
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	PA
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
NOVOLOG FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	2	
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	2	
REZVOGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	PA

Drug Name	Drug Tier	Requirements / Limits
SEMGLEE (INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	PA
SEMGLEE (INSULIN GLARG-YFGN) PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	PA
SOLQUA 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	
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 %)	3	PA; HCLV
AZMIRO INTRAMUSCULAR SYRINGE 200 MG/ML	3	HCLV
<i>cabergoline oral tablet 0.5 mg</i>	1	QL (8 per 30 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 unit per 30 days)
<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	3	SP; OPT; LA
CHORIONIC GONADOTROPIN, HUMAN INJECTION RECON SOLN 6,000 UNIT	3	PA; OPT

Drug Name	Drug Tier	Requirements / Limits
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR RECON SOLN 10,000 UNIT	3	PA; SP; 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	3	PA; SP; QL (120 per 30 days)
CRENESSITY ORAL CAPSULE 25 MG, 50 MG	3	PA; SP; QL (60 per 30 days)
CRENESSITY ORAL SOLUTION 50 MG/ML	3	PA; SP; QL (240 per 30 days)
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	
DDAVP ORAL TABLET 0.1 MG, 0.2 MG	3	HCLV
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML	3	HCLV
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 200 MG/ML	3	
<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)	3	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	1	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML	3	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, 5 MG	3	PA; SP; HCLV; QL (180 per 30 days)
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG	3	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

Drug Name	Drug Tier	Requirements / Limits
JYNARQUE ORAL TABLET 15 MG, 30 MG	3	PA; SP; HCLV; QL (60 per 30 days)
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	3	PA; SP; HCLV; QL (60 per 30 days)
KORLYM ORAL TABLET 300 MG	3	PA; SP; HCLV
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	3	PA; SP; HCLV; LA
KUVAN ORAL TABLET, SOLUBLE 100 MG	3	PA; SP; HCLV; LA
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG	3	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	3	PA; HCLV
<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
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	3	PA; SP; LA; QL (27 per 30 days)
NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION	3	PA; HCLV
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT	2	SP; OPT; LA
OPFOLDA ORAL CAPSULE 65 MG	3	PA; SP; LA
ORILISSA ORAL TABLET 150 MG	3	PA; QL (30 per 30 days)
ORILISSA ORAL TABLET 200 MG	3	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	3	PA; SP; LA
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT	3	PA; SP; OPT; LA
RAYALDEE ORAL CAPSULE, EXTENDED RELEASE 24 HR 30 MCG	3	
RECORLEV ORAL TABLET 150 MG	3	PA; SP; HCLV; QL (240 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
ROCALTROL ORAL SOLUTION 1 MCG/ML	3	PA
SAMSCA ORAL TABLET 15 MG, 30 MG	3	PA; SP; HCLV; 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	3	PA; HCLV
SEPHIENCE ORAL POWDER IN PACKET 1,000 MG, 250 MG	3	PA; SP
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	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 %)	3	PA; HCLV
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1	
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	1	
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation, 12.5 mg/ 1.25 gram (1 %), 20.25 mg/1.25 gram (1.62 %)</i>	1	
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i>	1	
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	1	
TLANDO ORAL CAPSULE 112.5 MG	3	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; SP; LA; QL (60 per 30 days)
UNDECATREX ORAL CAPSULE 200 MG	3	PA; HCLV

Drug Name	Drug Tier	Requirements / Limits
VOGELXO TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	3	PA; HCLV
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %)	3	PA; HCLV
VOGELXO TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	3	PA; HCLV
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG	3	PA; SP; LA
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	3	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	3	PA
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1	
ACTOPLUS MET ORAL TABLET 15-850 MG	3	HCLV
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG	3	HCLV
ALOGLIPTIN ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	3	PA; HCLV
ALOGLIPTIN-METFORMIN ORAL TABLET 12.5-1,000 MG, 12.5-500 MG	3	PA; HCLV
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	PA; HCLV
BRENZAVVY ORAL TABLET 20 MG	3	PA; HCLV
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	2	PA
CYCLOSET ORAL TABLET 0.8 MG	3	
DAPAGLIFLOZ PROPANED-METFORMIN ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 5-1,000 MG	3	PA
DAPAGLIFLOZIN PROPANEDIOL ORAL TABLET 10 MG, 5 MG	3	PA
DUETACT ORAL TABLET 30-2 MG, 30-4 MG	3	HCLV

Drug Name	Drug Tier	Requirements / Limits
<i>exenatide subcutaneous pen injector 10 mcg/dose(250 mcg/ml) 2.4 ml, 5 mcg/dose (250 mcg/ml) 1.2 ml</i>	1	PA; QL (1 per 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	3	HCLV
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
GLIPIZIDE ORAL TABLET 2.5 MG	3	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	3	PA; HCLV
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	3	PA; HCLV
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	3	PA; HCLV
INVOKANA ORAL TABLET 100 MG, 300 MG	3	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	3	PA; HCLV

Drug Name	Drug Tier	Requirements / Limits
<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	3	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 (4 per 30 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	
NESINA ORAL TABLET 12.5 MG, 25 MG	3	PA; HCLV
OSENI ORAL TABLET 25-45 MG	3	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 30 days)
<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	3	HCLV
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
RIOMET ORAL SOLUTION 500 MG/5 ML	3	ST; HCLV
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	3	PA; HCLV

Drug Name	Drug Tier	Requirements / Limits
SITAGLIPTIN-METFORMIN ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	3	PA
STEGLATRO ORAL TABLET 15 MG, 5 MG	3	PA; HCLV
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	3	PA
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	2	PA
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 25-1,000 MG, 5-1,000 MG	2	PA
TRADJENTA ORAL TABLET 5 MG	2	PA
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 30 days)
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	3	PA; HCLV; QL (2 per 30 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	3	PA; HCLV; 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
ZITUVIMET ORAL TABLET 50-1,000 MG, 50-500 MG	3	PA
ZITUVIMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	3	PA
ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG	3	PA
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	3	
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	2	
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG	3	HCLV

Drug Name	Drug Tier	Requirements / Limits
<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	3	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
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	2	
THYQUIDITY ORAL SOLUTION 20 MCG/ML	3	
<i>thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG	3	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	3	HCLV

Drug Name	Drug Tier	Requirements / Limits
<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)	3	HCLV
DARTISLA ORAL TABLET, DISINTEGRATING 1.7 MG	3	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	3	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	3	HCLV
DONNATAL ORAL TABLET 16.2-0.1037 - 0.0194 MG	3	HCLV
<i>ed-spaz oral tablet, disintegrating 0.125 mg</i>	1	
GLYCATE ORAL TABLET 1.5 MG	3	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	

