

Metallic (M4) Drug List

Effective 12-01-2024

The Metallic M4 Drug list is used by these plans:

If you have a plan through your employer or another group:

HMO Core Plus 500 Gold

HMO Core Plus 1500 Gold

HMO Core Plus 2000 Silver

HMO Core Plus 3000 Silver

HMO Core Plus 5000 Silver

What is the list of covered drugs (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 drug list is developed with an independent committee of physicians, pharmacists and other healthcare providers called the Pharmacy and Therapeutics Committee. This independent committee reviews and selects drugs for coverage based on each drug's safety, effectiveness, and cost. The committee meets at least quarterly to review new drugs to market to determine placement on this list and reviews updated safety, effectiveness, and cost information for existing drugs to ensure the drug list remains up to date with current medical evidence.

How do I use the 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 this drug list help me understand my drug coverage?

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

Will this drug list change?

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

Are there any restrictions on my coverage?

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

- **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.

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.

Metallic (M4) Drug list

Drug Tier	Includes
Preferred Generic (1)	Tier 1 is the lowest tier and includes preferred generic drugs.
Preferred Brand (2)	Tier 2 includes preferred brand drugs.
Non-preferred Drug (3)	Tier 3 includes non-preferred generic and brand drugs.
Specialty Drug (4)	Tier 4 includes specialty drugs. Specialty drugs are generally biologics and other targeted drugs usually used for complex medical conditions and often requiring special handling.
MB (Medical Benefit)	The MB tier includes medical benefit drugs normally administered in a clinic, infusion center or provided by a home infusion service. These drugs and their services are covered under the medical benefit, not under the pharmacy benefit. This drug may require prior authorization, please see the "Drugs Requiring Approval" page on our website for more information.

COVERAGE AND ABBREVIATIONS

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

ACA PV	Affordable Care Act (ACA) Preventive Medication	The Affordable Care Act (ACA) makes certain preventive medications available to you at no cost when you meet the requirements of the U.S. Preventive Services Task Force (USPSTF) recommendation grade of "A" or "B." <i>The coverage in full for some drugs is limited to the following:</i> • <i>Bowel prep (example: peg 3350-electrolytes oral recon soln): Covered for persons between 45 and 75 years old. Limited to 2 prescriptions per year.</i> • <i>Breast cancer prevention (tamoxifen, raloxifene, anastrozole, exemestane, Soltamox liquid, letrozole): Covered in full for persons 35 years or older.</i> • <i>Fluoride: Covered in full for persons 6 months old through 16 years old</i> • <i>Smoking cessation aids (example: nicotine patches): Covered in full for persons 18 years or older. Limited to 180 days per year.</i> • <i>Statins (example: atorvastatin): Covered in full for persons 40 years old through 75 years old.</i> <i>Coverage outside of the limits described above will be at the tier in the "Drug Tier" column.</i>
Vac	Vaccines	For more information on the coverage of vaccines administered at a Pharmacy, please see your member booklet, or contact Customer Service.

If you are unsure what plan you are on, check the front of your member ID card or call customer service at 844-722-HMO1 (4661) Monday through Friday, 5 am to 8 pm Pacific time.

