PREMERA | BLUE CROSS BLUE SHIELD OF ALASKA
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Essentials NPF 3-Tier (N3) Formulary Drug List Effective 04-01-2025

How to use this list:

Your drugs will fall into 4 tiers: ACA Preventive (0), 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 800-722-1471 (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 formulary 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 formulary 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 formulary 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 formulary drug list changes on our website on the "Drug List Changes" page.

Are there any restrictions on my coverage?

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

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

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

Essentials NPF 3-Tier (N3) Formulary Drug List

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

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

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

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

Essentials NPF (E3) Formulary Drug List

Drug Tier	Includes
ACA Preventive (0)	Tier 0 are drugs provided at no cost sharing to you under the Affordable Care Act (ACA) requirements that do not have age limits. ACA drugs with age limits will be listed with a tier (other than zero) and "ACA PV" in the Requirements/Limits column.
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.
Preferred 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 provider) are required to get prior authorization from us before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
QL	Quantity Limit Restriction	We limit the amount of this drug that is covered per prescription, or within a specific time frame.
ST	Step Therapy Restriction	Before we provide coverage for this drug you must first try another drug to treat your medical condition. This drug may only be covered if the other drug does not work for you.
OTHER SPECIAL REQUIREMENTS FOR COVERAGE		

SP	Specialty Pharmacy	In general, specialty drugs are drugs typically used to treat chronic, complex, or rare conditions and may require enhanced clinical support. Specialty Drugs are generally limited to a month supply on dispense. Please check your member booklet for more details.
OCh	Oral Chemo	Oral Chemotherapy Drug. Certain oral chemotherapy drugs may be covered under your medical plan. Please check your member booklet for more details.
ACA PV	Affordable Care Act (ACA) Preventive Medication	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." *The coverage in full for some drugs is limited to the following:* • *Bowel prep (example: peg 3350-electrolytes oral recon soln): Covered for persons between 45 and 75 years old. Limited to 2 prescriptions per year.* • *Breast cancer prevention (tamoxifen, raloxifene, anastrozole, exemestane, Soltamox liquid, letrozole): Covered in full for persons 35 years or older.* • *Fluoride: Covered in full for persons 6 months old through 16 years old* • *Smoking cessation aids (example: nicotine patches): Covered in full for persons 18 years or older. Limited to 180 days per year.* • *Statins (example: atorvastatin): Covered in full for persons 40 years old through 75 years old.* *Coverage outside of the limits described above will be at the tier in the "Drug Tier" column.*

LA	Limited Access Drug	Some drugs under your plan may only be filled at an in-network specialty pharmacy. These are drugs where the FDA has restricted distribution or are drugs that require special handling, provider coordination, or patient education that cannot be met by a network retail pharmacy.
VAC	Vaccines	For more information on the coverage of vaccines administered at a Pharmacy, please see your member booklet, or contact Customer Service.
EX	Excluded Drug	This drug is excluded from the Essentials formulary. You will be responsible for the full cost of the drug at the pharmacy.

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

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ANCOBON ORAL CAPSULE 250 MG, 500 MG	3	PA
BREXAFEMME ORAL TABLET 150 MG	3	ST; QL (4 Tablet Per fill)
clotrimazole mucous membrane troche 10 mg	1	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	2	PA
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	3	
DIFLUCAN ORAL TABLET 100 MG, 200 MG	3	
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	1	
fluconazole oral tablet 100 mg, 50 mg	1	
fluconazole oral tablet 150 mg	1	QL (2 Unit Per fill)
flucytosine oral capsule 250 mg, 500 mg	1	PA
griseofulvin microsize oral suspension 125 mg/5 ml	1	
griseofulvin microsize oral tablet 500 mg	1	
griseofulvin ultramicrosize oral tablet 125 mg, 165 mg, 250 mg	1	
itraconazole oral capsule 100 mg	1	QL (30 Capsule Per fill)
itraconazole oral solution 10 mg/ml	1	QL (300 Milliliter Per fill)
ketoconazole oral tablet 200 mg	1	
NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON 300 MG	2	PA
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	3	PA
NOXAFIL ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG	EX	
nystatin oral suspension 100,000 unit/ml	1	
nystatin oral tablet 500,000 unit	1	
ORAVIG MUCO-ADHESIVE BUCCAL TABLET 50 MG	3	
posaconazole oral suspension 200 mg/5 ml (40 mg/ml)	1	PA
posaconazole oral tablet, delayed release (dr/ec) 100 mg	1	PA
SPORANOX ORAL CAPSULE 100 MG	3	QL (30 Capsule Per fill)

Drug Name	Drug Tier	Requirements / Limits
SPORANOX ORAL SOLUTION 10 MG/ML	3	QL (300 Milliliter Per fill)
terbinafine hcl oral tablet 250 mg	1	
TOLSURA ORAL CAPSULE, SOLID DISPERSION 65 MG	EX	
VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML)	3	PA
VFEND ORAL TABLET 50 MG	3	PA
VIVJOA ORAL CAPSULE 150 MG	3	PA; QL (18 Capsule Per fill); SP
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	1	PA
voriconazole oral tablet 200 mg, 50 mg	1	PA
ANTIVIRALS		
abacavir oral solution 20 mg/ml	1	
abacavir oral tablet 300 mg	1	
abacavir-lamivudine oral tablet 600-300 mg	1	
acyclovir oral capsule 200 mg	1	
acyclovir oral suspension 200 mg/5 ml	1	
acyclovir oral tablet 400 mg, 800 mg	1	
adefovir oral tablet 10 mg	1	
amantadine hcl oral capsule 100 mg	1	
amantadine hcl oral solution 50 mg/5 ml	1	
amantadine hcl oral tablet 100 mg	1	
APTIVUS ORAL CAPSULE 250 MG	2	
atazanavir oral capsule 150 mg, 200 mg, 300 mg	1	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	2	
BARACLUDE ORAL TABLET 0.5 MG, 1 MG	EX	
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML	2	VAC; ACA
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	2	
CABENUVA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML	2	PA; SP; QL (1 per 23 days)
CABENUVA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 600 MG/3 ML- 900 MG/3 ML	2	PA; SP; QL (1 per 45 days)
CIMDUO ORAL TABLET 300-300 MG	2	

Drug Name	Drug Tier	Requirements / Limits
COMPLERA ORAL TABLET 200-25-300 MG	EX	
darunavir oral tablet 600 mg, 800 mg	1	
DELSTRIGO ORAL TABLET 100-300-300 MG	EX	
DESCOVY ORAL TABLET 120-15 MG	2	
DESCOVY ORAL TABLET 200-25 MG	$0	
DOVATO ORAL TABLET 50-300 MG	2	
EDURANT ORAL TABLET 25 MG	2	
efavirenz oral tablet 600 mg	1	
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg	1	
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg	1	
emtricitabine oral capsule 200 mg	1	
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	$0	ACA
EMTRIVA ORAL CAPSULE 200 MG	3	
EMTRIVA ORAL SOLUTION 10 MG/ML	2	
entecavir oral tablet 0.5 mg, 1 mg	1	
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG	2	PA; SP; QL (84 per 365 days)
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	2	PA; SP; QL (84 per 365 days)
EPIVIR ORAL SOLUTION 10 MG/ML	3	
EPIVIR ORAL TABLET 150 MG, 300 MG	3	
etravirine oral tablet 100 mg, 200 mg	1	
EVOTAZ ORAL TABLET 300-150 MG	3	
famciclovir oral tablet 125 mg, 500 mg	1	QL (21 Unit Per fill)
famciclovir oral tablet 250 mg	1	QL (60 Tablet Per fill)
FLUMADINE ORAL TABLET 100 MG	3	
fosamprenavir oral tablet 700 mg	1	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	2	QL (60 Vial Per fill); SP
GENVOYA ORAL TABLET 150-150-200-10 MG	2	
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	2	PA; SP; QL (56 per 365 days)

Drug Name	Drug Tier	Requirements / Limits
HARVONI ORAL PELLETS IN PACKET 45-200 MG	2	PA; SP; QL (112 per 365 days)
HARVONI ORAL TABLET 45-200 MG	2	PA; SP; QL (112 per 365 days)
HARVONI ORAL TABLET 90-400 MG	2	PA; SP; QL (56 per 365 days)
INTELENCE ORAL TABLET 100 MG, 200 MG	3	
INTELENCE ORAL TABLET 25 MG	2	
ISENTRESS HD ORAL TABLET 600 MG	2	
ISENTRESS ORAL POWDER IN PACKET 100 MG	2	
ISENTRESS ORAL TABLET 400 MG	2	
ISENTRESS ORAL TABLET, CHEWABLE 100 MG, 25 MG	2	
JULUCA ORAL TABLET 50-25 MG	2	
KALETRA ORAL SOLUTION 400-100 MG/5 ML	3	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	3	
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	2	QL (40 per 180 days)
lamivudine oral solution 10 mg/ml	1	
lamivudine oral tablet 100 mg, 150 mg, 300 mg	1	
lamivudine-zidovudine oral tablet 150-300 mg	1	
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	EX	
LIVTENCITY ORAL TABLET 200 MG	3	PA; SP; QL (112 per 21 days)
lopinavir-ritonavir oral solution 400-100 mg/5 ml	1	
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	1	
maraviroc oral tablet 150 mg, 300 mg	1	
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	EX	
MAVYRET ORAL TABLET 100-40 MG	EX	
nevirapine oral suspension 50 mg/5 ml	1	
nevirapine oral tablet 200 mg	1	
nevirapine oral tablet extended release 24 hr 100 mg, 400 mg	1	
NORVIR ORAL POWDER IN PACKET 100 MG	2	
NORVIR ORAL TABLET 100 MG	3	
ODEFSEY ORAL TABLET 200-25-25 MG	2	

Drug Name	Drug Tier	Requirements / Limits
oseltamivir oral capsule 30 mg	1	QL (40 per 365 days)
oseltamivir oral capsule 45 mg, 75 mg	1	QL (20 per 365 days)
oseltamivir oral suspension for reconstitution 6 mg/ml	1	QL (360 per 365 days)
PAXLOVID ORAL TABLETS, DOSE PACK 150-100 MG	2	QL (20 per 180 days)
PAXLOVID ORAL TABLETS, DOSE PACK 300 MG (150 MG X 2)-100 MG	2	QL (30 per 180 days)
PIFELTRO ORAL TABLET 100 MG	EX	
PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG	2	
PREVYMIS ORAL TABLET 240 MG, 480 MG	2	QL (30 per 365 days)
PREZCOBIX ORAL TABLET 800-150 MG-MG	EX	
PREZISTA ORAL SUSPENSION 100 MG/ML	2	
PREZISTA ORAL TABLET 150 MG, 75 MG	2	
PREZISTA ORAL TABLET 600 MG, 800 MG	3	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	3	QL (40 per 365 days)
RETROVIR ORAL CAPSULE 100 MG	3	
RETROVIR ORAL SYRUP 10 MG/ML	3	
REYATAZ ORAL CAPSULE 200 MG, 300 MG	3	
REYATAZ ORAL POWDER IN PACKET 50 MG	2	
ribavirin inhalation recon soln 6 gram	1	PA
ribavirin oral capsule 200 mg	1	ST; SP
ribavirin oral tablet 200 mg	1	ST; SP
rimantadine oral tablet 100 mg	1	
ritonavir oral tablet 100 mg	1	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	EX	
SELZENTRY ORAL SOLUTION 20 MG/ML	2	
SELZENTRY ORAL TABLET 150 MG, 300 MG	3	
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	EX	
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	EX	
SOVALDI ORAL TABLET 200 MG, 400 MG	EX	

Drug Name	Drug Tier	Requirements / Limits
STRIBILD ORAL TABLET 150-150-200-300 MG	EX	
SUNLENCA ORAL TABLET 300 MG	3	PA; SP
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	3	PA; SP
SYMFI LO ORAL TABLET 400-300-300 MG	2	
SYMFI ORAL TABLET 600-300-300 MG	2	
SYMTUZA ORAL TABLET 800-150-200-10 MG	2	
TAMIFLU ORAL CAPSULE 30 MG	3	QL (40 per 365 days)
TAMIFLU ORAL CAPSULE 45 MG, 75 MG	3	QL (20 per 365 days)
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML	3	QL (360 per 365 days)
TEMBEXA ORAL SUSPENSION 10 MG/ML	3	
TEMBEXA ORAL TABLET 100 MG	3	
tenofovir disoproxil fumarate oral tablet 300 mg	1	
TIVICAY ORAL TABLET 50 MG	2	
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	2	
TRIUMEQ ORAL TABLET 600-50-300 MG	2	
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	2	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	EX	
TYBOST ORAL TABLET 150 MG	3	
valacyclovir oral tablet 1 gram, 500 mg	1	QL (30 Tablet Per fill)
VALCYTE ORAL RECON SOLN 50 MG/ML	3	
VALCYTE ORAL TABLET 450 MG	3	
valganciclovir oral recon soln 50 mg/ml	1	
valganciclovir oral tablet 450 mg	1	
VALTREX ORAL TABLET 1 GRAM, 500 MG	EX	
VEMLIDY ORAL TABLET 25 MG	2	
VIRACEPT ORAL TABLET 250 MG, 625 MG	2	
VIRAZOLE INHALATION RECON SOLN 6 GRAM	3	PA
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	

Drug Name	Drug Tier	Requirements / Limits
VIREAD ORAL TABLET 300 MG	3	
VOSEVI ORAL TABLET 400-100-100 MG	2	PA; SP; QL (84 per 365 days)
XOFLUZA ORAL TABLET 40 MG, 80 MG	3	QL (2 per 365 days)
ZEPATIER ORAL TABLET 50-100 MG	2	PA; SP; QL (28 per 365 days)
ZIAGEN ORAL SOLUTION 20 MG/ML	3	
zidovudine oral capsule 100 mg	1	
zidovudine oral syrup 10 mg/ml	1	
zidovudine oral tablet 300 mg	1	
CEPHALOSPORINS		
cefaclor oral capsule 250 mg, 500 mg	1	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	1	
cefaclor oral tablet extended release 12 hr 500 mg	1	
cefadroxil oral capsule 500 mg	1	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	1	
cefadroxil oral tablet 1 gram	1	
cefazolin injection recon soln 1 gram, 3 gram	1	ST
cefdinir oral capsule 300 mg	1	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
cefixime oral capsule 400 mg	1	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	1	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	1	
cefpodoxime oral tablet 100 mg, 200 mg	1	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
cefprozil oral tablet 250 mg, 500 mg	1	
ceftriaxone injection recon soln 1 gram, 250 mg, 500 mg	1	ST
cefuroxime axetil oral tablet 250 mg, 500 mg	1	
cephalexin oral capsule 250 mg, 500 mg, 750 mg	1	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
cephalexin oral tablet 250 mg, 500 mg	1	

Drug Name	Drug Tier	Requirements / Limits
ERYTHROMYCINS & OTHER MACROLIDES		
azithromycin oral packet 1 gram	1	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
clarithromycin oral tablet 250 mg, 500 mg	1	
clarithromycin oral tablet extended release 24 hr 500 mg	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	3	QL (1 Unit Per fill)
DIFICID ORAL TABLET 200 MG	3	QL (20 Tablet Per fill)
e.e.s. oral tablet 400 mg	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	
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML	3	
ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg	1	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	3	
erythrocin (as stearate) oral tablet 250 mg	1	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml	1	
erythromycin ethylsuccinate oral tablet 400 mg	1	
erythromycin oral capsule, delayed release (dr/ec) 250 mg	1	
erythromycin oral tablet 250 mg, 500 mg	1	
erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg	1	
ZITHROMAX ORAL PACKET 1 GRAM	3	
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML	3	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	

Drug Name	Drug Tier	Requirements / Limits
ZITHROMAX TRI-PAK ORAL TABLET 500 MG	3	
ZITHROMAX Z-PAK ORAL TABLET 250 MG	3	
MISCELLANEOUS ANTIINFECTIVES		
albendazole oral tablet 200 mg	1	QL (120 per 23 days)
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	2	QL (180 per 23 days)
ALINIA ORAL TABLET 500 MG	EX	
amikacin injection solution 500 mg/2 ml	1	ST
ARAKODA ORAL TABLET 100 MG	3	QL (32 per 180 days)
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	2	PA; SP; LA
atovaquone oral suspension 750 mg/5 ml	1	
atovaquone-proguanil oral tablet 250-100 mg	1	QL (60 per 180 days)
atovaquone-proguanil oral tablet 62.5-25 mg	1	QL (180 per 180 days)
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	2	QL (720 per 365 days)
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	3	PA; QL (224 Milliliter Per fill); SP
BILTRICIDE ORAL TABLET 600 MG	3	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	2	PA; QL (84 Unit Per fill); SP; LA
chloroquine phosphate oral tablet 250 mg, 500 mg	1	
CLEOCIN HCL ORAL CAPSULE 150 MG, 300 MG, 75 MG	3	
CLEOCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	3	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	1	
clindamycin pediatric oral recon soln 75 mg/5 ml	1	
COARTEM ORAL TABLET 20-120 MG	2	QL (24 per 23 days)
colistin (colistimethate na) injection recon soln 150 mg	1	ST
COLY-MYCIN M PARENTERAL INJECTION RECON SOLN 150 MG	3	ST
cycloserine oral capsule 250 mg	2	
dapsone oral tablet 100 mg, 25 mg	1	
DARAPRIM ORAL TABLET 25 MG	3	PA; SP

Drug Name	Drug Tier	Requirements / Limits
EMVERM ORAL TABLET, CHEWABLE 100 MG	2	QL (6 per 23 days)
ethambutol oral tablet 100 mg, 400 mg	1	
FLAGYL ORAL CAPSULE 375 MG	3	
gentamicin injection solution 40 mg/ml	1	ST
HUMATIN ORAL CAPSULE 250 MG	3	SP
hydroxychloroquine oral tablet 100 mg, 200 mg, 300 mg, 400 mg	1	
IMPAVIDO ORAL CAPSULE 50 MG	2	PA; QL (84 per 23 days)
isoniazid oral solution 50 mg/5 ml	1	
isoniazid oral tablet 100 mg, 300 mg	1	
ivermectin oral tablet 3 mg	1	PA; QL (14 per 23 days)
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	2	PA; QL (280 Milliliter Per fill); SP
KRINTAFEL ORAL TABLET 150 MG	3	QL (2 per 23 days)
LAMPIT ORAL TABLET 120 MG, 30 MG	EX	
LIKMEZ ORAL SUSPENSION 500 MG/5 ML	EX	
linezolid oral suspension for reconstitution 100 mg/5 ml	1	
linezolid oral tablet 600 mg	1	
MALARONE ORAL TABLET 250-100 MG	3	QL (60 per 180 days)
MALARONE PEDIATRIC ORAL TABLET 62.5-25 MG	3	QL (180 per 180 days)
mefloquine oral tablet 250 mg	1	QL (13 per 180 days)
MEPRON ORAL SUSPENSION 750 MG/5 ML	3	
metronidazole oral capsule 375 mg	1	
metronidazole oral tablet 250 mg, 500 mg	1	
NEBUPENT INHALATION RECON SOLN 300 MG	3	QL (1 per 21 days)
neomycin oral tablet 500 mg	1	
nitazoxanide oral tablet 500 mg	1	QL (12 per 23 days)
paromomycin oral capsule 250 mg	1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	3	
pentamidine inhalation recon soln 300 mg	1	QL (1 per 21 days)
PLAQUENIL ORAL TABLET 200 MG	EX	
praziquantel oral tablet 600 mg	1	

Drug Name	Drug Tier	Requirements / Limits
PRETOMANID ORAL TABLET 200 MG	3	PA
PRIFTIN ORAL TABLET 150 MG	2	
primaquine oral tablet 26.3 mg (15 mg base)	1	QL (120 per 180 days)
pyrazinamide oral tablet 500 mg	1	
pyrimethamine oral tablet 25 mg	1	PA
QUALAQUIN ORAL CAPSULE 324 MG	3	QL (42 per 23 days)
quinine sulfate oral capsule 324 mg	1	QL (42 per 23 days)
rifabutin oral capsule 150 mg	1	
rifampin oral capsule 150 mg, 300 mg	1	
SIRTURO ORAL TABLET 100 MG, 20 MG	2	PA; LA
SIVEXTRO ORAL TABLET 200 MG	EX	
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM	2	QL (1 Unit Per fill)
SOVUNA ORAL TABLET 200 MG, 300 MG	EX	
STROMECTOL ORAL TABLET 3 MG	3	PA; QL (14 per 23 days)
tinidazole oral tablet 250 mg	1	QL (40 per 23 days)
tinidazole oral tablet 500 mg	1	QL (20 per 23 days)
TOBI INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	EX	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	2	PA; QL (224 Unit Per fill); SP
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	1	PA; QL (280 Unit Per fill); SP
tobramycin inhalation solution for nebulization 300 mg/4 ml	1	PA; QL (224 Milliliter Per fill); SP
tobramycin sulfate injection recon soln 1.2 gram	1	ST
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	3	PA; QL (280 Milliliter Per fill); SP
TRECATOR ORAL TABLET 250 MG	3	
XENLETA ORAL TABLET 600 MG	3	
XIFAXAN ORAL TABLET 200 MG	2	QL (9 Tablet Per fill)
XIFAXAN ORAL TABLET 550 MG	2	QL (60 Tablet Per fill)
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	3	
ZYVOX ORAL TABLET 600 MG	3	
PENICILLINS		

Drug Name	Drug Tier	Requirements / Limits
amoxicillin oral capsule 250 mg, 500 mg	1	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	1	
amoxicillin oral tablet 500 mg, 875 mg	1	
amoxicillin oral tablet, chewable 125 mg, 250 mg	1	
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	1	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	1	
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	1	
amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg	1	
ampicillin oral capsule 500 mg	1	
AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION 600-42.9 MG/5 ML	3	
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	
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)	2	ST
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	2	ST
dicloxacillin oral capsule 250 mg, 500 mg	1	
EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT	3	
LENTOCILIN S INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT	3	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG	3	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	1	
penicillin v potassium oral tablet 250 mg, 500 mg	1	
QUINOLONES		

Drug Name	Drug Tier	Requirements / Limits
BAXDELA ORAL TABLET 450 MG	2	QL (28 Tablet Per fill)
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	3	
CIPRO ORAL TABLET 250 MG, 500 MG	3	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1	
ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml	1	
levofloxacin oral solution 250 mg/10 ml	1	
levofloxacin oral tablet 250 mg	1	
moxifloxacin oral tablet 400 mg	1	
ofloxacin oral tablet 300 mg, 400 mg	1	
SULFA'S & RELATED AGENTS		
BACTRIM DS ORAL TABLET 800-160 MG	3	
BACTRIM ORAL TABLET 400-80 MG	3	
sulfadiazine oral tablet 500 mg	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	
sulfatrim oral suspension 200-40 mg/5 ml	1	
TETRACYCLINES		
ACTICLATE ORAL TABLET 150 MG, 75 MG	3	ST
AVIDOXY DK KIT 100 MG-2 % -SPF 30	3	ST
avidoxy oral tablet 100 mg	1	
demeclocycline oral tablet 150 mg, 300 mg	1	
DORYX MPC ORAL TABLET, DELAYED RELEASE (DR/EC) 60 MG	EX	
DORYX ORAL TABLET, DELAYED RELEASE (DR/EC) 200 MG, 80 MG	EX	
doxycycline hyclate oral capsule 100 mg, 50 mg	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	1	ST
doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	1	ST
DOXYCYCLINE HYCLATE ORAL TABLET, DELAYED RELEASE (DR/EC) 80 MG	EX	

Drug Name	Drug Tier	Requirements / Limits
doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg	1	
doxycycline monohydrate oral capsule 150 mg	1	ST
doxycycline monohydrate oral capsule, ir - delay rel, biphase 40 mg	1	ST
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml	1	
doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	1	
minocycline oral capsule 100 mg, 50 mg, 75 mg	1	
MINOCYCLINE ORAL CAPSULE, EXTENDED RELEASE 24HR 135 MG, 45 MG, 90 MG	EX	
minocycline oral tablet 100 mg, 50 mg, 75 mg	1	
minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg	1	ST
mondoxyne nl oral capsule 100 mg, 75 mg	1	
MONODOX ORAL CAPSULE 100 MG, 50 MG, 75 MG	3	ST
MORGIDOX 1X 50 KIT 50 MG	3	ST
MORGIDOX 1X100 KIT 100 MG	3	ST
NUZYRA ORAL TABLET 150 MG	3	QL (30 Tablet Per fill)
ORACEA ORAL CAPSULE, IR - DELAY REL, BIPHASE 40 MG	EX	
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG	3	ST
TARGADOX ORAL TABLET 50 MG	3	ST
tetracycline oral capsule 250 mg, 500 mg	1	
tetracycline oral tablet 250 mg, 500 mg	1	ST
XIMINO ORAL CAPSULE, EXTENDED RELEASE 24HR 135 MG, 45 MG, 90 MG	EX	
URINARY TRACT AGENTS		
fosfomycin tromethamine oral packet 3 gram	1	
FURADANTIN ORAL SUSPENSION 25 MG/5 ML	3	
MACROBID ORAL CAPSULE 100 MG	3	
methenamine hippurate oral tablet 1 gram	1	
methenamine mandelate oral tablet 0.5 gram, 1 gram	1	

Drug Name	Drug Tier	Requirements / Limits
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	1	
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	1	
nitrofurantoin oral suspension 25 mg/5 ml	1	
NITROFURANTOIN ORAL SUSPENSION 50 MG/5 ML	EX	
PRIMSOL ORAL SOLUTION 50 MG/5 ML	3	
trimethoprim oral tablet 100 mg	1	
VANCOMYCIN		
FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML	EX	
VANCOCIN ORAL CAPSULE 125 MG	3	ST; QL (40 Capsule Per fill)
VANCOCIN ORAL CAPSULE 250 MG	3	ST; QL (80 Capsule Per fill)
vancomycin oral capsule 125 mg	1	ST; QL (40 Capsule Per fill)
vancomycin oral capsule 250 mg	1	ST; QL (80 Capsule Per fill)
vancomycin oral recon soln 25 mg/ml	1	QL (300 Milliliter Per fill)
vancomycin oral recon soln 50 mg/ml	1	QL (450 Milliliter Per fill)
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	1	
MESNEX ORAL TABLET 400 MG	2	
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	2	PA; SP
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
abiraterone oral tablet 250 mg, 500 mg	1	PA; SP; Och
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	EX	
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	EX	
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	EX	
ALECENSA ORAL CAPSULE 150 MG	2	PA; SP; Och
ALKERAN ORAL TABLET 2 MG	3	Och
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	2	PA; SP; Och

Drug Name	Drug Tier	Requirements / Limits
ALUNBRIG ORAL TABLETS, DOSE PACK 90 MG (7)- 180 MG (23)	2	PA; SP; Och
ALYMSYS INTRAVENOUS SOLUTION 25 MG/ML	EX	
anastrozole oral tablet 1 mg	1	Och; ACA
ARIMIDEX ORAL TABLET 1 MG	EX	
AROMASIN ORAL TABLET 25 MG	3	Och
ASTAGRAF XL ORAL CAPSULE, EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	3	PA
AUGTYRO ORAL CAPSULE 40 MG	3	PA; SP; Och
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML	EX	
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	3	PA; SP; Och; LA
AZASAN ORAL TABLET 100 MG, 75 MG	3	
azathioprine oral tablet 100 mg, 50 mg, 75 mg	1	
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	2	PA; SP; Och; LA
bexarotene oral capsule 75 mg	1	PA; SP; Och
bexarotene topical gel 1 %	1	PA; SP
bicalutamide oral tablet 50 mg	1	Och
BOSULIF ORAL CAPSULE 100 MG, 50 MG	2	PA; SP; Och
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	2	PA; SP; Och
BRAFTOVI ORAL CAPSULE 75 MG	2	PA; SP; Och; LA
BRUKINSA ORAL CAPSULE 80 MG	2	PA; SP; Och; LA
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	2	PA; SP; Och; LA
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	2	PA; SP; Och; LA
capecitabine oral tablet 150 mg, 500 mg	1	PA; SP; Och
CAPRELSA ORAL TABLET 100 MG, 300 MG	2	PA; SP; Och; LA
CASODEX ORAL TABLET 50 MG	3	Och
CELLCEPT ORAL CAPSULE 250 MG	3	
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML	3	
CELLCEPT ORAL TABLET 500 MG	3	

Drug Name	Drug Tier	Requirements / Limits
COLUMVI INTRAVENOUS SOLUTION 1 MG/ML	EX	
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
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	3	PA; SP; Och; LA
COTELLIC ORAL TABLET 20 MG	2	PA; SP; Och; LA
cyclophosphamide oral capsule 25 mg, 50 mg	1	Och
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	3	Och
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	1	
cyclosporine modified oral solution 100 mg/ml	1	
cyclosporine oral capsule 100 mg, 25 mg	1	
DANZITEN ORAL TABLET 71 MG, 95 MG	2	PA; SP; Och
dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg	1	PA; SP; Och
DAURISMO ORAL TABLET 100 MG, 25 MG	3	PA; SP; Och
DOCIVYX INTRAVENOUS SOLUTION 160 MG/16 ML (10 MG/ML), 20 MG/2 ML (10 MG/ML), 80 MG/8 ML (10 MG/ML)	EX	
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	2	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	2	PA; SP
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	2	PA; SP
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	2	PA; SP
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	2	PA; SP
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; SP
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	EX	
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML	EX	
ERIVEDGE ORAL CAPSULE 150 MG	2	PA; SP; Och
ERLEADA ORAL TABLET 240 MG, 60 MG	2	PA; SP; Och
erlotinib oral tablet 100 mg, 150 mg, 25 mg	1	PA; SP; Och

Drug Name	Drug Tier	Requirements / Limits
etoposide oral capsule 50 mg	1	Och
EULEXIN ORAL CAPSULE 125 MG	3	Och
everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	PA; SP; Och
everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg	1	PA; SP; Och
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	
exemestane oral tablet 25 mg	1	Och; ACA
FARESTON ORAL TABLET 60 MG	3	Och
FEMARA ORAL TABLET 2.5 MG	3	Och
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG, 80 MG	2	PA; SP
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	EX	
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	EX	
GAVRETO ORAL CAPSULE 100 MG	2	PA; SP; Och; LA
gefitinib oral tablet 250 mg	1	PA; SP; Och
gengraf oral capsule 100 mg, 25 mg	1	
gengraf oral solution 100 mg/ml	1	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	2	PA; SP; Och
GLEEVEC ORAL TABLET 100 MG, 400 MG	EX	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	2	Och
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	EX	
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	EX	
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG	EX	
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	2	PA; SP; Och
HYDREA ORAL CAPSULE 500 MG	3	Och
hydroxyurea oral capsule 500 mg	1	Och
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	3	PA; SP; Och
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	3	PA; SP; Och

Drug Name	Drug Tier	Requirements / Limits
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	2	PA; SP; Och
IDHIFA ORAL TABLET 100 MG, 50 MG	2	PA; SP; Och; LA
imatinib oral tablet 100 mg, 400 mg	1	PA; SP; Och
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
IMURAN ORAL TABLET 50 MG	3	
INLYTA ORAL TABLET 1 MG, 5 MG	2	PA; SP; Och
INQOVI ORAL TABLET 35-100 MG	EX	
INREBIC ORAL CAPSULE 100 MG	EX	
IRESSA ORAL TABLET 250 MG	3	PA; SP; Och
ITOVEBI ORAL TABLET 3 MG, 9 MG	EX	SP; Och
IWILFIN ORAL TABLET 192 MG	2	PA; SP; Och; LA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	2	PA; SP; Och
JAYPIRCA ORAL TABLET 100 MG, 50 MG	EX	
JYLAMVO ORAL SOLUTION 2 MG/ML	EX	
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	2	PA; SP; Och
KLISYRI TOPICAL OINTMENT IN PACKET 1 %	EX	
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	3	PA; SP; Och
KRAZATI ORAL TABLET 200 MG	EX	
lanreotide subcutaneous syringe 120 mg/0.5 ml	1	PA; SP; QL (1 per 21 days)
lapatinib oral tablet 250 mg	1	PA; SP; Och
LAZCLUZE ORAL TABLET 240 MG, 80 MG	3	SP; Och; LA
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	1	PA; SP; Och
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	2	PA; SP; Och
letrozole oral tablet 2.5 mg	1	Och

Drug Name	Drug Tier	Requirements / Limits
LEUKERAN ORAL TABLET 2 MG	2	Och
LEUPROLIDE (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	EX	
leuprolide subcutaneous kit 1 mg/0.2 ml	1	PA; SP
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	2	PA; SP; Och
LORBRENA ORAL TABLET 100 MG, 25 MG	2	PA; SP; Och
LUMAKRAS ORAL TABLET 120 MG, 320 MG	3	PA; SP; Och
LUPKYNIS ORAL CAPSULE 7.9 MG	2	PA; QL (180 Capsule Per fill); SP
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	2	PA; SP
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	2	PA; SP
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	2	PA; SP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	2	PA; SP
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	EX	
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	EX	
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	EX	
LYNPARZA ORAL TABLET 100 MG, 150 MG	2	PA; SP; Och
LYSODREN ORAL TABLET 500 MG	2	SP; Och
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	2	PA; SP; Och; LA
MATULANE ORAL CAPSULE 50 MG	2	SP; Och
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)	1	
megestrol oral tablet 20 mg, 40 mg	1	Och
MEKINIST ORAL RECON SOLN 0.05 MG/ML	2	PA; SP; Och
MEKINIST ORAL TABLET 0.5 MG, 2 MG	2	PA; SP; Och
MEKTOVI ORAL TABLET 15 MG	2	PA; SP; Och; LA
mercaptopurine oral tablet 50 mg	1	Och

Drug Name	Drug Tier	Requirements / Limits
methotrexate sodium injection solution 25 mg/ml	1	
methotrexate sodium oral tablet 2.5 mg	1	Och
MYCAPSSA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 20 MG	3	PA; SP; LA; QL (56 per 21 days)
mycophenolate mofetil oral capsule 250 mg	1	
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	1	
mycophenolate mofetil oral tablet 500 mg	1	
mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg	1	
MYFORTIC ORAL TABLET, DELAYED RELEASE (DR/EC) 180 MG, 360 MG	3	
MYHIBBIN ORAL SUSPENSION 200 MG/ML	2	
MYLERAN ORAL TABLET 2 MG	2	Och
NEORAL ORAL CAPSULE 100 MG, 25 MG	3	
NEORAL ORAL SOLUTION 100 MG/ML	3	
NERLYNX ORAL TABLET 40 MG	2	PA; SP; Och; LA
NEXAVAR ORAL TABLET 200 MG	3	PA; SP; Och; LA
NILANDRON ORAL TABLET 150 MG	3	PA; Och
nilutamide oral tablet 150 mg	1	PA; Och
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	2	PA; SP; Och
NUBEQA ORAL TABLET 300 MG	2	PA; SP; Och; LA
octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	1	PA; SP
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	1	PA; SP
ODOMZO ORAL CAPSULE 200 MG	2	PA; SP; Och; LA
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	EX	
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG	3	PA; SP; Och
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	2	SP; Och
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)	2	SP; Och
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	EX	