Drug Name	Drug Tier	Requirements / Limits
<i>hyosyne oral elixir 0.125 mg/5 ml</i>	1	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	3	HCLV
LEVSIN ORAL TABLET 0.125 MG	3	HCLV
LEVSIN/SL SUBLINGUAL TABLET 0.125 MG	3	HCLV
LIBRAX (WITH CLIDINIUM) ORAL CAPSULE 5-2.5 MG	3	HCLV
LOMOTIL ORAL TABLET 2.5-0.025 MG	3	HCLV
<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	3	
MYTESI ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG	3	PA; SP; HCLV; QL (60 per 30 days)
NULEV ORAL TABLET, DISINTEGRATING 0.125 MG	3	HCLV
<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>phenohydro oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	1	
<i>phenohydro oral tablet 16.2-0.1037 -0.0194 mg</i>	1	
ROBINUL FORTE ORAL TABLET 2 MG	3	HCLV
ROBINUL ORAL TABLET 1 MG	3	HCLV
SYMAX DUOTAB ORAL TABLET, EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG)	3	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	3	PA; HCLV
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>alvimopan oral capsule 12 mg</i>	1	
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	3	PA
ANALPRAM-HC RECTAL CREAM 1-1 %	2	
ANALPRAM-HC RECTAL CREAM 2.5-1 %	3	HCLV
ANTIVERT ORAL TABLET 50 MG	3	HCLV
ANTIVERT ORAL TABLET, CHEWABLE 25 MG	3	HCLV
<i>anucort-hc rectal suppository 25 mg</i>	1	
ANUSOL-HC RECTAL SUPPOSITORY 25 MG	3	ST; HCLV
ANUSOL-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	3	ST; HCLV
<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	3	PA; HCLV
AZULFIDINE EN-TABS ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	3	HCLV
AZULFIDINE ORAL TABLET 500 MG	3	HCLV
<i>balsalazide oral capsule 750 mg</i>	1	
<i>betaine oral powder 1 gram/scoop</i>	1	SP; LA
BONJESTA ORAL TABLET, IR, DELAYED REL, BIPHASIC 20-20 MG	3	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	3	PA; SP; LA
BYLVAY ORAL PELLETT 200 MCG, 600 MCG	3	PA; SP; LA
CANASA RECTAL SUPPOSITORY 1,000 MG	3	HCLV
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	3	PA; SP
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	3	PA; SP; LA
CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML, 400 MG/2 ML (200 MG/ML X 2)	3	PA; SP; LA

Drug Name	Drug Tier	Requirements / Limits
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	3	ACA
COLAZAL ORAL CAPSULE 750 MG	3	PA; HCLV
COMPAZINE ORAL TABLET 10 MG, 5 MG	3	HCLV
COMPAZINE RECTAL SUPPOSITORY 25 MG	3	HCLV
<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	3	HCLV
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	3	PA; SP; QL (90 per 30 days)
CYSTADANE ORAL POWDER 1 GRAM/SCOOP	3	SP; HCLV
DICLEGIS ORAL TABLET, DELAYED RELEASE (DR/EC) 10-10 MG	3	PA; HCLV
DIPENTUM ORAL CAPSULE 250 MG	3	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	3	PA; HCLV
EMEND ORAL CAPSULE, DOSE PACK 125 MG (1)- 80 MG (2)	3	PA; HCLV
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	3	PA; SP; LA
<i>enulose oral solution 10 gram/15 ml</i>	1	
EOHILIA ORAL SUSPENSION IN PACKET 2 MG/10 ML	3	PA
GASTROCROM ORAL CONCENTRATE 100 MG/5 ML	3	
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
<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	3	PA; SP; HCLV
GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	3	
<i>granisetron hcl oral tablet 1 mg</i>	1	
<i>hemmorex-hc rectal suppository 25 mg, 30 mg</i>	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	
<i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %, 2.5-1 % (4g)</i>	1	
HYDROCORTISONE-PRAMOXINE RECTAL SUPPOSITORY 25-18 MG	3	ST; HCLV
IBSRELA ORAL TABLET 50 MG	3	PA
IQIRVO ORAL TABLET 80 MG	3	PA; SP; LA; QL (30 per 30 days)
KRISTALOSE ORAL PACKET 10 GRAM, 20 GRAM	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	3	PA; HCLV
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	1	
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL 3 %-2.5 % (7 GRAM)	3	

Drug Name	Drug Tier	Requirements / Limits
<i>lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram), 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	3	PA; SP; QL (30 per 30 days)
LIVMARLI ORAL SOLUTION 19 MG/ML	3	PA; SP; QL (60 per 30 days)
LIVMARLI ORAL SOLUTION 9.5 MG/ML	3	PA; SP; QL (3 per 30 days)
LIVMARLI ORAL TABLET 10 MG, 15 MG, 30 MG	3	PA; SP; QL (30 per 30 days)
LIVMARLI ORAL TABLET 20 MG	3	PA; SP; QL (60 per 30 days)
LOTRONEX ORAL TABLET 0.5 MG, 1 MG	3	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	1	
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG	3	HCLV
<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	
<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 %	3	PA; HCLV
MOTTEGRITY ORAL TABLET 1 MG, 2 MG	3	PA; HCLV
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	PA
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM	3	

Drug Name	Drug Tier	Requirements / Limits
<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 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
<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	3	HCLV; QL (60 per 30 days)
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1	
PANCREAZE ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT	3	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, 500 MG	3	PA; HCLV
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	3	PA; HCLV
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	3	ACA
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	1	
PROCORT RECTAL CREAM 1.85-1.15 %	3	HCLV
PROCTOCORT RECTAL SUPPOSITORY 30 MG	3	ST; HCLV
PROCTOFOAM HC RECTAL FOAM 1-1 %	3	HCLV

Drug Name	Drug Tier	Requirements / Limits
<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)	3	
REGLAN ORAL TABLET 10 MG, 5 MG	3	
RELISTOR ORAL TABLET 150 MG	3	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	3	
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	3	
RELTONE ORAL CAPSULE 200 MG, 400 MG	3	HCLV
ROWASA RECTAL ENEMA KIT 4 GRAM/60 ML	3	ST; HCLV
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	3	PA; HCLV
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	1	
SFROWASA RECTAL ENEMA 4 GRAM/60 ML	3	HCLV
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	3	PA; SP; QL (236 per 30 days)
SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM	3	ACA
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	1	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	3	
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	3	ACA
SYMPROIC ORAL TABLET 0.2 MG	3	
SYNDROS ORAL SOLUTION 5 MG/ML	3	

Drug Name	Drug Tier	Requirements / Limits
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS	3	HCLV
<i>trimethobenzamide oral capsule 300 mg</i>	1	
TRULANCE ORAL TABLET 3 MG	3	PA; HCLV
UCERIS ORAL TABLET, DELAYED AND EXT.RELEASE 9 MG	3	PA; HCLV
UCERIS RECTAL FOAM 2 MG/ACTUATION	3	HCLV
URSO FORTE ORAL TABLET 500 MG	3	HCLV
<i>ursodiol oral capsule 200 mg, 300 mg, 400 mg</i>	1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	
VARUBI ORAL TABLET 90 MG	3	PA
VELSIPITY ORAL TABLET 2 MG	2	PA; SP; LA
VIBERZI ORAL TABLET 100 MG, 75 MG	2	PA
VIOKACE ORAL TABLET 10,440-39,150-39,150 UNIT, 20,880-78,300- 78,300 UNIT	2	HCLV
VOWST ORAL CAPSULE	3	PA; SP
ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	2	
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML	3	PA; SP
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML	3	PA; SP
ULCER THERAPY		
ACIPHEX ORAL TABLET, DELAYED RELEASE (DR/EC) 20 MG	3	ST; HCLV
<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	3	HCLV
<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	3	HCLV