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
<i>clotrimazole mucous membrane troche 10 mg</i>	1	
CRESEMBA ORAL CAPSULE 186 MG	3	PA
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	3	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	1	
<i>griseofulvin microsize oral tablet 500 mg</i>	1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	3	
<i>itraconazole oral capsule 100 mg</i>	1	
<i>itraconazole oral solution 10 mg/ml</i>	3	
<i>ketoconazole oral tablet 200 mg</i>	1	
<i>nystatin oral suspension 100,000 unit/ml</i>	1	
<i>nystatin oral tablet 500,000 unit</i>	1	
ORAVIG MUCO-ADHESIVE BUCCAL TABLET 50 MG	3	PA
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	1	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	1	
ANTIVIRALS		
<i>abacavir oral solution 20 mg/ml</i>	1	QL (60 per 30 days)
<i>abacavir oral tablet 300 mg</i>	1	QL (60 per 30 days)
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	3	QL (30 per 30 days)
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>adefovir oral tablet 10 mg</i>	1	
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
APTIVUS ORAL CAPSULE 250 MG	3	QL (120 per 30 days)
<i>atazanavir oral capsule 150 mg, 300 mg</i>	1	QL (30 per 30 days)
<i>atazanavir oral capsule 200 mg</i>	1	QL (60 per 30 days)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	3	PA
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML	2	VAC
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	2	QL (30 per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	4	PA
CIMDUO ORAL TABLET 300-300 MG	3	QL (30 per 30 days)
COMPLERA ORAL TABLET 200-25-300 MG	2	QL (30 per 30 days)
<i>darunavir oral tablet 600 mg</i>	1	QL (60 per 30 days)
<i>darunavir oral tablet 800 mg</i>	1	QL (30 per 30 days)
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	3	PA; ST
DOVATO ORAL TABLET 50-300 MG	3	QL (30 per 30 days)
EDURANT ORAL TABLET 25 MG	3	QL (30 per 30 days)
<i>efavirenz oral tablet 600 mg</i>	1	QL (30 per 30 days)
<i>efavirenz-emtricitabin-tenofovir oral tablet 600- 200-300 mg</i>	3	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400- 300-300 mg, 600-300-300 mg</i>	3	
<i>emtricitabine oral capsule 200 mg</i>	3	QL (30 per 30 days)
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	1	
EMTRIVA ORAL SOLUTION 10 MG/ML	3	QL (120 per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	
EPCLUSA ORAL PELLETS IN PACKET 150- 37.5 MG, 200-50 MG	4	PA; LA
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	4	PA; LA
<i>etravirine oral tablet 100 mg, 200 mg</i>	3	QL (60 per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	3	QL (30 per 30 days)
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	
<i>fosamprenavir oral tablet 700 mg</i>	3	QL (60 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	4	QL (30 per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG	3	QL (30 per 30 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	4	PA; ST; LA
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	4	PA; ST; LA
ISENTRESS HD ORAL TABLET 600 MG	2	QL (60 per 30 days)
ISENTRESS ORAL POWDER IN PACKET 100 MG	3	QL (60 per 30 days)
ISENTRESS ORAL TABLET 400 MG	2	QL (60 per 30 days)
ISENTRESS ORAL TABLET, CHEWABLE 100 MG, 25 MG	2	QL (60 per 30 days)
JULUCA ORAL TABLET 50-25 MG	2	QL (30 per 30 days)
<i>lamivudine oral solution 10 mg/ml</i>	1	QL (900 per 30 days)
<i>lamivudine oral tablet 100 mg</i>	1	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	1	QL (60 per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	1	QL (60 per 30 days)
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	3	QL (320 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	3	QL (60 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	3	QL (120 per 30 days)
<i>maraviroc oral tablet 150 mg, 300 mg</i>	3	PA; QL (60 per 30 days)
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	4	PA; ST; LA
MAVYRET ORAL TABLET 100-40 MG	4	PA; ST; LA
<i>nevirapine oral suspension 50 mg/5 ml</i>	1	QL (60 per 30 days)
<i>nevirapine oral tablet 200 mg</i>	1	QL (60 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	1	QL (30 per 30 days)
NORVIR ORAL POWDER IN PACKET 100 MG	3	QL (360 per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	3	QL (30 per 30 days)
<i>oseltamivir oral capsule 30 mg</i>	1	QL (40 per 365 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	1	QL (20 per 365 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	1	QL (6 per 365 days)
PAXLOVID ORAL TABLETS, DOSE PACK 150-100 MG, 300 MG (150 MG X 2)-100 MG	2	QL (40 per 90 days)