Drug Name	Drug Tier	Requirements / Limits
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG	EX	
ONUREG ORAL TABLET 200 MG, 300 MG	EX	
ORGOVYX ORAL TABLET 120 MG	3	PA; SP; Och; LA
ORSERDU ORAL TABLET 345 MG, 86 MG	2	PA; SP; Och
pazopanib oral tablet 200 mg	1	PA; SP; Och
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	2	PA; SP; Och; LA
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	2	PA; SP; Och
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	2	PA; SP; Och; LA
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	3	
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	2	
PURIXAN ORAL SUSPENSION 20 MG/ML	2	SP; Och
QINLOCK ORAL TABLET 50 MG	EX	
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG	3	PA; SP; Och; LA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	2	PA; SP; Och; LA
REVUFORJ ORAL TABLET 110 MG, 160 MG	2	SP; Och
REZLIDHIA ORAL CAPSULE 150 MG	EX	
REZUROCK ORAL TABLET 200 MG	3	PA; QL (30 Tablet Per fill)
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	EX	
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	EX	
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	EX	
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	2	PA; SP; Och; LA
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	2	PA; SP; Och; LA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	EX	
RYDAPT ORAL CAPSULE 25 MG	2	PA; SP; Och

Drug Name	Drug Tier	Requirements / Limits
RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG	EX	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	3	
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	3	PA; SP
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 10 MG, 20 MG, 30 MG	EX	
SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG	2	PA; SP; Och
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MG, 20 MG, 30 MG, 40 MG, 60 MG	EX	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	2	PA; SP
SIKLOS ORAL TABLET 1,000 MG, 100 MG	EX	
sirolimus oral solution 1 mg/ml	1	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	1	
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	3	Och; ACA
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	2	PA; SP; QL (1 per 21 days)
sorafenib oral tablet 200 mg	1	PA; SP; Och
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	2	PA; SP; Och
STIVARGA ORAL TABLET 40 MG	2	PA; SP; Och
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	1	PA; SP; Och
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	3	PA; SP; Och
TABLOID ORAL TABLET 40 MG	3	Och
TABRECTA ORAL TABLET 150 MG, 200 MG	2	PA; SP; Och
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	1	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	2	PA; SP; Och
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	2	PA; SP; Och
TAGRISSO ORAL TABLET 40 MG, 80 MG	2	PA; SP; Och; LA

Drug Name	Drug Tier	Requirements / Limits
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	2	PA; SP; Och
tamoxifen oral tablet 10 mg, 20 mg	1	Och; ACA
TARCEVA ORAL TABLET 100 MG	3	PA; SP; Och
TARGRETIN ORAL CAPSULE 75 MG	EX	
TARGRETIN TOPICAL GEL 1 %	3	PA; SP
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	2	PA; SP; Och
TAZVERIK ORAL TABLET 200 MG	3	PA; SP; Och; LA
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	1	PA; SP; Och
TEPMETKO ORAL TABLET 225 MG	EX	
THALOMID ORAL CAPSULE 100 MG, 50 MG	2	PA; SP; Och
TIBSOVO ORAL TABLET 250 MG	2	PA; SP; Och
toremifene oral tablet 60 mg	1	Och
torpenz oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	PA; SP; Och
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	EX	
tretinoin (antineoplastic) oral capsule 10 mg	1	Och
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	3	Och
TRUQAP ORAL TABLET 160 MG	2	SP; Och
TRUQAP ORAL TABLET 200 MG	3	PA; SP; Och
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	EX	
TUKYSA ORAL TABLET 150 MG, 50 MG	3	PA; SP; Och; LA
TURALIO ORAL CAPSULE 125 MG	3	PA; SP; Och; LA
TYKERB ORAL TABLET 250 MG	EX	PA; SP; Och; LA
UPLIZNA INTRAVENOUS SOLUTION 10 MG/ML	EX	
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	EX	
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	2	PA; SP; Och; LA
VENCLEXTA STARTING PACK ORAL TABLETS, DOSE PACK 10 MG-50 MG- 100 MG	2	PA; SP; Och

Drug Name	Drug Tier	Requirements / Limits
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	2	PA; SP; Och; LA
VIJOICE ORAL GRANULES IN PACKET 50 MG	2	PA; SP; QL (28 per 21 days)
VIJOICE ORAL TABLET 125 MG, 50 MG	2	PA; SP; QL (28 per 21 days)
VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	2	PA; SP; QL (56 per 21 days)
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	2	PA; SP; Och; LA
VITRAKVI ORAL SOLUTION 20 MG/ML	2	PA; SP; Och; LA
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	2	PA; SP; Och
VONJO ORAL CAPSULE 100 MG	2	PA; SP; Och
VORANIGO ORAL TABLET 10 MG, 40 MG	3	SP; Och
VOTRIENT ORAL TABLET 200 MG	3	PA; SP; Och
WELIREG ORAL TABLET 40 MG	3	PA; SP; Och; LA
XALKORI ORAL CAPSULE 200 MG, 250 MG	2	PA; SP; Och
XALKORI ORAL PELLET 150 MG, 20 MG, 50 MG	2	PA; SP; Och
XATMEP ORAL SOLUTION 2.5 MG/ML	EX	
XELODA ORAL TABLET 150 MG, 500 MG	3	PA; SP; Och
XERMELO ORAL TABLET 250 MG	2	PA; SP; LA
XOSPATA ORAL TABLET 40 MG	2	PA; SP; Och; LA
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	EX	
XTANDI ORAL CAPSULE 40 MG	2	PA; SP; Och
XTANDI ORAL TABLET 40 MG, 80 MG	2	PA; SP; Och
YONSA ORAL TABLET 125 MG	3	PA; SP; Och
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	EX	
ZELBORAF ORAL TABLET 240 MG	2	PA; SP; Och
ZOLINZA ORAL CAPSULE 100 MG	2	PA; SP; Och
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	3	
ZYDELIG ORAL TABLET 100 MG, 150 MG	2	PA; SP; Och

Drug Name	Drug Tier	Requirements / Limits
ZYKADIA ORAL TABLET 150 MG	2	PA; SP; Och
ZYTIGA ORAL TABLET 250 MG, 500 MG	EX	
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	3	
BANZEL ORAL SUSPENSION 40 MG/ML	EX	
BANZEL ORAL TABLET 200 MG, 400 MG	EX	
BRIVIACT ORAL SOLUTION 10 MG/ML	3	ST
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	3	ST
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	1	
carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml	1	
carbamazepine oral tablet 200 mg	1	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	1	
carbamazepine oral tablet, chewable 100 mg	1	
CARBAMAZEPINE ORAL TABLET, CHEWABLE 200 MG	3	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	3	
CELONTIN ORAL CAPSULE 300 MG	3	
clobazam oral suspension 2.5 mg/ml	1	PA
clobazam oral tablet 10 mg, 20 mg	1	PA
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	
clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	3	ST
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	3	ST
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	3	ST
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	2	PA; SP
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	1	
DILANTIN EXTENDED ORAL CAPSULE 100 MG	3	
DILANTIN INFATABS ORAL TABLET, CHEWABLE 50 MG	3	
DILANTIN ORAL CAPSULE 30 MG	2	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	3	
divalproex oral capsule, delayed rel sprinkle 125 mg	1	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	1	
divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg	1	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1, 000 MG, 1, 500 MG	3	ST
EPIDIOLEX ORAL SOLUTION 100 MG/ML	2	PA; SP; LA
epitol oral tablet 200 mg	1	
EPRONTIA ORAL SOLUTION 25 MG/ML	EX	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	3	
ethosuximide oral capsule 250 mg	1	
ethosuximide oral solution 250 mg/5 ml	1	
felbamate oral suspension 600 mg/5 ml	1	
felbamate oral tablet 400 mg, 600 mg	1	
FELBATOL ORAL TABLET 400 MG, 600 MG	3	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	EX	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	2	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	2	
gabapentin oral capsule 100 mg, 400 mg	1	
gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)	1	
gabapentin oral tablet 600 mg, 800 mg	1	

Drug Name	Drug Tier	Requirements / Limits
gabapentin oral tablet extended release 24 hr 300 mg, 600 mg	1	ST
GABARONE ORAL TABLET 100 MG, 400 MG	EX	
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 450 MG, 600 MG, 750 MG, 900 MG	3	ST
KEPPRA INTRAVENOUS SOLUTION 500 MG/5 ML	EX	
KEPPRA ORAL SOLUTION 100 MG/ML	EX	
KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG	EX	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	EX	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG	EX	
lacosamide oral solution 10 mg/ml	1	
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	1	
LAMICTAL ODT ORAL TABLET, DISINTEGRATING 100 MG, 200 MG, 25 MG, 50 MG	EX	
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG (21) -50 MG (7)	EX	
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK 50 MG (42) -100 MG (14)	EX	
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG(14)-50 MG (14)-100 MG (7)	EX	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	EX	
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	EX	
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS, DOSE PACK 25 MG (35)	EX	
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS, DOSE PACK 25 MG (84) -100 MG (14)	EX	
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS, DOSE PACK 25 MG (42) -100 MG (7)	EX	

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	EX	
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL, DOSE PACK 25 MG (21) -50 MG (7)	3	ST
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL, DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	3	ST
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL, DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	3	ST
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
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)	1	
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	1	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	1	
lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg	1	
lamotrigine oral tablets, dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)	1	
levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)	1	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	1	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	1	
LEVETIRACETAM ORAL TABLET FOR SUSPENSION 250 MG	3	ST
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	EX	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 330 MG, 82.5 MG	EX	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	EX	
LYRICA ORAL SOLUTION 20 MG/ML	EX	
methsuximide oral capsule 300 mg	1	

Drug Name	Drug Tier	Requirements / Limits
MOTPOLY XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG	EX	
MYSOLINE ORAL TABLET 250 MG, 50 MG	3	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	2	PA; QL (2 Unit Per fill)
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG	EX	
NEURONTIN ORAL SOLUTION 250 MG/5 ML	EX	
NEURONTIN ORAL TABLET 600 MG, 800 MG	EX	
ONFI ORAL SUSPENSION 2.5 MG/ML	EX	
ONFI ORAL TABLET 10 MG, 20 MG	EX	
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	1	
oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg, 600 mg	1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG	3	ST
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	1	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	1	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	3	
phenytoin oral suspension 125 mg/5 ml	1	
phenytoin oral tablet, chewable 50 mg	1	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	1	
pregabalin oral solution 20 mg/ml	1	
pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg	1	PA
PRIMIDONE ORAL TABLET 125 MG	EX	
primidone oral tablet 250 mg, 50 mg	1	
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	3	ST
roweepra oral tablet 500 mg	1	
rufinamide oral suspension 40 mg/ml	1	PA

Drug Name	Drug Tier	Requirements / Limits
rufinamide oral tablet 200 mg, 400 mg	1	PA
SABRIL ORAL POWDER IN PACKET 500 MG	EX	
SABRIL ORAL TABLET 500 MG	EX	
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	3	ST
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
subvenite starter (blue) kit oral tablets, dose pack 25 mg (35)	1	
subvenite starter (green) kit oral tablets, dose pack 25 mg (84) -100 mg (14)	1	
subvenite starter (orange) kit oral tablets, dose pack 25 mg (42) -100 mg (7)	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	3	PA
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	3	
TEGRETOL ORAL TABLET 200 MG	3	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG	3	
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg	1	
TOPAMAX ORAL CAPSULE, SPRINKLE 15 MG, 25 MG	EX	
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	EX	
topiramate oral capsule, sprinkle 15 mg, 25 mg	1	
TOPIRAMATE ORAL CAPSULE, SPRINKLE 50 MG	EX	
topiramate oral capsule, extended release 24hr 100 mg, 200 mg, 25 mg, 50 mg	1	ST
topiramate oral capsule, sprinkle, er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	1	ST
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	
TRILEPTAL ORAL SUSPENSION 300 MG/5 ML (60 MG/ML)	EX	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG	EX	
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 50 MG	3	ST

Drug Name	Drug Tier	Requirements / Limits
valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)	1	
valproic acid oral capsule 250 mg	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	PA; QL (2 Unit Per fill)
vigabatrin oral powder in packet 500 mg	1	PA; QL (150 Unit Per fill); SP; LA
vigabatrin oral tablet 500 mg	1	PA; QL (180 Tablet Per fill); SP; LA
vigadrone oral powder in packet 500 mg	1	PA; QL (150 Unit Per fill); SP
vigadrone oral tablet 500 mg	1	PA; QL (180 Tablet Per fill); SP
VIGAFYDE ORAL SOLUTION 100 MG/ML	EX	
vigpoder oral powder in packet 500 mg	1	PA; QL (150 Unit Per fill); SP
VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML	EX	
VIMPAT ORAL SOLUTION 10 MG/ML	EX	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	EX	
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY (150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	3	QL (56 Tablet Per fill)
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	3	QL (30 Tablet Per fill)
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	QL (28 Tablet Per fill)
ZARONTIN ORAL CAPSULE 250 MG	3	
ZARONTIN ORAL SOLUTION 250 MG/5 ML	3	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	EX	
ZONISADE ORAL SUSPENSION 100 MG/5 ML	EX	
zonisamide oral capsule 100 mg, 25 mg, 50 mg	1	
ZTALMY ORAL SUSPENSION 50 MG/ML	2	PA; SP; LA
ANTIPARKINSONISM AGENTS		
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	EX	
apomorphine subcutaneous cartridge 10 mg/ml	1	PA; SP; QL (30 per 23 days)
AZILECT ORAL TABLET 0.5 MG, 1 MG	3	PA
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	1	

Drug Name	Drug Tier	Requirements / Limits
bromocriptine oral capsule 5 mg	1	
bromocriptine oral tablet 2.5 mg	1	
carbidopa oral tablet 25 mg	1	PA
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	1	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	1	
carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg	1	
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	1	
DHIVY ORAL TABLET 25-100 MG	EX	
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML	3	PA; SP
entacapone oral tablet 200 mg	1	
GOCOVRI ORAL CAPSULE, EXTENDED RELEASE 24HR 137 MG, 68.5 MG	EX	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	2	PA; QL (300 Capsule Per fill); SP
LODOSYN ORAL TABLET 25 MG	3	PA
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	3	
NOURIANZ ORAL TABLET 20 MG, 40 MG	3	PA; QL (30 Tablet Per fill); SP; LA
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	EX	
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG	EX	
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	
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	1	
rasagiline oral tablet 0.5 mg, 1 mg	1	
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1	
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	1	

Drug Name	Drug Tier	Requirements / Limits
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	3	
selegiline hcl oral capsule 5 mg	1	
selegiline hcl oral tablet 5 mg	1	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	
TASMAR ORAL TABLET 100 MG	3	PA
tolcapone oral tablet 100 mg	1	PA
trihexyphenidyl oral elixir 0.4 mg/ml	1	
trihexyphenidyl oral tablet 2 mg, 5 mg	1	
VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML	EX	SP
XADAGO ORAL TABLET 100 MG, 50 MG	EX	
ZELAPAR ORAL TABLET, DISINTEGRATING 1.25 MG	EX	
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL (1 per 23 days)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	2	PA; QL (1.5 per 23 days)
AJOVY SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	2	PA; QL (1 per 23 days)
almotriptan malate oral tablet 12.5 mg	1	QL (24 per 21 days)
almotriptan malate oral tablet 6.25 mg	1	QL (18 per 21 days)
dihydroergotamine injection solution 1 mg/ml	1	
dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)	1	ST; QL (8 per 21 days)
eletriptan oral tablet 20 mg, 40 mg	1	QL (18 per 21 days)
ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML)	EX	
EMGALITY SUBCUTANEOUS PEN INJECTOR 120 MG/ML	2	PA; QL (1 per 23 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; QL (1 per 23 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	2	PA; QL (3 per 23 days)
ERGOMAR SUBLINGUAL TABLET 2 MG	3	
ergotamine-caffeine oral tablet 1-100 mg	1	

Drug Name	Drug Tier	Requirements / Limits
FROVA ORAL TABLET 2.5 MG	3	ST; QL (27 per 21 days)
frovatriptan oral tablet 2.5 mg	1	QL (27 per 21 days)
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG	EX	
IMITREX STATDOSE SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML, 6 MG/0.5 ML	EX	
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 4 MG/0.5 ML, 6 MG/0.5 ML	EX	
MAXALT ORAL TABLET 10 MG	EX	
MAXALT-MLT ORAL TABLET, DISINTEGRATING 10 MG	EX	
migergot rectal suppository 2-100 mg	1	
MIGRANAL NASAL SPRAY, NON-AEROSOL 0.5 MG/PUMP ACT. (4 MG/ML)	3	ST; QL (8 per 21 days)
naratriptan oral tablet 1 mg, 2.5 mg	1	QL (18 per 21 days)
NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG	2	PA; QL (16 per 21 days)
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED 11 MG	EX	
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	2	PA; QL (30 per 23 days)
RELPAX ORAL TABLET 20 MG, 40 MG	EX	
REYVOW ORAL TABLET 100 MG	3	PA; QL (16 per 21 days)
REYVOW ORAL TABLET 50 MG	3	PA; QL (8 per 21 days)
rizatriptan oral tablet 10 mg, 5 mg	1	QL (36 per 21 days)
rizatriptan oral tablet, disintegrating 10 mg, 5 mg	1	QL (36 per 21 days)
sumatriptan nasal spray, non-aerosol 20 mg/actuation	1	QL (18 per 21 days)
sumatriptan nasal spray, non-aerosol 5 mg/actuation	1	QL (36 per 21 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	1	QL (18 per 21 days)
sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml	1	QL (8 per 21 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml	1	QL (8 per 21 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	1	QL (8 per 21 days)

Drug Name	Drug Tier	Requirements / Limits
sumatriptan-naproxen oral tablet 85-500 mg	1	ST; QL (18 per 21 days)
TOSYMRA NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION	3	ST; QL (24 per 21 days)
TREXIMET ORAL TABLET 85-500 MG	EX	
TRUDHESA NASAL SPRAY, NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML)	EX	
UBRELVY ORAL TABLET 100 MG, 50 MG	2	PA; QL (20 per 21 days)
VYEPTI INTRAVENOUS SOLUTION 100 MG/ML	EX	
ZAVZPRET NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION	EX	
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML	3	ST; QL (16 per 21 days)
ZOLMITRIPTAN NASAL SPRAY, NON-AEROSOL 2.5 MG	3	ST; QL (18 per 21 days)
zolmitriptan nasal spray, non-aerosol 5 mg	1	ST; QL (18 per 21 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	1	QL (18 per 21 days)
zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg	1	QL (18 per 21 days)
ZOMIG NASAL SPRAY, NON-AEROSOL 2.5 MG	2	ST; QL (18 per 21 days)
ZOMIG NASAL SPRAY, NON-AEROSOL 5 MG	3	ST; QL (18 per 21 days)
ZOMIG ORAL TABLET 2.5 MG, 5 MG	EX	
MISCELLANEOUS NEUROLOGICAL THERAPY		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/24 HOUR, 5 MG/24 HOUR	3	ST
AMONDYS-45 INTRAVENOUS SOLUTION 50 MG/ML	EX	
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG	EX	
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG	3	ST
AUSTEDO ORAL TABLET 12 MG, 9 MG	2	PA; QL (120 Tablet Per fill); SP; LA
AUSTEDO ORAL TABLET 6 MG	2	PA; QL (60 Tablet Per fill); SP; LA
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG	2	PA; QL (30 Tablet Per fill); SP

Drug Name	Drug Tier	Requirements / Limits
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	2	PA; QL (28 Tablet Per fill); SP
dalfampridine oral tablet extended release 12 hr 10 mg	1	PA; QL (60 Tablet Per fill); SP
DAYBUE ORAL SOLUTION 200 MG/ML	EX	
dichlorphenamide oral tablet 50 mg	1	PA; SP
donepezil oral tablet 10 mg, 5 mg	1	
donepezil oral tablet 23 mg	1	ST
donepezil oral tablet, disintegrating 10 mg, 5 mg	1	
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	3	PA; SP; LA; QL (2480 per 360 days)
EXELON PATCH TRANSDERMAL PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR	3	ST
EXONDYS-51 INTRAVENOUS SOLUTION 50 MG/ML	EX	
FIRDAPSE ORAL TABLET 10 MG	2	PA; SP; LA
galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	1	
galantamine oral solution 4 mg/ml	1	
galantamine oral tablet 12 mg, 4 mg, 8 mg	1	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG	3	ST
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE, DOSE PACK 40 MG (7)- 80 MG (21)	3	PA; QL (28 Capsule Per fill); SP
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	3	PA; QL (30 Capsule Per fill); SP; LA
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	3	PA; QL (30 Capsule Per fill); SP; LA
KEVEYIS ORAL TABLET 50 MG	EX	
KISUNLA INTRAVENOUS SOLUTION 17.5 MG/ML	EX	
LEQEMBI INTRAVENOUS SOLUTION 100 MG/ML	EX	
memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg	1	
memantine oral solution 2 mg/ml	1	
memantine oral tablet 10 mg, 5 mg	1	

Drug Name	Drug Tier	Requirements / Limits
MEMANTINE ORAL TABLETS, DOSE PACK 5-10 MG	3	
memantine-donepezil oral capsule, sprinkle, er 24hr 14-10 mg, 28-10 mg	1	
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	EX	SP
NAMENDA TITRATION PAK ORAL TABLETS, DOSE PACK 5-10 MG	3	
NAMENDA XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7-14-21-28 MG	3	
NAMENDA XR ORAL CAPSULE, SPRINKLE, ER 24HR 7 MG	EX	
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	2	ST
NUEDEXTA ORAL CAPSULE 20-10 MG	2	PA
ONPATTRO INTRAVENOUS SOLUTION 2 MG/ML	EX	
ormalvi oral tablet 50 mg	1	PA; SP
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	2	PA; SP
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	1	
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	1	
SKYCLARYS ORAL CAPSULE 50 MG	EX	
tetrabenazine oral tablet 12.5 mg	1	PA; QL (120 Tablet Per fill); SP
tetrabenazine oral tablet 25 mg	1	PA; QL (60 Tablet Per fill); SP
VILTEPSO INTRAVENOUS SOLUTION 50 MG/ML	EX	
VYONDYS-53 INTRAVENOUS SOLUTION 50 MG/ML	EX	
WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML	EX	
XENAZINE ORAL TABLET 12.5 MG, 25 MG	EX	
ZEPOSIA ORAL CAPSULE 0.92 MG	2	PA; QL (30 Capsule Per fill); SP
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE, DOSE PACK 0.23 MG-0.46 MG - 0.92 MG (21)	2	PA; QL (28 Capsule Per fill); SP

Drug Name	Drug Tier	Requirements / Limits
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE, DOSE PACK 0.23 MG (4)- 0.46 MG (3)	2	PA; QL (7 Capsule Per fill); SP
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
AMRIX ORAL CAPSULE, EXTENDED RELEASE 24HR 15 MG, 30 MG	EX	
BACLOFEN ORAL SOLUTION 10 MG/5 ML (2 MG/ML)	EX	
baclofen oral solution 5 mg/5 ml	1	
baclofen oral suspension 25 mg/5 ml (5 mg/ml)	1	
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
baclofen oral tablet 15 mg	2	
carisoprodol oral tablet 250 mg, 350 mg	1	
carisoprodol-aspirin oral tablet 200-325 mg	1	
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg	1	
chlorzoxazone oral tablet 250 mg, 375 mg, 500 mg, 750 mg	1	
cyclobenzaprine oral capsule, extended release 24hr 15 mg, 30 mg	1	PA
cyclobenzaprine oral tablet 10 mg, 7.5 mg	1	
DANTRIUM ORAL CAPSULE 25 MG	3	
dantrolene oral capsule 100 mg, 25 mg, 50 mg	1	
FEXMID ORAL TABLET 7.5 MG	3	PA
FLEQSUVY ORAL SUSPENSION 25 MG/5 ML (5 MG/ML)	EX	
LORZONE ORAL TABLET 375 MG, 750 MG	3	PA
LYVISPAH ORAL GRANULES IN PACKET 10 MG, 20 MG, 5 MG	EX	
meprobamate oral tablet 200 mg, 400 mg	1	
MESTINON ORAL SYRUP 60 MG/5 ML	EX	
MESTINON ORAL TABLET 60 MG	EX	
MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE 180 MG	EX	
metaxalone oral tablet 400 mg, 800 mg	1	
methocarbamol oral tablet 1,000 mg, 500 mg, 750 mg	1	

Drug Name	Drug Tier	Requirements / Limits
NORGESIC FORTE ORAL TABLET 50-770-60 MG	3	
NORGESIC ORAL TABLET 25-385-30 MG	3	
orphenadrine citrate oral tablet extended release 100 mg	1	
orphenadrine-asa-caffeine oral tablet 25-385-30 mg	1	
orphengesic forte oral tablet 50-770-60 mg	1	
OZOBAX DS ORAL SOLUTION 10 MG/5 ML (2 MG/ML)	EX	
OZOBAX ORAL SOLUTION 5 MG/5 ML	EX	
pyridostigmine bromide oral syrup 60 mg/5 ml	1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	3	
pyridostigmine bromide oral tablet 60 mg	1	
pyridostigmine bromide oral tablet extended release 180 mg	1	
RYSTIGGO SUBCUTANEOUS SOLUTION 140 MG/ML	EX	
SOMA ORAL TABLET 250 MG, 350 MG	3	
tanlor oral tablet 1,000 mg	1	
tizanidine oral capsule 2 mg, 4 mg, 6 mg	1	
tizanidine oral tablet 2 mg, 4 mg	1	
vanadom oral tablet 350 mg	1	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	3	
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	EX	
NARCOTIC ANALGESICS		
acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg	1	
acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml	1	
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	1	
ascomp with codeine oral capsule 30-50-325-40 mg	1	

Drug Name	Drug Tier	Requirements / Limits
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	2	PA; QL (60 Unit Per fill)
buprenorphine hcl sublingual tablet 2 mg, 8 mg	1	
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	1	PA
butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	1	
butalbital-acetaminophen oral capsule 50-300 mg	1	
butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg	1	
butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg	1	
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	1	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1	
butalbital-aspirin-caffeine oral tablet 50-325-40 mg	1	
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR	EX	
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg	1	
codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg	1	
DILAUDID ORAL LIQUID 1 MG/ML	3	
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG	3	
diskets oral tablet, soluble 40 mg	1	ST
DSUVIA SUBLINGUAL TABLET IN APPLICATOR 30 MCG	3	
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
ESGIC ORAL TABLET 50-325-40 MG	3	PA
fentanyl citrate buccal lozenge on a handle 200 mcg	1	PA; QL (90 per 23 days)
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	1	PA; QL (15 per 23 days)
FIORICET ORAL CAPSULE 50-300-40 MG	3	PA

Drug Name	Drug Tier	Requirements / Limits
FIORICET WITH CODEINE ORAL CAPSULE 50-300-40-30 MG	3	
hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	1	PA; QL (90 per 23 days)
hydrocodone bitartrate oral tablet, oral only, ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	1	PA; QL (60 per 23 days)
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 10-325 mg/15 ml(15 ml), 7.5-325 mg/15 ml	1	
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	1	
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	
hydromorphone oral liquid 1 mg/ml	1	
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	1	
hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg	1	PA; QL (60 per 23 days)
hydromorphone rectal suppository 3 mg	1	
HYSINGLA ER ORAL TABLET, ORAL ONLY, EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	2	PA; QL (60 per 23 days)
levorphanol tartrate oral tablet 2 mg, 3 mg	1	
meperidine oral solution 50 mg/5 ml	1	
meperidine oral tablet 50 mg	1	
methadone oral concentrate 10 mg/ml	1	ST
methadone oral solution 10 mg/5 ml, 5 mg/5 ml	1	ST
methadone oral tablet 10 mg, 5 mg	1	ST
methadone oral tablet, soluble 40 mg	1	ST
methadose oral concentrate 10 mg/ml	1	ST
methadose oral tablet, soluble 40 mg	1	ST
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	1	
morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	1	PA; QL (60 per 23 days)
morphine oral capsule, extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	1	PA; QL (90 per 23 days)
morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)	1	

Drug Name	Drug Tier	Requirements / Limits
morphine oral tablet 15 mg, 30 mg	1	
morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	1	PA; QL (120 per 23 days)
morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg	1	
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG	3	PA; QL (120 per 23 days)
NALOCET ORAL TABLET 2.5-300 MG	3	
oxycodone oral capsule 5 mg	1	
oxycodone oral concentrate 20 mg/ml	1	
oxycodone oral solution 5 mg/5 ml	1	
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	
OXYCODONE ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG, 5 MG	EX	
OXYCODONE ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 10 MG, 20 MG, 40 MG, 80 MG	EX	
oxycodone-acetaminophen oral solution 10-300 mg/5 ml, 5-325 mg/5 ml	1	
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	1	
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	2	PA; QL (90 per 23 days)
oxymorphone oral tablet 10 mg, 5 mg	1	
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg	1	PA; QL (90 per 23 days)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	EX	
PRIMLEV ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	EX	
PROLATE ORAL SOLUTION 10-300 MG/5 ML	EX	
prolate oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	1	
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	
ROXYBOND ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG, 5 MG	EX	
SEGLENTIS ORAL TABLET 44-56 MG	EX	

Drug Name	Drug Tier	Requirements / Limits
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML	2	SP
tencon oral tablet 50-325 mg	1	
TREZIX ORAL CAPSULE 320.5-30-16 MG	3	
XTAMPZA ER ORAL CAP, SPRINKL, ER12HR (DONT CRUSH) 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	EX	
NON-NARCOTIC ANALGESICS		
adult aspirin regimen oral tablet, delayed release (dr/ec) 81 mg	$0	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
aspirin childrens oral tablet, chewable 81 mg	$0	ACA
aspirin oral tablet, chewable 81 mg	$0	ACA
aspirin oral tablet, delayed release (dr/ec) 81 mg	$0	ACA
BAYER CHEWABLE ASPIRIN ORAL TABLET 81 MG	2	
bayer low dose aspirin oral tablet, delayed release (dr/ec) 81 mg	$0	ACA
buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	1	
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	1	
butorphanol nasal spray, non-aerosol 10 mg/ml	1	QL (5 per 21 days)
CAMBIA ORAL POWDER IN PACKET 50 MG	3	ST; QL (9 per 21 days)
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG	EX	
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	1	
CONZIP ORAL CAPSULE, ER BIPHASE 24 HR 17-83 300 MG	EX	
CONZIP ORAL CAPSULE, ER BIPHASE 24 HR 25-75 100 MG, 200 MG	EX	
COXANTO ORAL CAPSULE 300 MG	EX	
DAYPRO ORAL TABLET 600 MG	3	ST

Drug Name	Drug Tier	Requirements / Limits
DICLOFENAC EPOLAMINE TRANSDERMAL PATCH 12 HOUR 1.3 %	EX	
diclofenac potassium oral capsule 25 mg	1	
diclofenac potassium oral powder in packet 50 mg	1	ST; QL (9 per 21 days)
diclofenac potassium oral tablet 25 mg	1	ST
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium oral tablet extended release 24 hr 100 mg	1	
diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg	1	
diclofenac sodium topical drops 1.5 %	1	QL (150 per 21 days)
diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)	1	ST; QL (112 per 21 days)
DICLOFENAC SUBMICRONIZED ORAL CAPSULE 35 MG	EX	
diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg, 75-200 mg-mcg	1	
diflunisal oral tablet 500 mg	1	
DISALCID ORAL TABLET 500 MG, 750 MG	3	
DOLOBID ORAL TABLET 250 MG	EX	
EC-NAPROSYN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG, 500 MG	3	ST
ecotrin low strength oral tablet, delayed release (dr/ec) 81 mg	$0	ACA
etodolac oral capsule 200 mg, 300 mg	1	
etodolac oral tablet 400 mg, 500 mg	1	
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg	1	
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 -3.6 MILLION)	EX	
FENOPROFEN ORAL CAPSULE 200 MG	EX	
fenoprofen oral capsule 400 mg	1	ST
fenoprofen oral tablet 600 mg	1	ST
FENOPRON ORAL CAPSULE 300 MG	EX	
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %	2	ST; QL (60 Unit Per fill)
flurbiprofen oral tablet 100 mg	1	
ibu oral tablet 400 mg, 600 mg, 800 mg	1	

Drug Name	Drug Tier	Requirements / Limits
ibuprofen oral suspension 100 mg/5 ml	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
ibuprofen-famotidine oral tablet 800-26.6 mg	1	PA
INDOCIN ORAL SUSPENSION 25 MG/5 ML	EX	
INDOCIN RECTAL SUPPOSITORY 50 MG	EX	
indomethacin oral capsule 25 mg, 50 mg	1	
indomethacin oral capsule, extended release 75 mg	1	
indomethacin oral suspension 25 mg/5 ml	1	ST
indomethacin rectal suppository 50 mg	1	
ketoprofen oral capsule 25 mg	1	ST
ketoprofen oral capsule 50 mg, 75 mg	1	
ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg	1	ST
ketorolac injection solution 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml)	1	
ketorolac injection syringe 15 mg/ml, 30 mg/ml	1	
ketorolac intramuscular solution 60 mg/2 ml	1	
ketorolac intramuscular syringe 60 mg/2 ml	1	
ketorolac oral tablet 10 mg	1	QL (20 Unit Per fill)
kiprofen oral capsule 25 mg	1	ST
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	2	QL (2 Unit Per fill)
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	2	ST; QL (30 Patch Per fill)
LODINE ORAL TABLET 400 MG	3	ST
lofena oral tablet 25 mg	1	ST
lofexidine oral tablet 0.18 mg	1	PA; QL (224 Tablet Per fill)
LUCEMYRA ORAL TABLET 0.18 MG	EX	
meclofenamate oral capsule 100 mg, 50 mg	1	
mefenamic acid oral capsule 250 mg	1	
MELOXICAM ORAL SUSPENSION 7.5 MG/5 ML	EX	
meloxicam oral tablet 15 mg	1	QL (30 Tablet Per fill)
meloxicam oral tablet 7.5 mg	1	QL (30 Unit Per fill)
meloxicam submicronized oral capsule 10 mg, 5 mg	1	ST; QL (30 Capsule Per fill)