Drug Name	Drug Tier	Requirements / Limits
DEXILANT ORAL CAPSULE, BIPHASE DELAYED RELEAS 30 MG, 60 MG	3	ST; HCLV
<i>dexlansoprazole oral capsule, biphas delayed releas 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	
KONVOMEF ORAL SUSPENSION FOR RECONSTITUTION 2-84 MG/ML	3	ST; HCLV
<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	3	ST; HCLV
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG	3	ST; HCLV
<i>nizatidine oral capsule 150 mg, 300 mg</i>	1	HCLV
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)	3	
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	1	
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram</i>	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	3	HCLV
PREVACID ORAL CAPSULE, DELAYED RELEASE (DR/EC) 30 MG	3	ST; HCLV

Drug Name	Drug Tier	Requirements / Limits
PREVACID SOLUTAB ORAL TABLET, DISINTEGRAT, DELAY REL 15 MG, 30 MG	3	ST; HCLV
PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON 10 MG, 2.5 MG	3	ST; HCLV
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	3	ST; HCLV
PROTONIX ORAL TABLET, DELAYED RELEASE (DR/EC) 20 MG, 40 MG	3	ST; HCLV
PYLERA ORAL CAPSULE 140-125-125 MG	3	PA; HCLV
RABEPRAZOLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG	3	ST; HCLV
<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	3	HCLV
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)	3	PA
VOQUEZNA ORAL TABLET 10 MG, 20 MG	3	PA
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG	3	PA

IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	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	3	PA; SP
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PA; SP; LA
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	3	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	3	PA; SP; LA
LEUKINE INJECTION RECON SOLN 250 MCG	2	PA; SP; LA
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 120 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	3	PA; SP
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	3	PA; SP; HCLV
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	3	PA; SP; HCLV
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	3	PA; SP; HCLV
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	3	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	3	PA; SP; HCLV
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	3	PA; SP; HCLV
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	2	PA; SP; LA
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	3	PA; SP; 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	3	PA; SP

Drug Name	Drug Tier	Requirements / Limits
RYZNEUTA SUBCUTANEOUS SYRINGE 20 MG/ML	3	PA; SP
STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	3	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
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	2	PA; SP
XOLREMDI ORAL CAPSULE 100 MG	3	PA; SP
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	3	PA; SP; HCLV
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	3	PA; SP; HCLV
GROWTH HORMONES		
GENOTROPIN MINISPEED 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)	3	PA; SP; HCLV; LA
NGENLA SUBCUTANEOUS PEN INJECTOR 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML)	3	PA; SP; LA
NORDITROPIN FLEXPEN SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	3	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)	3	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

Drug Name	Drug Tier	Requirements / Limits
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	2	PA; SP; LA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	3	PA; SP; HCLV; LA; QL (4 per 30 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	3	PA; SP; LA
SOGROYA SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	3	PA; SP; LA
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG	3	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	
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	
ADACEL (TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	
ADACEL (TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	
AFLURIA 2025-2026 (3YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	2	
AFLURIA 2025-2026 (6MO UP) INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	2	
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	2	

Drug Name	Drug Tier	Requirements / Limits
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	2	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	2	
BIOTHRAX INTRAMUSCULAR SUSPENSION 0.5 ML/DOSE	2	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	2	
CAPVAXIVE INTRAMUSCULAR SYRINGE 0.5 ML	2	
COMIRNATY 2025-2026(5-11Y)(PF) INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	2	
COMIRNATY 2025-26 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	2	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	2	
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	2	
ENGRIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	2	
ENGRIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	2	
ENGRIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	2	
FLUAD 2025-2026 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	2	
FLUARIX 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	2	
FLUBLOK 2025-2026 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML	2	
FLUCELVAX 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	2	
FLUCELVAX 2025-2026 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	2	
FLULAVAL 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	2	

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

Drug Name	Drug Tier	Requirements / Limits
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	2	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	2	
MNEXSPIKE 2025-2026 (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.2 ML	2	
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	2	
NUVAXOVID 2025-2026 (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	2	
ODACTRA SUBLINGUAL TABLET 12 SQ- HDM	3	PA
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	3	PA; SP
PALFORZIA (LEVEL 0) ORAL CAPSULE, SPRINKLE 1 MG	3	PA; SP; HCLV; QL (180 per 30 days)
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3)	3	PA; SP; HCLV; QL (180 per 30 days)
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6)	3	PA; SP; HCLV; QL (180 per 30 days)
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1)	3	PA; SP; HCLV; QL (180 per 30 days)
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG	3	PA; SP; HCLV; QL (180 per 30 days)
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2)	3	PA; SP; HCLV; QL (180 per 30 days)
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4)	3	PA; SP; HCLV; QL (180 per 30 days)
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1)	3	PA; SP; HCLV; QL (180 per 30 days)
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1)	3	PA; SP; HCLV; QL (180 per 30 days)
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2)	3	PA; SP; HCLV; QL (180 per 30 days)
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2)	3	PA; SP; HCLV; QL (180 per 30 days)
PALFORZIA INITIAL (1-3 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3 MG	3	PA; SP; HCLV; QL (180 per 30 days)
PALFORZIA INITIAL (4-17 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG	3	PA; SP; HCLV; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG	3	PA; SP; HCLV; QL (180 per 30 days)
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	2	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	2	
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	2	
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	2	
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	3	
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	2	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	2	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	2	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	2	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	2	
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT	3	PA
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	2	
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	2	
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	2	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	3	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	2	

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

Drug Name	Drug Tier	Requirements / Limits
VIVOTIF ORAL CAPSULE, DELAYED RELEASE (DR/EC) 2 BILLION UNIT	2	
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	2	
MUSCULOSKELETAL & RHEUMATOLOGY		
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	3	HCLV
<i>febuxostat oral tablet 40 mg, 80 mg</i>	1	
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML	3	PA
MITIGARE ORAL CAPSULE 0.6 MG	3	PA; HCLV
<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	3	PA; HCLV
ZYLOPRIM ORAL TABLET 100 MG	3	PA
OSTEOPOROSIS THERAPY		
ACTONEL ORAL TABLET 150 MG, 35 MG	3	HCLV
<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	3	HCLV
BILDYOS SUBCUTANEOUS SYRINGE 60 MG/ML	3	PA; SP
BINOSTO ORAL TABLET, EFFERVESCENT 70 MG	3	HCLV
BONSITY SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)	3	PA; SP; HCLV; QL (1 per 30 days)
CONEXXENCE SUBCUTANEOUS SYRINGE 60 MG/ML	3	PA; SP
EVISTA ORAL TABLET 60 MG	3	PA; HCLV; QL (30 per 30 days)
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)	3	PA; SP; HCLV; LA; QL (1 per 30 days)
FOSAMAX ORAL TABLET 70 MG	3	HCLV