Drug Name	Drug Tier	Requirements / Limits
PREZCOBIX ORAL TABLET 800-150 MG-MG	3	QL (30 per 30 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	3	QL (2 per 365 days)
REYATAZ ORAL POWDER IN PACKET 50 MG	3	QL (150 per 30 days)
<i>ribavirin inhalation recon soln 6 gram</i>	MB	
<i>rimantadine oral tablet 100 mg</i>	1	
<i>ritonavir oral tablet 100 mg</i>	1	QL (360 per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	3	QL (8 per 30 days)
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	4	PA; ST; LA
SOVALDI ORAL TABLET 200 MG, 400 MG	4	PA; ST; LA
STRIBILD ORAL TABLET 150-150-200-300 MG	3	QL (30 per 30 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG	3	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	QL (30 per 30 days)
TIVICAY ORAL TABLET 50 MG	2	QL (60 per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	3	QL (30 per 30 days)
TYBOST ORAL TABLET 150 MG	2	QL (30 per 30 days)
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	1	
<i>valganciclovir oral tablet 450 mg</i>	3	
VEMLIDY ORAL TABLET 25 MG	3	PA; ST
VIRACEPT ORAL TABLET 250 MG	3	QL (90 per 30 days)
VIRACEPT ORAL TABLET 625 MG	3	QL (60 per 30 days)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	3	PA; ST; QL (4 per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	PA; ST; QL (30 per 30 days)
VOSEVI ORAL TABLET 400-100-100 MG	4	PA; ST; LA
ZEPATIER ORAL TABLET 50-100 MG	4	PA; LA
<i>zidovudine oral capsule 100 mg</i>	1	QL (60 per 30 days)
<i>zidovudine oral syrup 10 mg/ml</i>	1	QL (960 per 30 days)
<i>zidovudine oral tablet 300 mg</i>	1	QL (60 per 30 days)
CEPHALOSPORINS		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet 1 gram</i>	1	
<i>cefazolin injection recon soln 1 gram</i>	MB	
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefixime oral capsule 400 mg</i>	3	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	3	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	1	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	1	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	1	
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin oral packet 1 gram</i>	1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	1	
DIFICID ORAL TABLET 200 MG	3	
<i>e.e.s. oral tablet 400 mg</i>	1	
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	3	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	3	

Drug Name	Drug Tier	Requirements / Limits
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>	3	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1	
<i>erythromycin oral capsule, delayed release (dr/ec) 250 mg</i>	1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	3	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	3	
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole oral tablet 200 mg</i>	3	
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	3	PA; ST
<i>amikacin injection solution 500 mg/2 ml</i>	MB	
<i>atovaquone oral suspension 750 mg/5 ml</i>	1	
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	3	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	4	PA; LA; QL (90 per 30 days)
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	1	
COARTEM ORAL TABLET 20-120 MG	3	
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	MB	
<i>cycloserine oral capsule 250 mg</i>	1	
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
EMVERM ORAL TABLET, CHEWABLE 100 MG	3	
<i>ethambutol oral tablet 100 mg, 400 mg</i>	1	
<i>gentamicin injection solution 40 mg/ml</i>	MB	
<i>hydroxychloroquine oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	1	
<i>isoniazid oral solution 50 mg/5 ml</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
<i>ivermectin oral tablet 3 mg</i>	1	QL (20 per 30 days)
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>linezolid oral tablet 600 mg</i>	1	
<i>mefloquine oral tablet 250 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>neomycin oral tablet 500 mg</i>	1	
<i>nitazoxanide oral tablet 500 mg</i>	3	
<i>paromomycin oral capsule 250 mg</i>	1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	3	
<i>pentamidine inhalation recon soln 300 mg</i>	3	
<i>praziquantel oral tablet 600 mg</i>	1	
PRIFTIN ORAL TABLET 150 MG	3	
<i>primaquine oral tablet 26.3 mg (15 mg base)</i>	3	
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>pyrimethamine oral tablet 25 mg</i>	4	PA; ST
<i>quinine sulfate oral capsule 324 mg</i>	1	
<i>rifabutin oral capsule 150 mg</i>	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
SIRTURO ORAL TABLET 100 MG, 20 MG	3	PA
SIVEXTRO ORAL TABLET 200 MG	3	QL (6 per 30 days)
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	4	
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	4	
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	4	PA; ST
TRECTOR ORAL TABLET 250 MG	3	
XIFAXAN ORAL TABLET 200 MG, 550 MG	3	PA; ST; QL (60 per 30 days)
PENICILLINS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
QUINOLONES		
BAXDELA ORAL TABLET 450 MG	3	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	1	
FACTIVE ORAL TABLET 320 MG	3	ST; QL (7 per 30 days)
<i>levofloxacin oral solution 250 mg/10 ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin oral tablet 400 mg</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	3	
SULFA'S & RELATED AGENTS		
<i>sulfadiazine oral tablet 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
<i>sulfatrim oral suspension 200-40 mg/5 ml</i>	1	
TETRACYCLINES		
<i>avidoxy oral tablet 100 mg</i>	3	ST
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	3	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	3	
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg</i>	3	