Drug Name	Drug Tier	Requirements / Limits
nabumetone oral tablet 500 mg, 750 mg	1	
NALFON ORAL CAPSULE 400 MG	EX	
NALFON ORAL TABLET 600 MG	3	ST
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	1	
naltrexone oral tablet 50 mg	1	
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 375 MG, 500 MG, 750 MG	3	ST
NAPROSYN ORAL SUSPENSION 125 MG/5 ML	3	ST
NAPROSYN ORAL TABLET 500 MG	3	ST
naproxen oral suspension 125 mg/5 ml	1	ST
naproxen oral tablet 250 mg, 375 mg	1	
naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg, 750 mg	1	ST
naproxen-esomeprazole oral tablet, ir, delayed rel, biphasic 375-20 mg, 500-20 mg	1	ST
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	3	QL (2 Unit Per fill)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	EX	
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	EX	
OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION	3	
OXAPROZIN ORAL CAPSULE 300 MG	EX	
oxaprozin oral tablet 600 mg	1	
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION (2 %)	EX	
pentazocine-naloxone oral tablet 50-0.5 mg	1	
piroxicam oral capsule 10 mg, 20 mg	1	
RELAFEN DS ORAL TABLET 1, 000 MG	EX	
REXTOVY NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	2	QL (2 Unit Per fill)

Drug Name	Drug Tier	Requirements / Limits
salsalate oral tablet 500 mg, 750 mg	1	
SPRIX NASAL SPRAY, NON-AEROSOL 15.75 MG/SPRAY	3	ST; QL (5 Unit Per fill); SP
st joseph aspirin oral tablet, chewable 81 mg	$0	ACA
st. joseph aspirin oral tablet, delayed release (dr/ec) 81 mg	$0	ACA
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	EX	
sulindac oral tablet 150 mg, 200 mg	1	
TOLECTIN 600 ORAL TABLET 600 MG	3	ST
tolmetin oral capsule 400 mg	1	ST
TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 17-83 300 MG	EX	
TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 25-75 100 MG, 200 MG	EX	
TRAMADOL ORAL SOLUTION 5 MG/ML	EX	
tramadol oral tablet 100 mg	1	
TRAMADOL ORAL TABLET 25 MG, 75 MG	EX	
tramadol oral tablet 50 mg	1	QL (240 Unit Per fill)
tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg	1	PA; QL (30 Unit Per fill)
tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg	1	PA; QL (30 Unit Per fill)
tramadol-acetaminophen oral tablet 37.5-325 mg	1	QL (240 Unit Per fill)
VIMOVO ORAL TABLET, IR, DELAYED REL, BIPHASIC 500-20 MG	EX	
VISCO-3 INTRA-ARTICULAR SYRINGE 10 MG/ML	EX	
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG	2	SP
VIVLODEX ORAL CAPSULE 10 MG, 5 MG	EX	
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML	EX	
ZIPSOR ORAL CAPSULE 25 MG	EX	
ZORVOLEX ORAL CAPSULE 18 MG, 35 MG	EX	
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	2	
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 MYCITE MAINTENANCE KIT ORAL TABLET WITH SENSOR AND STRIP 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	3	QL (30 Tablet Per fill)
ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	3	QL (30 Tablet Per fill)
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	EX	
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	3	
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG	EX	
ADDERALL XR ORAL CAPSULE, EXTENDED RELEASE 24HR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG	EX	
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	ST
alprazolam intensol oral concentrate 1 mg/ml	1	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	
alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg	1	
alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	
AMBIEN CR ORAL TABLET, EXT RELEASE MULTIPHASE 12.5 MG, 6.25 MG	EX	
AMBIEN ORAL TABLET 10 MG, 5 MG	EX	
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg	1	

Drug Name	Drug Tier	Requirements / Limits
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	1	
amphetamine sulfate oral tablet 10 mg, 5 mg	1	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG	3	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG	EX	
APTENSIO XR ORAL CAP, ER SPRINKLE, BIPHASIC 40-60 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	EX	
aripiprazole oral solution 1 mg/ml	1	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	1	QL (30 Tablet Per fill)
aripiprazole oral tablet, disintegrating 10 mg, 15 mg	1	QL (60 Tablet Per fill)
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	
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	1	PA; QL (30 Tablet Per fill)
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	1	QL (60 Tablet Per fill)
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG	3	
atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	1	
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	3	PA; QL (60 Tablet Per fill)
AZSTARYS ORAL CAPSULE 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG	2	ST
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	ST; QL (15 per 23 days)
bupropion hcl oral tablet 100 mg, 75 mg	1	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	1	QL (30 Tablet Per fill)
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	EX	

Drug Name	Drug Tier	Requirements / Limits
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	1	QL (60 Tablet Per fill)
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	EX	QL (30 Capsule Per fill)
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG	EX	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	1	
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	1	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	1	
CITALOPRAM ORAL CAPSULE 30 MG	EX	
citalopram oral solution 10 mg/5 ml	1	
citalopram oral tablet 10 mg, 20 mg, 40 mg	1	QL (30 Tablet Per fill)
clomipramine oral capsule 25 mg, 50 mg, 75 mg	1	
clonidine hcl oral tablet extended release 12 hr 0.1 mg	1	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	1	
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	
clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	1	
CLOZARIL ORAL TABLET 100 MG, 25 MG	3	
COBENFY ORAL CAPSULE 100-20 MG	EX	
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 54 MG	EX	
COTEMPLA XR-ODT ORAL TABLET, DISINTEG ER BIPHASE 24H 17.3 MG, 25.9 MG, 8.6 MG	3	ST
CYMBALTA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 20 MG, 30 MG, 60 MG	EX	
DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR	3	ST
DAYVIGO ORAL TABLET 10 MG, 5 MG	3	ST; QL (15 per 23 days)

Drug Name	Drug Tier	Requirements / Limits
desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
DESOXYN ORAL TABLET 5 MG	3	
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 50 MG	3	ST; QL (30 Tablet Per fill)
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	1	ST; QL (30 Tablet Per fill)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG	3	ST
dexmethylphenidate oral capsule, er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	1	
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	1	
dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg	1	
dextroamphetamine sulfate oral solution 5 mg/5 ml	1	
dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	1	
dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg	1	
dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	1	
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	1	
diazepam intensol oral concentrate 5 mg/ml	1	
diazepam oral solution 5 mg/5 ml (1 mg/ml)	1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	1	
DORAL ORAL TABLET 15 MG	EX	
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
doxepin oral concentrate 10 mg/ml	1	
doxepin oral tablet 3 mg, 6 mg	1	PA; QL (15 per 23 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	EX	
duloxetine oral capsule, delayed release (dr/ec) 20 mg, 60 mg	1	QL (60 Capsule Per fill)
duloxetine oral capsule, delayed release (dr/ec) 30 mg	1	QL (30 Capsule Per fill)

Drug Name	Drug Tier	Requirements / Limits
duloxetine oral capsule, delayed release (dr/ec) 40 mg	1	PA; QL (30 Capsule Per fill)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML	EX	
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG	EX	
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG	3	ST; QL (15 per 23 days)
EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG, 37.5 MG, 75 MG	EX	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	3	
ergoloid oral tablet 1 mg	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	
escitalopram oxalate oral solution 5 mg/5 ml	1	ST
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	1	QL (30 Tablet Per fill)
estazolam oral tablet 1 mg, 2 mg	1	QL (15 per 23 days)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	1	QL (15 per 23 days)
EVEKEO ORAL TABLET 10 MG, 5 MG	EX	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	EX	
FANAPT ORAL TABLETS, DOSE PACK 1MG (2)-2MG (2)- 4MG (2)-6MG (2)	EX	
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	2	ST; QL (28 Capsule Per fill)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	2	ST; QL (30 Capsule Per fill)
fluoxetine oral capsule 10 mg	1	QL (30 Unit Per fill)
fluoxetine oral capsule 20 mg	1	
fluoxetine oral capsule 40 mg	1	QL (60 Capsule Per fill)
fluoxetine oral capsule, delayed release (dr/ec) 90 mg	1	ST; QL (4 Capsule Per fill)
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	1	
fluoxetine oral tablet 10 mg	1	ST; QL (30 Unit Per fill)
fluoxetine oral tablet 20 mg, 60 mg	1	ST

Drug Name	Drug Tier	Requirements / Limits
fluphenazine hcl oral concentrate 5 mg/ml	1	
fluphenazine hcl oral elixir 2.5 mg/5 ml	1	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	1	
flurazepam oral capsule 15 mg, 30 mg	1	QL (15 per 23 days)
fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg	1	ST; QL (60 Capsule Per fill)
fluvoxamine oral tablet 100 mg	1	QL (90 Tablet Per fill)
fluvoxamine oral tablet 25 mg	1	QL (30 Tablet Per fill)
fluvoxamine oral tablet 50 mg	1	QL (60 Tablet Per fill)
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG	EX	
FOCALIN XR ORAL CAPSULE, ER BIPHASIC 50-50 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG	EX	
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	EX	
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)	3	
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG	3	QL (60 Capsule Per fill)
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	1	
HALCION ORAL TABLET 0.25 MG	3	QL (15 per 23 days)
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML	3	
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	1	
haloperidol lactate injection solution 5 mg/ml	1	
haloperidol lactate intramuscular syringe 5 mg/ml	1	
haloperidol lactate oral concentrate 2 mg/ml	1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	1	
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	3	PA; QL (158 Milliliter Per fill); SP
HETLIOZ ORAL CAPSULE 20 MG	3	PA; QL (30 Capsule Per fill); SP
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	1	

Drug Name	Drug Tier	Requirements / Limits
INTUNIV ER ORAL TABLET EXTENDED RELEASE 24 HR 1 MG, 2 MG, 3 MG, 4 MG	EX	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML, 1,560 MG/5 ML	EX	
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 9 MG	3	QL (30 Tablet Per fill)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	3	QL (60 Tablet Per fill)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML	3	
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML, 410 MG/1.32 ML, 546 MG/1.75 ML, 819 MG/2.63 ML	3	
JORNAY PM ORAL CAPSULE, DEL REL, EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	3	ST
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	EX	
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG	EX	
lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	1	
lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	1	ST
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	1	
lithium carbonate oral tablet 300 mg	1	
lithium carbonate oral tablet extended release 300 mg, 450 mg	1	
lithium citrate oral solution 8 meq/5 ml	1	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG	3	
lorazepam intensol oral concentrate 2 mg/ml	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	
LOREEV XR ORAL CAPSULE, EXTENDED RELEASE 24HR 1 MG, 1.5 MG, 2 MG, 3 MG	EX	
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	1	

Drug Name	Drug Tier	Requirements / Limits
LUMRYZ ORAL EXTEND RELEASE GRANULES,PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM	2	PA; QL (30 Unit Per fill); SP
LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK 4.5-6-7.5 GRAM	3	PA; SP
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG	EX	
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	1	QL (30 Tablet Per fill)
lurasidone oral tablet 80 mg	1	QL (60 Tablet Per fill)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	3	QL (30 Tablet Per fill)
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	ST
methamphetamine oral tablet 5 mg	1	
METHYLIN ORAL SOLUTION 10 MG/5 ML, 5 MG/5 ML	3	
methylphenidate hcl oral cap, er sprinkle, biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	1	ST
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	1	
methylphenidate hcl oral capsule, er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg	1	
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	1	
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	1	
methylphenidate hcl oral tablet extended release 10 mg, 20 mg	1	
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	1	
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG	EX	
methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg	1	
methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr	1	ST
midazolam oral syrup 2 mg/ml	1	

Drug Name	Drug Tier	Requirements / Limits
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	1	
mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg	1	
modafinil oral tablet 100 mg	1	PA; QL (30 Tablet Per fill)
modafinil oral tablet 200 mg	1	PA; QL (60 Tablet Per fill)
molindone oral tablet 10 mg, 25 mg, 5 mg	1	
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG	3	ST
NARDIL ORAL TABLET 15 MG	3	
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	1	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	1	
nortriptyline oral solution 10 mg/5 ml	1	
NUPLAZID ORAL CAPSULE 34 MG	3	PA; QL (30 Capsule Per fill); SP
NUPLAZID ORAL TABLET 10 MG	3	PA; QL (30 Tablet Per fill); SP
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG	EX	
olanzapine intramuscular recon soln 10 mg	1	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	1	QL (30 Tablet Per fill)
olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg	1	QL (30 Tablet Per fill)
olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	1	
ONYDA XR ORAL SUSPENSION, EXTEND RELEASE 24HR 0.1 MG/ML	EX	
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	EX	
oxazepam oral capsule 10 mg, 15 mg, 30 mg	1	
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	1	QL (30 Tablet Per fill)
paliperidone oral tablet extended release 24hr 6 mg	1	QL (60 Tablet Per fill)
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG	3	
PARNATE ORAL TABLET 10 MG	3	
paroxetine hcl oral suspension 10 mg/5 ml	1	PA
paroxetine hcl oral tablet 10 mg, 40 mg	1	QL (30 Tablet Per fill)

Drug Name	Drug Tier	Requirements / Limits
paroxetine hcl oral tablet 20 mg, 30 mg	1	QL (60 Tablet Per fill)
paroxetine hcl oral tablet extended release 24 hr 12.5 mg	1	ST; QL (60 Tablet Per fill)
paroxetine hcl oral tablet extended release 24 hr 25 mg, 37.5 mg	1	PA; QL (60 Tablet Per fill)
paroxetine mesylate (menop.sym) oral capsule 7.5 mg	1	ST; QL (30 Capsule Per fill)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG, 37.5 MG	3	ST; QL (60 Tablet Per fill)
PAXIL ORAL SUSPENSION 10 MG/5 ML	3	ST
PAXIL ORAL TABLET 10 MG, 40 MG	3	ST; QL (30 Tablet Per fill)
PAXIL ORAL TABLET 20 MG, 30 MG	3	ST; QL (60 Tablet Per fill)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	1	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	1	
PERSERIS SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG	3	
phenelzine oral tablet 15 mg	1	
pimozide oral tablet 1 mg, 2 mg	1	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 25 MG, 50 MG	EX	
procentra oral solution 5 mg/5 ml	1	
protriptyline oral tablet 10 mg, 5 mg	1	
PROVIGIL ORAL TABLET 100 MG, 200 MG	EX	
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG	EX	
QELBREE ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG	3	ST
QUAZEPAM ORAL TABLET 15 MG	EX	
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	QL (90 Tablet Per fill)
QUETIAPINE ORAL TABLET 150 MG	EX	
quetiapine oral tablet 300 mg, 400 mg	1	QL (60 Tablet Per fill)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	1	QL (30 Tablet Per fill)
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg	1	QL (60 Tablet Per fill)
QUILLICHEW ER ORAL TABLET, CHEW, IR-ER.BIPHASIC24HR 20 MG, 30 MG, 40 MG	EX	

Drug Name	Drug Tier	Requirements / Limits
QUILLIVANT XR ORAL SUSPENSION, EXT REL 24HR, RECON 5 MG/ML (25 MG/5 ML)	EX	
QUVIVIQ ORAL TABLET 25 MG, 50 MG	3	ST; QL (15 per 23 days)
ramelteon oral tablet 8 mg	1	QL (15 per 23 days)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 45 MG, 54 MG, 63 MG, 72 MG	EX	
REMERON ORAL TABLET 15 MG, 30 MG	3	
REMERON SOLTAB ORAL TABLET, DISINTEGRATING 15 MG, 30 MG, 45 MG	3	
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG	3	QL (15 per 23 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	QL (30 Tablet Per fill)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	2	
RISPERDAL ORAL SOLUTION 1 MG/ML	3	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	QL (60 Tablet Per fill)
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	1	
risperidone oral solution 1 mg/ml	1	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	QL (60 Tablet Per fill)
risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	QL (60 Tablet Per fill)
RITALIN LA ORAL CAPSULE, ER BIPHASIC 50-50 10 MG, 20 MG, 30 MG, 40 MG	EX	
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG	EX	
ROZEREM ORAL TABLET 8 MG	EX	
RYKINDO INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	2	
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	EX	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	3	QL (30 Patch Per fill)

Drug Name	Drug Tier	Requirements / Limits
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG	EX	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG	EX	
SERTRALINE ORAL CAPSULE 150 MG, 200 MG	EX	
sertraline oral concentrate 20 mg/ml	1	
sertraline oral tablet 100 mg, 50 mg	1	QL (60 Tablet Per fill)
sertraline oral tablet 25 mg	1	QL (45 Tablet Per fill)
SILENOR ORAL TABLET 3 MG, 6 MG	3	PA; QL (15 per 23 days)
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	2	PA; QL (540 Milliliter Per fill); SP; LA
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	EX	
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG	EX	
SUNOSI ORAL TABLET 150 MG, 75 MG	2	PA; QL (30 Tablet Per fill)
SYMBYAX ORAL CAPSULE 6-25 MG	3	
tasimelteon oral capsule 20 mg	1	PA; QL (30 Capsule Per fill); SP
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	1	QL (15 per 23 days)
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
tranylcypromine oral tablet 10 mg	1	
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg	1	
triazolam oral tablet 0.125 mg, 0.25 mg	1	QL (15 per 23 days)
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	1	
trimipramine oral capsule 100 mg, 25 mg, 50 mg	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	ST; QL (30 Tablet Per fill)
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	EX	

Drug Name	Drug Tier	Requirements / Limits
VENLAFAXINE BESYLATE ORAL TABLET EXTENDED RELEASE 24HR 112.5 MG	EX	
venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg	1	QL (30 Capsule Per fill)
venlafaxine oral capsule, extended release 24hr 75 mg	1	QL (90 Capsule Per fill)
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	QL (90 Tablet Per fill)
venlafaxine oral tablet extended release 24hr 150 mg, 37.5 mg, 75 mg	1	ST; QL (30 Tablet Per fill)
venlafaxine oral tablet extended release 24hr 225 mg	1	PA; QL (30 Tablet Per fill)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	3	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	EX	
vilazodone oral tablet 10 mg, 20 mg, 40 mg	1	ST; QL (30 Tablet Per fill)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	3	QL (30 Capsule Per fill)
VYLEESI SUBCUTANEOUS AUTO-INJECTOR 1.75 MG/0.3 ML	3	PA; SP; QL (8 per 30 days)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	3	ST
VYVANSE ORAL TABLET, CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	3	ST
WAKIX ORAL TABLET 17.8 MG	3	PA; QL (60 Tablet Per fill); SP; LA
WAKIX ORAL TABLET 4.45 MG	3	PA; QL (30 Tablet Per fill); SP; LA
WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR 100 MG, 150 MG, 200 MG	EX	
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	EX	
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	EX	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 0.5 MG, 1 MG, 2 MG, 3 MG	EX	
XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR	EX	
XYREM ORAL SOLUTION 500 MG/ML	EX	

Drug Name	Drug Tier	Requirements / Limits
XYWAV ORAL SOLUTION 0.5 GRAM/ML	2	PA; QL (540 Milliliter Per fill); SP; LA
zaleplon oral capsule 10 mg, 5 mg	1	QL (15 per 23 days)
zenzedi oral tablet 10 mg, 5 mg	1	
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	1	QL (60 Capsule Per fill)
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)	1	
ZOLOFT ORAL CONCENTRATE 20 MG/ML	EX	
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG	EX	
ZOLPIDEM ORAL CAPSULE 7.5 MG	EX	
zolpidem oral tablet 10 mg, 5 mg	1	QL (15 per 23 days)
zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg	1	QL (15 per 23 days)
zolpidem sublingual tablet 1.75 mg, 3.5 mg	1	QL (15 per 23 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	2	PA; SP; QL (28 per 365 days)
ZURZUVAE ORAL CAPSULE 30 MG	2	PA; SP; QL (14 per 365 days)
ZYPREXA INTRAMUSCULAR RECON SOLN 10 MG	3	
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG	3	QL (30 Tablet Per fill)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG	3	
ZYPREXA ZYDIS ORAL TABLET, DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG	3	QL (30 Tablet Per fill)
AUTONOMIC & CNS DRUGS, NEUROLOGY		
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO ORAL TABLET 14 MG, 7 MG	EX	
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	2	PA; SP; QL (1 per 21 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	2	PA; SP; QL (1 per 21 days)
BAFIERTAM ORAL CAPSULE, DELAYED RELEASE (DR/EC) 95 MG	2	PA; QL (120 Capsule Per fill); SP

Drug Name	Drug Tier	Requirements / Limits
BETASERON SUBCUTANEOUS KIT 0.3 MG	2	PA; SP; QL (14 per 23 days)
BRIUMVI INTRAVENOUS SOLUTION 25 MG/ML	EX	
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	EX	
dimethyl fumarate oral capsule, delayed release (dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg	1	PA; QL (60 Capsule Per fill); SP
fingolimod oral capsule 0.5 mg	1	PA; QL (30 Capsule Per fill); SP
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG	EX	
glatiramer subcutaneous syringe 20 mg/ml	1	PA; SP; QL (1 per 23 days)
glatiramer subcutaneous syringe 40 mg/ml	1	PA; SP; QL (12 per 23 days)
glatopa subcutaneous syringe 20 mg/ml	1	PA; SP; QL (1 per 23 days)
glatopa subcutaneous syringe 40 mg/ml	1	PA; SP; QL (12 per 23 days)
KESIMPTA SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	2	PA; SP; QL (1 per 21 days)
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	3	PA; SP; LA; QL (40 per 720 days)
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	3	PA; SP; LA; QL (16 per 720 days)
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	3	PA; SP; LA; QL (20 per 720 days)
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	3	PA; SP; LA; QL (24 per 720 days)
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	3	PA; SP; LA; QL (28 per 720 days)
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	3	PA; SP; LA; QL (32 per 720 days)
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	3	PA; SP; LA; QL (36 per 720 days)
MAYZENT ORAL TABLET 0.25 MG, 2 MG	2	PA; QL (30 Unit Per fill); SP
MAYZENT ORAL TABLET 1 MG	2	PA; QL (30 Tablet Per fill); SP
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS, DOSE PACK 0.25 MG (7 TABS)	2	PA; QL (7 Tablet Per fill); SP
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS, DOSE PACK 0.25 MG (12 TABS)	2	PA; QL (12 Tablet Per fill); SP
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	2	PA; SP; QL (1 per 21 days)

Drug Name	Drug Tier	Requirements / Limits
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	2	PA; SP; QL (1 per 21 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA; SP; QL (1 per 365 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	2	PA; SP; QL (1 per 21 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA; SP; QL (1 per 365 days)
PONVORY ORAL TABLET 20 MG	2	PA; SP; QL (30 per 23 days)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	2	PA; SP; QL (6 per 21 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	2	PA; SP; QL (6 per 21 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	PA; SP; QL (4.2 per 21 days)
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	PA; SP; QL (4.2 per 21 days)
TASCENSO ODT ORAL TABLET, DISINTEGRATING 0.25 MG, 0.5 MG	EX	
TECFIDERA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG	EX	
teriflunomide oral tablet 14 mg, 7 mg	1	PA; QL (30 Tablet Per fill); SP
VUMERITY ORAL CAPSULE, DELAYED RELEASE(DR/EC) 231 MG	2	PA; QL (120 Capsule Per fill); SP
CARDIOVASCULAR, HYPERTENSION & LIPIDS		
ANTIARRHYTHMIC AGENTS		
amiodarone oral tablet 100 mg, 200 mg, 400 mg	1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG	3	
BETAPACE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	3	
disopyramide phosphate oral capsule 100 mg, 150 mg	1	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	1	
flecainide oral tablet 100 mg, 150 mg, 50 mg	1	
mexiletine oral capsule 150 mg, 200 mg, 250 mg	1	
MULTAQ ORAL TABLET 400 MG	2	

Drug Name	Drug Tier	Requirements / Limits
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	EX	
NORPACE ORAL CAPSULE 100 MG, 150 MG	EX	
pacerone oral tablet 100 mg, 200 mg, 400 mg	1	
propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg	1	
propafenone oral tablet 150 mg, 225 mg, 300 mg	1	
quinidine gluconate oral tablet extended release 324 mg	1	
quinidine sulfate oral tablet 200 mg, 300 mg	1	
sotalol af oral tablet 120 mg, 160 mg, 80 mg	1	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML	2	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG	EX	
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	3	
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	3	
acebutolol oral capsule 200 mg, 400 mg	1	
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG	3	
aliskiren oral tablet 150 mg, 300 mg	1	
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG	3	
amiloride oral tablet 5 mg	1	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	1	
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1	
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	1	

Drug Name	Drug Tier	Requirements / Limits
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG	EX	
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	EX	
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	EX	
AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG	EX	
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG	EX	
benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1	
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG	EX	
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG	EX	
betaxolol oral tablet 10 mg, 20 mg	1	
BIDIL ORAL TABLET 20-37.5 MG	EX	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	1	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	EX	
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	1	
CARDIZEM CD ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	3	

Drug Name	Drug Tier	Requirements / Limits
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG	3	QL (30 Unit Per fill)
CARDURA ORAL TABLET 8 MG	3	QL (60 Unit Per fill)
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	3	QL (30 Unit Per fill)
CAROSPIR ORAL SUSPENSION 25 MG/5 ML	EX	
cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg	1	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24 HR	3	QL (4 per 21 days)
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24 HR	3	QL (4 per 21 days)
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24 HR	3	QL (4 per 21 days)
chlorthalidone oral tablet 25 mg, 50 mg	1	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
CLONIDINE HCL ORAL TABLET EXTENDED RELEASE 24 HR 0.17 MG	EX	
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr	1	QL (4 per 21 days)
CONJUPRI ORAL TABLET 2.5 MG, 5 MG	EX	
CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG	3	
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG	3	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG	EX	
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG	EX	
DEMSER ORAL CAPSULE 250 MG	3	PA
DIBENZYLINE ORAL CAPSULE 10 MG	3	PA

Drug Name	Drug Tier	Requirements / Limits
diltiazem hcl oral capsule, ext.rel 24h degradable 120 mg, 180 mg, 240 mg	1	
diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg	1	
diltiazem hcl oral capsule, extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	
diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
dilt-xr oral capsule, ext.rel 24h degradable 120 mg, 180 mg, 240 mg	1	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG	EX	
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG	EX	
DIURIL ORAL SUSPENSION 250 MG/5 ML	3	
doxazosin oral tablet 1 mg, 2 mg, 4 mg	1	QL (30 Unit Per fill)
doxazosin oral tablet 8 mg	1	QL (60 Unit Per fill)
DYRENIUM ORAL CAPSULE 100 MG, 50 MG	3	
EDARBI ORAL TABLET 40 MG, 80 MG	EX	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	EX	
EDECRIN ORAL TABLET 25 MG	3	ST
enalapril maleate oral solution 1 mg/ml	1	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	
EPANED ORAL SOLUTION 1 MG/ML	EX	
eplerenone oral tablet 25 mg, 50 mg	1	
eprosartan oral tablet 600 mg	1	
ethacrynic acid oral tablet 25 mg	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	EX	

Drug Name	Drug Tier	Requirements / Limits
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG	EX	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	1	
fosinopril oral tablet 10 mg, 20 mg, 40 mg	1	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	1	
FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML	EX	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	
guanfacine oral tablet 1 mg, 2 mg	1	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	EX	
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
hydrochlorothiazide oral capsule 12.5 mg	1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG	EX	
indapamide oral tablet 1.25 mg, 2.5 mg	1	
INDERAL LA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 160 MG, 60 MG, 80 MG	EX	
INDERAL XL ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 80 MG	EX	
INNOPRAN XL ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 80 MG	EX	
INSPRA ORAL TABLET 25 MG, 50 MG	3	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1	
isosorbide-hydralazine oral tablet 20-37.5 mg	1	
isradipine oral capsule 2.5 mg, 5 mg	1	
KAPSPARGO SPRINKLE ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG, 200 MG, 25 MG, 50 MG	EX	
KATERZIA ORAL SUSPENSION 1 MG/ML	EX	

Drug Name	Drug Tier	Requirements / Limits
KERENDIA ORAL TABLET 10 MG, 20 MG	2	PA; QL (30 Tablet Per fill)
labetalol oral tablet 100 mg, 200 mg, 300 mg	1	
LABETALOL ORAL TABLET 400 MG	EX	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG	3	ST
LEVAMLODIPINE ORAL TABLET 2.5 MG, 5 MG	EX	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
LOPRESSOR ORAL TABLET 100 MG, 50 MG	3	
losartan oral tablet 100 mg, 25 mg, 50 mg	1	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	3	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	EX	
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
methyldopa oral tablet 250 mg, 500 mg	1	
methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg	1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	1	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	1	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
metyrosine oral capsule 250 mg	1	PA
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG	EX	
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG	EX	
minoxidil oral tablet 10 mg, 2.5 mg	1	
moexipril oral tablet 15 mg, 7.5 mg	1	

Drug Name	Drug Tier	Requirements / Limits
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HR 0.17 MG	EX	
nicardipine oral capsule 20 mg, 30 mg	1	
nifedipine oral capsule 10 mg, 20 mg	1	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	1	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	1	
nimodipine oral capsule 30 mg	1	
nimodipine oral solution 60 mg/20 ml	1	
nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	1	
NORLIQVA ORAL SOLUTION 1 MG/ML	EX	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG	EX	
NYMALIZE ORAL SOLUTION 60 MG/10 ML	3	
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML	3	
olmesartan oral tablet 20 mg, 40 mg, 5 mg	1	
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	1	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	1	
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL, DOSE PACK 0.125 MG (126)- 0.25 MG (42)	3	PA; QL (168 Tablet Per fill); SP
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL, DOSE PACK 0.125 MG (126)- 0.25 MG (210)	3	PA; QL (336 Tablet Per fill); SP
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL, DOSE PACK 0.125 MG (126)- 0.25 MG(42)-1MG	3	PA; QL (252 Tablet Per fill); SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	3	PA; QL (90 Tablet Per fill); SP
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	1	
phenoxybenzamine oral capsule 10 mg	1	PA

Drug Name	Drug Tier	Requirements / Limits
pindolol oral tablet 10 mg, 5 mg	1	
prazosin oral capsule 1 mg, 2 mg, 5 mg	1	
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG	3	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG, 90 MG	3	
propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	1	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg	1	
QBRELIS ORAL SOLUTION 1 MG/ML	EX	
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	
SOAANZ ORAL TABLET 40 MG	EX	
spironolactone oral suspension 25 mg/5 ml	1	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	1	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	
TEKTURNA ORAL TABLET 150 MG, 300 MG	EX	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	1	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	1	
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	1	
TENORETIC 100 ORAL TABLET 100-25 MG	3	
TENORETIC 50 ORAL TABLET 50-25 MG	3	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG	3	
terazosin oral capsule 1 mg, 2 mg, 5 mg	1	QL (30 Unit Per fill)
terazosin oral capsule 10 mg	1	QL (60 Unit Per fill)

Drug Name	Drug Tier	Requirements / Limits
THALITONE ORAL TABLET 15 MG	EX	
tiadylt er oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
TIAZAC ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	3	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 200 MG, 25 MG, 50 MG	EX	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1	
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	1	
triamterene oral capsule 100 mg, 50 mg	1	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	1	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	1	
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG	EX	
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	2	PA; QL (60 Tablet Per fill); SP; LA
UPTRAVI ORAL TABLETS, DOSE PACK 200 MCG (140)- 800 MCG (60)	2	PA; SP; LA; QL (200 per 365 days)
VALSARTAN ORAL SOLUTION 4 MG/ML	EX	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1	
VASERETIC ORAL TABLET 10-25 MG	3	
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	3	
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	1	
verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	1	

Drug Name	Drug Tier	Requirements / Limits
verapamil oral tablet 120 mg, 40 mg, 80 mg	1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	1	
VERELAN PM ORAL CAPSULE, 24 HR ER PELLET CT 100 MG, 200 MG, 300 MG	3	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	3	
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG	3	
CARDIAC GLYCOSIDES		
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	1	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg)	1	
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG)	3	
COAGULATION THERAPY		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	EX	
AMICAR ORAL SOLUTION 250 MG/ML (25 %)	3	
AMICAR ORAL TABLET 1,000 MG, 500 MG	3	
aminocaproic acid oral solution 250 mg/ml (25 %)	1	
aminocaproic acid oral tablet 1,000 mg, 500 mg	1	
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
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	1	
BRILINTA ORAL TABLET 60 MG, 90 MG	2	
CABLIVI INJECTION KIT 11 MG	2	PA; SP; LA
cilostazol oral tablet 100 mg, 50 mg	1	
clopidogrel oral tablet 300 mg, 75 mg	1	
dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg	1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1	
DOPTELET ORAL TABLET 20 MG	2	PA; QL (15 Tablet Per fill); SP; LA
EFFIENT ORAL TABLET 10 MG, 5 MG	3	

Drug Name	Drug Tier	Requirements / Limits
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 5 MG (74 TABS)	2	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	2	
enoxaparin subcutaneous solution 300 mg/3 ml	1	SP
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	1	SP
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	1	SP
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML, 25,000 ANTI-XA UNIT/ML	2	SP
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML, 7,500 ANTI-XA UNIT/0.3 ML	2	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
heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)	1	
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	1	
heparin (porcine) injection syringe 5,000 unit/ml	1	
heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml	1	
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml	1	
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5, 000 UNIT/ML	3	
HEPARIN, PORCINE (PF) SUBCUTANEOUS SYRINGE 5, 000 UNIT/0.5 ML	3	
HYMPAVZI PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	EX	
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	EX	
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	

Drug Name	Drug Tier	Requirements / Limits
LOVENOX SUBCUTANEOUS SOLUTION 300 MG/3 ML	EX	
LOVENOX SUBCUTANEOUS SYRINGE 100 MG/ML, 120 MG/0.8 ML, 150 MG/ML, 30 MG/0.3 ML, 40 MG/0.4 ML, 60 MG/0.6 ML, 80 MG/0.8 ML	EX	
MULPLETA ORAL TABLET 3 MG	EX	
NOVOSEVEN RT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG), 8 MG (8,000 MCG)	EX	
NUWIQ INTRAVENOUS RECON SOLN 1,500 UNIT, 1000 UNIT, 2,000 UNIT, 2,500 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	EX	
pentoxifylline oral tablet extended release 400 mg	1	
PHYTONADIONE (VITAMIN K1) INJECTION SOLUTION 1 MG/0.5 ML	2	
phytonadione (vitamin k1) injection solution 10 mg/ml	1	
PHYTONADIONE (VITAMIN K1) INJECTION SYRINGE 1 MG/0.5 ML	2	
phytonadione (vitamin k1) oral tablet 5 mg	1	QL (10 Tablet Per fill)
PLAVIX ORAL TABLET 75 MG	EX	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	EX	
PRADAXA ORAL PELLETS IN PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG	EX	
prasugrel hcl oral tablet 10 mg, 5 mg	1	
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	2	SP; LA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	2	SP; LA
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	EX	
RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	EX	
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	EX	