Drug Name	Drug Tier	Requirements / Limits
FOSAMAX PLUS D ORAL TABLET 70 MG- 2, 800 UNIT, 70 MG- 5, 600 UNIT	3	HCLV
<i>ibandronate oral tablet 150 mg</i>	1	
JUBBONTI SUBCUTANEOUS SYRINGE 60 MG/ML	3	PA; SP; HCLV
OSPOMYV SUBCUTANEOUS SYRINGE 60 MG/ML	3	PA; SP
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	3	PA; SP; LA
<i>raloxifene oral tablet 60 mg</i>	1	OCh; ACA
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	1	
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>	1	
STOBOCLO SUBCUTANEOUS SYRINGE 60 MG/ML	3	PA; SP; HCLV
<i>teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)</i>	1	PA; SP; HCLV; LA; QL (1 per 30 days)
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	3	PA; SP; HCLV
ABRILADA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML	3	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	3	PA; SP; HCLV; LA
ADALIMUMAB-AACF SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	3	PA; SP; HCLV; LA
ADALIMUMAB-AACF(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	3	PA; SP; HCLV; LA
ADALIMUMAB-AACF(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	3	PA; SP; HCLV; LA
ADALIMUMAB-AATY SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
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
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-ADBIM SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	2	PA; SP; LA
ADALIMUMAB-ADBIM 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	3	PA; SP; HCLV
ADALIMUMAB-FKJP SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML	3	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	3	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	3	PA; SP; HCLV; LA
ARAVAL ORAL TABLET 10 MG, 20 MG	3	HCLV
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	3	PA; HCLV

Drug Name	Drug Tier	Requirements / Limits
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	3	PA; SP; HCLV; LA
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	3	PA; SP; HCLV; LA
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	3	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	3	PA; SP; HCLV; LA
DEPEN TITRATABS ORAL TABLET 250 MG	3	PA; HCLV
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	3	PA; SP; HCLV; LA
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	3	PA; SP; HCLV; LA
HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	3	PA; SP; HCLV; LA
HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	3	PA; SP; HCLV; LA
HULIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	3	PA; SP; HCLV
HULIO(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML	3	PA; SP; HCLV
HUMIRA (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	3	PA; SP; HCLV; LA
HUMIRA PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	3	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	3	PA; SP; HCLV; LA

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

Drug Name	Drug Tier	Requirements / Limits
OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK 10-20-30-75 MG	2	PA; SP; LA
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	3	PA; QL (4 per 30 days)
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	3	PA
SAVELLA ORAL TABLETS, DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	3	PA
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML	2	PA; SP; LA
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML	2	PA; SP; LA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	3	PA; SP; LA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	3	PA; SP; LA
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	2	PA; SP; LA
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	2	PA; SP; LA
XELJANZ ORAL SOLUTION 1 MG/ML	2	PA; SP; LA
XELJANZ ORAL TABLET 10 MG, 5 MG	2	PA; SP; LA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	2	PA; SP; LA
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML	2	PA; SP
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	3	PA; SP; HCLV

OBSTETRICS & GYNECOLOGY

DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

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

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	3	HCLV
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	3	HCLV
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG	3	HCLV
<i>camila oral tablet 0.35 mg</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	3	HCLV
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.06 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	3	HCLV
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 %	3	
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	3	HCLV
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	3	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	HCLV; ACA
DEPO-PROVERA INTRAMUSCULAR SYRINGE 150 MG/ML	3	HCLV; ACA
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	3	ACA
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %), 1.25 MG/1.25 GRAM (0.1 %)	3	HCLV
<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	3	HCLV
<i>emzakh oral tablet 0.35 mg</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
ENDOMETRIN VAGINAL INSERT 100 MG	3	SP; OPT; LA
<i>errin oral tablet 0.35 mg</i>	1	ACA
ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM)	3	HCLV
<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	3	HCLV
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	2	
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION	3	HCLV
<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	3	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

Drug Name	Drug Tier	Requirements / Limits
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	3	
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG	3	
<i>incassia oral tablet 0.35 mg</i>	1	ACA
<i>jencycla oral tablet 0.35 mg</i>	1	ACA
<i>jinteli oral tablet 1-5 mg-mcg</i>	1	
<i>lyleq oral tablet 0.35 mg</i>	1	ACA
<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	3	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	3	HCLV
<i>nora-be oral tablet 0.35 mg</i>	1	ACA
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	1	ACA
<i>norethindrone acetate oral tablet 5 mg</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
OPILL ORAL TABLET 0.075 MG	2	ACA; QL (28 per 28 days)
<i>orquidea oral tablet 0.35 mg</i>	1	ACA
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	2	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	2	

Drug Name	Drug Tier	Requirements / Limits
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	2	
<i>progesterone intramuscular oil 50 mg/ml</i>	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	3	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	
<i>sharobel oral tablet 0.35 mg</i>	1	ACA
<i>tulana oral tablet 0.35 mg</i>	1	ACA
VAGIFEM VAGINAL TABLET 10 MCG	3	HCLV
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	3	HCLV
<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	3	
CLEOCIN VAGINAL CREAM 2 %	3	HCLV
CLEOCIN VAGINAL SUPPOSITORY 100 MG	3	
<i>clindamycin phosphate vaginal cream 2 %</i>	1	
CLINDESSE VAGINAL CREAM, EXTENDED RELEASE 2 %	3	
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	1	ACA
<i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i>	1	ACA
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12- 0.015 mg/24 hr</i>	1	ACA
<i>fem ph vaginal gel 0.9-0.025 %</i>	1	
GYNAZOLE-1 VAGINAL CREAM 2 %	3	
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	1	ACA
INTRAROSA VAGINAL INSERT 6.5 MG	3	HCLV

Drug Name	Drug Tier	Requirements / Limits
LYNKUET ORAL CAPSULE 60 MG	3	QL (60 per 30 days)
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	
<i>miconazole-3 vaginal suppository 200 mg</i>	1	
MYFEMBREE ORAL TABLET 40-1-0.5 MG	3	PA; QL (30 per 30 days)
NEXPLANON SUBDERMAL IMPLANT 68 MG	3	SP; ACA
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	1	ACA
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	3	ACA
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM)	3	PA
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG (AM) /300 MG (PM)	3	PA; QL (56 per 30 days)
OSPHENA ORAL TABLET 60 MG	3	HCLV
PHEXX VAGINAL GEL 1.8-1-0.4 %	2	ACA
PREPIDIL VAGINAL GEL 0.5 MG/3 G	3	
RELAGARD VAGINAL GEL 0.9-0.025 %	3	HCLV
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	1	
<i>tranexamic acid oral tablet 650 mg</i>	1	
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 %	3	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR	3	ACA
<i>vandazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	
VCF CONTRACEPTIVE VAGINAL FILM 28 %	3	ACA
VCF CONTRACEPTIVE VAGINAL GEL 4 %	3	ACA
VEOZAH ORAL TABLET 45 MG	3	PA; QL (30 per 30 days)
XACIATO VAGINAL GEL 2 %	3	PA
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	1	ACA
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	1	ACA
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

Drug Name	Drug Tier	Requirements / Limits
AFTERA ORAL TABLET 1.5 MG	3	HCLV; ACA
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	1	ACA
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	ACA
<i>amethia oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA
<i>amethyst oral tablet 90-20 mcg (28)</i>	1	ACA
<i>apri oral tablet 0.15-0.03 mg</i>	1	ACA
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	ACA
<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)	3	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)	3	HCLV; 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)	3	HCLV; 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

Drug Name	Drug Tier	Requirements / Limits
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	1	ACA
<i>camrese lo oral tablets, dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	1	ACA
<i>camrese oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA
<i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	1	ACA
<i>charlotte 24 fe oral tablet, chewable 1 mg-20 mcg (24) /75 mg (4)</i>	1	ACA
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	1	ACA
<i>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

Drug Name	Drug Tier	Requirements / Limits
FEMLYV ORAL TABLET, DISINTEGRATING 1 MG- 20 MCG	3	ACA
<i>finzala oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	ACA
<i>galbriela oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	1	ACA
<i>gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	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

Drug Name	Drug Tier	Requirements / Limits
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	1	ACA
<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
<i>levora-28 oral tablet 0.15-0.03 mg</i>	1	ACA
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	2	ACA
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	3	HCLV; ACA
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	3	HCLV; ACA
LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	3	HCLV; ACA
LOESTRIN FE 1/20 (28-DAY) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	3	HCLV; 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

Drug Name	Drug Tier	Requirements / Limits
<i>lutra</i> (28) oral tablet 0.1-20 mg-mcg	1	ACA
<i>marlissa</i> (28) oral tablet 0.15-0.03 mg	1	ACA
<i>mibelas</i> 24 fe oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)	1	ACA
<i>microgestin</i> 1.5/30 (21) oral tablet 1.5-30 mg-mcg	1	ACA
<i>microgestin</i> 1/20 (21) oral tablet 1-20 mg-mcg	1	ACA
<i>microgestin fe</i> 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	ACA
<i>microgestin fe</i> 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	ACA
<i>mili</i> oral tablet 0.25-0.035 mg	1	ACA
<i>minzoya</i> oral tablet 0.1 mg-0.02 mg (21)/iron (7)	1	ACA
<i>mono-linyah</i> oral tablet 0.25-0.035 mg	1	ACA
<i>my choice</i> oral tablet 1.5 mg	1	ACA
<i>my way</i> oral tablet 1.5 mg	1	ACA
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	2	ACA
<i>necon</i> 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	ACA
<i>new day</i> oral tablet 1.5 mg	1	ACA
NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28)	2	ACA
<i>nikki</i> (28) oral tablet 3-0.02 mg	1	ACA
<i>noreth-ethinyl estradiol-iron</i> oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)	1	ACA
<i>norethindrone ac-eth estradiol</i> oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	ACA
<i>norethindrone-e.estradiol-iron</i> oral capsule 1 mg-20 mcg (24)/75 mg (4)	1	ACA
<i>norethindrone-e.estradiol-iron</i> oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	ACA
<i>norethindrone-e.estradiol-iron</i> oral tablet, chewable 1 mg-20 mcg (24) /75 mg (4)	1	ACA
<i>norgestimate-ethinyl estradiol</i> 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	1	ACA
<i>nortrel</i> 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	ACA
<i>nortrel</i> 1/35 oral tablet 1-35 mg-mcg (21)	1	ACA
<i>nortrel</i> 1/35 (28) oral tablet 1-35 mg-mcg	1	ACA

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

Drug Name	Drug Tier	Requirements / Limits
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	1	ACA
<i>tri-legest fe oral tablet 1-20 (5)/1-30 (7) /1mg-35mcg (9)</i>	1	ACA
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	1	ACA
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	1	ACA
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	1	ACA
<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

Drug Name	Drug Tier	Requirements / Limits
<i>xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	ACA
<i>xelria fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	1	ACA
YASMIN (28) ORAL TABLET 3-0.03 MG	3	HCLV; ACA
YAZ (28) ORAL TABLET 3-0.02 MG	3	HCLV; 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	
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE OPHTHALMIC (EYE) DROPS 1 %	3	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
BESIVANCE OPHTHALMIC (EYE) DROPS, SUSPENSION 0.6 %	3	
BETADINE PREP OPHTHALMIC (EYE) SOLUTION 5 %	3	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	3	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 %	3	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	1	
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1	
OCUFLOX OPHTHALMIC (EYE) DROPS 0.3 %	3	HCLV
<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 %	3	HCLV
ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	3	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1	
BETIMOL OPHTHALMIC (EYE) DROPS 0.5 %	3	HCLV
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 %	3	PA; HCLV
<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 %, 0.5 %	3	HCLV

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	
CYCLOGYL OPHTHALMIC (EYE) DROPS 0.5 %, 2 %	3	HCLV
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	1	
<i>homatropaire ophthalmic (eye) drops 5 %</i>	1	
MYDRIACYL OPHTHALMIC (EYE) DROPS 1 %	3	HCLV
<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 %	3	PA
VIZZ OPHTHALMIC (EYE) DROPPERETTE 1.44 %	3	PA; QL (25 per 19 days)
VUITY OPHTHALMIC (EYE) DROPS 1.25 %	3	PA
MISCELLANEOUS OPHTHALMOLOGICS		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %	3	
ALCAINE OPHTHALMIC (EYE) DROPS 0.5 %	3	HCLV
<i>altacaine ophthalmic (eye) drops 0.5 %</i>	1	
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 %	3	HCLV
<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 %	3	PA; HCLV
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	3	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)
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	3	PA; SP; HCLV

Drug Name	Drug Tier	Requirements / Limits
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	3	PA; SP
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	1	
FLUORESCEIN-BENOXINATE OPHTHALMIC (EYE) DROPS 0.3-0.4 %	3	
<i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>	1	
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %	3	PA; HCLV; QL (1 per 30 days)
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	3	PA; SP; LA
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	1	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	3	PA; QL (1 per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	3	PA; HCLV; 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	
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY	3	PA
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 %	3	PA; HCLV; QL (120 per 30 days)
VEVYE OPHTHALMIC (EYE) DROPS 0.1 %	3	PA; HCLV; QL (1 per 30 days)
XDEMVIY OPHTHALMIC (EYE) DROPS 0.25 %	3	PA; SP
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	3	PA; QL (60 per 30 days)
ZERVATE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	3	PA; HCLV
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 %	3	HCLV
ACULAR OPHTHALMIC (EYE) DROPS 0.5 %	3	HCLV
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	3	HCLV
<i>bromfenac ophthalmic (eye) drops 0.07 %, 0.075 %, 0.09 %</i>	1	
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	3	HCLV