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

Drug Name	Drug Tier	Requirements / Limits
colestipol oral tablet 1 gram	1	
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	EX	
EZALLOR ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	EX	
ezetimibe oral tablet 10 mg	1	
EZETIMIBE-ROSUVASTATIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG	EX	
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	1	QL (30 Unit Per fill)
fenofibrate micronized oral capsule 130 mg	1	ST
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	1	
FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG	EX	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	1	
FENOFIBRATE ORAL CAPSULE 150 MG, 50 MG	EX	
fenofibrate oral tablet 120 mg, 40 mg	1	ST
fenofibrate oral tablet 160 mg, 54 mg	1	
fenofibric acid (choline) oral capsule, delayed release (dr/ec) 135 mg, 45 mg	1	
fenofibric acid oral tablet 105 mg, 35 mg	1	
FENOGLIDE ORAL TABLET 120 MG, 40 MG	3	ST
FIBRICOR ORAL TABLET 105 MG	3	ST
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML)	3	ST; QL (150 Milliliter Per fill)
fluvastatin oral capsule 20 mg	1	QL (30 Unit Per fill); ACA
fluvastatin oral capsule 40 mg	1	QL (60 Unit Per fill); ACA
fluvastatin oral tablet extended release 24 hr 80 mg	1	QL (30 Unit Per fill); ACA
gemfibrozil oral tablet 600 mg	1	
icosapent ethyl oral capsule 0.5 gram, 1 gram	1	PA
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 5 MG	2	PA; SP; LA
LEQVIO SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	EX	

Drug Name	Drug Tier	Requirements / Limits
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR 80 MG	3	ST; QL (30 Unit Per fill)
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	EX	
LIPOFEN ORAL CAPSULE 150 MG, 50 MG	EX	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	EX	ST; QL (30 Unit Per fill)
LOPID ORAL TABLET 600 MG	3	
lovastatin oral tablet 10 mg	1	QL (30 Unit Per fill); ACA
lovastatin oral tablet 20 mg, 40 mg	1	QL (60 Unit Per fill); ACA
LOVAZA ORAL CAPSULE 1 GRAM	EX	
NEXLETOL ORAL TABLET 180 MG	2	PA
NEXLIZET ORAL TABLET 180-10 MG	2	PA
niacin oral tablet 500 mg	1	
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	1	
NIACOR ORAL TABLET 500 MG	3	
omega-3 acid ethyl esters oral capsule 1 gram	1	PA
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	1	QL (30 Unit Per fill); ACA
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	EX	
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	QL (30 Unit Per fill); ACA
prevalite oral powder 4 gram	1	
prevalite oral powder in packet 4 gram	1	
QUESTRAN LIGHT ORAL POWDER 4 GRAM	3	
QUESTRAN ORAL POWDER 4 GRAM	3	
QUESTRAN ORAL POWDER IN PACKET 4 GRAM	3	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	2	PA; QL (1 per 21 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	2	PA; QL (2 per 21 days)
REPATHA SUBCUTANEOUS SYRINGE 140 MG/ML	2	PA; QL (2 per 21 days)
rosuvastatin oral tablet 10 mg, 5 mg	1	QL (30 Unit Per fill); ACA
rosuvastatin oral tablet 20 mg, 40 mg	1	QL (30 Unit Per fill)
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG	3	ST; QL (30 Tablet Per fill)

Drug Name	Drug Tier	Requirements / Limits
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	QL (30 Unit Per fill); ACA
simvastatin oral tablet 80 mg	1	QL (30 Unit Per fill)
TRICOR ORAL TABLET 145 MG, 48 MG	EX	
TRILIPIX ORAL CAPSULE, DELAYED RELEASE (DR/EC) 45 MG	3	ST
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML	3	PA; SP
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	2	PA
VYTORIN ORAL TABLET 10-10 MG	EX	
VYTORIN ORAL TABLET 10-20 MG	EX	
VYTORIN ORAL TABLET 10-40 MG	EX	
VYTORIN ORAL TABLET 10-80 MG	EX	
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	EX	
WELCHOL ORAL TABLET 625 MG	EX	
ZETIA ORAL TABLET 10 MG	EX	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	EX	
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	3	ST; QL (30 Tablet Per fill)
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ASPRUZYO SPRINKLE ORAL EXTEND RELEASE GRANULES,PACKET 1,000 MG, 500 MG	EX	
ATTRUBY ORAL TABLET 356 MG	2	PA; SP
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	2	PA; QL (30 Capsule Per fill); SP
CORLANOR ORAL SOLUTION 5 MG/5 ML	EX	
CORLANOR ORAL TABLET 5 MG, 7.5 MG	EX	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	2	QL (60 Tablet Per fill)
ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG	2	QL (240 Capsule Per fill)
FILSPARI ORAL TABLET 200 MG, 400 MG	EX	
ivabradine oral tablet 5 mg, 7.5 mg	1	PA
LODOCO ORAL TABLET 0.5 MG	EX	
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg	1	
TRYVIO ORAL TABLET 12.5 MG	EX	

Drug Name	Drug Tier	Requirements / Limits
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	2	QL (30 Tablet Per fill)
VYNDAMAX ORAL CAPSULE 61 MG	2	PA; SP
VYNDAQEL ORAL CAPSULE 20 MG	2	PA; SP
NITRATES		
GONITRO SUBLINGUAL POWDER IN PACKET 400 MCG	3	
ISORDIL ORAL TABLET 40 MG	3	
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	
isosorbide mononitrate oral tablet 10 mg, 20 mg	1	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	1	
nitro-bid transdermal ointment 2 %	1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR	3	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1	
nitroglycerin translingual spray, non-aerosol 400 mcg/spray	1	
NITROLINGUAL TRANSLINGUAL SPRAY, NON-AEROSOL 400 MCG/SPRAY	3	
NITROMIST TRANSLINGUAL AEROSOL, SPRAY 400 MCG/SPRAY	3	
NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG	3	
nitro-time oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg	1	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	1	
ANALPRAM-HC TOPICAL LOTION 2.5-1 %	3	ST
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML, 320 MG/2 ML	EX	

Drug Name	Drug Tier	Requirements / Limits
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML, 320 MG/2 ML	EX	
calcipotriene scalp solution 0.005 %	1	QL (120 per 23 days)
calcipotriene topical cream 0.005 %	1	QL (120 per 23 days)
CALCIPOTRIENE TOPICAL FOAM 0.005 %	EX	
calcipotriene topical ointment 0.005 %	1	QL (120 per 23 days)
calcipotriene-betamethasone topical ointment 0.005-0.064 %	1	PA; QL (60 per 23 days)
calcipotriene-betamethasone topical suspension 0.005-0.064 %	1	QL (60 per 23 days)
calcitriol topical ointment 3 mcg/gram	1	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	EX	
COSENTYX PEN (2 PENS) SUBCUTANEOUS NJECTOR 150 MG/ML	EX	
COSENTYX PEN SUBCUTANEOUS INJECTOR 150 MG/ML	EX	
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	EX	
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	EX	
ENSTILAR TOPICAL FOAM 0.005-0.064 %	2	PA; QL (60 per 23 days)
EPIFOAM TOPICAL FOAM 1-1 %	3	ST
hydrocortisone-pramoxine topical cream 2.5-1 %	1	ST
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	EX	
OVACE PLUS TOPICAL SHAMPOO 10 %	3	
OVACE PLUS TOPICAL CLEANSER 10 %	3	
OVACE PLUS TOPICAL CREAM 10 %	3	
OVACE PLUS TOPICAL LOTION 9.8 %	3	
OVACE PLUS WASH TOPICAL CLEANSER, GEL 10 %	3	
OVACE TOPICAL CLEANSER 10 %	3	
PLEXION NS TOPICAL SHAMPOO 9.8 %	3	
PRAMOSONE TOPICAL CREAM 1-1 %	3	ST
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %	3	ST

Drug Name	Drug Tier	Requirements / Limits
PRAMOSONE TOPICAL OINTMENT 1-1 %, 2.5-1 %	3	ST
selenium sulfide topical lotion 2.5 %	1	
selenium sulfide topical shampoo 2.25 %, 2.3 %	1	
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	EX	
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	2	PA; SP; QL (2 per 21 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	2	PA; SP; QL (2 per 21 days)
SORILUX TOPICAL FOAM 0.005 %	EX	
SOTYKTU ORAL TABLET 6 MG	2	PA; SP; QL (30 per 23 days)
SPEVIGO SUBCUTANEOUS SYRINGE 150 MG/ML	3	PA; SP
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	2	PA; SP; QL (45 per 63 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	2	PA; SP; QL (45 per 63 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	2	PA; SP; QL (90 per 42 days)
sulfacetamide sodium topical cleanser 10 %	1	
sulfacetamide sodium topical cleanser, gel 10 %	1	
sulfacetamide sodium topical shampoo 10 %, 9.8 %	1	
TACLONEX TOPICAL SUSPENSION 0.005-0.064 %	EX	QL (60 per 23 days)
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	2	PA; SP; QL (1 per 21 days)
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	2	PA; SP; QL (1 per 21 days)
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	2	PA; SP; QL (1 per 21 days)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML	2	PA; SP; QL (0.25 per 21 days)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 40 MG/0.5 ML	2	PA; SP; QL (0.5 per 21 days)
TALTZ SUBCUTANEOUS SYRINGE 80 MG/ML	2	PA; SP; QL (1 per 21 days)

Drug Name	Drug Tier	Requirements / Limits
TERSI TOPICAL FOAM 2.25 %	3	
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	2	PA; SP; QL (200 per 30 days)
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	2	PA; SP; QL (200 per 30 days)
VECTICAL TOPICAL OINTMENT 3 MCG/GRAM	3	
VTAMA TOPICAL CREAM 1 %	2	PA; QL (60 per 21 days)
WEZLANA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	EX	
WEZLANA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	EX	
WYNZORA TOPICAL CREAM 0.005-0.064 %	3	PA; QL (60 per 23 days)
ZORYVE TOPICAL CREAM 0.15 %	2	ST; QL (60 per 23 days)
ZORYVE TOPICAL CREAM 0.3 %	3	PA; QL (60 per 23 days)
ZORYVE TOPICAL FOAM 0.3 %	3	ST; QL (60 per 23 days)
BURN THERAPY		
SILVADENE TOPICAL CREAM 1 %	3	
silver sulfadiazine topical cream 1 %	1	
ssd topical cream 1 %	1	
MISCELLANEOUS DERMATOLOGICALS		
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	2	PA; SP; QL (2 per 21 days)
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	2	PA; SP; QL (2 per 21 days)
ammonium lactate topical cream 12 %	1	
ammonium lactate topical lotion 12 %	1	
CARAC TOPICAL CREAM 0.5 %	EX	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	2	PA; SP; QL (30 per 23 days)
CONDYLOX TOPICAL GEL 0.5 %	EX	
CORTANE-B TOPICAL LOTION 1-1-0.1 %	3	
diclofenac sodium topical gel 3 %	1	PA; QL (100 per 21 days)
doxepin topical cream 5 %	1	ST; QL (90 per 23 days)
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 %	EX	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	2	PA; SP; QL (400 per 21 days)

Drug Name	Drug Tier	Requirements / Limits
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	2	PA; SP; QL (600 per 21 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	2	PA; SP; QL (400 per 21 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	2	PA; SP; QL (600 per 21 days)
EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR 250 MG/2 ML	2	SP
EFUDEX TOPICAL CREAM 5 %	3	
ELIDEL TOPICAL CREAM 1 %	EX	
EUCRISA TOPICAL OINTMENT 2 %	2	ST; QL (120 per 23 days)
FLUOROURACIL TOPICAL CREAM 0.5 %	EX	
fluorouracil topical cream 5 %	1	
fluorouracil topical solution 2 %, 5 %	1	
HYFTOR TOPICAL GEL 0.2 %	3	PA; SP
IODOFLEX TOPICAL PADS, MEDICATED 0.9 %	3	
IODOSORB TOPICAL GEL 0.9 %	3	
methoxsalen oral capsule, liqd-filled, rapid rel 10 mg	1	
OPZELURA TOPICAL CREAM 1.5 %	3	PA; QL (240 per 21 days)
PANRETIN TOPICAL GEL 0.1 %	3	PA
pimecrolimus topical cream 1 %	1	ST; QL (120 per 23 days)
podofilox topical gel 0.5 %	1	ST; QL (7 Gram Per fill)
podofilox topical solution 0.5 %	1	
prudoxin topical cream 5 %	1	ST; QL (90 per 23 days)
QBREXZA TOPICAL TOWELETTE 2.4 %	EX	
REGRANEX TOPICAL GEL 0.01 %	2	QL (15 Unit Per fill)
SOFDRA TOPICAL GEL WITH PUMP 12.45 % (72 MG /ACTUATION)	EX	
tacrolimus topical ointment 0.03 %, 0.1 %	1	ST; QL (120 per 23 days)
TOLAK TOPICAL CREAM 4 %	3	
VALCHLOR TOPICAL GEL 0.016 %	2	PA; SP
VEREGEN TOPICAL OINTMENT 15 %	EX	
ZONALON TOPICAL CREAM 5 %	3	ST; QL (90 per 23 days)
THERAPY FOR ACNE		

Drug Name	Drug Tier	Requirements / Limits
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG	EX	
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG	3	
ACANYA TOPICAL GEL WITH PUMP 1.2-2.5 %	EX	
accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
ACZONE TOPICAL GEL 5 %	3	ST
ACZONE TOPICAL GEL WITH PUMP 7.5 %	3	ST
adapalene topical cream 0.1 %	1	
adapalene topical gel 0.3 %	1	
adapalene topical gel with pump 0.3 %	1	
ADAPALENE TOPICAL LOTION 0.1 %	3	ST
adapalene topical solution 0.1 %	1	
adapalene topical swab 0.1 %	1	ST
adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %, 0.3-2.5 %	1	
AKLIEF TOPICAL CREAM 0.005 %	3	PA
ALTRENO TOPICAL LOTION 0.05 %	3	
amnesteem oral capsule 10 mg, 20 mg, 40 mg	1	
AMZEEQ TOPICAL FOAM 4 %	3	ST
ARAZLO TOPICAL LOTION 0.045 %	3	PA
ATRALIN TOPICAL GEL 0.05 %	EX	
AVAR LS TOPICAL CLEANSER 10-2 %	3	ST
avar topical cleanser 10-5 % (w/w)	1	
AVAR-E TOPICAL CREAM 10-5 % (W/W)	3	ST
azelaic acid topical gel 15 %	1	
AZELEX TOPICAL CREAM 20 %	3	ST
BENZAMYCIN TOPICAL GEL 3-5 %	3	ST
BENZEPRO (MICROSPHERES) TOPICAL CLEANSER 7 %	3	ST
benzepro topical towelette 6 %	1	
benzoyl peroxide topical cleanser 7 %	1	
benzoyl peroxide topical foam 9.8 %	1	
bp topical cleanser 10-1 %	1	ST
brimonidine topical gel with pump 0.33 %	1	PA

Drug Name	Drug Tier	Requirements / Limits
CABTREO TOPICAL GEL 0.15-3.1-1.2 %	EX	
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
CLENIA PLUS TOPICAL SUSPENSION 9-4.25 %	EX	
CLEOCIN T TOPICAL LOTION 1 %	3	ST; QL (120 per 23 days)
CLINDACIN ETZ TOPICAL KIT 1 %	3	ST
clindacin etz topical swab 1 %	1	
clindacin p topical swab 1 %	1	
CLINDACIN PAC TOPICAL KIT 1 %	3	ST
clindacin topical foam 1 %	1	QL (100 per 23 days)
CLINDAGEL TOPICAL GEL, ONCE DAILY 1 %	EX	
clindamycin phosphate topical foam 1 %	1	QL (100 per 23 days)
clindamycin phosphate topical gel 1 %	1	QL (120 per 23 days)
clindamycin phosphate topical gel, once daily 1 %	1	ST; QL (150 per 23 days)
clindamycin phosphate topical lotion 1 %	1	QL (120 per 23 days)
clindamycin phosphate topical solution 1 %	1	QL (120 per 23 days)
clindamycin phosphate topical swab 1 %	1	
clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %	1	
clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2 %(1 % base) -3.75 %, 1.2-2.5 %	1	
clindamycin-tretinoin topical gel 1.2-0.025 %	1	
dapsone topical gel 5 %	1	
dapsone topical gel with pump 7.5 %	1	
DIFFERIN TOPICAL CREAM 0.1 %	3	ST
DIFFERIN TOPICAL GEL WITH PUMP 0.3 %	3	ST
DIFFERIN TOPICAL LOTION 0.1 %	3	ST
EPIDUO FORTE TOPICAL GEL WITH PUMP 0.3-2.5 %	3	ST
EPSOLAY TOPICAL CREAM 5 %	3	ST
ery pads topical swab 2 %	1	
erygel topical gel 2 %	1	
erythromycin with ethanol topical gel 2 %	1	
erythromycin with ethanol topical solution 2 %	1	
erythromycin-benzoyl peroxide topical gel 3-5 %	1	

Drug Name	Drug Tier	Requirements / Limits
EVOCLIN TOPICAL FOAM 1 %	3	ST; QL (100 per 23 days)
FABIOR TOPICAL FOAM 0.1 %	EX	
FINACEA TOPICAL FOAM 15 %	2	ST
isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	1	
ivermectin topical cream 1 %	1	QL (45 per 23 days)
METROCREAM TOPICAL CREAM 0.75 %	3	ST
METROGEL TOPICAL GEL 1 %	3	ST
metronidazole topical cream 0.75 %	1	
metronidazole topical gel 0.75 %, 1 %	1	
metronidazole topical gel with pump 1 %	1	
metronidazole topical lotion 0.75 %	1	
MIRVASO TOPICAL GEL WITH PUMP 0.33 %	2	PA
NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL 1.2-5 %	3	ST
neuac topical gel 1.2 %(1 % base) -5 %	1	
NORITATE TOPICAL CREAM 1 %	EX	
ONEXTON TOPICAL GEL WITH PUMP 1.2 % (1 % BASE) -3.75 %	3	ST
PACNEX TOPICAL CLEANSER 7 %	3	ST
PLEXION CLEANSING CLOTHS TOPICAL PADS, MEDICATED 9.8-4.8 %	3	ST
PLEXION TOPICAL CLEANSER 9.8-4.8 %	3	ST
PLEXION TOPICAL CREAM 9.8-4.8 %	3	ST
PLEXION TOPICAL LOTION 9.8-4.8 %	3	ST
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %	3	ST
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.04 %, 0.1 %	EX	
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %, 0.08 %	3	
RETIN-A MICRO TOPICAL GEL 0.04 %, 0.1 %	EX	
RETIN-A TOPICAL CREAM 0.025 %, 0.05 %, 0.1 %	3	
RETIN-A TOPICAL GEL 0.01 %, 0.025 %	3	
RHOFADE TOPICAL CREAM 1 %	3	PA
rosadan topical cream 0.75 %	1	

Drug Name	Drug Tier	Requirements / Limits
rosadan topical gel 0.75 %	1	
ROSADAN TOPICAL KIT, CLEANSER AND GEL 0.75 %	3	ST
ROSADAN TOPICAL KIT, CLEANSER AND CREAM 0.75 %	3	ST
rosula cleansing cloths topical pads, medicated 10-5 %	1	
ROSULA TOPICAL CLEANSER 10-4.5 %	3	ST
SOOLANTRA TOPICAL CREAM 1 %	3	ST; QL (45 per 23 days)
sss 10-5 topical cream 10-5 % (w/w)	1	
sss 10-5 topical foam 10-5 %	1	
sulfacetamide sodium-sulfur topical cleanser 10-2 %, 10-5 % (w/w), 9-4 %, 9-4.5 %, 9.8-4.8 %	1	
SULFACETAMIDE SODIUM-SULFUR TOPICAL CLEANSER 8-4 %	EX	
sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w), 9.8-4.8 %	1	
sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %	1	
sulfacetamide sodium-sulfur topical pads, medicated 10-4 %, 9.8-4.8 %	1	
sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %	1	
SULFACETAMIDE SODIUM-SULFUR TOPICAL SUSPENSION 9-4.25 %	EX	
sulfacleanse 8-4 topical suspension 8-4 %	1	ST
SUMADAN TOPICAL CLEANSER 9-4.5 %	3	ST
SUMADAN TOPICAL KIT 9-4.5 %	3	ST
SUMADAN XLT TOPICAL COMBO PACK, CLEANSER AND CREAM 9 %-4.5 % -SPF 25	3	ST
SUMAXIN CP TOPICAL KIT 10-4 %	3	ST
SUMAXIN TOPICAL CLEANSER 9-4 %	3	ST
SUMAXIN TOPICAL PADS, MEDICATED 10-4 %	3	ST
SUMAXIN TS TOPICAL SUSPENSION 8-4 %	3	ST
tazarotene topical cream 0.05 %, 0.1 %	1	PA
TAZAROTENE TOPICAL FOAM 0.1 %	EX	
tazarotene topical gel 0.05 %, 0.1 %	1	PA

Drug Name	Drug Tier	Requirements / Limits
TAZORAC TOPICAL CREAM 0.05 %, 0.1 %	EX	
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	EX	
tretinoin microspheres topical gel 0.04 %, 0.1 %	1	
tretinoin microspheres topical gel with pump 0.04 %, 0.08 %, 0.1 %	1	
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	1	
tretinoin topical gel 0.01 %, 0.025 %, 0.05 %	1	
TWYNEO TOPICAL CREAM 0.1-3 %	3	ST
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 %	3	ST
VELTIN TOPICAL GEL 1.2-0.025 %	EX	
WINLEVI TOPICAL CREAM 1 %	EX	
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
ZIANA TOPICAL GEL 1.2-0.025 %	3	ST
ZILXI TOPICAL FOAM 1.5 %	EX	
ZMA CLEAR TOPICAL SUSPENSION 9-4.5 %	EX	
TOPICAL ANESTHETICS		
COCAINE NASAL SOLUTION 4 %	3	
dermacinrx lidocan topical adhesive patch, medicated 5 %	1	PA
GOPRELTO NASAL SOLUTION 4 %	3	
lidocaine hcl laryngotracheal solution 4 %	1	
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	1	
lidocaine hcl-hydrocortison ac topical cream 3-0.5 %	1	
lidocaine topical adhesive patch, medicated 5 %	1	PA
lidocaine topical ointment 5 %	1	QL (50 per 23 days)
lidocaine viscous mucous membrane solution 2 %	1	
lidocaine-prilocaine topical cream 2.5-2.5 %	1	QL (30 per 23 days)
lidocaine-prilocaine topical kit 2.5-2.5 %	1	
LIDOCAINE-TETRACAINE TOPICAL CREAM 7-7 %	EX	
lidocan iii topical adhesive patch, medicated 5 %	1	PA
lidocan iv topical adhesive patch, medicated 5 %	1	PA
lidocan v topical adhesive patch, medicated 5 %	1	PA
lidocort topical cream 3-0.5 %	1	

Drug Name	Drug Tier	Requirements / Limits
LIDODERM TOPICAL ADHESIVE PATCH, MEDICATED 5 %	EX	PA
NUMBRINO NASAL SOLUTION 4 %	3	
PLIAGLIS TOPICAL CREAM 7-7 %	EX	
ZTLIDO TOPICAL ADHESIVE PATCH, MEDICATED 1.8 %	2	PA
TOPICAL ANTIBACTERIALS		
ALCORTIN A TOPICAL GEL 2-1-1 %	EX	
ALCORTIN A TOPICAL GEL IN PACKET 2-1-1 %	EX	
ALTABAX TOPICAL OINTMENT 1 %	3	ST; QL (30 Gram Per fill)
CENTANY AT TOPICAL OINTMENT KIT 2 %	3	ST; QL (1 Unit Per fill)
CENTANY TOPICAL OINTMENT 2 %	3	ST; QL (30 Gram Per fill)
gentamicin topical cream 0.1 %	1	QL (60 Gram Per fill)
gentamicin topical ointment 0.1 %	1	QL (60 Gram Per fill)
KLARON TOPICAL SUSPENSION 10 %	3	ST
lugols topical solution 5-10 %	1	
mafenide acetate topical packet 50 gram	1	
mupirocin calcium topical cream 2 %	1	ST; QL (30 Gram Per fill)
mupirocin topical ointment 2 %	1	QL (44 Gram Per fill)
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	3	
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	3	
strong iodine topical solution 5-10 %	1	
sulfacetamide sodium (acne) topical suspension 10 %	1	
SULFAMYLON TOPICAL CREAM 85 MG/G	2	
XEPI TOPICAL CREAM 1 %	3	ST; QL (30 Gram Per fill)
TOPICAL ANTIFUNGALS		
CICLODAN KIT TOPICAL COMBO PACK 0.77 %	3	
CICLODAN KIT TOPICAL SOLUTION 8 %	3	ST
ciclodan topical cream 0.77 %	1	QL (90 per 21 days)
ciclodan topical solution 8 %	1	
ciclopirox topical cream 0.77 %	1	QL (90 per 21 days)
ciclopirox topical gel 0.77 %	1	QL (100 per 21 days)

Drug Name	Drug Tier	Requirements / Limits
ciclopirox topical shampoo 1 %	1	QL (120 per 21 days)
ciclopirox topical solution 8 %	1	
ciclopirox topical suspension 0.77 %	1	QL (60 per 21 days)
ciclopirox-ure-camph-menth-euc topical solution 8 %	1	
clotrimazole topical cream 1 %	1	QL (45 per 21 days)
clotrimazole topical solution 1 %	1	QL (60 per 21 days)
clotrimazole-betamethasone topical cream 1-0.05 %	1	QL (90 per 21 days)
clotrimazole-betamethasone topical lotion 1-0.05 %	1	QL (60 per 21 days)
econazole nitrate topical cream 1 %	1	QL (85 per 21 days)
ECOZA TOPICAL FOAM 1 %	EX	
ERTACZO TOPICAL CREAM 2 %	EX	
EXELDERM TOPICAL CREAM 1 %	3	QL (60 per 21 days)
EXELDERM TOPICAL SOLUTION 1 %	3	QL (60 per 21 days)
EXTINA TOPICAL FOAM 2 %	3	ST; QL (100 per 21 days)
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 %	3	ST
ketoconazole topical cream 2 %	1	QL (60 per 21 days)
ketoconazole topical foam 2 %	1	ST; QL (100 per 21 days)
ketoconazole topical shampoo 2 %	1	QL (120 per 21 days)
ketodan kit topical combo pack 2 %	1	ST
ketodan topical foam 2 %	1	ST; QL (100 per 21 days)
klayesta topical powder 100,000 unit/gram	1	QL (180 Gram Per fill)
LOPROX (AS OLAMINE) TOPICAL CREAM 0.77 %	3	QL (90 per 21 days)
LOPROX (AS OLAMINE) TOPICAL SUSPENSION 0.77 %	3	QL (60 per 21 days)
LOPROX KIT TOPICAL COMBO PACK 0.77 %	3	QL (544 per 23 days)
LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER 0.77 %	3	QL (1 per 23 days)
LULICONAZOLE TOPICAL CREAM 1 %	EX	
LUZU TOPICAL CREAM 1 %	EX	
MICONAZOLE NITRATE-ZINC OX-PET TOPICAL OINTMENT 0.25-15-81.35 %	EX	
naftifine topical cream 1 %	1	QL (90 per 21 days)

Drug Name	Drug Tier	Requirements / Limits
naftifine topical cream 2 %	1	QL (60 per 21 days)
naftifine topical gel 2 %	1	QL (60 per 21 days)
NAFTIN TOPICAL GEL 2 %	3	QL (60 per 21 days)
nyamyc topical powder 100,000 unit/gram	1	QL (180 Gram Per fill)
nystatin topical cream 100,000 unit/gram	1	QL (60 per 21 days)
nystatin topical ointment 100,000 unit/gram	1	QL (60 per 21 days)
nystatin topical powder 100,000 unit/gram	1	QL (180 Gram Per fill)
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%	1	QL (60 per 21 days)
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%	1	QL (60 per 21 days)
nystop topical powder 100,000 unit/gram	1	QL (180 Gram Per fill)
oxiconazole topical cream 1 %	1	QL (90 per 21 days)
OXISTAT TOPICAL LOTION 1 %	EX	
SULCONAZOLE TOPICAL CREAM 1 %	EX	
SULCONAZOLE TOPICAL SOLUTION 1 %	EX	
tavaborole topical solution with applicator 5 %	1	ST
VUSION TOPICAL OINTMENT 0.25-15-81.35 %	EX	
XOLEGEL TOPICAL GEL 2 %	EX	
TOPICAL ANTIVIRALS		
acyclovir topical cream 5 %	1	PA; QL (5 Gram Per fill)
acyclovir topical ointment 5 %	1	PA; QL (30 Gram Per fill)
DENAVIR TOPICAL CREAM 1 %	3	
penciclovir topical cream 1 %	1	
XERESE TOPICAL CREAM 5-1 %	EX	
ZOVIRAX TOPICAL CREAM 5 %	3	PA; QL (5 Gram Per fill)
ZOVIRAX TOPICAL OINTMENT 5 %	EX	
TOPICAL CORTICOSTEROIDS		
ala-cort topical cream 1 %	1	
ALA-SCALP TOPICAL LOTION 2 %	3	ST
alclometasone topical cream 0.05 %	1	
alclometasone topical ointment 0.05 %	1	
amcinonide topical cream 0.1 %	1	ST
amcinonide topical ointment 0.1 %	1	ST
apexicon e topical cream 0.05 %	1	ST

Drug Name	Drug Tier	Requirements / Limits
beser topical lotion 0.05 %	1	ST
betamethasone dipropionate topical cream 0.05 %	1	
betamethasone dipropionate topical lotion 0.05 %	1	
betamethasone dipropionate topical ointment 0.05 %	1	
betamethasone valerate topical cream 0.1 %	1	
betamethasone valerate topical foam 0.12 %	1	ST
betamethasone valerate topical lotion 0.1 %	1	
betamethasone valerate topical ointment 0.1 %	1	
betamethasone, augmented topical cream 0.05 %	1	
betamethasone, augmented topical gel 0.05 %	1	
betamethasone, augmented topical lotion 0.05 %	1	
betamethasone, augmented topical ointment 0.05 %	1	
BRYHALI TOPICAL LOTION 0.01 %	3	ST
CAPEX TOPICAL SHAMPOO 0.01 %	3	ST
clobetasol scalp solution 0.05 %	1	QL (100 per 23 days)
clobetasol topical cream 0.05 %	1	QL (120 per 23 days)
clobetasol topical foam 0.05 %	1	ST; QL (100 per 23 days)
clobetasol topical gel 0.05 %	1	QL (120 per 23 days)
clobetasol topical lotion 0.05 %	1	ST; QL (118 per 23 days)
clobetasol topical ointment 0.05 %	1	QL (120 per 23 days)
clobetasol topical shampoo 0.05 %	1	ST; QL (236 per 23 days)
clobetasol topical spray, non-aerosol 0.05 %	1	ST; QL (125 per 23 days)
clobetasol-emollient topical cream 0.05 %	1	QL (120 per 23 days)
clobetasol-emollient topical foam 0.05 %	1	ST; QL (100 per 23 days)
CLOBEX TOPICAL SHAMPOO 0.05 %	3	ST; QL (236 per 23 days)
CLOBEX TOPICAL SPRAY, NON-AEROSOL 0.05 %	3	ST; QL (125 per 23 days)
clocortolone pivalate topical cream 0.1 %	1	
CLODAN KIT TOPICAL KIT, SHAMPOO AND CLEANSER 0.05 %	3	ST; QL (2 per 21 days)
clodan topical shampoo 0.05 %	1	ST; QL (236 per 23 days)
CORDRAN LARGE ROLL TOPICAL TAPE 4 MCG/CM2	3	ST
CORDRAN TOPICAL CREAM 0.025 %, 0.05 %	3	ST; QL (120 per 23 days)

Drug Name	Drug Tier	Requirements / Limits
CORDRAN TOPICAL LOTION 0.05 %	3	ST; QL (120 per 23 days)
CORDRAN TOPICAL OINTMENT 0.05 %	3	ST; QL (120 per 23 days)
DERMA-SMOOTHE/FS BODY TOPICAL OIL 0.01 %	3	ST
DERMA-SMOOTHE/FS SCALP OIL 0.01 %	3	ST
desonide topical cream 0.05 %	1	
desonide topical gel 0.05 %	1	ST
desonide topical lotion 0.05 %	1	ST
desonide topical ointment 0.05 %	1	
DESOWEN TOPICAL CREAM 0.05 %	3	ST
desoximetasone topical cream 0.05 %, 0.25 %	1	ST
desoximetasone topical gel 0.05 %	1	ST
desoximetasone topical ointment 0.05 %, 0.25 %	1	ST
desoximetasone topical spray, non-aerosol 0.25 %	1	ST
diflorasone topical cream 0.05 %	1	ST; QL (120 per 23 days)
diflorasone topical ointment 0.05 %	1	ST; QL (120 per 23 days)
DIPROLENE (AUGMENTED) TOPICAL OINTMENT 0.05 %	3	ST
DUOBRII TOPICAL LOTION 0.01-0.045 %	3	ST; QL (200 per 23 days)
fluocinolone and shower cap scalp oil 0.01 %	1	
fluocinolone topical cream 0.01 %, 0.025 %	1	
fluocinolone topical oil 0.01 %	1	
fluocinolone topical ointment 0.025 %	1	
fluocinolone topical solution 0.01 %	1	
fluocinonide topical cream 0.05 %	1	QL (120 per 23 days)
fluocinonide topical cream 0.1 %	1	ST; QL (120 per 23 days)
fluocinonide topical gel 0.05 %	1	QL (120 per 23 days)
fluocinonide topical ointment 0.05 %	1	QL (120 per 23 days)
fluocinonide topical solution 0.05 %	1	QL (120 per 23 days)
fluocinonide-e topical cream 0.05 %	1	QL (120 per 23 days)
flurandrenolide topical cream 0.05 %	1	ST; QL (120 per 23 days)
flurandrenolide topical lotion 0.05 %	1	ST; QL (120 per 23 days)
flurandrenolide topical ointment 0.05 %	1	ST; QL (120 per 23 days)
fluticasone propionate topical cream 0.05 %	1	
fluticasone propionate topical lotion 0.05 %	1	ST

Drug Name	Drug Tier	Requirements / Limits
fluticasone propionate topical ointment 0.005 %	1	
halcinonide topical cream 0.1 %	1	ST
halcinonide topical solution 0.1 %	EX	
halobetasol propionate topical cream 0.05 %	1	
halobetasol propionate topical foam 0.05 %	1	ST
halobetasol propionate topical ointment 0.05 %	1	
HALOG TOPICAL CREAM 0.1 %	3	ST
HALOG TOPICAL OINTMENT 0.1 %	3	ST
HALOG TOPICAL SOLUTION 0.1 %	3	ST
hydrocortisone butyrate topical cream 0.1 %	1	QL (120 per 23 days)
hydrocortisone butyrate topical lotion 0.1 %	1	ST; QL (118 per 23 days)
hydrocortisone butyrate topical ointment 0.1 %	1	ST; QL (120 per 21 days)
hydrocortisone butyrate topical solution 0.1 %	1	ST; QL (120 per 23 days)
hydrocortisone topical cream 1 %, 2.5 %	1	
hydrocortisone topical lotion 2 %, 2.5 %	1	
hydrocortisone topical ointment 1 %, 2.5 %	1	
hydrocortisone topical solution 2.5 %	1	
hydrocortisone valerate topical cream 0.2 %	1	
hydrocortisone valerate topical ointment 0.2 %	1	
IMPOYZ TOPICAL CREAM 0.025 %	EX	
KENALOG TOPICAL AEROSOL 0.147 MG/GRAM	3	ST; QL (100 per 23 days)
LOCOID LIPOCREAM TOPICAL CREAM 0.1 %	EX	
LOCOID TOPICAL LOTION 0.1 %	EX	
mometasone topical cream 0.1 %	1	
mometasone topical ointment 0.1 %	1	
mometasone topical solution 0.1 %	1	
NUCORT TOPICAL LOTION 2 %	3	ST
OLUX TOPICAL FOAM 0.05 %	3	ST; QL (100 per 23 days)
PANDEL TOPICAL CREAM 0.1 %	3	ST
prednicarbate topical cream 0.1 %	1	
prednicarbate topical ointment 0.1 %	1	
PROCTOCORT TOPICAL CREAM 1 %	3	ST
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %	3	ST

Drug Name	Drug Tier	Requirements / Limits
scalacort topical lotion 2 %	1	
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %	EX	
SYNALAR CREAM KIT TOPICAL CREAM 0.025 %	3	ST
SYNALAR OINTMENT KIT TOPICAL COMBO PACK, OINTMENT AND CREAM 0.025 %	3	ST
SYNALAR TOPICAL CREAM 0.025 %	3	ST
SYNALAR TOPICAL OINTMENT 0.025 %	3	ST
SYNALAR TOPICAL SOLUTION 0.01 %	3	ST
SYNALAR TS TOPICAL KIT 0.01 %	3	ST
TEXACORT TOPICAL SOLUTION 2.5 %	3	ST
TOPICORT TOPICAL CREAM 0.05 %, 0.25 %	3	ST
TOPICORT TOPICAL GEL 0.05 %	3	ST
TOPICORT TOPICAL OINTMENT 0.05 %, 0.25 %	3	ST
TOPICORT TOPICAL SPRAY, NON-AEROSOL 0.25 %	EX	
tovet emollient topical foam 0.05 %	1	ST; QL (100 per 23 days)
triamcinolone acetonide topical aerosol 0.147 mg/gram	1	ST; QL (126 per 23 days)
triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	1	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide topical ointment 0.05 %	1	ST
triderm topical cream 0.5 %	1	ST
ULTRAVATE TOPICAL LOTION 0.05 %	EX	
VANOS TOPICAL CREAM 0.1 %	EX	
VERDESO TOPICAL FOAM 0.05 %	EX	
TOPICAL ENZYMES		
NEXOBRID TOPICAL GEL 8.8 %	3	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	2	QL (180 Gram Per fill)
TOPICAL SCABICIDES / PEDICULICIDES		
crotan topical lotion 10 %	1	

Drug Name	Drug Tier	Requirements / Limits
ELIMITE TOPICAL CREAM 5 %	3	
EURAX TOPICAL CREAM 10 %	3	
EURAX TOPICAL LOTION 10 %	3	
malathion topical lotion 0.5 %	1	
NATROBA TOPICAL SUSPENSION 0.9 %	EX	
OVIDE TOPICAL LOTION 0.5 %	3	
permethrin topical cream 5 %	1	
spinosad topical suspension 0.9 %	1	
ULESFIA TOPICAL LOTION 5 %	3	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
ANOREXIANTS		
SAXENDA SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML (18 MG/3 ML)	EX	
IRRIGATING SOLUTIONS		
lactated ringers irrigation solution	1	
neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml	1	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L	3	
PHYSIOSOL IRRIGATION SOLUTION 140-5-3-98 MEQ/L	3	
ringer's irrigation solution	1	
SORBITOL IRRIGATION SOLUTION 3 %	3	
SORBITOL-MANNITOL TRANSURETHRAL SOLUTION 2.7-0.54 GRAM/100 ML	3	
tis-u-sol pentalyte irrigation solution 800-40-20-8.75- 6.25 mg/100 ml	1	
MISCELLANEOUS AGENTS		
acamprosate oral tablet, delayed release (dr/ec) 333 mg	1	
acetic acid irrigation solution 0.25 %	1	
AGRYLIN ORAL CAPSULE 0.5 MG	3	
anagrelide oral capsule 0.5 mg, 1 mg	1	
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	EX	
BUPHENYL ORAL POWDER 0.94 GRAM/GRAM	3	PA; SP

Drug Name	Drug Tier	Requirements / Limits
BUPHENYL ORAL TABLET 500 MG	3	PA; SP
caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)	1	
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	2	PA; SP; LA
carglumic acid oral tablet, dispersible 200 mg	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	
cevimeline oral capsule 30 mg	1	
CHEMET ORAL CAPSULE 100 MG	2	PA
CUVRIOR ORAL TABLET 300 MG	EX	
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	1	PA; SP
deferasirox oral tablet 180 mg, 360 mg, 90 mg	1	PA; SP
deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg	1	PA; SP
deferiprone oral tablet 1,000 mg, 500 mg	1	PA; SP
disulfiram oral tablet 250 mg, 500 mg	1	
droxidopa oral capsule 100 mg, 200 mg, 300 mg	1	PA; SP
DUVYZAT ORAL SUSPENSION 8.86 MG/ML	EX	
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	2	PA; SP
ENDARI ORAL POWDER IN PACKET 5 GRAM	3	PA; SP
EVOXAC ORAL CAPSULE 30 MG	3	
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG	EX	
FABHALTA ORAL CAPSULE 200 MG	2	PA; SP
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG	2	PA; SP
FERRIPROX ORAL SOLUTION 100 MG/ML	2	PA; SP
FERRIPROX ORAL TABLET 1,000 MG, 500 MG	3	PA; SP
FERRLECIT INTRAVENOUS SOLUTION 62.5 MG/5 ML	3	PA

Drug Name	Drug Tier	Requirements / Limits
GLASSIA INTRAVENOUS SOLUTION 1 GRAM/50 ML (2 %)	EX	
glutamine (sickle cell) oral powder in packet 5 gram	1	PA; SP
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	2	PA; SP; LA
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	EX	
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG	EX	
JOENJA ORAL TABLET 70 MG	3	PA; QL (60 Tablet Per fill); SP
levocarnitine (with sugar) oral solution 100 mg/ml	1	
levocarnitine oral solution 100 mg/ml	1	
levocarnitine oral tablet 330 mg	1	
LITFULO ORAL CAPSULE 50 MG	3	PA; SP; QL (28 per 21 days)
LITHOSTAT ORAL TABLET 250 MG	3	
METOPIRONE ORAL CAPSULE 250 MG	3	
midodrine oral tablet 5 mg	1	
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	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	EX	
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM	3	PA; SP
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	3	PA; SP; LA
ORFADIN ORAL SUSPENSION 4 MG/ML	3	PA; SP; LA
PHEBURANE ORAL GRANULES 483 MG/GRAM	2	PA; SP
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	3	PA; SP; LA; QL (56 per 21 days)
PYRUKYND ORAL TABLETS, DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7)	3	PA; SP; LA; QL (14 per 365 days)
RADIOGARDASE ORAL CAPSULE 0.5 GRAM	3	
RAVICTI ORAL LIQUID 1.1 GRAM/ML	EX	
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	2	PA; SP; QL (30 per 23 days)
RILUTEK ORAL TABLET 50 MG	3	PA

Drug Name	Drug Tier	Requirements / Limits
riluzole oral tablet 50 mg	1	PA
risedronate oral tablet 30 mg	1	QL (30 Unit Per fill)
sodium chlor 0.9% bacteriostat injection solution 0.9 %	1	
sodium chloride 0.9 % injection solution	1	
sodium chloride irrigation solution 0.9 %	1	
sodium ferric gluconat-sucrose intravenous solution 62.5 mg/5 ml	1	PA
sodium phenylbutyrate oral powder 0.94 gram/gram	1	PA
sodium phenylbutyrate oral tablet 500 mg	1	PA
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG	3	PA; QL (112 Capsule Per fill); SP; LA
SOHONOS ORAL CAPSULE 10 MG	3	PA; QL (56 Capsule Per fill); SP; LA
SOHONOS ORAL CAPSULE 2.5 MG	3	PA; QL (140 Capsule Per fill); SP; LA
SOHONOS ORAL CAPSULE 5 MG	3	PA; QL (84 Capsule Per fill); SP; LA
SYPRINE ORAL CAPSULE 250 MG	3	PA
TAVNEOS ORAL CAPSULE 10 MG	3	PA; SP; QL (180 per 23 days)
TEGLUTIK ORAL SUSPENSION 50 MG/10 ML	3	PA; SP
THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG	3	SP
THIOLA ORAL TABLET 100 MG	EX	
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	3	PA; SP
tiopronin oral tablet 100 mg	1	SP
tiopronin oral tablet, delayed release (dr/ec) 100 mg, 300 mg	1	SP
trientine oral capsule 250 mg	1	PA
TRIENTINE ORAL CAPSULE 500 MG	EX	
VAFSEO ORAL TABLET 150 MG, 300 MG	EX	
VELTASSA ORAL POWDER IN PACKET 1 GRAM	2	
venxxiva oral tablet, delayed release (dr/ec) 100 mg, 300 mg	1	SP
VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1)	2	PA; SP; LA
water for irrigation, sterile irrigation solution	1	

Drug Name	Drug Tier	Requirements / Limits
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	2	PA; SP
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG, 4,000 MG, 5,000 MG	EX	
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	3	PA; QL (120 Capsule Per fill); SP
SMOKING DETERRENTS		
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	1	ACA
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	3	
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	
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24 HR, 21 MG/24 HR, 7 MG/24 HR	2	
NICORETTE BUCCAL GUM 2 MG	2	
nicorette buccal gum 4 mg	1	ACA
NICORETTE BUCCAL LOZENGE 2 MG, 4 MG	2	
NICORETTE BUCCAL MINI LOZENGE 2 MG, 4 MG	2	
nicotine (polacrilex) buccal gum 2 mg, 4 mg	1	ACA
nicotine (polacrilex) buccal lozenge 2 mg, 4 mg	1	ACA
nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg	1	ACA
nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr	1	ACA
nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr	1	ACA
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	3	ACA
quit 2 buccal gum 2 mg	1	ACA
quit 2 buccal lozenge 2 mg	1	ACA
quit 4 buccal gum 4 mg	1	ACA
quit 4 buccal lozenge 4 mg	1	ACA
stop smoking aid buccal lozenge 2 mg, 4 mg	1	ACA
varenicline tartrate oral tablet 0.5 mg, 1 mg	1	ACA

Drug Name	Drug Tier	Requirements / Limits
varenicline tartrate oral tablets, dose pack 0.5 mg (11)- 1 mg (42)	1	ACA
EAR, NOSE & THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
azelastine nasal spray, non-aerosol 137 mcg (0.1 %)	1	QL (60 Unit Per fill)
azelastine nasal spray, non-aerosol 205.5 mcg (0.15 %)	1	
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	1	
CLINPRO 5000 DENTAL PASTE 1.1 %	3	
denta 5000 plus dental cream 1.1 %	1	
denta 5000 plus sensitive dental paste 1.1-5 %	1	
dentagel dental gel 1.1 %	1	
fluoride (sodium) dental cream 1.1 %	1	
fluoride (sodium) dental gel 1.1 %	1	
fluoride (sodium) dental paste 1.1 %	1	
fluoride (sodium) dental solution 0.2 %	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	
fraiche 5000 dental gel 1.1 %	1	
FRAICHE 5000 PREVI DENTAL GEL 1.1-3 %	3	
FRAICHE 5000 SENSITIVE DENTAL GEL 1.1-4.5 %	3	
GELCLAIR MUCOUS MEMBRANE GEL IN PACKET	3	
ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)	1	QL (30 Unit Per fill)
JUST RIGHT 5000 DENTAL PASTE 1.1 %	3	
kourzeq dental paste 0.1 %	1	
MUGARD MUCOUS MEMBRANE SOLUTION	3	SP
olopatadine nasal spray, non-aerosol 0.6 %	1	QL (31 Unit Per fill)
oralone dental paste 0.1 %	1	

Drug Name	Drug Tier	Requirements / Limits
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	3	
paroex oral rinse mucous membrane mouthwash 0.12 %	1	
PERIDEX MUCOUS MEMBRANE MOUTHWASH 0.12 %	3	
periogard mucous membrane mouthwash 0.12 %	1	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	1	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %	3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 %	3	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 %	3	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 %	3	
PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 %	3	
PREVIDENT DENTAL GEL 1.1 %	3	
PREVIDENT DENTAL SOLUTION 0.2 %	3	
PREVIDENT KIDS DENTAL PASTE 1.1 %	3	
PROTHELIAL MUCOUS MEMBRANE PASTE 1 GRAM/10 ML	3	SP
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG, 7.5 MG	3	
sf 5000 plus dental cream 1.1 %	1	
sf dental gel 1.1 %	1	
sodium fluoride 5000 plus dental cream 1.1 %	1	
sodium fluoride-pot nitrate dental paste 1.1-5 %	1	
triamcinolone acetonide dental paste 0.1 %	1	
MISCELLANEOUS OTIC PREPARATIONS		
acetic acid otic (ear) solution 2 %	1	
CETRAXAL OTIC (EAR) DROPPERETTE 0.2 %	EX	
ciprofloxacin hcl otic (ear) dropperette 0.2 %	1	
DERMOTIC OIL OTIC (EAR) DROPS 0.01 %	3	
flac oil otic (ear) drops 0.01 %	1	
fluocinolone acetonide oil otic (ear) drops 0.01 %	1	

Drug Name	Drug Tier	Requirements / Limits
hydrocortisone-acetic acid otic (ear) drops 1-2 %	1	
ofloxacin otic (ear) drops 0.3 %	1	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC OTIC (EAR) DROPS, SUSPENSION 0.2-1 %	EX	
ciprofloxacin-dexamethasone otic (ear) drops, suspension 0.3-0.1 %	1	
CIPROFLOXACIN-FLUOCINOLONE OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	EX	
CORTISPORIN-TC OTIC (EAR) DROPS, SUSPENSION 3.3-3-10-0.5 MG/ML	3	
neomycin-polymyxin-hc otic (ear) drops, suspension 3.5-10,000-1 mg/ml-unit/ml-%	1	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	1	
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	3	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR INJECTION GEL 80 UNIT/ML	3	PA; SP
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML	3	PA; SP
AGAMREE ORAL SUSPENSION 40 MG/ML	EX	
ALKINDI ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG	EX	
betamethasone acet, sod phos injection suspension 6 mg/ml	1	
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG	3	
cortisone oral tablet 25 mg	1	
CORTROPHIN GEL INJECTION 80 UNIT/ML	EX	
deflazacort oral suspension 22.75 mg/ml	1	PA; SP
deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg	1	PA; SP
DEPO-MEDROL INJECTION SUSPENSION 80 MG/ML	3	
dexabliss oral tablets, dose pack 1.5 mg (39 tabs)	1	PA
dexamethasone intensol oral drops 1 mg/ml	1	
dexamethasone oral elixir 0.5 mg/5 ml	1	
dexamethasone oral solution 0.5 mg/5 ml	1	

Drug Name	Drug Tier	Requirements / Limits
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1	
dexamethasone oral tablets, dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs), 1.5 mg (51 tabs)	1	PA
dexamethasone sodium phos (pf) injection solution 10 mg/ml	1	
dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml	1	
dexamethasone sodium phosphate injection syringe 4 mg/ml	1	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	EX	
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	EX	
fludrocortisone oral tablet 0.1 mg	1	
HEMADY ORAL TABLET 20 MG	EX	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	1	
KENALOG INJECTION SUSPENSION 10 MG/ML, 40 MG/ML	3	
MEDROL (PAK) ORAL TABLETS, DOSE PACK 4 MG	3	
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG	3	
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	1	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	
methylprednisolone oral tablets, dose pack 4 mg	1	
millipred dp oral tablets, dose pack 5 mg (21 tabs), 5 mg (48 tabs)	1	
millipred oral tablet 5 mg	1	
ORAPRED ODT ORAL TABLET, DISINTEGRATING 10 MG, 15 MG, 30 MG	3	
prednisolone oral solution 15 mg/5 ml	1	
prednisolone oral tablet 5 mg	1	
prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	1	
prednisolone sodium phosphate oral tablet, disintegrating 10 mg, 15 mg, 30 mg	1	

Drug Name	Drug Tier	Requirements / Limits
prednisone intensol oral concentrate 5 mg/ml	1	
prednisone oral solution 5 mg/5 ml	1	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1	
prednisone oral tablets, dose pack 10 mg, 5 mg	1	
RAYOS ORAL TABLET, DELAYED RELEASE (DR/EC) 1 MG, 2 MG, 5 MG	3	PA
TAPERDEX ORAL TABLETS, DOSE PACK 1.5 MG (21 TABS), 1.5 MG (27 TABS), 1.5 MG (49 TABS)	3	PA
TARPEYO ORAL CAPSULE, DELAYED RELEASE(DR/EC) 4 MG	3	PA; SP; QL (1108 per 365 days)
triamcinolone acetonide injection suspension 40 mg/ml	1	
ZCORT ORAL TABLETS, DOSE PACK 1.5 MG (25 TABS)	3	PA
ANTITHYROID AGENTS		
methimazole oral tablet 10 mg, 5 mg	1	
potassium iodide oral solution 1 gram/ml	1	
propylthiouracil oral tablet 50 mg	1	
SSKI ORAL SOLUTION 1 GRAM/ML	3	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
2TEK GLUCOSE/BLOOD PRESSURE KIT	EX	
ACCU-CHEK AVIVA CONTROL SOLN SOLUTION	3	
ACCU-CHEK AVIVA PLUS TEST STRP STRIP	EX	
ACCU-CHEK GUIDE GLUCOSE METER	EX	
ACCU-CHEK GUIDE ME GLUCOSE MTR	EX	
ACCU-CHEK GUIDE TEST STRIP	EX	
ACCU-CHEK SMARTVIEW TEST STRIP	EX	
ACCUTREND GLUCOSE TEST STRIP	EX	
ADVANCED GLUC METER TEST STRIP	EX	
ADVANCED GLUCOSE METER	EX	
ADVOCATE REDI-CODE PLUS	EX	
ADVOCATE REDI-CODE PLUS STRIP	EX	
AGAMATRIX AMP TEST STRIP	EX	
ASSURE 4 STRIP	EX	

Drug Name	Drug Tier	Requirements / Limits
ASSURE PLATINUM GLUCOSE METER	EX	
ASSURE PLATINUM TEST STRIP	EX	
ASSURE PRISM MULTI METER	EX	
ASSURE PRISM MULTI STRIP	EX	
BIGFOOT UNITY KIT	EX	
BIONIME RIGHTEST GM300 SYSTEM KIT	EX	
BIONIME RIGHTEST TEST STRIP	EX	
BIOTEL CARE BGM-4 METER	EX	
BLOOD GLUCOSE TEST STRIP	EX	
BLOOD-GLUCOSE METER	EX	
BLULINK DIABETIC TEST BUNDLE KIT	EX	
BLULINK GLUCOSE MONITOR SYSTEM	EX	
BLULINK GLUCOSE TEST STRIP	EX	
CARESENS N	EX	
CARESENS N FELIZ GLUCOSE METER	EX	
CARESENS N TEST STRIP	EX	
CARESENS N VOICE	EX	
CARETOUCH GLUCOSE MONITORING KIT	EX	
CARETOUCH TEST STRIP	EX	
CLEVER CHEK BLOOD GLUCOSE	EX	
CLEVER CHOICE GLUCOSE MONITOR	EX	
CLEVER CHOICE MICRO	EX	
CLEVER CHOICE MICRO TEST STRIP	EX	
CLEVER CHOICE PRO	EX	
CLEVER CHOICE PRO STRIP	EX	
CLEVER CHOICE TALK GLUCOSE SYS	EX	
CLEVER CHOICE TALK TEST STRIP	EX	
CLEVER CHOICE TEST STRIP	EX	
CLEVER CHOICE VOICE PLUS TEST STRIP	EX	
CONTOUR NEXT EZ METER	EX	
CONTOUR NEXT GEN METER KIT	EX	
CONTOUR NEXT LINK 2.4 KIT	EX	
CONTOUR NEXT LINK KIT	EX	
CONTOUR NEXT METER	EX	
CONTOUR NEXT ONE METER	EX	

Drug Name	Drug Tier	Requirements / Limits
CONTOUR NEXT TEST STRIP	EX	
CONTOUR PLUS BLUE METER	EX	
CONTOUR PLUS TEST STRIP	EX	
CONTOUR TEST STRIP	EX	
DIATRUE PLUS BLOOD GLUCOSE MET	EX	
DIATRUE PLUS TEST STRIP	EX	
EASY PLUS II TEST STRIP	EX	
EASY STEP BLOOD GLUCOSE METER	EX	
EASY STEP STRIP	EX	
EASY TALK GLUCOSE TEST STRIP	EX	
EASY TALK PLUS II TEST STRIP	EX	
EASY TOUCH BLULINK GLUC SYST	EX	
EASY TOUCH BLULINK TEST STRIP	EX	
EASY TOUCH GLUCOSE MONITOR	EX	
EASY TOUCH TEST STRIP	EX	
EASY TRAK GLUCOSE TEST STRIP	EX	
EASY TRAK II BLOOD GLUCOSE MTR	EX	
EASY TRAK II TEST STRIP	EX	
EASYGLUCO MONITORING SYSTEM KIT	EX	
EASYGLUCO TEST STRIP	EX	
EASYMAX NG KIT	EX	
EASYMAX STRIP	EX	
EASYMAX T1 KIT	EX	
EASYMAX V SPEAKING GLUCOSE SYS	EX	
ELEMENT COMPACT GLUCOSE METER	EX	
ELEMENT COMPACT TEST STRIP	EX	
ELEMENT COMPACT V GLUCOSE MTR	EX	
ELEMENT PLUS BLOOD GLUCOSE KIT KIT	EX	
ELEMENT TEST STRIP	EX	
EMBRACE BLOOD GLUCOSE SYSTEM	EX	
EMBRACE BLOOD GLUCOSE SYSTEM STRIP	EX	
EMBRACE EVO TEST STRIP	EX	
EMBRACE PRO GLUCOSE METER	EX	
EMBRACE PRO TEST STRIP	EX	

Drug Name	Drug Tier	Requirements / Limits
EMBRACE TALK BLOOD GLUCOSE SYS KIT	EX	
EMBRACE TALK TEST STRIP	EX	
EMBRACE WAVE PLUS GLUCOSE MTR	EX	
EVENCARE G2	EX	
EVENCARE G2 STRIP	EX	
EVENCARE G3 GLUCOSE METER KIT	EX	
EVENCARE G3 TEST STRIP	EX	
EVENCARE MINI GLUCOSE TEST STRIP	EX	
EVENCARE MINI MONITOR SYSTEM	EX	
EVENCARE PROVIEW TEST STRIP	EX	
EVOLUTION BLOOD GLUCOSE METER KIT	EX	
EVOLUTION TEST STRIP	EX	
EZ SMART PLUS SYSTEM KIT	EX	
EZ SMART PLUS TEST STRIP	EX	
EZ SMART SYSTEM KIT	EX	
EZ SMART TEST STRIP	EX	
FORA 6 CONNECT GLUCOSE STRIP	EX	
FORA 6CONN-GTEL-TN'G ADV STRIP	EX	
FORA D40D GLUCOSE-BP MONITOR DEVICE	EX	
FORA D40-G31 TEST STRIP	EX	
FORA G20 KIT	EX	
FORA G20 STRIP	EX	
FORA G30A	EX	
FORA GD50 BLOOD GLUCOSE SYSTEM	EX	
FORA GD50 TEST STRIP	EX	
FORA GTEL GLUCOSE TEST STRIP	EX	
FORA PREMIUM V10 GLUCOSE METER	EX	
FORA TEST N'GO VOICE METER	EX	
FORA TEST STRIP	EX	
FORA TN'G ADVAN PRO TEST STRIP	EX	
FORA TN'G VOICE METER	EX	
FORA TN'G VOICE TEST STRIP	EX	
FORA V10 STRIP	EX	
FORA V10-V12-D10-D20 STRIP	EX	

Drug Name	Drug Tier	Requirements / Limits
FORA V12 BLOOD GLUCOSE SYSTEM	EX	
FORACARE GD20 GLUCOSE METER	EX	
FORACARE GD20 STRIP	EX	
FORACARE GD40 TEST STRIP	EX	
FORACARE GD40B GLUCOSE METER	EX	
FREESTYLE FLASH SYSTEM KIT	EX	
FREESTYLE INSULINX STRIP	2	
FREESTYLE INSULINX TEST STRIP	2	
FREESTYLE LIBRE 2 PLUS SENSOR DEVICE	2	QL (2 per 23 days)
FREESTYLE LITE STRIP	2	
FREESTYLE PRECISION NEO METER	EX	
FREESTYLE PRECISION NEO STRIP	2	
FREESTYLE SIDEKICK II KIT	EX	
FREESTYLE SYSTEM KIT KIT	EX	
FREESTYLE TEST STRIP	2	
GE100 BLOOD GLUCOSE SYSTEM KIT	EX	
GE100 BLOOD GLUCOSE TEST STRIP	EX	
GE333 BLOOD GLUCOSE SYSTEM	EX	
GE333 BLOOD GLUCOSE TEST STRIP	EX	
GENSTRIP TEST STRIP	EX	
GLUCO NAVII GLUCOSE MONITOR KIT	EX	
GLUCO NAVII TEST STRIP	EX	
GLUCOCARD 01 METER KIT	EX	
GLUCOCARD 01 SENSOR PLUS STRIP	EX	
GLUCOCARD EXPRESSION	EX	
GLUCOCARD EXPRESSION STRIP	EX	
GLUCOCARD SHINE CONNEX METER	EX	
GLUCOCARD SHINE EXPRESS METER	EX	
GLUCOCARD SHINE METER	EX	
GLUCOCARD SHINE TEST STRI	EX	
GLUCOCARD SHINE XL METER	EX	
GLUCOCARD VITAL KIT	EX	
GLUCOCARD VITAL SENSOR STRIP	EX	
GLUCOCARD VITAL TEST STRIP	EX	
GLUCOCOM BLOOD GLUCOSE KIT	EX	

Drug Name	Drug Tier	Requirements / Limits
GLUCOCOM GLUCOSE STRIP	EX	
GM100 KIT	EX	
GM100 STRIP	EX	
GOJJI BLOOD GLUCOSE TEST STRIP	EX	
HARMONY GLUCOSE TEST STRIP	EX	
HEALTHPRO GLUCOSE MONITOR	EX	
HEALTHPRO TEST STRIP	EX	
IHEALTH GLUCO PLUS METER KIT	EX	
IHEALTH GLUCOSE TEST STRI	EX	
INFINITY STARTER KIT KIT	EX	
INFINITY TEST STRIP	EX	
JAZZ WIRELESS 2 METER KIT KIT	EX	
MICRO BLOOD GLUCOSE STRIP	EX	
MICRODOT BLOOD GLUCOSE SYSTEM	EX	
MICRODOT BLOOD GLUCOSE SYSTEM STRIP	EX	
MICRODOT XTRA BLOOD GLUCOSE STRIP	EX	
MYGLUCOHEALTH KIT	EX	
MYGLUCOHEALTH STRIP	EX	
NEUTEK 2TEK TEST STRIP	EX	
NOVA MAX GLUCOSE TEST STRIP	EX	
ON CALL EXPRESS METER KIT	EX	
ON CALL EXPRESS TEST STRIP	EX	
ONETOUCH ULTRA TEST STRIP	2	
ONETOUCH VERIO TEST STRIP	2	
OPTIUM EZ STRIP	EX	
OPTIUM TEST STRIP	EX	
PHARMACIST CHOICE GLUCOSE SYS	EX	
PHARMACIST CHOICE STRIP	EX	
PIP BLOOD GLUCOSE MONITOR	EX	
PIP BLOOD GLUCOSE TEST STRIP	EX	
PLATINUM TEST STRI	EX	
PRECISION PCX PLUS TEST STRIP	EX	
PRECISION PCX TEST STRIP	EX	
PRECISION POINT OF CARE TEST STRIP	EX	

Drug Name	Drug Tier	Requirements / Limits
PRECISION Q-I-D TEST STRIP	EX	
PRECISION XTRA TEST STRIP	2	
PREMIER BLU GLUCOSE METER	EX	
PREMIER CLASSIC GLUCOSE METER	EX	
PREMIER COMPACT GLUCOSE METER KIT	EX	
PREMIER TEST STRIP	EX	
PREMIER VOICE GLUCOSE METER	EX	
PREMIUM BLOOD GLUCOSE MONITOR	EX	
PREMIUM V10	EX	
PREMIUM V10 STRIP	EX	
PRO VOICE V8-V9 TEST STRIP	EX	
PRO VOICE V9 GLUCOSE MONITOR	EX	
PRODIGY AUTOCODE METER KIT	EX	
PRODIGY AUTOCODE MONITOR SYST	EX	
PRODIGY NO CODING STRIP	EX	
PRODIGY POCKET METER KIT	EX	
PRODIGY VOICE GLUCOSE METER KIT	EX	
QUINTET AC STRIP	EX	
QUINTET BLOOD GLUCOSE METER	EX	
REFUAH PLUS GLUCOSE MONITOR KIT	EX	
REFUAH PLUS STRIP	EX	
RELION ALL-IN-ONE METER KIT	EX	
RELION CONFIRM KIT	EX	
RELION CONFIRM-MICRO STRIP	EX	
RELION MICRO GLUCOSE MONITOR KIT	EX	
RELION PRIME METER	EX	
RELION PRIME TEST STRI	EX	
RELION ULTIMA STRIP	EX	
REVEAL BLOOD GLUCOSE METER KIT	EX	
REVEAL TEST STRIP	EX	
RIGHTEST GM550 SYSTEM KIT	EX	
RIGHTEST GS550 TEST STRIP	EX	
RIGHTEST GT333 GLUCOSE METER	EX	
RIGHTEST GT333 TEST STRI	EX	
SMART SENSE MONITORING SYSTEM	EX	

Drug Name	Drug Tier	Requirements / Limits
SMART SENSE TEST STRIP	EX	
SMARTEST EJECT KIT	EX	
SMARTEST PERSONA STARTER KIT	EX	
SMARTEST PRONTO STARTER KIT	EX	
SMARTEST PROTEGE KIT	EX	
SMARTEST TEST STRIP	EX	
SOLUS V2 AUDIBLE METER	EX	
SOLUS V2 AUDIBLE METER KIT	EX	
SOLUS V2 TEST STRIP	EX	
SURE-TEST EASYPLUS MINI METER	EX	
SURE-TEST EASYPLUS MINI STRIP	EX	
TELCARE TEST STRIP	EX	
TEMPO SMART BUTTON DEVICE	EX	
TEMPO WELCOME KIT KIT	EX	
TEST N'GO BLOOD GLUCOSE SYSTEM	EX	
TEST N'GO TEST STRIP	EX	
TRUE METRIX AIR GLUCOSE METER	EX	
TRUE METRIX GLUCOSE METER	EX	
TRUE METRIX GLUCOSE TEST STRIP	EX	
TRUE METRIX GO GLUCOSE METER	EX	
TRUERESULT BLOOD GLUCOSE SYSTM KIT	EX	
TRUETEST TEST STRIP	EX	
TRUETRACK BLOOD GLUCOSE SYSTEM KIT	EX	
TRUETRACK SMART SYSTEM KIT	EX	
TRUETRACK TEST STRIP	EX	
ULTRATRAK GLUCOSE METER	EX	
ULTRATRAK STRIP	EX	
ULTRATRAK ULTIMATE	EX	
ULTRATRAK ULTIMATE STRIP	EX	
UNISTRIP1 TEST STRIP	EX	
VIVAGUARD INO GLUCOSE METER	EX	
VIVAGUARD INO SMART GLUC METER	EX	
VIVAGUARD INO TEST STRIP	EX	
WAVESENSE JAZZ STRIP	EX	

Drug Name	Drug Tier	Requirements / Limits
WAVESENSE PRESTO	EX	
WAVESENSE PRESTO STRIP	EX	
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	EX	
metformin oral tablet 750 mg	1	
RYBELSUS ORAL TABLET 1.5 MG, 4 MG, 9 MG	2	PA
GLUCOSE ELEVATING AGENTS		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	2	QL (2 Unit Per fill)
diazoxide oral suspension 50 mg/ml	1	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	EX	
glucagon emergency kit (human) injection recon soln 1 mg	1	QL (2 Unit Per fill)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	QL (2 Unit Per fill)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	2	QL (2 Unit Per fill)
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	2	QL (2 Unit Per fill)
PROGLYCEM ORAL SUSPENSION 50 MG/ML	3	
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	EX	
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	EX	
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
ILET STARTER KIT-INSET KIT	2	
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	EX	
INSULIN THERAPY		
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	EX	
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	EX	

Drug Name	Drug Tier	Requirements / Limits
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	EX	
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	EX	
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	EX	
BASAGLAR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	EX	
BASAGLAR TEMPO PEN(U-100)INSLN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML (3 ML)	EX	
FIASP FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	EX	
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	EX	
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML)	EX	
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	EX	
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	2	
HUMALOG KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)	2	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	2	
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	2	
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	2	
HUMALOG TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML	2	

Drug Name	Drug Tier	Requirements / Limits
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	EX	
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	
HUMULIN N NPH KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	2	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	2	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	2	
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	EX	
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	EX	
INSULIN ASPART U-100 SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	EX	
INSULIN ASPART U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	EX	
INSULIN ASPART U-100 SUBCUTANEOUS SOLUTION 100 UNIT/ML	EX	
INSULIN DEGLUDEC SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML), 200 UNIT/ML (3 ML)	EX	
INSULIN DEGLUDEC SUBCUTANEOUS SOLUTION 100 UNIT/ML	EX	
INSULIN GLARGINE U-300 CONC SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML), 300 UNIT/ML (3 ML)	EX	

Drug Name	Drug Tier	Requirements / Limits
INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	2	
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	2	
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	2	
INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
LANTUS SOLOSTAR U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	EX	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	EX	
LYUMJEV KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	2	
LYUMJEV KWIKPEN U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	
LYUMJEV TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML	2	
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	EX	
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	EX	
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	EX	
NOVOLOG FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	EX	
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	EX	