Drug Name	Drug Tier	Requirements / Limits
<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 %	3	
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	1	
NEVANAC OPHTHALMIC (EYE) DROPS, SUSPENSION 0.1 %	3	HCLV
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	3	HCLV
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 %	3	HCLV
<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 %	3	
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 %	3	
COSOPT OPHTHALMIC (EYE) DROPS 22.3-6.8 MG/ML	3	HCLV
DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS 2 %	3	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	1	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	1	
IYUZEH (PF) OPHTHALMIC (EYE) DROPPERETTE 0.005 %	3	PA
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	PA
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	3	PA
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	3	PA
SIMBRINZA OPHTHALMIC (EYE) DROPS, SUSPENSION 1-0.2 %	3	
<i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i>	1	HCLV
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %	3	PA; HCLV
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	1	
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	3	PA; HCLV
XALATAN OPHTHALMIC (EYE) DROPS 0.005 %	3	PA; HCLV
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %	3	PA; HCLV
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	3	PA; HCLV
STEROID-ANTIBIOTIC COMBINATIONS		
MAXITROL OPHTHALMIC (EYE) DROPS, SUSPENSION 3.5MG/ML-10,000 UNIT/ML-0.1 %	3	HCLV
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops, suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops, suspension 3.5-10,000-10 mg-unit-mg/ml</i>	1	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	3	ST
TOBRADEX ST OPHTHALMIC (EYE) DROPS, SUSPENSION 0.3-0.05 %	2	ST; HCLV
<i>tobramycin-dexamethasone ophthalmic (eye) drops, suspension 0.3-0.1 %</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
PRED FORTE OPHTHALMIC (EYE) DROPS, SUSPENSION 1 %	3	HCLV
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 %	3	
<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 %	3	
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	1	
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 %	3	PA; HCLV; QL (30 per 30 days)
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI-HISTAMINE & ANTIALLERGENIC AGENTS		
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML, 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	3	ST; HCLV; 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	3	PA

Drug Name	Drug Tier	Requirements / Limits
<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	3	HCLV
<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>cyproheptadine oral syrup 2 mg/5 ml</i>	1	
<i>cyproheptadine oral tablet 4 mg</i>	1	
<i>desloratadine oral tablet 5 mg</i>	1	
<i>desloratadine oral tablet, disintegrating 2.5 mg, 5 mg</i>	1	HCLV
<i>dexchlorpheniramine maleate oral solution 2 mg/5 ml</i>	1	HCLV
DIPHEN ORAL ELIXIR 12.5 MG/5 ML	3	HCLV
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	2	QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	QL (4 per 30 days)
EPINEPHRINE INJECTION SYRINGE 0.3 MG/0.3 ML	2	QL (99 per 99 days)
EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	3	HCLV; QL (4 per 30 days)
EPIPEN JR INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	3	HCLV; QL (4 per 30 days)
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
KARBINAL ER ORAL SUSPENSION, EXTENDED REL 12 HR 4 MG/5 ML	3	ST; HCLV
<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)	3	QL (4 per 30 days)
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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	3	ST; HCLV
RYVENT ORAL TABLET 6 MG	3	ST; HCLV
COUGH & COLD THERAPY		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	1	
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML	3	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	1	
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG	3	HCLV
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	1	
CODITUSSIN AC ORAL LIQUID 10-200 MG/5 ML	3	
CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5 ML	3	
<i>g tussin ac oral liquid 10-100 mg/5 ml</i>	1	
HISTEX-AC ORAL SYRUP 2.5-10-10 MG/5 ML	3	
HYCODAN (WITH HOMATROPINE) ORAL SOLUTION 5-1.5 MG/5 ML	3	
HYCODAN (WITH HOMATROPINE) ORAL TABLET 5-1.5 MG	3	
<i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr 10-8 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral solution 5-1.5 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	1	
<i>hydromet oral solution 5-1.5 mg/5 ml</i>	1	
MAR-COF CG ORAL LIQUID 7.5-225 MG/5 ML	3	
<i>maxi-tuss ac oral liquid 10-100 mg/5 ml</i>	1	
MAXI-TUSS CD ORAL LIQUID 4-10-10 MG/5 ML	3	
NINJACOF-XG ORAL LIQUID 8-200 MG/5 ML	3	
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML	3	
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	1	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i>	1	
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG	3	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG	3	
PULMONARY AGENTS		
ACCOLATE ORAL TABLET 10 MG, 20 MG	3	HCLV
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	1	
ADCIRCA ORAL TABLET 20 MG	3	PA; SP; HCLV; LA
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	3	PA; SP; LA
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	3	
ADVAIR HFA INHALATION AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	2	
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	3	ST; QL (2 per 30 days)
ALBUTEROL HFA 90 MCG INHALER 90 MCG/ACTUATION (BRAND)	3	QL
<i>albuterol hfa 90 mcg inhaler 90 mcg/actuation (generic)</i>	1	QL (2 per 30 days)
<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</i>	1	
<i>albuterol sulfate inhalation oral syrup 2 mg/5 ml</i>	1	
<i>albuterol sulfate inhalation oral tablet 2 mg, 4 mg</i>	1	
<i>albuterol sulfate inhalation oral tablet extended release 12 hr 4 mg, 8 mg</i>	1	
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION	3	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

Drug Name	Drug Tier	Requirements / Limits
ANDEMBRY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 200 MG/1.2 ML	3	PA; SP; LA; QL (4.8 per 69 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	3	PA
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	3	PA
ATROVENT HFA INHALATION AEROSOL INHALER 17 MCG/ACTUATION	3	
<i>azelastine-fluticasone nasal spray, non-aerosol 137-50 mcg/spray</i>	1	HCLV
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	3	
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	1	PA; SP; LA
<i>bosentan oral tablet for suspension 32 mg</i>	1	PA; SP; LA
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	2	
<i>breynga inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	1	
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	3	
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	3	ST; SP; LA; QL (400 per 30 days)
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	3	HCLV

Drug Name	Drug Tier	Requirements / Limits
<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	3	HCLV
DAWNZERA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML	3	PA; SP; QL (1 per 30 days)
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION	3	
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	2	
DYMISTA NASAL SPRAY, NON-AEROSOL 137-50 MCG/SPRAY	3	PA; HCLV
EKTERLY ORAL TABLET 300 MG	2	PA; SP; LA; QL (4 per 30 days)
ESBRIET ORAL TABLET 267 MG, 801 MG	3	PA; SP; HCLV; 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	3	PA; SP; HCLV
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	1	HCLV
FLUTICASONE FUROATE INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (1 per 30 days)
FLUTICASONE FUROATE-VILANTEROL INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	3	HCLV

Drug Name	Drug Tier	Requirements / Limits
FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION	3	
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION, 44 MCG/ACTUATION	2	
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i>	1	
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	3	
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	
FLUTICASONE PROPION-SALMETEROL INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	3	
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	1	
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	3	PA; SP; LA
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %, 7 %	3	
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	1	PA; SP
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	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	3	PA; SP; LA
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	3	PA; SP; HCLV; 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