Drug Name	Drug Tier	Requirements / Limits
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	EX	
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	EX	
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	EX	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	EX	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	EX	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	EX	
REZVOGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	EX	
SEMGLEE (INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
SEMGLEE (INSULIN GLARG-YFGN) PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	2	QL (15 Milliliter Per fill)
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)	EX	
MISCELLANEOUS HORMONES		
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	EX	

Drug Name	Drug Tier	Requirements / Limits
ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (25 MG/2.5GRAM), 1 % (50 MG/5 GRAM), 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM)	EX	
AVEED INTRAMUSCULAR SOLUTION 750 MG/3 ML (250 MG/ML)	EX	
AZMIRO INTRAMUSCULAR SYRINGE 200 MG/ML	EX	
cabergoline oral tablet 0.5 mg	1	QL (8 per 21 days)
calcitonin (salmon) injection solution 200 unit/ml	1	
calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation	1	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	1	
calcitriol oral solution 1 mcg/ml	1	
CERDELGA ORAL CAPSULE 84 MG	2	PA; QL (56 Capsule Per fill); SP
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR RECON SOLN 10,000 UNIT	EX	
cinacalcet oral tablet 30 mg, 60 mg, 90 mg	1	
CRENESSITY ORAL CAPSULE 100 MG, 50 MG	3	PA; SP
CRENESSITY ORAL SOLUTION 50 MG/ML	3	PA; SP
danazol oral capsule 100 mg, 200 mg, 50 mg	1	
DDAVP ORAL TABLET 0.1 MG, 0.2 MG	3	
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML, 200 MG/ML	3	
desmopressin injection solution 4 mcg/ml	1	SP
desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)	1	
DESMOPRESSIN NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	2	
desmopressin oral tablet 0.1 mg, 0.2 mg	1	
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	1	
ELELYSO INTRAVENOUS RECON SOLN 200 UNIT	EX	
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML	EX	
GALAFOLD ORAL CAPSULE 123 MG	3	PA; QL (15 Capsule Per fill); SP; LA

Drug Name	Drug Tier	Requirements / Limits
ISTURISA ORAL TABLET 1 MG, 5 MG	EX	
JATENZO ORAL CAPSULE 158 MG, 198 MG	3	QL (120 Capsule Per fill)
JATENZO ORAL CAPSULE 237 MG	3	QL (60 Capsule Per fill)
javygtor oral powder in packet 100 mg, 500 mg	1	PA; SP
javygtor oral tablet, soluble 100 mg	1	PA; SP
JYNARQUE ORAL TABLET 15 MG, 30 MG	3	PA; QL (120 Tablet Per fill); SP; LA
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; QL (56 Tablet Per fill); SP; LA
KORLYM ORAL TABLET 300 MG	EX	
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	EX	
KUVAN ORAL TABLET, SOLUBLE 100 MG	EX	
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG	EX	
METHITEST ORAL TABLET 10 MG	2	
methyltestosterone oral capsule 10 mg	1	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	3	
mifepristone oral tablet 300 mg	1	SP
miglustat oral capsule 100 mg	1	PA; QL (90 Capsule Per fill); SP; LA
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	2	PA; SP; LA
NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION	EX	
NOCDURNA (MEN) SUBLINGUAL TABLET, DISINTEGRATING 55.3 MCG	3	PA; QL (30 Tablet Per fill)
NOCDURNA (WOMEN) SUBLINGUAL TABLET, DISINTEGRATING 27.7 MCG	3	PA; QL (30 Tablet Per fill)
OPFOLDA ORAL CAPSULE 65 MG	3	PA; QL (8 Capsule Per fill); SP
ORILISSA ORAL TABLET 150 MG	2	PA; QL (180 per 365 days)
ORILISSA ORAL TABLET 200 MG	2	PA; QL (360 per 365 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	2	PA; QL (30 Unit Per fill); SP; LA
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	2	PA; QL (8 Unit Per fill); SP; LA
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	2	PA; QL (60 Unit Per fill); SP; LA

Drug Name	Drug Tier	Requirements / Limits
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	1	
RAYALDEE ORAL CAPSULE, EXTENDED RELEASE 24 HR 30 MCG	3	
RECORLEV ORAL TABLET 150 MG	EX	
ROCALTROL ORAL SOLUTION 1 MCG/ML	3	
SAMSCA ORAL TABLET 15 MG, 30 MG	EX	
sapropterin oral powder in packet 100 mg, 500 mg	1	PA; SP
sapropterin oral tablet, soluble 100 mg	1	PA; SP
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG	EX	
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	2	PA; SP
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	2	PA; SP; LA
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	2	PA
TESTIM TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	EX	
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	1	
testosterone enanthate intramuscular oil 200 mg/ml	1	
testosterone transdermal gel 50 mg/5 gram (1 %)	1	QL (60 Unit Per fill)
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation	1	QL (120 Gram Per fill)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	1	QL (300 Gram Per fill)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	1	QL (150 Gram Per fill)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram)	1	QL (75 Gram Per fill)
testosterone transdermal gel in packet 1 % (50 mg/5 gram)	1	QL (300 Gram Per fill)
testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)	1	QL (30 Unit Per fill)
testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)	1	QL (60 Unit Per fill)
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)	1	QL (180 Milliliter Per fill)

Drug Name	Drug Tier	Requirements / Limits
TLANDO ORAL CAPSULE 112.5 MG	EX	
tolvaptan oral tablet 15 mg	1	PA; QL (30 Unit Per fill); SP; LA
tolvaptan oral tablet 30 mg	1	PA; QL (60 Unit Per fill); SP; LA
VOGELXO TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	3	QL (60 Unit Per fill)
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %)	3	QL (300 Gram Per fill)
VOGELXO TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	3	QL (60 Unit Per fill)
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG	3	PA; SP
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	EX	
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	2	QL (2 per 21 days)
YORVIPATH SUBCUTANEOUS PEN INJECTOR 168 MCG/0.56 ML, 294 MCG/0.98 ML, 420 MCG/1.4 ML	3	PA; SP
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	
NON-INSULIN HYPOGLYCEMIC AGENTS		
acarbose oral tablet 100 mg, 25 mg, 50 mg	1	
ACTOPLUS MET ORAL TABLET 15-850 MG	3	ST; QL (90 Unit Per fill)
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG	3	ST; QL (30 Unit Per fill)
ALOGLIPTIN ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	EX	
ALOGLIPTIN-METFORMIN ORAL TABLET 12.5-1,000 MG, 12.5-500 MG	EX	
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	EX	
BRENZAVVY ORAL TABLET 20 MG	EX	
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	2	PA; QL (3.4 per 21 days)
CYCLOSET ORAL TABLET 0.8 MG	3	
DAPAGLIFLOZ PROPANED-METFORMIN ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 5-1,000 MG	EX	

Drug Name	Drug Tier	Requirements / Limits
DAPAGLIFLOZIN PROPANEDIOL ORAL TABLET 10 MG, 5 MG	EX	
DUETACT ORAL TABLET 30-2 MG, 30-4 MG	3	ST; QL (30 Unit Per fill)
FARXIGA ORAL TABLET 10 MG, 5 MG	2	ST; QL (30 Tablet Per fill)
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
GLIMEPIRIDE ORAL TABLET 3 MG	EX	
glipizide oral tablet 10 mg, 5 mg	1	
GLIPIZIDE ORAL TABLET 2.5 MG	EX	
glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg	1	
glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	1	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 2.5 MG, 5 MG	3	
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	1	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	1	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	1	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	2	ST; QL (30 Tablet Per fill)
INPEFA ORAL TABLET 200 MG, 400 MG	EX	
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	EX	
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	EX	
INVOKANA ORAL TABLET 100 MG, 300 MG	EX	
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	2	QL (60 Unit Per fill)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	2	QL (30 Unit Per fill)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	2	QL (60 Unit Per fill)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	QL (30 Unit Per fill)
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	ST; QL (30 Tablet Per fill)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	EX	

Drug Name	Drug Tier	Requirements / Limits
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	EX	
KAZANO ORAL TABLET 12.5-1,000 MG, 12.5-500 MG	EX	
liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)	EX	
metformin oral solution 500 mg/5 ml	1	ST
metformin oral tablet 1,000 mg, 500 mg, 850 mg	1	
METFORMIN ORAL TABLET 625 MG	EX	
metformin oral tablet extended release 24 hr 500 mg	1	QL (120 Tablet Per fill)
metformin oral tablet extended release 24 hr 750 mg	1	QL (60 Tablet Per fill)
metformin oral tablet extended release 24hr 1,000 mg	1	PA; QL (60 Tablet Per fill)
metformin oral tablet extended release 24hr 500 mg	1	PA; QL (30 Tablet Per fill)
metformin oral tablet, er gast.retention 24 hr 1,000 mg	1	PA; QL (60 Tablet Per fill)
metformin oral tablet, er gast.retention 24 hr 500 mg	1	PA; QL (120 Tablet Per fill)
miglitol oral tablet 100 mg, 25 mg, 50 mg	1	
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	2	PA; QL (2 per 21 days)
nateglinide oral tablet 120 mg, 60 mg	1	
NESINA ORAL TABLET 12.5 MG, 25 MG	EX	
OSENI ORAL TABLET 12.5-30 MG, 25-45 MG	3	QL (30 Unit Per fill)
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 (3 per 21 days)
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	1	QL (30 Unit Per fill)
pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg	1	QL (30 Unit Per fill)
pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg	1	QL (90 Unit Per fill)
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG	3	
QTERN ORAL TABLET 10-5 MG, 5-5 MG	EX	

Drug Name	Drug Tier	Requirements / Limits
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	1	
RIOMET ORAL SOLUTION 500 MG/5 ML	3	ST
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	PA; QL (30 per 23 days)
saxagliptin oral tablet 2.5 mg, 5 mg	1	QL (30 Unit Per fill)
saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg	1	QL (60 Unit Per fill)
saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg	1	QL (30 Unit Per fill)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG	EX	
SITAGLIPTIN ORAL TABLET 100 MG, 25 MG, 50 MG	EX	
SITAGLIPTIN-METFORMIN ORAL TABLET 50-1,000 MG, 50-500 MG	EX	
STEGLATRO ORAL TABLET 15 MG, 5 MG	EX	
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	EX	
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	2	ST; QL (21.6 Milliliter Per fill)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	2	ST; QL (9 Milliliter Per fill)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	2	ST; QL (60 Tablet Per fill)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	2	ST; QL (30 Tablet Per fill)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	2	ST; QL (60 Tablet Per fill)
TRADJENTA ORAL TABLET 5 MG	EX	
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	ST
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 (2 per 21 days)
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	EX	
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	EX	

Drug Name	Drug Tier	Requirements / Limits
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-500 MG	2	ST; QL (30 Tablet Per fill)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	2	ST; QL (60 Tablet Per fill)
ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG	EX	
THYROID HORMONES		
adthyza oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG	EX	
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	2	
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG	EX	
ERMEZA ORAL SOLUTION 30 MCG/ML	3	ST
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	1	
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	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	EX	
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	1	
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	1	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	1	
niva thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	

Drug Name	Drug Tier	Requirements / Limits
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	EX	
THYQUIDITY ORAL SOLUTION 20 MCG/ML	EX	
thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG	EX	
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	EX	
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	1	
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
anaspaz oral tablet, disintegrating 0.125 mg	1	
belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg	1	
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	1	
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)	EX	
DARTISLA ORAL TABLET, DISINTEGRATING 1.7 MG	EX	
dicyclomine oral capsule 10 mg	1	
dicyclomine oral solution 10 mg/5 ml	1	
dicyclomine oral tablet 20 mg	1	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	
DONNATAL ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML	3	
DONNATAL ORAL TABLET 16.2-0.1037 -0.0194 MG	3	
ed-spaz oral tablet, disintegrating 0.125 mg	1	

Drug Name	Drug Tier	Requirements / Limits
GLYCATE ORAL TABLET 1.5 MG	3	
glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)	1	
glycopyrrolate oral tablet 1 mg, 1.5 mg, 2 mg	1	
hyoscyamine sulfate oral drops 0.125 mg/ml	1	
hyoscyamine sulfate oral elixir 0.125 mg/5 ml	1	
hyoscyamine sulfate oral tablet 0.125 mg	1	
hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg	1	
hyoscyamine sulfate oral tablet, disintegrating 0.125 mg	1	
hyoscyamine sulfate sublingual tablet 0.125 mg	1	
hyosyne oral drops 0.125 mg/ml	1	
hyosyne oral elixir 0.125 mg/5 ml	1	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	3	
LEVSIN ORAL TABLET 0.125 MG	3	
LEVSIN/SL SUBLINGUAL TABLET 0.125 MG	3	
LIBRAX (WITH CLIDINIUM) ORAL CAPSULE 5-2.5 MG	EX	
LOMOTIL ORAL TABLET 2.5-0.025 MG	3	
loperamide oral capsule 2 mg	1	
methscopolamine oral tablet 2.5 mg, 5 mg	1	
MOTOFEN ORAL TABLET 1-0.025 MG	3	
MYTESI ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG	EX	
NULEV ORAL TABLET, DISINTEGRATING 0.125 MG	3	
opium oral tincture 10 mg/ml (morphine)	1	
oscimin oral tablet 0.125 mg	1	
oscimin sl sublingual tablet 0.125 mg	1	
phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml	1	
phenobarb-hyoscy-atropine-scop oral tablet 16.2-0.1037 -0.0194 mg	1	
phenohytro oral elixir 16.2-0.1037 -0.0194 mg/5 ml	1	
phenohytro oral tablet 16.2-0.1037 -0.0194 mg	1	
ROBINUL FORTE ORAL TABLET 2 MG	3	

Drug Name	Drug Tier	Requirements / Limits
ROBINUL ORAL TABLET 1 MG	3	
SYMAX DUOTAB ORAL TABLET, EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG)	3	
symax fastabs oral tablet, disintegrating 0.125 mg	1	
symax-sl sublingual tablet 0.125 mg	1	
symax-sr oral tablet extended release 12 hr 0.375 mg	1	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	EX	
alosetron oral tablet 0.5 mg, 1 mg	1	
alvimopan oral capsule 12 mg	1	
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	EX	
ANALPRAM-HC RECTAL CREAM 1-1 %	3	
ANALPRAM-HC RECTAL CREAM 2.5-1 %	3	ST
ANTIVERT ORAL TABLET 50 MG	EX	
ANTIVERT ORAL TABLET, CHEWABLE 25 MG	EX	
anucort-hc rectal suppository 25 mg	1	
ANUSOL-HC RECTAL SUPPOSITORY 25 MG	EX	
ANUSOL-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	EX	
aprepitant oral capsule 125 mg, 40 mg	1	QL (1 Unit Per fill)
aprepitant oral capsule 80 mg	1	QL (2 Unit Per fill)
aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)	1	QL (3 Unit Per fill)
APRISO ORAL CAPSULE, EXTENDED RELEASE 24HR 0.375 GRAM	3	
AVSOLA INTRAVENOUS RECON SOLN 100 MG	EX	
AZULFIDINE EN-TABS ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	3	
AZULFIDINE ORAL TABLET 500 MG	3	
balsalazide oral capsule 750 mg	1	
betaine oral powder 1 gram/scoop	1	PA; SP
BONJESTA ORAL TABLET, IR, DELAYED REL, BIPHASIC 20-20 MG	EX	

Drug Name	Drug Tier	Requirements / Limits
budesonide oral capsule, delayed, extend.release 3 mg	1	
budesonide oral tablet, delayed and ext.release 9 mg	1	
budesonide rectal foam 2 mg/actuation	1	
CANASA RECTAL SUPPOSITORY 1,000 MG	EX	
CHENODAL ORAL TABLET 250 MG	2	PA; SP; LA
CHOLBAM ORAL CAPSULE 250 MG	2	PA; SP
CHOLBAM ORAL CAPSULE 50 MG	2	PA; QL (120 Capsule Per fill); SP
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	EX	
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	EX	
CINVANTI INTRAVENOUS EMULSION 130 MG/18 ML (7.2 MG/ML)	EX	
citrate of magnesia oral solution	1	ACA
citroma oral solution	1	ACA
clearlax oral powder 17 gram/dose	1	ACA
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	EX	
COLAZAL ORAL CAPSULE 750 MG	3	
COMPAZINE ORAL TABLET 10 MG, 5 MG	3	
COMPAZINE RECTAL SUPPOSITORY 25 MG	3	
compro rectal suppository 25 mg	1	
constulose oral solution 10 gram/15 ml	1	
CORTENEMA RECTAL ENEMA 100 MG/60 ML	3	
CORTIFOAM RECTAL FOAM 10 % (80 MG)	EX	
CREON ORAL CAPSULE,DELAYED RELEASE (DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	2	
cromolyn oral concentrate 100 mg/5 ml	1	
CYSTADANE ORAL POWDER 1 GRAM/SCOOP	EX	
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) 400 MG	EX	

Drug Name	Drug Tier	Requirements / Limits
DICLEGIS ORAL TABLET, DELAYED RELEASE (DR/EC) 10-10 MG	3	QL (720 per 365 days)
DIPENTUM ORAL CAPSULE 250 MG	EX	
doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec) 10-10 mg	1	QL (720 per 365 days)
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	1	PA
dulcolax (magnesium hydroxide) oral suspension 400 mg/5 ml	1	ACA
EMEND (FOSAPREPITANT) INTRAVENOUS RECON SOLN 150 MG	EX	
EMEND ORAL CAPSULE 80 MG	EX	
EMEND ORAL CAPSULE, DOSE PACK 125 MG (1)- 80 MG (2)	EX	
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	EX	
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	EX	
enulose oral solution 10 gram/15 ml	1	
EOHILIA ORAL SUSPENSION IN PACKET 2 MG/10 ML	EX	
FOCINVEZ INTRAVENOUS SOLUTION 150 MG/50 ML (3 MG/ML)	EX	
GASTROCROM ORAL CONCENTRATE 100 MG/5 ML	3	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	3	PA; SP
gavilax oral powder 17 gram/dose	1	ACA
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	1	ACA
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	1	ACA
gavilyte-n oral recon soln 420 gram	1	ACA
generlac oral solution 10 gram/15 ml	1	
gentle laxative (bisacodyl) oral tablet, delayed release (dr/ec) 5 mg	1	ACA
gentle laxative (mag hydrox) oral suspension 400 mg/5 ml	1	ACA
gentlelax oral powder 17 gram/dose	1	ACA

Drug Name	Drug Tier	Requirements / Limits
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY	EX	
GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	3	
granisetron hcl oral tablet 1 mg	1	QL (6 Unit Per fill)
hemmorex-hc rectal suppository 25 mg, 30 mg	1	
hydrocortisone acetate rectal suppository 25 mg, 30 mg	1	
hydrocortisone rectal enema 100 mg/60 ml	1	
hydrocortisone topical cream with perineal applicator 1 %, 2.5 %	1	
hydrocortisone-pramoxine rectal cream 1-1 %	1	
hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)	1	ST
HYDROCORTISONE-PRAMOXINE RECTAL SUPPOSITORY 25-18 MG	EX	
IBSRELA ORAL TABLET 50 MG	EX	
INFLIXIMAB INTRAVENOUS RECON SOLN 100 MG	EX	
IQIRVO ORAL TABLET 80 MG	EX	
KRISTALOSE ORAL PACKET 10 GRAM, 20 GRAM	3	
lactulose oral packet 10 gram, 20 gram	1	
lactulose oral solution 10 gram/15 ml	1	
laxative (bisacodyl) oral tablet, delayed release (dr/ec) 5 mg	1	ACA
laxative peg 3350 oral powder 17 gram/dose	1	ACA
LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC) 1.2 GRAM	EX	
lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %	1	
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL 3 %-2.5 % (7 GRAM)	3	
lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram), 3-0.5 %, 3-1 % (7 gram)	1	
lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %	1	
lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)	1	

Drug Name	Drug Tier	Requirements / Limits
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	2	QL (30 Capsule Per fill)
LOTRONEX ORAL TABLET 0.5 MG, 1 MG	EX	
lubiprostone oral capsule 24 mcg, 8 mcg	1	QL (60 Capsule Per fill)
magnesium citrate oral solution	1	ACA
MARINOL ORAL CAPSULE 10 MG, 5 MG	3	PA
meclizine oral tablet 12.5 mg, 25 mg	1	
MECLIZINE ORAL TABLET 50 MG	EX	
mesalamine oral capsule (with del rel tablets) 400 mg	1	
mesalamine oral capsule, extended release 500 mg	1	
mesalamine oral capsule, extended release 24hr 0.375 gram	1	
mesalamine oral tablet, delayed release (dr/ec) 1.2 gram, 800 mg	1	
mesalamine rectal enema 4 gram/60 ml	1	
mesalamine rectal suppository 1,000 mg	1	
mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml	1	
metoclopramide hcl oral solution 5 mg/5 ml	1	
metoclopramide hcl oral tablet 10 mg, 5 mg	1	
milk of magnesia concentrated oral suspension 2,400 mg/10 ml	1	ACA
milk of magnesia oral suspension 400 mg/5 ml	1	ACA
MOTEGRITY ORAL TABLET 1 MG, 2 MG	EX	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	2	QL (30 Tablet Per fill)
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM	EX	
natura-lax oral powder 17 gram/dose	1	ACA
nitroglycerin rectal ointment 0.4 % (w/w)	1	
OCALIVA ORAL TABLET 10 MG, 5 MG	2	PA; QL (30 Tablet Per fill); SP; LA
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML	2	PA; SP; LA; QL (2 per 21 days)
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 300MG/3ML(100MG /ML-200 MG/2ML)	2	PA; SP; LA

Drug Name	Drug Tier	Requirements / Limits
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML, 300MG/3ML(100MG /ML-200 MG/2ML)	2	PA; SP; LA
ondansetron hcl (pf) injection solution 4 mg/2 ml	1	
ondansetron hcl oral solution 4 mg/5 ml	1	QL (100 Unit Per fill)
ondansetron hcl oral tablet 4 mg, 8 mg	1	QL (9 Unit Per fill)
ONDANSETRON ORAL TABLET, DISINTEGRATING 16 MG	EX	
ondansetron oral tablet, disintegrating 4 mg, 8 mg	1	QL (9 Unit Per fill)
onelax magnesium citrate oral solution	1	ACA
oral saline laxative oral liquid 7.2-2.7 gram/15 ml	1	ACA
PANCREAZE ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800-15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200-24,600 UNIT	2	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	1	ACA
peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram	1	ACA
peg-electrolyte oral recon soln 420 gram	1	ACA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	2	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	3	
PERTZYE ORAL CAPSULE, DELAYED RELEASE (DR/EC) 16,000-57,500- 60,500 UNIT, 24,000-86,250- 90,750 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT	EX	
phosphate laxative oral liquid 7.2-2.7 gram/15 ml	1	ACA
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	EX	
polyethylene glycol 3350 oral powder 17 gram/dose	1	ACA
powderlax oral powder 17 gram/dose	1	ACA
prochlorperazine maleate oral tablet 10 mg, 5 mg	1	
prochlorperazine rectal suppository 25 mg	1	
PROCORT RECTAL CREAM 1.85-1.15 %	3	

Drug Name	Drug Tier	Requirements / Limits
PROCTOCORT RECTAL SUPPOSITORY 30 MG	3	ST
PROCTOFOAM HC RECTAL FOAM 1-1 %	EX	
procto-med hc topical cream with perineal applicator 2.5 %	1	
proctosol hc topical cream with perineal applicator 2.5 %	1	
proctozone-hc topical cream with perineal applicator 2.5 %	1	
prucalopride oral tablet 1 mg, 2 mg	1	QL (30 Tablet Per fill)
purelax oral powder 17 gram/dose	1	ACA
RECTIV RECTAL OINTMENT 0.4 % (W/W)	2	
REGLAN ORAL TABLET 10 MG, 5 MG	3	
RELISTOR ORAL TABLET 150 MG	EX	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	2	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	2	PA
RELTONE ORAL CAPSULE 200 MG, 400 MG	EX	
REMICADE INTRAVENOUS RECON SOLN 100 MG	EX	
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	EX	
ROWASA RECTAL ENEMA KIT 4 GRAM/60 ML	3	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	3	QL (1 Unit Per fill)
scopolamine base transdermal patch 3 day 1 mg over 3 days	1	
SFROWASA RECTAL ENEMA 4 GRAM/60 ML	3	
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	2	PA; SP; QL (1.2 per 42 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	2	PA; SP; QL (2.4 per 42 days)
smoothlax oral powder 17 gram/dose	1	ACA
sodium, potassium, mag sulfates oral recon soln 17.5-3.13-1.6 gram	1	ACA
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM	EX	
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet, delayed release (dr/ec) 500 mg	1	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	EX	
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	EX	
SYMPROIC ORAL TABLET 0.2 MG	2	
SYNDROS ORAL SOLUTION 5 MG/ML	3	PA
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS	EX	
trimethobenzamide oral capsule 300 mg	1	
TRULANCE ORAL TABLET 3 MG	2	
UCERIS ORAL TABLET, DELAYED AND EXT.RELEASE 9 MG	3	
UCERIS RECTAL FOAM 2 MG/ACTUATION	3	
URSO FORTE ORAL TABLET 500 MG	3	
ursodiol oral capsule 200 mg, 300 mg, 400 mg	1	
ursodiol oral tablet 250 mg, 500 mg	1	
VARUBI ORAL TABLET 90 MG	2	QL (2 Tablet Per fill)
VELSIPITY ORAL TABLET 2 MG	EX	
VIBERZI ORAL TABLET 100 MG, 75 MG	2	
VIOKACE ORAL TABLET 10,440-39,150-39,150 UNIT, 20,880-78,300- 78,300 UNIT	2	
VOWST ORAL CAPSULE	3	SP
women's gentle laxative(bisac) oral tablet, delayed release (dr/ec) 5 mg	1	ACA
ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	2	
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML	2	PA; SP; QL (2 per 21 days)
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML	2	PA; SP; QL (2 per 21 days)

Drug Name	Drug Tier	Requirements / Limits
ULCER THERAPY		
ACIPHEX ORAL TABLET, DELAYED RELEASE (DR/EC) 20 MG	EX	
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg	1	QL (112 Unit Per fill)
bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg	1	
CARAFATE ORAL SUSPENSION 100 MG/ML	EX	
CARAFATE ORAL TABLET 1 GRAM	EX	
cimetidine hcl oral solution 300 mg/5 ml	1	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	1	
CYTOTEC ORAL TABLET 100 MCG, 200 MCG	3	
DEXILANT ORAL CAPSULE, BIPHASE DELAYED RELEAS 30 MG, 60 MG	EX	
dexlansoprazole oral capsule, biphase delayed releas 30 mg	1	ST; QL (30 Capsule Per fill)
dexlansoprazole oral capsule, biphase delayed releas 60 mg	1	ST
esomeprazole magnesium oral capsule, delayed release (dr/ec) 40 mg	1	
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 5 mg	1	ST; QL (30 Unit Per fill)
esomeprazole magnesium oral granules dr for susp in packet 40 mg	1	ST
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)	1	
famotidine oral tablet 20 mg, 40 mg	1	
KONVOMEP ORAL SUSPENSION FOR RECONSTITUTION 2-84 MG/ML	EX	
lansoprazole oral capsule, delayed release (dr/ec) 15 mg	1	QL (30 Capsule Per fill)
lansoprazole oral capsule, delayed release (dr/ec) 30 mg	1	
lansoprazole oral tablet, disintegrat, delay rel 15 mg	1	ST; QL (30 Tablet Per fill)
lansoprazole oral tablet, disintegrat, delay rel 30 mg	1	ST
misoprostol oral tablet 100 mcg, 200 mcg	1	

Drug Name	Drug Tier	Requirements / Limits
NEXIUM ORAL CAPSULE, DELAYED RELEASE(DR/EC) 20 MG, 40 MG	EX	
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG	EX	
nizatidine oral capsule 150 mg, 300 mg	1	
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)	3	QL (80 Unit Per fill)
omeprazole oral capsule, delayed release (dr/ec) 10 mg, 20 mg	1	QL (30 Capsule Per fill)
omeprazole oral capsule, delayed release (dr/ec) 40 mg	1	
omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram	1	PA; QL (30 Capsule Per fill)
omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram	1	PA
omeprazole-sodium bicarbonate oral packet 20-1,680 mg	1	PA; QL (30 Unit Per fill)
omeprazole-sodium bicarbonate oral packet 40-1,680 mg	1	PA
pantoprazole oral granules dr for susp in packet 40 mg	1	ST
pantoprazole oral tablet, delayed release (dr/ec) 20 mg	1	QL (30 Tablet Per fill)
pantoprazole oral tablet, delayed release (dr/ec) 40 mg	1	
PEPCID ORAL TABLET 20 MG, 40 MG	3	
PREVACID ORAL CAPSULE, DELAYED RELEASE (DR/EC) 30 MG	EX	
PREVACID SOLUTAB ORAL TABLET, DISINTEGRAT, DELAY REL 15 MG, 30 MG	EX	
PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON 10 MG, 2.5 MG	EX	
PROTONIX INTRAVENOUS RECON SOLN 40 MG	EX	
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	EX	
PROTONIX ORAL TABLET, DELAYED RELEASE (DR/EC) 20 MG, 40 MG	EX	
PYLERA ORAL CAPSULE 140-125-125 MG	EX	

Drug Name	Drug Tier	Requirements / Limits
RABEPRAZOLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG	EX	
rabeprazole oral tablet, delayed release (dr/ec) 20 mg	1	
sucralfate oral suspension 100 mg/ml	1	
sucralfate oral tablet 1 gram	1	
TALICIA ORAL CAPSULE, IR - DELAY REL, BIPHASE 10-250-12.5 MG	2	QL (168 Capsule Per fill)
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)	3	
VOQUEZNA ORAL TABLET 10 MG, 20 MG	3	ST
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG	3	
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
APHEXDA SUBCUTANEOUS RECON SOLN 62 MG	EX	
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	EX	
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	EX	
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	3	PA; SP; QL (4 per 21 days)
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	EX	
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	2	PA; SP; QL (1.2 per 23 days)
FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	EX	
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	EX	
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	EX	
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	2	PA; SP; LA

Drug Name	Drug Tier	Requirements / Limits
LEUKINE INJECTION RECON SOLN 250 MCG	2	PA; SP
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	EX	
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	3	SP
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	EX	
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	EX	
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	EX	
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	EX	
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	2	PA; SP
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	PA; SP
NYPOZI INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	EX	
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	EX	
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
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	EX	
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
ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML	EX	
STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	EX	
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML	EX	

Drug Name	Drug Tier	Requirements / Limits
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	EX	
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	EX	
XOLREMDI ORAL CAPSULE 100 MG	3	PA; SP
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	EX	
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	2	PA; SP; QL (1.2 per 23 days)
GROWTH HORMONES		
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	2	PA; SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	2	PA; SP
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	EX	
NGENLA SUBCUTANEOUS PEN INJECTOR 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML)	2	PA; SP
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	EX	
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	EX	
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	2	PA; SP
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	2	PA; SP
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	2	PA; SP
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	EX	

Drug Name	Drug Tier	Requirements / Limits
SOGROYA SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	EX	
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG	EX	
INTERFERONS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	2	PA; SP
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	EX	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	2	SP; QL (4 per 21 days)
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	2	SP; QL (2 per 21 days)
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	$0	VAC; ACA
ACAM2000 (NATIONAL STOCKPILE) PERCUTANEOUS RECON SOLN 1-5X10EXP8 UNIT/ML	2	
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	VAC; ACA
ADACEL (TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	VAC; ACA
ADACEL (TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	VAC; ACA
AFLURIA TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	2	VAC; ACA
AFLURIA TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	2	VAC; ACA
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	2	VAC; ACA
AUDENZ (NATIONAL STOCKPILE) INTRAMUSCULAR EMULSION 7.5 MCG/0.5 ML	3	
AUDENZ(PF)(NATIONAL STOCKPILE) INTRAMUSCULAR SYRINGE 7.5 MCG/0.5 ML	2	VAC; ACA

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	VAC; ACA
BIOTHRAX INTRAMUSCULAR SUSPENSION 0.5 ML/DOSE	$0	VAC; ACA
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	2	VAC; ACA
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT	EX	
CAPVAXIVE INTRAMUSCULAR SYRINGE 0.5 ML	2	VAC; ACA
COMIRNATY 2024-25 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	$0	VAC; ACA
CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 %	EX	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	2	VAC; ACA
DAXXIFY INTRAMUSCULAR RECON SOLN 100 UNIT	EX	
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	2	VAC; ACA
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	$0	VAC; ACA
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	$0	VAC; ACA
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	$0	VAC; ACA
ERVEBO(PF)(NATIONAL STOCKPILE) INTRAMUSCULAR SUSPENSION 1 ML	2	
FLUAD TRIV 2024-25(65Y UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	2	VAC; ACA
FLUARIX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	2	VAC; ACA
FLUBLOK TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML	2	VAC; ACA

Drug Name	Drug Tier	Requirements / Limits
FLUCELVAX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	2	VAC; ACA
FLUCELVAX TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	2	VAC; ACA
FLULAVAL TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	2	VAC; ACA
FLUMIST TRIVALENT 2024-2025 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	2	VAC; ACA
FLUZONE HIGH-DOSE TRIV 24-25 INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	2	VAC; ACA
FLUZONE TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	2	VAC; ACA
FLUZONE TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	2	VAC; ACA
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	EX	
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	2	VAC; ACA
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	VAC; ACA
GRASTEK SUBLINGUAL TABLET 2,800 BAU	2	PA
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1, 440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	2	VAC; ACA
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	2	VAC; ACA
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	VAC; ACA
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	$0	VAC; ACA
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	2	VAC; ACA
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	2	VAC; ACA

Drug Name	Drug Tier	Requirements / Limits
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	$0	VAC
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	$0	VAC; ACA
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	2	VAC; ACA
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	2	VAC; ACA
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	2	VAC; ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	2	VAC; ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	2	VAC; ACA
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	2	VAC; ACA
MODERNA COVID 24-25(6M-11Y)PF INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML	$0	VAC; ACA
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	2	VAC; ACA
NOVAVAX COVID 2024-25(PF)(EUA) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	$0	VAC; ACA
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM	2	PA
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	2	PA; SP
PALFORZIA (LEVEL 0) ORAL CAPSULE, SPRINKLE 1 MG	EX	
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3)	EX	
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6)	EX	
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1)	EX	
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG	EX	
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2)	EX	

Drug Name	Drug Tier	Requirements / Limits
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4)	EX	
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1)	EX	
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1)	EX	
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2)	EX	
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2)	EX	
PALFORZIA INITIAL (1-3 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3 MG	EX	
PALFORZIA INITIAL (4-17 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG	EX	
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG	EX	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	2	VAC; ACA
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	2	VAC; ACA
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	2	VAC; ACA
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	2	VAC; ACA
PFIZER COVID 2024-25(5Y-11Y)PF INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	$0	VAC; ACA
PFIZER COVID 2024-25(6MO-4Y)PF INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 MCG/0.3 ML	$0	VAC; ACA
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	2	VAC; ACA
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	VAC; ACA
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	2	VAC; ACA
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	2	VAC; ACA

Drug Name	Drug Tier	Requirements / Limits
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	2	VAC; ACA
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	2	VAC; ACA
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	$0	VAC; ACA
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT	2	PA
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	$0	VAC; ACA
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	$0	VAC; ACA
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	2	VAC; ACA
ROTATEQ VACCINE ORAL SOLUTION 2 ML	2	VAC; ACA
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	2	VAC; ACA
SPIKEVAX 2024-2025(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	$0	VAC; ACA
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML	$0	VAC; ACA
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	2	VAC; ACA
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	2	VAC; ACA
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	2	VAC; ACA
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML	$0	VAC; ACA
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	2	VAC; ACA
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	2	VAC; ACA
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	$0	VAC; ACA
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	$0	VAC; ACA

Drug Name	Drug Tier	Requirements / Limits
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	2	VAC; ACA
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	2	VAC; ACA
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	2	VAC; ACA
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	$0	VAC; ACA
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML	2	VAC; ACA
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML	2	VAC; ACA
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	VAC
VIVOTIF ORAL CAPSULE, DELAYED RELEASE (DR/EC) 2 BILLION UNIT	$0	VAC; ACA
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 200 UNIT, 50 UNIT	EX	
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	$0	VAC; ACA
IMMUNOLOGY		
INTERLEUKINS		
imiquimod topical cream in metered-dose pump 3.75 %	1	
imiquimod topical cream in packet 3.75 %, 5 %	1	
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %, 3.75 %	EX	
ZYCLARA TOPICAL CREAM IN PACKET 3.75 %	EX	
MUSCULOSKELETAL & RHEUMATOLOGY		
GOUT THERAPY		
allopurinol oral tablet 100 mg, 200 mg, 300 mg	1	
colchicine oral capsule 0.6 mg	1	ST
colchicine oral tablet 0.6 mg	1	
COLCRYS ORAL TABLET 0.6 MG	EX	

Drug Name	Drug Tier	Requirements / Limits
febuxostat oral tablet 40 mg, 80 mg	1	ST
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML	3	
MITIGARE ORAL CAPSULE 0.6 MG	2	ST
probenecid oral tablet 500 mg	1	
probenecid-colchicine oral tablet 500-0.5 mg	1	
ULORIC ORAL TABLET 40 MG, 80 MG	EX	
ZYLOPRIM ORAL TABLET 100 MG	3	
OSTEOPOROSIS THERAPY		
ACTONEL ORAL TABLET 150 MG	3	ST; QL (1 per 23 days)
ACTONEL ORAL TABLET 35 MG	3	ST; QL (4 per 21 days)
alendronate oral solution 70 mg/75 ml	1	QL (300 per 21 days)
alendronate oral tablet 10 mg, 5 mg	1	QL (30 Unit Per fill)
alendronate oral tablet 35 mg, 70 mg	1	QL (4 per 21 days)
ATELVIA ORAL TABLET, DELAYED RELEASE (DR/EC) 35 MG	3	ST; QL (4 per 21 days)
BINOSTO ORAL TABLET, EFFERVESCENT 70 MG	3	ST; QL (4 per 21 days)
EVISTA ORAL TABLET 60 MG	3	
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	EX	
FOSAMAX ORAL TABLET 70 MG	3	ST; QL (4 per 21 days)
FOSAMAX PLUS D ORAL TABLET 70 MG- 2, 800 UNIT, 70 MG- 5, 600 UNIT	3	ST; QL (4 per 21 days)
ibandronate oral tablet 150 mg	1	QL (1 per 23 days)
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	EX	
raloxifene oral tablet 60 mg	1	Och; ACA
risedronate oral tablet 150 mg	1	QL (1 per 23 days)
risedronate oral tablet 35 mg	1	QL (4 per 21 days)
risedronate oral tablet 5 mg	1	QL (30 Unit Per fill)
risedronate oral tablet, delayed release (dr/ec) 35 mg	1	QL (4 per 21 days)
teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml)	1	PA; SP; QL (1 per 21 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	3	PA; SP; QL (1 per 21 days)

Drug Name	Drug Tier	Requirements / Limits
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	2	PA; QL (1 Unit Per fill); SP
OTHER RHEUMATOLOGICALS		
ABRILADA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	EX	
ABRILADA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML	EX	
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	2	PA; SP; QL (3.6 per 21 days)
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	2	PA; SP; QL (3.6 per 21 days)
ADALIMUMAB-AACF SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	EX	
ADALIMUMAB-AACF SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	EX	
ADALIMUMAB-AACF(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	EX	
ADALIMUMAB-AACF(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	EX	
ADALIMUMAB-AATY SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML	EX	
ADALIMUMAB-AATY SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML	EX	
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML	2	PA; SP; QL (2 per 21 days)
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 20 MG/0.2 ML, 40 MG/0.4 ML	2	PA; SP; QL (2 per 21 days)
ADALIMUMAB-ADBM SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	2	PA; SP; QL (2 per 21 days)
ADALIMUMAB-ADBM SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	2	PA; SP; QL (2 per 21 days)
ADALIMUMAB-ADBM(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	2	PA; SP; QL (6 per 365 days)
ADALIMUMAB-ADBM(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	2	PA; SP; QL (4 per 365 days)

Drug Name	Drug Tier	Requirements / Limits
ADALIMUMAB-FKJP SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	EX	
ADALIMUMAB-FKJP SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML	EX	
ADALIMUMAB-RYVK SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	2	PA; SP; QL (2 per 21 days)
ADALIMUMAB-RYVK SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	2	PA; SP; QL (2 per 21 days)
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML, 40 MG/0.8 ML, 80 MG/0.8 ML	EX	
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	EX	
ARAVA ORAL TABLET 10 MG, 20 MG	3	QL (30 Unit Per fill)
AURANOFIN ORAL CAPSULE 3 MG	3	
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	2	PA; SP; QL (4 per 21 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	2	PA; SP; QL (4 per 21 days)
CUPRIMINE ORAL CAPSULE 250 MG	EX	
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	2	PA; SP; QL (6 per 365 days)
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	2	PA; SP; QL (4 per 365 days)
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	2	PA; SP; QL (2 per 21 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	2	PA; SP; QL (2 per 21 days)
DEPEN TITRATABS ORAL TABLET 250 MG	3	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	2	PA; SP; QL (4 per 21 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	2	PA; SP; QL (8 per 21 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)	2	PA; SP; QL (8 per 21 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)	2	PA; SP; QL (4 per 21 days)

Drug Name	Drug Tier	Requirements / Limits
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	2	PA; SP; QL (4 per 21 days)
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	EX	
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	EX	
HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	EX	
HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	EX	
HULIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	EX	
HULIO(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML	EX	
HUMIRA (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	EX	
HUMIRA PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	EX	
HUMIRA(CF) (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	EX	
HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	EX	
HUMIRA(CF) PEN CROHNS-UC-HS (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	EX	
HUMIRA(CF) PEN PSOR-UV-ADOL HS (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	EX	
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	EX	
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR 80MG/0.8ML(X1)- 40 MG/0.4ML(X2)	EX	
HYRIMOZ PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML	EX	

Drug Name	Drug Tier	Requirements / Limits
HYRIMOZ SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	EX	
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML, 80 MG/0.8 ML- 40 MG/0.4 ML	EX	
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML	EX	
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	EX	
IDACIO(CF) PEN CROHN-UC STARTR SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	EX	
IDACIO(CF) PEN PSORIASIS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	EX	
IDACIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	EX	
IDACIO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	EX	
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	EX	
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	EX	
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	EX	
leflunomide oral tablet 10 mg, 20 mg	1	QL (30 Unit Per fill)
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	EX	
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	EX	
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	EX	
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	EX	
OTEZLA ORAL TABLET 20 MG, 30 MG	2	PA; SP; QL (60 per 23 days)
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	2	PA; SP; QL (55 per 365 days)
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	EX	

Drug Name	Drug Tier	Requirements / Limits
penicillamine oral capsule 250 mg	1	PA
penicillamine oral tablet 250 mg	1	PA
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	2	ST
RIDAURA ORAL CAPSULE 3 MG	2	
RINVOQ LQ ORAL SOLUTION 1 MG/ML	2	PA; SP; QL (360 per 23 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	2	PA; SP; QL (30 per 23 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	2	PA; SP; QL (56 per 365 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	2	ST; QL (60 Tablet Per fill)
SAVELLA ORAL TABLETS, DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	2	ST; QL (55 Unit Per fill)
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	2	PA; SP; QL (2 per 21 days)
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML, 80 MG/0.8 ML	2	PA; SP; QL (2 per 21 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	2	PA; SP; QL (1 per 21 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	EX	
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	2	PA; SP; QL (1 per 21 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	EX	
TOFIDENCE INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	EX	
XELJANZ ORAL SOLUTION 1 MG/ML	2	PA; QL (480 Milliliter Per fill); SP
XELJANZ ORAL TABLET 10 MG, 5 MG	2	PA; QL (60 Tablet Per fill); SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	2	PA; QL (30 Tablet Per fill); SP
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	EX	

Drug Name	Drug Tier	Requirements / Limits
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML	EX	
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML	EX	
YUSIMRY(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML	EX	
OBSTETRICS & GYNECOLOGY		
DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	$0	ACA
DUREX AVANTI BARE REAL FEEL	$0	ACA
DUREX TROPICAL CONDOM DEVICE	$0	ACA
FC2 FEMALE CONDOM	$0	ACA
FEMCAP VAGINAL DEVICE 22 MM	$0	ACA
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG	$0	SP; ACA
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	$0	SP; ACA
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG	$0	SP; ACA
PARAGARD T 380A INTRAUTERINE DEVICE 380 SQUARE MM	$0	SP; ACA
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG	$0	SP; ACA
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	$0	ACA
WIDE-SEAL VAGINAL DIAPHRAGM 60 MM	$0	ACA
ESTROGENS & PROGESTINS		
ACTIVELLA ORAL TABLET 1-0.5 MG	3	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	3	
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG	EX	
camila oral tablet 0.35 mg	$0	ACA
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	EX	

Drug Name	Drug Tier	Requirements / Limits
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.06 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	3	QL (4 per 21 days)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	2	
covaryx h.s. oral tablet 0.625-1.25 mg	1	
covaryx oral tablet 1.25-2.5 mg	1	
CRINONE VAGINAL GEL 4 %	EX	
deblitane oral tablet 0.35 mg	$0	ACA
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML	3	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	2	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	$0	ACA; QL (1 per 68 days)
DEPO-PROVERA INTRAMUSCULAR SYRINGE 150 MG/ML	$0	ACA; QL (1 per 68 days)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	$0	ACA; QL (1 per 68 days)
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 %)	EX	
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	1	QL (8 per 21 days)
DUAVEE ORAL TABLET 0.45-20 MG	2	
eemt hs oral tablet 0.625-1.25 mg	1	
eemt oral tablet 1.25-2.5 mg	1	
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION	EX	
emzahh oral tablet 0.35 mg	$0	ACA
ENDOMETRIN VAGINAL INSERT 100 MG	EX	
errin oral tablet 0.35 mg	$0	ACA
ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG	3	

Drug Name	Drug Tier	Requirements / Limits
ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM)	EX	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	1	
estradiol transdermal gel in metered-dose pump 1.25 gram/actuation	1	QL (1 Unit Per fill)
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 %)	1	QL (30 Unit Per fill)
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	1	QL (8 per 21 days)
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	1	QL (4 per 21 days)
estradiol vaginal cream 0.01 % (0.1 mg/gram)	1	
estradiol vaginal tablet 10 mcg	1	
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	1	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	1	
ESTRATEST F.S. ORAL TABLET 1.25-2.5 MG	3	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	EX	
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION	EX	
estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg	1	
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%)	3	QL (17 Unit Per fill)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	EX	
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	
gallifrey oral tablet 5 mg	1	
heather oral tablet 0.35 mg	$0	ACA
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	EX	
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG	EX	

Drug Name	Drug Tier	Requirements / Limits
incassia oral tablet 0.35 mg	$0	ACA
jencycla oral tablet 0.35 mg	$0	ACA
jinteli oral tablet 1-5 mg-mcg	1	
lyleq oral tablet 0.35 mg	$0	ACA
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	1	QL (8 per 21 days)
lyza oral tablet 0.35 mg	$0	ACA
medroxyprogesterone intramuscular suspension 150 mg/ml	$0	ACA; QL (1 per 68 days)
medroxyprogesterone intramuscular syringe 150 mg/ml	$0	ACA; QL (1 per 68 days)
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	EX	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	3	QL (4 per 21 days)
mimvey oral tablet 1-0.5 mg	1	
MINIVELLE TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	EX	
nora-be oral tablet 0.35 mg	$0	ACA
norethindrone (contraceptive) oral tablet 0.35 mg	$0	ACA
norethindrone acetate oral tablet 5 mg	1	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	
OPILL ORAL TABLET 0.075 MG	$0	ACA
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	EX	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	2	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	EX	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	EX	
progesterone intramuscular oil 50 mg/ml	1	SP
progesterone micronized oral capsule 100 mg, 200 mg	1	

Drug Name	Drug Tier	Requirements / Limits
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG	3	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	
sharobel oral tablet 0.35 mg	$0	ACA
tulana oral tablet 0.35 mg	$0	ACA
VAGIFEM VAGINAL TABLET 10 MCG	EX	
VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	EX	
yuvafem vaginal tablet 10 mcg	1	
MISCELLANEOUS OB/GYN		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	$0	ACA; QL (1 per 274 days)
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG	3	
CLEOCIN VAGINAL CREAM 2 %	3	
CLEOCIN VAGINAL SUPPOSITORY 100 MG	3	
clindamycin phosphate vaginal cream 2 %	1	
CLINDESSE VAGINAL CREAM, EXTENDED RELEASE 2 %	3	
eluryng vaginal ring 0.12-0.015 mg/24 hr	$0	ACA
enilloring vaginal ring 0.12-0.015 mg/24 hr	$0	ACA
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	$0	ACA
fem ph vaginal gel 0.9-0.025 %	1	
GYNAZOLE-1 VAGINAL CREAM 2 %	3	
haloette vaginal ring 0.12-0.015 mg/24 hr	$0	ACA
INTRAROSA VAGINAL INSERT 6.5 MG	EX	
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	1	
miconazole-3 vaginal suppository 200 mg	1	
MYFEMBREE ORAL TABLET 40-1-0.5 MG	2	PA
NEXPLANON SUBDERMAL IMPLANT 68 MG	$0	SP; ACA
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	$0	ACA

Drug Name	Drug Tier	Requirements / Limits
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	EX	
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM)	3	
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG (AM) /300 MG (PM)	2	PA
OSPHENA ORAL TABLET 60 MG	EX	
PHEXXI VAGINAL GEL 1.8-1-0.4 %	EX	
PREPIDIL VAGINAL GEL 0.5 MG/3 G	3	
RELAGARD VAGINAL GEL 0.9-0.025 %	3	
terconazole vaginal cream 0.4 %, 0.8 %	1	
terconazole vaginal suppository 80 mg	1	
tranexamic acid oral tablet 650 mg	1	
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 %	2	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR	EX	
vandazole vaginal gel 0.75 % (37.5mg/5 gram)	1	
VCF CONTRACEPTIVE VAGINAL FILM 28 %	$0	ACA
VCF CONTRACEPTIVE VAGINAL GEL 4 %	$0	ACA
VEOZAH ORAL TABLET 45 MG	3	
XACIATO VAGINAL GEL 2 %	2	
xulane transdermal patch weekly 150-35 mcg/24 hr	$0	ACA
zafemy transdermal patch weekly 150-35 mcg/24 hr	$0	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
afirmelle oral tablet 0.1-20 mg-mcg	$0	ACA
after pill oral tablet 1.5 mg	$0	QL (1 Unit Per fill); ACA
AFTERA ORAL TABLET 1.5 MG	$0	QL (1 Unit Per fill); ACA
altavera (28) oral tablet 0.15-0.03 mg	$0	ACA
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	$0	ACA
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	$0	ACA
amethia oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)	$0	ACA
amethyst oral tablet 90-20 mcg (28)	$0	ACA

Drug Name	Drug Tier	Requirements / Limits
apri oral tablet 0.15-0.03 mg	$0	ACA
aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg	$0	ACA
ashlyna oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)	$0	ACA
aubra eq oral tablet 0.1-20 mg-mcg	$0	ACA
aubra oral tablet 0.1-20 mg-mcg	$0	ACA
aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg	$0	ACA
aurovela 1/20 (21) oral tablet 1-20 mg-mcg	$0	ACA
aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	$0	ACA
aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	$0	ACA
aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	$0	ACA
aviane oral tablet 0.1-20 mg-mcg	$0	ACA
ayuna oral tablet 0.15-0.03 mg	$0	ACA
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	$0	ACA
BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	EX	
balziva (28) oral tablet 0.4-35 mg-mcg	$0	ACA
BEYAZ ORAL TABLET 3-0.02-0.451 MG (24) (4)	$0	ACA
blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	$0	ACA
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	$0	ACA
blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	$0	ACA
briellyn oral tablet 0.4-35 mg-mcg	$0	ACA
camrese lo oral tablets, dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	$0	ACA
camrese oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)	$0	ACA
caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg	$0	ACA
charlotte 24 fe oral tablet, chewable 1 mg-20 mcg (24) /75 mg (4)	$0	ACA
chateal eq (28) oral tablet 0.15-0.03 mg	$0	ACA
cryselle (28) oral tablet 0.3-30 mg-mcg	$0	ACA

Drug Name	Drug Tier	Requirements / Limits
curae oral tablet 1.5 mg	$0	QL (1 Unit Per fill); ACA
cyred eq oral tablet 0.15-0.03 mg	$0	ACA
cyred oral tablet 0.15-0.03 mg	$0	ACA
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	$0	ACA
dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	$0	ACA
daysee oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)	$0	ACA
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	$0	ACA
dolishale oral tablet 90-20 mcg (28)	$0	ACA
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)	$0	ACA
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	$0	ACA
econtra ez oral tablet 1.5 mg	$0	QL (1 Unit Per fill); ACA
econtra one-step oral tablet 1.5 mg	$0	QL (1 Unit Per fill); ACA
elinest oral tablet 0.3-30 mg-mcg	$0	ACA
ELLA ORAL TABLET 30 MG	$0	QL (1 Unit Per fill); ACA
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	$0	ACA
enskyce oral tablet 0.15-0.03 mg	$0	
estarylla oral tablet 0.25-0.035 mg	$0	ACA
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	$0	ACA
falmina (28) oral tablet 0.1-20 mg-mcg	$0	ACA
feirza oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)	$0	
finzala oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)	$0	ACA
gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)	$0	ACA
hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	$0	ACA
hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	$0	ACA
hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	$0	ACA
hailey oral tablet 1.5-30 mg-mcg	$0	ACA

Drug Name	Drug Tier	Requirements / Limits
her style oral tablet 1.5 mg	$0	QL (1 Unit Per fill); ACA
iclevia oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)	$0	ACA
isibloom oral tablet 0.15-0.03 mg	$0	ACA
jaimiess oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)	$0	ACA
jasmiel (28) oral tablet 3-0.02 mg	$0	ACA
jolessa oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)	$0	ACA
joyeaux oral tablet 0.1 mg-0.02 mg (21)/iron (7)	$0	ACA
juleber oral tablet 0.15-0.03 mg	$0	ACA
junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg	$0	ACA
junel 1/20 (21) oral tablet 1-20 mg-mcg	$0	ACA
junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	$0	ACA
junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	$0	ACA
junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)	$0	ACA
kaitlib fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)	$0	ACA
kalliga oral tablet 0.15-0.03 mg	$0	ACA
kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	$0	ACA
kelnor 1/35 (28) oral tablet 1-35 mg-mcg	$0	ACA
kelnor 1/50 (28) oral tablet 1-50 mg-mcg	$0	ACA
kurvelo (28) oral tablet 0.15-0.03 mg	$0	ACA
l norgest/e.estradiol-e.estrad oral tablets, dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7)	$0	ACA
larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	$0	ACA
larin 1/20 (21) oral tablet 1-20 mg-mcg	$0	ACA
larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	$0	ACA
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	$0	ACA
larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	$0	ACA
layolis fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)	$0	ACA

Drug Name	Drug Tier	Requirements / Limits
leena 28 oral tablet 0.5/1/0.5-35 mg-mcg	$0	ACA
lessina oral tablet 0.1-20 mg-mcg	$0	ACA
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	$0	ACA
levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)	$0	ACA
levonorgestrel oral tablet 1.5 mg	$0	QL (1 Unit Per fill); ACA
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)	$0	ACA
levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)	$0	ACA
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30 (10)	$0	ACA
levora-28 oral tablet 0.15-0.03 mg	$0	ACA
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	EX	
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	EX	
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	EX	
LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	EX	
LOESTRIN FE 1/20 (28-DAY) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	EX	
lojaimiess oral tablets, dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	$0	ACA
loryna (28) oral tablet 3-0.02 mg	$0	ACA
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	$0	ACA
lo-zumandimine (28) oral tablet 3-0.02 mg	$0	ACA
lutera (28) oral tablet 0.1-20 mg-mcg	$0	ACA
marlissa (28) oral tablet 0.15-0.03 mg	$0	ACA
merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)	$0	ACA
mibelas 24 fe oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)	$0	ACA
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	$0	ACA
microgestin 1/20 (21) oral tablet 1-20 mg-mcg	$0	ACA
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	$0	ACA

Drug Name	Drug Tier	Requirements / Limits
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	$0	ACA
mili oral tablet 0.25-0.035 mg	$0	ACA
minzoya oral tablet 0.1 mg-0.02 mg (21)/iron (7)	$0	
mono-linyah oral tablet 0.25-0.035 mg	$0	ACA
my choice oral tablet 1.5 mg	$0	QL (1 Unit Per fill); ACA
my way oral tablet 1.5 mg	$0	QL (1 Unit Per fill); ACA
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	EX	
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	$0	ACA
new day oral tablet 1.5 mg	$0	QL (1 Unit Per fill); ACA
NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28)	EX	
nikki (28) oral tablet 3-0.02 mg	$0	ACA
noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)	$0	ACA
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	$0	ACA
norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)	$0	ACA
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	$0	ACA
norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg (24) /75 mg (4)	$0	ACA
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg	$0	ACA
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	$0	ACA
nortrel 1/35 oral tablet 1-35 mg-mcg (21)	$0	ACA
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	$0	ACA
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	$0	ACA
nylia 1/35 (28) oral tablet 1-35 mg-mcg	$0	ACA
nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	$0	ACA
ocella oral tablet 3-0.03 mg	$0	ACA
opcicon one-step oral tablet 1.5 mg	$0	QL (1 Unit Per fill); ACA
option-2 oral tablet 1.5 mg	$0	QL (1 Unit Per fill); ACA

Drug Name	Drug Tier	Requirements / Limits
philith oral tablet 0.4-35 mg-mcg	$0	ACA
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	$0	ACA
PLAN B ONE-STEP ORAL TABLET 1.5 MG	$0	QL (1 Unit Per fill); ACA
portia 28 oral tablet 0.15-0.03 mg	$0	ACA
reclipsen (28) oral tablet 0.15-0.03 mg	$0	ACA
rivelsa oral tablets, dose pack, 3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	$0	ACA
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (21) (7)	EX	
setlakin oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)	$0	ACA
simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	$0	ACA
simpesse oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)	$0	ACA
SLYND ORAL TABLET 4 MG (28)	EX	
sprintec (28) oral tablet 0.25-0.035 mg	$0	ACA
sronyx oral tablet 0.1-20 mg-mcg	$0	ACA
syeda oral tablet 3-0.03 mg	$0	ACA
TAKE ACTION ORAL TABLET 1.5 MG	$0	QL (1 Unit Per fill); ACA
tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	$0	ACA
tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	$0	ACA
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	EX	
tilia fe oral tablet 1-20 (5)/1-30 (7) /1mg-35mcg (9)	$0	ACA
tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	$0	ACA
tri-legest fe oral tablet 1-20 (5)/1-30 (7) /1mg-35mcg (9)	$0	ACA
tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	$0	ACA
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg	$0	ACA
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg	$0	ACA

Drug Name	Drug Tier	Requirements / Limits
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg	$0	ACA
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg	$0	ACA
tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	$0	ACA
tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	$0	ACA
trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	$0	ACA
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg	$0	ACA
tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	$0	ACA
turqoz (28) oral tablet 0.3-30 mg-mcg	$0	ACA
TYBLUME ORAL TABLET, CHEWABLE 0.1 MG- 20 MCG	EX	
valtya oral tablet 1-50 mg-mcg	$0	
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg	$0	ACA
vestura (28) oral tablet 3-0.02 mg	$0	
vienva oral tablet 0.1-20 mg-mcg	$0	ACA
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	$0	ACA
volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	$0	ACA
vyfemla (28) oral tablet 0.4-35 mg-mcg	$0	ACA
vylibra oral tablet 0.25-0.035 mg	$0	ACA
wera (28) oral tablet 0.5-35 mg-mcg	$0	ACA
wymzya fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)	$0	ACA
YASMIN (28) ORAL TABLET 3-0.03 MG	EX	
YAZ (28) ORAL TABLET 3-0.02 MG	$0	ACA
zarah oral tablet 3-0.03 mg	$0	ACA
zovia 1-35 (28) oral tablet 1-35 mg-mcg	$0	ACA
zumandimine (28) oral tablet 3-0.03 mg	$0	ACA
OXYTOCICS		
methylergonovine oral tablet 0.2 mg	1	QL (240 Tablet Per fill)
OPHTHALMOLOGY		

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

Drug Name	Drug Tier	Requirements / Limits
VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 %	3	
ANTIVIRALS		
trifluridine ophthalmic (eye) drops 1 %	1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	3	
BETA-BLOCKERS		
betaxolol ophthalmic (eye) drops 0.5 %	1	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	EX	
BETOPTIC S OPHTHALMIC (EYE) DROPS, SUSPENSION 0.25 %	3	
carteolol ophthalmic (eye) drops 1 %	1	
ISTALOL OPHTHALMIC (EYE) DROPS, ONCE DAILY 0.5 %	EX	
levobunolol ophthalmic (eye) drops 0.5 %	1	
timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %	1	
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	1	
timolol maleate ophthalmic (eye) drops, once daily 0.5 %	1	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %	1	
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %, 0.5 %	EX	
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	2	SP
CYCLOPLEGIC MYDRIATICS		
atropine ophthalmic (eye) drops 1 %	1	
ATROPINE SULFATE (PF) OPHTHALMIC (EYE) DROPPERETTE 1 %	EX	
CYCLOGYL OPHTHALMIC (EYE) DROPS 0.5 %, 2 %	3	
cyclopentolate ophthalmic (eye) drops 1 %	1	
homatropaire ophthalmic (eye) drops 5 %	1	
MYDRIACYL OPHTHALMIC (EYE) DROPS 1 %	3	

Drug Name	Drug Tier	Requirements / Limits
tropicamide ophthalmic (eye) drops 0.5 %, 1 %	1	
DIRECT ACTING MIOTICS		
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	1	
QLOSI OPHTHALMIC (EYE) DROPPERETTE 0.4 %	EX	
VUITY OPHTHALMIC (EYE) DROPS 1.25 %	EX	
MISCELLANEOUS OPHTHALMOLOGICS		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %	3	
ALCAINE OPHTHALMIC (EYE) DROPS 0.5 %	3	
altacaine ophthalmic (eye) drops 0.5 %	1	
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 %	3	
azelastine ophthalmic (eye) drops 0.05 %	1	
bepotastine besilate ophthalmic (eye) drops 1.5 %	1	
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %	EX	
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	3	PA; QL (60 Unit Per fill)
cromolyn ophthalmic (eye) drops 4 %	1	
CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS 0.1-0.25 %	3	
cyclosporine ophthalmic (eye) dropperette 0.05 %	1	PA; QL (60 Unit Per fill)
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	EX	
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	2	PA; SP
epinastine ophthalmic (eye) drops 0.05 %	1	
FLUORESCEIN-BENOXINATE OPHTHALMIC (EYE) DROPS 0.3-0.4 %	3	
fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %	1	
LUCENTIS INTRAVITREAL SYRINGE 0.3 MG/0.05 ML, 0.5 MG/0.05 ML	EX	
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %	2	PA; QL (3 Milliliter Per fill)
olopatadine ophthalmic (eye) drops 0.1 %, 0.2 %	1	
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS 0.146 % -0.146 %	3	
PREDNISOLONE ACETATE-BROMFENAC OPHTHALMIC (EYE) DROPS, SUSPENSION 1-0.075 %	3	
PREDNISOLONE ACETATE-NEPAFENAC OPHTHALMIC (EYE) DROPS, SUSPENSION 1-0.1 %	3	
proparacaine ophthalmic (eye) drops 0.5 %	1	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	2	PA; QL (6 Milliliter Per fill)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	3	PA; QL (60 Unit Per fill)
SUSVIMO (INITIAL FILL) INTRAVITREAL SOLUTION 10 MG/0.1 ML	EX	
SUSVIMO INTRAVITREAL SOLUTION 10 MG/0.1 ML	EX	
TETRACAINE HCL (PF) OPHTHALMIC (EYE) DROPS 0.5 %	3	
tetracaine hcl ophthalmic (eye) drops 0.5 %	1	
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY	3	PA
VABYSMO INTRAVITREAL SOLUTION 6 MG/0.05 ML	EX	
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 %	EX	
VEVYE OPHTHALMIC (EYE) DROPS 0.1 %	3	PA; QL (2 Milliliter Per fill)
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %	2	QL (10 Milliliter Per fill); SP
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	2	PA; QL (60 Vial Per fill)
ZERVIATE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	EX	
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 %	3	ST
ACULAR OPHTHALMIC (EYE) DROPS 0.5 %	3	ST
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	EX	

Drug Name	Drug Tier	Requirements / Limits
bromfenac ophthalmic (eye) drops 0.07 %, 0.075 %, 0.09 %	1	
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	EX	
diclofenac sodium ophthalmic (eye) drops 0.1 %	1	
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	1	
ILEVRO OPHTHALMIC (EYE) DROPS, SUSPENSION 0.3 %	3	
ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %	1	
NEVANAC OPHTHALMIC (EYE) DROPS, SUSPENSION 0.1 %	EX	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	3	PA
ORAL DRUGS FOR GLAUCOMA		
acetazolamide oral capsule, extended release 500 mg	1	
acetazolamide oral tablet 125 mg, 250 mg	1	
methazolamide oral tablet 25 mg, 50 mg	1	
OTHER GLAUCOMA DRUGS		
AZOPT OPHTHALMIC (EYE) DROPS, SUSPENSION 1 %	EX	
bimatoprost ophthalmic (eye) drops 0.03 %	1	PA
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	1	
brinzolamide ophthalmic (eye) drops, suspension 1 %	1	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	3	
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 %	EX	
COSOPT OPHTHALMIC (EYE) DROPS 22.3-6.8 MG/ML	EX	
DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS 2 %	3	
dorzolamide ophthalmic (eye) drops 2 %	1	
dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %	1	

Drug Name	Drug Tier	Requirements / Limits
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	1	
DURYSTA INTRACAMERAL IMPLANT 10 MCG	EX	
IDOSE TR INTRACAMERAL IMPLANT 75 MCG	EX	
IYUZEH (PF) OPHTHALMIC (EYE) DROPPERETTE 0.005 %	EX	
latanoprost ophthalmic (eye) drops 0.005 %	1	PA
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	EX	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	3	
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	3	PA
SIMBRINZA OPHTHALMIC (EYE) DROPS, SUSPENSION 1-0.2 %	3	
tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %	1	PA
TIMOL-BRIMON-DORZOL-BIMATO(PF) OPHTHALMIC (EYE) DROPS 0.5 %-0.15 %- 2 %-0.01 %	3	
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %	EX	
travoprost ophthalmic (eye) drops 0.004 %	1	PA
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	EX	
XALATAN OPHTHALMIC (EYE) DROPS 0.005 %	EX	
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %	EX	
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	EX	
STEROID-ANTIBIOTIC COMBINATIONS		
MAXITROL OPHTHALMIC (EYE) DROPS, SUSPENSION 3.5MG/ML-10,000 UNIT/ML-0.1 %	3	
MAXITROL OPHTHALMIC (EYE) OINTMENT 3.5 MG/G-10,000 UNIT/G-0.1 %	3	
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	1	

Drug Name	Drug Tier	Requirements / Limits
neomycin-polymyxin b-dexameth ophthalmic (eye) drops, suspension 3.5mg/ml-10,000 unit/ml-0.1 %	1	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	1	
neomycin-polymyxin-hc ophthalmic (eye) drops, suspension 3.5-10,000-10 mg-unit-mg/ml	1	
neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	3	
TOBRADEX ST OPHTHALMIC (EYE) DROPS, SUSPENSION 0.3-0.05 %	EX	
tobramycin-dexamethasone ophthalmic (eye) drops, suspension 0.3-0.1 %	1	
ZYLET OPHTHALMIC (EYE) DROPS, SUSPENSION 0.3-0.5 %	EX	
STEROIDS		
ALREX OPHTHALMIC (EYE) DROPS, SUSPENSION 0.2 %	EX	
CLOBETASOL OPHTHALMIC (EYE) DROPS, SUSPENSION 0.05 %	EX	
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	1	
DEXTENZA INTRACANALICULAR INSERT 0.4 MG	3	
difluprednate ophthalmic (eye) drops 0.05 %	1	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	EX	
EYSUVIS OPHTHALMIC (EYE) DROPS, SUSPENSION 0.25 %	2	PA; QL (8.3 Milliliter Per fill)
FLAREX OPHTHALMIC (EYE) DROPS, SUSPENSION 0.1 %	EX	
fluorometholone ophthalmic (eye) drops, suspension 0.1 %	1	
FML FORTE OPHTHALMIC (EYE) DROPS, SUSPENSION 0.25 %	EX	
FML LIQUIFILM OPHTHALMIC (EYE) DROPS, SUSPENSION 0.1 %	3	ST
INVELTYS OPHTHALMIC (EYE) DROPS, SUSPENSION 1 %	3	ST