Drug Name	Drug Tier	Requirements / Limits
LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	3	ST; HCLV; 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 %	3	
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	2	PA; SP; LA; QL (3 per 30 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML	2	PA; SP; LA; QL (3 per 30 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	2	PA; SP; LA; QL (60 per 30 days)
OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION 3 MG/2.5 ML	3	PA; SP
OMNARIS NASAL SPRAY, NON-AEROSOL 50 MCG	3	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	3	PA; SP; LA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	3	PA; SP; LA
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	3	PA; SP; QL (30 per 30 days)
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	3	HCLV
<i>pirfenidone oral capsule 267 mg</i>	1	PA; SP; LA; QL (270 per 30 days)
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	1	PA; SP; LA; QL (90 per 30 days)
PIRFENIDONE ORAL TABLET 534 MG	3	PA; SP; HCLV; QL (90 per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	3	ST; HCLV; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	3	PA

Drug Name	Drug Tier	Requirements / Limits
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML	3	HCLV
<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	3	PA; HCLV
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	2	
REVATIO ORAL TABLET 20 MG	3	PA; SP; HCLV; LA
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	1	
RYALTRIS NASAL SPRAY, NON-AEROSOL 665-25 MCG/SPRAY	3	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	3	HCLV
SINGULAIR ORAL TABLET 10 MG	3	HCLV
SINGULAIR ORAL TABLET, CHEWABLE 4 MG, 5 MG	3	HCLV
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %</i>	1	
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION	2	QL (4 grams per fill)
SPIRIVA RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	2	
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	3	HCLV

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

Drug Name	Drug Tier	Requirements / Limits
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	3	
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 32 MCG, 48 MCG, 64 MCG	3	PA; SP; LA; QL (1 per 30 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16(112)-32(112) -48(28) MCG	3	PA; SP; LA; QL (1 per 365 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 80 MCG	3	PA; SP; LA
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	3	PA; SP; LA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	3	PA; SP; LA; QL (1 per 30 days)
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	3	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	3	PA; SP; LA
VENTOLIN HFA INHALATION AEROSOL INHALER 90 MCG/ACTUATION	3	ST; HCLV; QL (2 per 30 days)
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)	3	PA; SP; LA
<i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	3	PA; HCLV
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML	3	PA; SP; LA; QL (2 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	3	PA; SP; LA; QL (1 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	3	PA; SP; LA; QL (4 per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	3	PA; SP; LA; QL (1 per 30 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	3	PA; SP; LA; QL (2 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
XOLAIR SUBCUTANEOUS SYRINGE 300 MG/2 ML	3	PA; SP; LA; QL (1 per 30 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	3	PA; SP; LA; QL (4 per 30 days)
XOPENEX HFA INHALATION AEROSOL INHALER 45 MCG/ACTUATION	3	ST; HCLV; QL (2 per 30 days)
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	3	QL (30 per 30 days)
YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG	3	PA; SP; LA; QL (140 per 30 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	3	
AEROCHAMBER MECHANICAL VENT SPACER	3	
AEROCHAMBER MINI SPACER	3	
AEROCHAMBER PLUS FLOW-VU SPACER	3	
AEROCHAMBER PLUS Z STAT SPACER	3	
AEROCHAMBER2GO SPACER	3	
AEROTRACH PLUS SPACER	3	
AEROVENT PLUS SPACER	3	
BREATHERITE MDI SPACER	3	
COMPACT SPACE CHAMBER SPACER	3	
EASIVENT HOLDING CHAMBER SPACER	3	
FLEXICHAMBER SPACER	3	
LITEAIRE MDI CHAMBER SPACER	3	
MICROCHAMBER SPACER	3	
MICROSPACER SPACER	3	
OPTICHAMBER DIAMOND VHC SPACER	3	
POCKET CHAMBER SPACER	3	
PRIMEAIRE SPACER	3	
PROCHAMBER SPACER	2	
RITEFLO AEROCHAMBER SPACER	3	
SPACE CHAMBER SPACER	3	
VORTEX HOLDING CHAMBER SPACER	3	

Drug Name	Drug Tier	Requirements / Limits
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	3	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	3	ST; HCLV
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	3	ST; HCLV
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	
OXYBUTYNIN CHLORIDE ORAL TABLET 2.5 MG	3	ST
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	1	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR	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	3	ST; HCLV
<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	3	ST; HCLV
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	1	
AVODART ORAL CAPSULE 0.5 MG	3	HCLV
CIALIS ORAL TABLET 10 MG, 20 MG	3	OPT
CIALIS ORAL TABLET 5 MG	3	PA; OPT
<i>dutasteride oral capsule 0.5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	1	
ENTADFI ORAL CAPSULE 5-5 MG	3	PA; HCLV
<i>finasteride oral tablet 5 mg</i>	1	
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR 0.5-0.4 MG	3	HCLV
PROSCAR ORAL TABLET 5 MG	3	HCLV
RAPAFLO ORAL CAPSULE 4 MG, 8 MG	3	HCLV
<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	3	HCLV
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	3	OPT
CAVERJECT INTRACavernosal RECON SOLN 20 MCG, 40 MCG	3	OPT
CAVERJECT INTRACavernosal SYRINGE 10 MCG, 20 MCG	3	OPT
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	2	PA; SP
EDEX INTRACavernosal KIT 10 MCG, 20 MCG, 40 MCG	3	OPT
ELMIRON ORAL CAPSULE 100 MG	2	PA
K-PHOS NO 2 ORAL TABLET 305-700 MG	3	
K-PHOS ORIGINAL ORAL TABLET, SOLUBLE 500 MG	3	
<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
ORACIT ORAL SOLUTION 490-640 MG/5 ML	3	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	3	PA; SP; HCLV; LA
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG	3	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)	3	PA; SP
RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML	3	PA; SP
<i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i>	1	OPT
<i>sodium citrate-citric acid oral solution 490-640 mg/5 ml</i>	1	
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG	3	OPT
TRI-MIX (PAPAVRN-PHNTLMN-PGE1) INTRACavernosal RECON SOLN 150 MG-5 MG- 50 MCG	3	OPT
URELLE ORAL TABLET 81-10.8-40.8 MG	3	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	3	HCLV
URIMAR-T ORAL CAPSULE 120-10.8-40.8 MG	3	HCLV
<i>urimar-t oral tablet 120-10.8-0.12 mg</i>	1	HCLV
URNEVA ORAL CAPSULE 120-10.8-40.8 MG	3	HCLV
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1,080 MG)	3	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ	3	
<i>urogesic-blue oral tablet 81.6-40.8-0.12 mg</i>	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	3	
<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	3	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	3	HCLV
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
AURYXIA ORAL TABLET 210 MG IRON	3	PA
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	1	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	1	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	3	PA
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	3	PA; HCLV
FOSRENOL ORAL TABLET, CHEWABLE 1,000 MG, 500 MG, 750 MG	3	HCLV
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)	3	SP
<i>klor-con 10 oral tablet extended release 10 meq</i>	1	
<i>klor-con 8 oral tablet extended release 8 meq</i>	1	
<i>klor-con m10 oral tablet, er particles/crystals 10 meq</i>	1	
<i>klor-con m15 oral tablet, er particles/crystals 15 meq</i>	1	
<i>klor-con m20 oral tablet, er particles/crystals 20 meq</i>	1	
<i>klor-con oral packet 20 meq</i>	1	
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i>	1	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	3	PA
<i>lugols oral solution 5 %</i>	1	
POKONZA ORAL PACKET 10 MEQ	3	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	1	