Drug Name	Drug Tier	Requirements / Limits
LOTEMAX OPHTHALMIC (EYE) DROPS, GEL 0.5 %	3	ST
LOTEMAX OPHTHALMIC (EYE) DROPS, SUSPENSION 0.5 %	3	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	3	ST
LOTEMAX SM OPHTHALMIC (EYE) DROPS, GEL 0.38 %	3	ST
loteprednol etabonate ophthalmic (eye) drops, gel 0.5 %	1	
loteprednol etabonate ophthalmic (eye) drops, suspension 0.2 %	1	ST
loteprednol etabonate ophthalmic (eye) drops, suspension 0.5 %	1	
MAXIDEX OPHTHALMIC (EYE) DROPS, SUSPENSION 0.1 %	EX	
PRED FORTE OPHTHALMIC (EYE) DROPS, SUSPENSION 1 %	3	
PRED MILD OPHTHALMIC (EYE) DROPS, SUSPENSION 0.12 %	EX	
PREDNISOLONE ACETATE (PF) OPHTHALMIC (EYE) DROPS, SUSPENSION 1 %	3	
prednisolone acetate ophthalmic (eye) drops, suspension 1 %	1	
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	1	
STEROID-SULFONAMIDE COMBINATIONS		
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	1	
SULFONAMIDES		
sulfacetamide sodium ophthalmic (eye) drops 10 %	1	
sulfacetamide sodium ophthalmic (eye) ointment 10 %	1	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %, 0.15 %	3	
apraclonidine ophthalmic (eye) drops 0.5 %	1	

Drug Name	Drug Tier	Requirements / Limits
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %, 0.2 %	1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	3	
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	3	
phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %	1	
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 %	EX	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTIHISTAMINE & 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	2	QL (4 Unit Per fill)
carbinoxamine maleate oral liquid 4 mg/5 ml	1	
CARBINOXAMINE MALEATE ORAL SUSPENSION, EXTENDED REL 12 HR 4 MG/5 ML	EX	
carbinoxamine maleate oral tablet 4 mg	1	
carbinoxamine maleate oral tablet 6 mg	1	ST
cetirizine oral solution 1 mg/ml	1	
CLARINEX ORAL TABLET 5 MG	3	QL (30 Unit Per fill)
clemastine oral syrup 0.5 mg/5 ml	1	
clemastine oral tablet 2.68 mg	EX	
cyproheptadine oral syrup 2 mg/5 ml	1	
cyproheptadine oral tablet 4 mg	1	
desloratadine oral tablet 5 mg	1	QL (30 Unit Per fill)
desloratadine oral tablet, disintegrating 2.5 mg, 5 mg	1	QL (30 Tablet Per fill)
dexchlorpheniramine maleate oral solution 2 mg/5 ml	1	
DIPHEN ORAL ELIXIR 12.5 MG/5 ML	3	
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	EX	
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	1	QL (4 Unit Per fill)

Drug Name	Drug Tier	Requirements / Limits
EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	2	QL (4 Unit Per fill)
EPIPEN JR INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	2	QL (4 Unit Per fill)
hydroxyzine hcl oral solution 10 mg/5 ml	1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	1	
KARBINAL ER ORAL SUSPENSION, EXTENDED REL 12 HR 4 MG/5 ML	EX	
levocetirizine oral solution 2.5 mg/5 ml	1	
levocetirizine oral tablet 5 mg	1	QL (30 Tablet Per fill)
promethazine oral syrup 6.25 mg/5 ml	1	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	1	
promethazine rectal suppository 12.5 mg, 25 mg	1	
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	1	
RYCLORA ORAL SOLUTION 2 MG/5 ML	3	
RYVENT ORAL TABLET 6 MG	3	ST
COUGH & COLD THERAPY		
benzonatate oral capsule 100 mg, 150 mg, 200 mg	1	
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML	3	
brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml	1	
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG	3	QL (60 Tablet Per fill)
codeine-guaifenesin oral liquid 10-100 mg/5 ml	1	
CODITUSSIN AC ORAL LIQUID 10-200 MG/5 ML	3	
CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5 ML	3	
g tussin ac oral liquid 10-100 mg/5 ml	1	
HISTEX-AC ORAL SYRUP 2.5-10-10 MG/5 ML	3	
HYCODAN (WITH HOMATROPINE) ORAL SYRUP 5-1.5 MG/5 ML	3	
HYCODAN (WITH HOMATROPINE) ORAL TABLET 5-1.5 MG	3	

Drug Name	Drug Tier	Requirements / Limits
hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr 10-8 mg/5 ml	1	
hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml	1	
hydrocodone-homatropine oral tablet 5-1.5 mg	1	
hydromet oral syrup 5-1.5 mg/5 ml	1	
MAR-COF CG ORAL LIQUID 7.5-225 MG/5 ML	3	
maxi-tuss ac oral liquid 10-100 mg/5 ml	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	
promethazine-codeine oral syrup 6.25-10 mg/5 ml	1	
promethazine-dm oral syrup 6.25-15 mg/5 ml	1	
promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml	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	
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	1	
ADCIRCA ORAL TABLET 20 MG	EX	
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	2	PA; QL (90 Tablet Per fill); SP; LA
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	EX	
ADVAIR HFA 115-21 MCG INHALER DOSE COUNTER,120 INH 115-21 MCG/ACTUATION	2	ST; QL (12 Unit Per fill)
ADVAIR HFA 230-21 MCG INHALER DOSE COUNTER,120 INH 230-21 MCG/ACTUATION	2	ST; QL (12 Unit Per fill)
ADVAIR HFA 45-21 MCG INHALER DOSE COUNTER,120 INH 45-21 MCG/ACTUATION	2	ST; QL (12 Unit Per fill)

Drug Name	Drug Tier	Requirements / Limits
ADVAIR HFA INHALATION AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	2	ST; QL (8 Unit Per fill)
AIRDUO RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	EX	
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	2	
ALBUTEROL HFA 90 MCG INHALER 90 MCG/ACTUATION (BRAND)	EX	PA; QL
albuterol hfa 90 mcg inhaler 90 mcg/actuation (generic)	1	QL
albuterol sulfate inhalation inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml	1	
albuterol sulfate inhalation oral syrup 2 mg/5 ml	1	
albuterol sulfate inhalation oral tablet 2 mg, 4 mg	1	
albuterol sulfate inhalation oral tablet extended release 12 hr 4 mg, 8 mg	1	
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION	EX	
ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG	2	SP
alyq oral tablet 20 mg	1	PA; QL (60 Tablet Per fill); SP
ambrisentan oral tablet 10 mg, 5 mg	1	PA; QL (30 Tablet Per fill); SP; LA
ANORO ELLIPTA 62.5-25 MCG INH 62.5-25 MCG/ACTUATION	2	QL (14 Unit Per fill)
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	2	QL (60 Unit Per fill)
arformoterol inhalation solution for nebulization 15 mcg/2 ml	1	QL (120 Unit Per fill)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION	2	QL (1 Inhaler Per fill)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 50 MCG/ACTUATION	2	QL (30 Unit Per fill)
ASMANEX HFA INHALATION AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	2	QL (13 Gram Per fill)

Drug Name	Drug Tier	Requirements / Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	QL (1 Unit Per fill)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)	2	QL (1 Inhaler Per fill)
ATROVENT HFA INHALATION AEROSOL INHALER 17 MCG/ACTUATION	3	QL (26 Unit Per fill)
azelastine-fluticasone nasal spray, non-aerosol 137-50 mcg/spray	1	ST; QL (23 Unit Per fill)
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	EX	
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	EX	
bosentan oral tablet 125 mg, 62.5 mg	1	PA; QL (60 Tablet Per fill); SP
BREO ELLIPTA 100-25 MCG INHALR 100-25 MCG/DOSE	2	ST; QL (60 Unit Per fill)
BREO ELLIPTA 200-25 MCG INHALR 200-25 MCG/DOSE	2	ST; QL (60 Unit Per fill)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	2	ST; QL (28 Unit Per fill)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE	2	ST; QL (60 Unit Per fill)
breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	1	ST; QL (11 Unit Per fill)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	2	QL (5.9 Gram Per fill)
BREZTRI AEROSPHERE INHALER 160-9-4.8 MCG/ACTUATION	2	QL (10.7 Gram Per fill)
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	3	PA; SP
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	3	QL (120 Unit Per fill)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	1	QL (120 Unit Per fill)
budesonide inhalation suspension for nebulization 1 mg/2 ml	1	QL (60 Unit Per fill)

Drug Name	Drug Tier	Requirements / Limits
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	1	ST; QL (11 Unit Per fill)
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	EX	
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	QL (8 Unit Per fill)
cromolyn inhalation solution for nebulization 20 mg/2 ml	1	
DALIRESP ORAL TABLET 250 MCG, 500 MCG	EX	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION	EX	
DULERA 200 MCG-5 MCG INHALER 200-5 MCG/ACTUATION	2	ST; QL (13 Gram Per fill)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION	2	ST; QL (1 Unit Per fill)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION	2	ST; QL (9 Gram Per fill)
DULERA INHALATION HFA AEROSOL INHALER 50-5 MCG/ACTUATION	2	ST; QL (13 Gram Per fill)
DYMISTA NASAL SPRAY, NON-AEROSOL 137-50 MCG/SPRAY	EX	
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	3	
ESBRIET ORAL CAPSULE 267 MG	EX	
ESBRIET ORAL TABLET 267 MG, 801 MG	EX	
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	2	PA; SP; QL (1 per 42 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML	2	PA; SP; QL (1 per 42 days)
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	EX	
flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)	1	ST; QL (50 Unit Per fill)
FLUTICASONE FUROATE-VILANTEROL INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	EX	

Drug Name	Drug Tier	Requirements / Limits
FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION	EX	
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION, 44 MCG/ACTUATION	EX	
fluticasone propionate nasal spray, suspension 50 mcg/actuation	1	QL (16 Unit Per fill)
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	EX	
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	ST; QL (1 Unit Per fill)
FLUTICASONE PROPION-SALMETEROL INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	EX	
formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml	1	QL (120 Unit Per fill)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	2	PA; SP; LA; QL (24 per 21 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	2	PA; SP; LA; QL (16 per 21 days)
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %, 7 %	3	
icatibant subcutaneous syringe 30 mg/3 ml	1	PA; SP; QL (12 per 21 days)
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	3	QL (1 Inhaler Per fill)
ipratropium bromide inhalation solution 0.02 %	1	
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	1	QL (540 Unit Per fill)
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	2	PA; QL (56 Unit Per fill); SP
KALYDECO ORAL TABLET 150 MG	2	PA; QL (56 Tablet Per fill); SP
LETAIRIS ORAL TABLET 10 MG, 5 MG	EX	

Drug Name	Drug Tier	Requirements / Limits
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	1	
LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	EX	
LIQREV ORAL SUSPENSION 10 MG/ML	EX	
mometasone nasal spray, non-aerosol 50 mcg/actuation	1	ST; QL (17 Gram Per fill)
montelukast oral granules in packet 4 mg	1	
montelukast oral tablet 10 mg	1	
montelukast oral tablet, chewable 4 mg, 5 mg	1	
nebusal inhalation solution for nebulization 3 %	1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	3	
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	2	PA; SP; LA; QL (1 per 21 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	2	PA; SP; LA; QL (1 per 21 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	2	PA; SP; LA; QL (0.4 per 21 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	2	PA; QL (60 Capsule Per fill); SP
OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION 3 MG/2.5 ML	EX	
OMNARIS NASAL SPRAY, NON-AEROSOL 50 MCG	EX	
OPSUMIT ORAL TABLET 10 MG	2	PA; QL (30 Tablet Per fill); SP; LA
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG	2	PA; QL (30 Tablet Per fill); SP
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	2	PA; QL (56 Unit Per fill); SP
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	2	PA; QL (112 Tablet Per fill); SP
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	3	PA; SP; LA; QL (28 per 21 days)
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	EX	
pirfenidone oral capsule 267 mg	1	PA; QL (270 Tabs/Caps Per fill); SP
pirfenidone oral tablet 267 mg	1	PA; QL (270 Tabs/Caps Per fill); SP
PIRFENIDONE ORAL TABLET 534 MG	EX	

Drug Name	Drug Tier	Requirements / Limits
pirfenidone oral tablet 801 mg	1	PA; QL (90 Tablet Per fill); SP
PROAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 90 MCG/ACTUATION	EX	
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	EX	
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	EX	
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML	EX	
pulmosal inhalation solution for nebulization 7 %	1	
PULMOZYME INHALATION SOLUTION 1 MG/ML	2	PA; SP
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION, 80 MCG/ACTUATION	EX	
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	2	QL (11 Gram Per fill)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	2	QL (22 Gram Per fill)
REVATIO ORAL TABLET 20 MG	3	PA; QL (90 Tablet Per fill); SP
roflumilast oral tablet 250 mcg	1	PA; QL (30 Tablet Per fill)
roflumilast oral tablet 500 mcg	1	PA
RYALTRIS NASAL SPRAY, NON-AEROSOL 665-25 MCG/SPRAY	3	ST; QL (29 Gram Per fill)
sajazir subcutaneous syringe 30 mg/3 ml	1	PA; SP; QL (12 per 21 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	EX	
sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml	1	PA; QL (112 Milliliter Per fill); SP
sildenafil (pulm.hypertension) oral tablet 20 mg	1	PA; QL (90 Tablet Per fill); SP
SINGULAIR ORAL GRANULES IN PACKET 4 MG	EX	
SINGULAIR ORAL TABLET 10 MG	EX	
SINGULAIR ORAL TABLET, CHEWABLE 4 MG, 5 MG	EX	

Drug Name	Drug Tier	Requirements / Limits
sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %	1	
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	2	QL (4 Gram Per fill)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	2	QL (30 Unit Per fill)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	QL (4 Gram Per fill)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	2	QL (4 Gram Per fill)
SYMBICORT 160-4.5 MCG INHALER 160-4.5 MCG/ACTUATION	3	ST; QL (11 Unit Per fill)
SYMBICORT 80-4.5 MCG INHALER 80-4.5 MCG/ACTUATION	3	ST; QL (11 Unit Per fill)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION	3	ST; QL (6 Unit Per fill)
SYMBICORT INHALATION HFA AEROSOL INHALER 80-4.5 MCG/ACTUATION	3	ST; QL (7 Unit Per fill)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	2	PA; QL (56 Tablet Per fill); SP
tadalafil (pulm. hypertension) oral tablet 20 mg	1	PA; QL (60 Tablet Per fill); SP
TADLIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	EX	
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	2	PA; SP; LA; QL (2 per 21 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)	2	PA; SP; LA; QL (2 per 21 days)
terbutaline oral tablet 2.5 mg, 5 mg	1	
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)	2	PA; SP; QL (1.91 per 21 days)
TEZSPIRE SUBCUTANEOUS SYRINGE 210 MG/1.91 ML (110 MG/ML)	2	PA; SP; QL (1.91 per 21 days)
THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	3	
theophylline oral elixir 80 mg/15 ml	1	
theophylline oral solution 80 mg/15 ml	1	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg	1	

Drug Name	Drug Tier	Requirements / Limits
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	1	
tiotropium bromide inhalation capsule, w/inhalation device 18 mcg	1	
TRACLEER ORAL TABLET 125 MG, 62.5 MG	3	PA; QL (60 Tablet Per fill); SP; LA
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	2	PA; QL (120 Tablet Per fill); SP; LA
TRELEGY ELLIPTA 100-62.5-25 100-62.5-25 MCG	2	QL (60 Unit Per fill)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	2	QL (28 Unit Per fill)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	2	PA; QL (56 Unit Per fill); SP
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	2	PA; QL (84 Tablet Per fill); SP
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	EX	
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) - 48(28) MCG, 32 MCG, 48 MCG, 64 MCG	2	PA; SP
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	2	PA; SP
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	2	PA; SP
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	2	PA; SP
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	3	PA; SP
VENTOLIN HFA INHALATION AEROSOL INHALER 90 MCG/ACTUATION	EX	
WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG	2	PA; SP
wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	ST; QL (1 Unit Per fill)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	2	PA; QL (32 Milliliter Per fill)

Drug Name	Drug Tier	Requirements / Limits
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	2	PA; SP; LA; QL (2 per 21 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	2	PA; SP; LA; QL (6 per 21 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	2	PA; SP; LA; QL (2 per 21 days)
XOPENEX HFA INHALATION AEROSOL INHALER 45 MCG/ACTUATION	EX	
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	2	QL (30 Vial Per fill)
zafirlukast oral tablet 10 mg, 20 mg	1	
ZETONNA NASAL HFA AEROSOL INHALER 37 MCG/ACTUATION	EX	
zileuton oral tablet, er multiphase 12 hr 600 mg	1	PA
ZYFLO ORAL TABLET 600 MG	EX	PA
UROLOGICALS		
ANTICHOLINERGICS & ANTISPASMODICS		
darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg	1	
fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg	1	
flavoxate oral tablet 100 mg	1	
GEMTESA ORAL TABLET 75 MG	3	
mirabegron oral tablet extended release 24 hr 25 mg, 50 mg	1	
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON 8 MG/ML	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	2	
oxybutynin chloride oral syrup 5 mg/5 ml	1	
OXYBUTYNIN CHLORIDE ORAL TABLET 2.5 MG	EX	
oxybutynin chloride oral tablet 5 mg	1	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg	1	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR	3	ST; QL (8 per 21 days)
solifenacin oral tablet 10 mg, 5 mg	1	

Drug Name	Drug Tier	Requirements / Limits
tolterodine oral capsule, extended release 24hr 2 mg, 4 mg	1	
tolterodine oral tablet 1 mg, 2 mg	1	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	EX	
trospium oral capsule, extended release 24hr 60 mg	1	
trospium oral tablet 20 mg	1	
VESICARE LS ORAL SUSPENSION 1 MG/ML	EX	
VESICARE ORAL TABLET 10 MG, 5 MG	EX	
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
alfuzosin oral tablet extended release 24 hr 10 mg	1	
AVODART ORAL CAPSULE 0.5 MG	EX	
CIALIS ORAL TABLET 5 MG	EX	
dutasteride oral capsule 0.5 mg	1	ST
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	1	ST
ENTADFI ORAL CAPSULE 5-5 MG	EX	
finasteride oral tablet 5 mg	1	
FLOMAX ORAL CAPSULE 0.4 MG	3	
PROSCAR ORAL TABLET 5 MG	3	ST
RAPAFLO ORAL CAPSULE 4 MG, 8 MG	EX	
silodosin oral capsule 4 mg, 8 mg	1	
tamsulosin oral capsule 0.4 mg	1	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR 10 MG	EX	
CHOLINERGIC STIMULANTS		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	1	
MISCELLANEOUS UROLOGICALS		
CIALIS ORAL TABLET 10 MG, 20 MG	EX	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	2	SP; LA
ELMIRON ORAL CAPSULE 100 MG	2	
K-PHOS NO 2 ORAL TABLET 305-700 MG	3	
K-PHOS ORIGINAL ORAL TABLET, SOLUBLE 500 MG	2	

Drug Name	Drug Tier	Requirements / Limits
methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg	1	
ORACIT ORAL SOLUTION 490-640 MG/5 ML	3	
potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)	1	
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	EX	
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG	EX	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	2	
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML)	EX	
RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML	EX	
sodium citrate-citric acid oral solution 490-640 mg/5 ml	1	
URELLE ORAL TABLET 81-10.8-40.8 MG	3	
uretron d-s oral tablet 81.6-10.8-40.8 mg	1	
URIBEL TABS ORAL TABLET 81.6-0.12-10.8 MG	3	
URIMAR-T ORAL CAPSULE 120-10.8-40.8 MG	EX	
urimar-t oral tablet 120-10.8-0.12 mg	1	
URNEVA ORAL CAPSULE 120-10.8-40.8 MG	EX	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1,080 MG)	3	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ	3	
urogesic-blue oral tablet 81.6-40.8-0.12 mg	1	
uro-mp oral capsule 118-10-40.8-36 mg	1	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG	3	
uro-sp oral capsule 118-10-40.8-36 mg	1	
uryl oral tablet 81.6-40.8-0.12 mg	1	
VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG	EX	
URINARY ANESTHETICS		
phenazopyridine oral tablet 100 mg, 200 mg	1	
PYRIDIUM ORAL TABLET 100 MG, 200 MG	EX	

Drug Name	Drug Tier	Requirements / Limits
VITAMIN, HEMATINIC & ELECTROLYTES		
ELECTROLYTES		
AURYXIA ORAL TABLET 210 MG IRON	3	
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	EX	
FOSRENOL ORAL TABLET, CHEWABLE 1,000 MG, 500 MG, 750 MG	EX	
lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg	1	QL (90 Tablet Per fill)
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	2	QL (30 Unit Per fill)
RENVELA ORAL POWDER IN PACKET 0.8 GRAM	3	QL (180 Unit Per fill)
RENVELA ORAL POWDER IN PACKET 2.4 GRAM	3	QL (90 Unit Per fill)
RENVELA ORAL TABLET 800 MG	3	QL (270 Tablet Per fill)
sevelamer carbonate oral powder in packet 0.8 gram	1	QL (180 Unit Per fill)
sevelamer carbonate oral powder in packet 2.4 gram	1	QL (90 Unit Per fill)
sevelamer carbonate oral tablet 800 mg	1	QL (270 Tablet Per fill)
sevelamer hcl oral tablet 400 mg	1	QL (450 Tablet Per fill)
sevelamer hcl oral tablet 800 mg	1	QL (270 Tablet Per fill)
sodium polystyrene sulfonate oral powder	1	
sps (with sorbitol) oral suspension 15-20 gram/60 ml	1	
sps (with sorbitol) rectal enema 30-40 gram/120 ml	1	
VELPHORO ORAL TABLET, CHEWABLE 500 MG	2	QL (120 Tablet Per fill)
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	2	QL (30 Unit Per fill)
XPHOZAH ORAL TABLET 20 MG, 30 MG	EX	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
calcium acetate(phosphat bind) oral capsule 667 mg	1	QL (360 Capsule Per fill)
calcium acetate(phosphat bind) oral tablet 667 mg	1	QL (360 Tablet Per fill)

Drug Name	Drug Tier	Requirements / Limits
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	3	
effer-k oral tablet, effervescent 25 meq	1	
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)	3	
klor-con 10 oral tablet extended release 10 meq	1	
klor-con 8 oral tablet extended release 8 meq	1	
klor-con m10 oral tablet, er particles/crystals 10 meq	1	
klor-con m15 oral tablet, er particles/crystals 15 meq	1	
klor-con m20 oral tablet, er particles/crystals 20 meq	1	
klor-con oral packet 20 meq	1	
klor-con/ef oral tablet, effervescent 25 meq	1	
lugols oral solution 5 %	1	
POKONZA ORAL PACKET 10 MEQ	EX	
potassium chloride oral capsule, extended release 10 meq, 8 meq	1	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	1	
potassium chloride oral packet 20 meq	1	
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	1	
POTASSIUM CHLORIDE ORAL TABLET EXTENDED RELEASE 15 MEQ	3	
potassium chloride oral tablet, er particles/crystals 10 meq, 15 meq, 20 meq	1	
strong iodine oral solution 5 %	1	
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	3	PA; SP; LA
VITAMINS & HEMATINICS		
ACCRUFER ORAL CAPSULE 30 MG	3	
ascorbic acid (vitamin c) injection solution 500 mg/ml	1	
b complex 1 (with folic acid) oral tablet 0.4 mg	$0	ACA
b complex 100 injection solution 100-2-100-2-2 mg/ml	1	

Drug Name	Drug Tier	Requirements / Limits
b complex-vitamin c-folic acid oral tablet 400 mcg	$0	ACA
balanced b-100 oral tablet 0.4 mg	$0	ACA
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP, DR 27 MG IRON-1 MG -374 MG	3	
bal-care dha oral combo pack, tablet and cap, dr 27-1-430 mg	1	
b-complex with vitamin c oral tablet 400-500 mcg-mg	$0	ACA
CITRANATAL B-CALM (FE GLUC) ORAL TABLETS, SEQUENTIAL 20 MG IRON-1 MG -25 MG/25 MG	EX	
CITRANATAL MEDLEY ORAL CAPSULE 27 MG IRON-1 MG -200 MG	EX	
classic prenatal oral tablet 28 mg iron- 800 mcg	$0	ACA
c-nate dha oral capsule 28 mg iron-1 mg -200 mg	1	
complete natal dha oral combo pack 29 mg iron- 1 mg-200 mg	1	
CONCEPT DHA ORAL CAPSULE 35-1-200 MG	3	
CONCEPT OB ORAL CAPSULE 85-1 MG	3	
cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml	1	
cyanocobalamin (vitamin b-12) nasal spray, non-aerosol 500 mcg/spray	1	ST; QL (4 Unit Per fill)
dialyvite 800 oral tablet 0.8 mg	$0	ACA
dodex injection solution 1,000 mcg/ml	1	
DUET DHA WITH OMEGA-3 ORAL COMBO PACK 25 MG IRON-1 MG -400 MG	3	
elite-ob oral tablet 50 mg iron- 1.25 mg	1	
ENBRACE HR ORAL CAPSULE, IR - DELAY REL, BIPHASE 1.5 MG IRON- 8.73 MG-6.4 MG	3	
ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)	1	
FA-8 ORAL CAPSULE 0.8 MG	3	
FER-IN-SOL ORAL DROPS 15 MG IRON (75 MG)/ML	2	
ferumoxytol intravenous solution 510 mg/17 ml (30 mg/ml)	1	PA
FLORIVA (FLUORIDE-VITAMIN D3) ORAL DROPS 0.25 MG (0.55 MG)-400 UNIT/ML	3	

Drug Name	Drug Tier	Requirements / Limits
fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml	1	ACA
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)	1	ACA
folic acid injection solution 5 mg/ml	1	
folic acid oral tablet 1 mg	1	
folic acid oral tablet 400 mcg, 800 mcg	$0	ACA
folitab oral tablet extended release 105 mg iron-500 mg-800 mcg	$0	ACA
folivane-ob oral capsule 85-1 mg	1	
foltabs 800 oral tablet 0.8-10-115 mg-mg-mcg	$0	ACA
full spectrum b-vitamin c oral tablet 0.8 mg	$0	ACA
hydroxocobalamin intramuscular solution 1,000 mcg/ml	1	
INFED INJECTION SOLUTION 50 MG/ML	2	PA
INJECTAFER INTRAVENOUS SOLUTION 100 MG IRON/2 ML, 50 MG IRON/ML	3	PA
kobee oral tablet 0.4 mg	$0	ACA
KOSHER PRENATAL PLUS IRON ORAL TABLET 30 MG IRON- 1 MG	3	
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)	1	ACA
MARNATAL-F ORAL CAPSULE 60 MG IRON-1 MG	3	
MECOBALAMIN (VITAMIN B12) INJECTION RECON SOLN 10, 000 MCG	3	
m-natal plus oral tablet 27 mg iron- 1 mg	1	
multi-vitamin with fluoride oral drops 0.25 mg/ml, 0.5 mg/ml	1	ACA
multi-vitamin with fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg	1	ACA
mvc-fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg	1	ACA
mynatal oral capsule 65 mg iron- 1 mg	1	
mynatal plus oral tablet 65 mg iron- 1 mg	1	
mynatal-z oral tablet 65 mg iron- 1 mg	1	

Drug Name	Drug Tier	Requirements / Limits
NASCOBAL NASAL SPRAY, NON-AEROSOL 500 MCG/SPRAY	2	ST; QL (4 Unit Per fill)
NATACHEW (FE BIS-GLYCINATE) ORAL TABLET, CHEWABLE 28 MG IRON -1 MG	3	
NATAL PNV ORAL TABLET 6 MG IRON-833.5 MCG DFE	EX	
NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE 27 MG IRON-1.13 MG-581.92 MG	3	
NEONATAL COMPLETE ORAL TABLET 29-1 MG	3	
NEONATAL FE ORAL TABLET 90 MG-120 MG-12 MCG-1,000 MCG	3	
NEONATAL PLUS VITAMIN ORAL TABLET 27 MG IRON- 1 MG	3	
NEONATAL-DHA ORAL COMBO PACK 29-1-200-500 MG	3	
NESTABS ABC ORAL COMBO PACK 32 MG IRON-1 MG -120 MG-180 MG	3	
NESTABS DHA ORAL COMBO PACK 32 MG IRON- 1,000 MCG-230MG	3	
NESTABS ONE ORAL CAPSULE 38-1-225 MG	3	
NESTABS ORAL TABLET 32-1,000 MG-MCG	3	
newgen oral tablet 32-1,000 mg-mcg	1	
NOVAFERRUM ORAL DROPS 15 MG IRON/ML	2	
OB COMPLETE ONE ORAL CAPSULE 40-10-1-300 MG	3	
OB COMPLETE ORAL TABLET 50 MG IRON-1.25 MG	3	
OB COMPLETE PETITE ORAL CAPSULE 35 MG IRON-5 MG IRON-1 MG	3	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG	3	
OB COMPLETE WITH DHA ORAL CAPSULE 30 MG IRON-10 MG IRON-1 MG	3	
one daily prenatal oral combo pack 28-800-440 mg-mcg-mg	$0	ACA
pnv-dha oral capsule 27 mg iron-1 mg -300 mg	1	
pnv-omega oral capsule 28-1-300 mg	1	
pnv-select oral tablet 27-1 mg	1	

Drug Name	Drug Tier	Requirements / Limits
pr natal 400 ec oral combo pack, tablet and cap, dr 29-1-400 mg	1	
pr natal 400 oral combo pack 29-1-400 mg	1	
pr natal 430 ec oral combo pack, tablet and cap, dr 29-1-430 mg	1	
pr natal 430 oral combo pack 29 mg iron-1 mg -430 mg	1	
PRENATA ORAL TABLET, CHEWABLE 29 MG IRON- 1 MG	3	
prenatabs fa oral tablet 29-1 mg	1	
prenatabs rx oral tablet 29 mg iron- 1 mg	1	
prenatal complete oral tablet 14 mg iron- 400 mcg	$0	ACA
prenatal multi-dha (algal oil) oral capsule 27mg iron- 800 mcg-250 mg	$0	ACA
prenatal multivitamins oral tablet 28 mg iron- 800 mcg	$0	ACA
prenatal one daily oral tablet 27 mg iron- 800 mcg	$0	ACA
prenatal oral tablet 28 mg iron- 800 mcg	$0	ACA
prenatal plus (calcium carb) oral tablet 27 mg iron- 1 mg	1	
PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG -312 MG-250 MG	3	
prenatal plus oral tablet 29 mg iron- 1 mg	1	
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET 27 MG IRON- 1 MG	3	
prenatal vit no.179-iron-folic oral tablet 28 mg iron- 800 mcg	$0	ACA
prenatal vitamin with minerals oral tablet 28 mg iron- 800 mcg	$0	ACA
prenatal-u oral capsule 106.5-1 mg	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	

Drug Name	Drug Tier	Requirements / Limits
PRENATE ESSENTIAL(IRON-ASP-GL) ORAL CAPSULE 18 MG IRON- 1 MG-300 MG	3	
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE 18-1-350 MG	3	
PRENATE PIXIE ORAL CAPSULE 10 MG IRON- 1 MG-200 MG	3	
PRENATE RESTORE ORAL CAPSULE 27 MG IRON- 1 MG-400 MG	3	
PRENATE STAR ORAL TABLET 20 MG IRON-1 MG	3	
PRIMACARE ORAL CAPSULE 30-1-300 MG	3	
PROVIDA OB ORAL CAPSULE 40 MG IRON-1.25 MG	3	
rena-vite oral tablet 0.8 mg	$0	ACA
R-NATAL OB ORAL CAPSULE 20 MG IRON-1 MG-320 MG	3	
SELECT-OB (FOLIC ACID) ORAL TABLET, CHEWABLE 29 MG IRON- 1 MG	3	
SELECT-OB + DHA ORAL COMBO PACK 29 MG IRON-1 MG -250 MG	3	
SELECT-OB ORAL TABLET, CHEWABLE 29 MG IRON- 1 MG	3	
se-natal 19 chewable oral tablet, chewable 29 mg iron- 1 mg	1	
se-natal 19 oral tablet 29 mg iron- 1 mg	1	
soluvita a,c,d with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml	1	ACA
soluvita oral drops 0.5 mg (1.1 mg sod.fluorid)/ml	1	ACA
stress formula with iron oral tablet 500 mg-400 mcg- 18 mg iron	$0	ACA
stress formula with iron(sulf) oral tablet 500 mg-400 mcg- 27 mg iron	$0	ACA
super b maxi complex oral tablet 0.4 mg	$0	ACA
super b-50 complex oral capsule 400 mcg-20 mg-50 mg	$0	ACA
super quints oral tablet 0.4 mg	$0	ACA
taron-c dha oral capsule 35-1-200 mg	1	
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG	3	
TRICARE ORAL TABLET 27 MG IRON- 1 MG	3	

Drug Name	Drug Tier	Requirements / Limits
tricon oral capsule 110-0.5 mg	$0	ACA
trinatal rx 1 oral tablet 60 mg iron-1 mg	1	
trinate oral tablet 28 mg iron- 1 mg	1	
TRINAZ ORAL TABLET 12-1 MG	EX	
TRISTART DHA ORAL CAPSULE 31 MG IRON- 1 MG-200 MG	3	
tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml	1	ACA
VENOFER INTRAVENOUS SOLUTION 100 MG IRON/5 ML, 200 MG IRON/10 ML, 50 MG IRON/2.5 ML	2	PA
VITAFOL FE PLUS ORAL CAPSULE 90 MG IRON- 1 MG-200 MG	3	
VITAFOL GUMMIES ORAL TABLET, CHEWABLE 3.33 MG IRON- 0.33 MG	3	
VITAFOL ULTRA ORAL CAPSULE 29 MG IRON- 1 MG-200 MG	3	
VITAFOL-OB ORAL TABLET 65-1 MG	3	
VITAFOL-OB+DHA ORAL COMBO PACK 65-1-250 MG	3	
VITAFOL-ONE ORAL CAPSULE 29 MG IRON-1 MG-200 MG	3	
VITAMEDMD ONE RX ORAL CAPSULE 30 MG IRON-1MG -200 MG	3	
vitamin b complex-folic acid oral tablet 0.4 mg	$0	ACA
vitamins a, c, d and fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml	1	ACA
wescap-c dha oral capsule 35-1-200 mg	1	
wescap-pn dha oral capsule 27 mg iron-1 mg -300 mg	1	
wesnatal dha complete oral combo pack 29 mg iron- 1 mg-200 mg	1	
wesnate dha oral capsule 28 mg iron-1 mg -200 mg	1	
westab plus oral tablet 27 mg iron- 1 mg	1	
westgel dha oral capsule 31 mg iron- 1 mg-200 mg	1	
zatean-pn dha oral capsule 27 mg iron-1 mg -300 mg	1	
zatean-pn plus oral capsule 28-1-300 mg	1	

Drug Name	Drug Tier	Requirements / Limits
zingiber oral tablet 1.2 mg-40 mg- 124.1 mg-100 mg	1	

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