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	3	HCLV
RENVELA ORAL TABLET 800 MG	3	PA; HCLV
<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	3	PA
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 8.4 GRAM	3	PA
XPHOZAH ORAL TABLET 20 MG, 30 MG	3	PA; SP; HCLV; QL (60 per 30 days)
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	3	PA; SP; HCLV; LA
VITAMINS & HEMATINICS		
ACCRUFER ORAL CAPSULE 30 MG	3	PA; HCLV
<i>b complex 100 injection solution 100-2-100-2-2 mg/ml</i>	1	
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP, DR 27 MG IRON-1 MG -374 MG	3	
<i>bal-care dha oral combo pack, tablet and cap, dr 27-1-430 mg</i>	1	
<i>c-nate dha oral capsule 28 mg iron-1 mg -200 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>complete natal dha oral combo pack 29 mg iron- 1 mg-200 mg</i>	1	
CONCEPT DHA ORAL CAPSULE 35-1-200 MG	3	
CONCEPT OB ORAL CAPSULE 85-1 MG	3	
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	1	
<i>cyanocobalamin (vitamin b-12) nasal spray, non-aerosol 500 mcg/spray</i>	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	3	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	
FA-8 ORAL CAPSULE 0.8 MG	3	
FLORIVA (FLUORIDE-VITAMIN D3) ORAL DROPS 0.25 MG (0.55 MG)-400 UNIT/ML	3	
<i>flotrex oral tablet, chewable 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>folivane-ob oral capsule 85-1 mg</i>	1	
<i>hydroxocobalamin intramuscular solution 1,000 mcg/ml</i>	1	
KOSHER PRENATAL PLUS IRON ORAL TABLET 30 MG IRON- 1 MG	3	
<i>ludent fluoride oral tablet, chewable 0.25 mg (0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	1	ACA
MARNATAL-F ORAL CAPSULE 60 MG IRON- 1 MG	3	
MECOBALAMIN (VITAMIN B12) INJECTION RECON SOLN 10, 000 MCG	3	
<i>m-natal plus oral tablet 27 mg iron- 1 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>multi-vitamin with fluoride oral drops 0.25 mg/ml, 0.5 mg/ml</i>	1	ACA
<i>multi-vitamin with fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg</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	3	PA; HCLV
NATAL PNV ORAL TABLET 6 MG IRON-833.5 MCG DFE	3	
NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE 27 MG IRON-1.13 MG-581.92 MG	3	
<i>neo-vital rx oral tablet 27 mg iron- 1 mg</i>	1	
NESTABS ABC ORAL COMBO PACK 32 MG IRON-1 MG -120 MG-180 MG	3	
NESTABS DHA ORAL COMBO PACK 32 MG IRON- 1,000 MCG-230MG	3	
NESTABS ONE ORAL CAPSULE 38-1-225 MG	3	
NESTABS ORAL TABLET 32-1,000 MG-MCG	3	
<i>newgen oral tablet 32-1,000 mg-mcg</i>	1	
OB COMPLETE ONE ORAL CAPSULE 40-10-1-300 MG	3	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	3	HCLV
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG	3	HCLV
OB COMPLETE WITH DHA ORAL CAPSULE 30 MG IRON-10 MG IRON-1 MG	3	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	3	
<i>prenatabs fa oral tablet 29-1 mg</i>	1	
<i>prenatabs rx oral tablet 29 mg iron- 1 mg</i>	1	
<i>prenatal plus (calcium carb) oral tablet 27 mg iron- 1 mg</i>	1	
PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG -312 MG-250 MG	3	
<i>prenatal plus oral tablet 29 mg iron- 1 mg</i>	1	
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET 27 MG IRON- 1 MG	3	
<i>prenatal-u oral capsule 106.5-1 mg</i>	1	
PRENATE AM ORAL TABLET 1-500 MG	3	
PRENATE CHEWABLE ORAL TABLET, CHEWABLE 1 MG	3	
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE 18 MG IRON-1 MG -300 MG	3	
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET 20 MG IRON- 1 MG	3	
PRENATE ENHANCE ORAL CAPSULE 28 MG IRON- 1 MG-400 MG	3	
PRENATE ESSENTIAL(IRON-ASP-GL) ORAL CAPSULE 18 MG IRON- 1 MG-300 MG	3	
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE 18-1-350 MG	3	
PRENATE PIXIE ORAL CAPSULE 10 MG IRON- 1 MG-200 MG	3	
PRENATE RESTORE ORAL CAPSULE 27 MG IRON- 1 MG-400 MG	3	
PRENATE STAR ORAL TABLET 20 MG IRON- 1 MG	3	
PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG	3	
R-NATAL OB ORAL CAPSULE 20 MG IRON- 1 MG-320 MG	3	

Drug Name	Drug Tier	Requirements / Limits
SELECT-OB (FOLIC ACID) ORAL TABLET, CHEWABLE 29 MG IRON- 1 MG	3	
SELECT-OB + DHA ORAL COMBO PACK 29 MG IRON-1 MG -250 MG	3	
SELECT-OB ORAL TABLET, CHEWABLE 29 MG IRON- 1 MG	3	
<i>se-natal 19 chewable oral tablet, chewable 29 mg iron- 1 mg</i>	1	
<i>se-natal 19 oral tablet 29 mg iron- 1 mg</i>	1	
<i>soluvita a,c,d with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml</i>	1	ACA
<i>soluvita 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	3	
TRICARE ORAL TABLET 27 MG IRON- 1 MG	3	
<i>trinatal rx 1 oral tablet 60 mg iron-1 mg</i>	1	
<i>trinate oral tablet 28 mg iron- 1 mg</i>	1	
TRINAZ ORAL TABLET 12-1 MG	3	HCLV
TRISTART DHA ORAL CAPSULE 31 MG IRON- 1 MG-200 MG	3	
<i>tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	1	ACA
VITAFOL FE PLUS ORAL CAPSULE 90 MG IRON- 1 MG-200 MG	3	
VITAFOL GUMMIES ORAL TABLET, CHEWABLE 3.33 MG IRON- 0.33 MG	3	
VITAFOL ULTRA ORAL CAPSULE 29 MG IRON- 1 MG-200 MG	3	
VITAFOL-OB ORAL TABLET 65-1 MG	2	
VITAFOL-OB+DHA ORAL COMBO PACK 65-1-250 MG	3	
VITAFOL-ONE ORAL CAPSULE 29 MG IRON- 1 MG-200 MG	3	
VITAMEDMD ONE RX ORAL CAPSULE 30 MG IRON-1MG -200 MG	3	
<i>vitamins a,c,d and fluoride oral drops 0.5 mg fluoride (1.1 mg)/ml</i>	1	ACA
<i>wescap-pn dha oral capsule 27 mg iron-1 mg -300 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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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