Drug Name	Drug Tier	Requirements / Limits
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 50 mg, 75 mg</i>	3	
<i>doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>mondoxyne nl oral capsule 100 mg, 75 mg</i>	3	
NUZYRA ORAL TABLET 150 MG	3	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	1	
<i>tetracycline oral tablet 250 mg, 500 mg</i>	1	
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine oral packet 3 gram</i>	3	
<i>methenamine hippurate oral tablet 1 gram</i>	1	
<i>methenamine mandelate oral tablet 0.5 gram, 1 gram</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	1	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	1	
PRIMSOL ORAL SOLUTION 50 MG/5 ML	3	
<i>trimethoprim oral tablet 100 mg</i>	1	
VANCOMYCIN		
<i>vancomycin oral capsule 125 mg, 250 mg</i>	1	
<i>vancomycin oral recon soln 50 mg/ml</i>	1	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
MESNEX ORAL TABLET 400 MG	3	
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	4	PA
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg, 500 mg</i>	4	PA; Och; LA

Drug Name	Drug Tier	Requirements / Limits
ALECENSA ORAL CAPSULE 150 MG	4	PA; Och; LA; QL (240 per 30 days)
<i>anastrozole oral tablet 1 mg</i>	4	Och; ACA PV; QL (30 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	4	PA; Och; LA
<i>azathioprine oral tablet 50 mg</i>	1	
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	4	PA; ST; Och
<i>bexarotene oral capsule 75 mg</i>	4	PA; ST; Och
<i>bexarotene topical gel 1 %</i>	1	PA; ST
<i>bicalutamide oral tablet 50 mg</i>	4	Och; QL (30 per 30 days)
BOSULIF ORAL CAPSULE 100 MG	4	PA; ST; Och; LA
BOSULIF ORAL CAPSULE 50 MG	4	PA; ST; Och; LA; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	4	PA; ST; Och; LA
BRAFTOVI ORAL CAPSULE 75 MG	4	PA; Och; LA
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	4	PA; ST; Och; LA
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	4	PA; ST; Och
<i>capecitabine oral tablet 150 mg</i>	4	Och; LA; QL (210 per 30 days)
<i>capecitabine oral tablet 500 mg</i>	4	Och; LA; QL (84 per 30 days)
CAPRELSA ORAL TABLET 100 MG, 300 MG	4	PA; Och
COMETRIQ ORAL CAPSULE 100 MG/DAY (80 MG X1-20 MG X1), 140 MG/DAY (80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	4	PA; Och
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	4	PA; ST; Och
COTELLIC ORAL TABLET 20 MG	4	PA; Och; LA
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	4	Och
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	
<i>dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg</i>	4	PA; Och; LA
DAURISMO ORAL TABLET 100 MG, 25 MG	4	PA; Och; LA
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	4	PA; LA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	4	PA; LA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	4	PA; LA
ERLEADA ORAL TABLET 240 MG, 60 MG	4	PA; Och; LA
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	4	PA; ST; Och; LA
<i>etoposide oral capsule 50 mg</i>	4	Och
<i>everolimus (antineoplastic) oral tablet 10 mg</i>	4	PA; Och; LA; QL (30 per 30 days)
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	4	PA; Och; LA
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	4	PA; Och; LA; QL (150 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	4	PA; Och; LA; QL (100 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	4	PA; Och; LA; QL (60 per 30 days)
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	1	PA
<i>everolimus (immunosuppressive) oral tablet 1 mg</i>	1	PA; QL (300 per 30 days)
<i>exemestane oral tablet 25 mg</i>	4	Och; ACA PV; QL (30 per 30 days)
<i>gefitinib oral tablet 250 mg</i>	4	PA; Och
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	
<i>gengraf oral solution 100 mg/ml</i>	1	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	4	PA; ST; Och; LA
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	4	PA; ST; Och
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	4	Och; LA
<i>hydroxyurea oral capsule 500 mg</i>	4	Och
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	4	PA; Och; LA
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	4	PA; Och; LA
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	4	PA; ST; Och
IDHIFA ORAL TABLET 100 MG, 50 MG	4	PA; Och; LA
<i>imatinib oral tablet 100 mg, 400 mg</i>	4	PA; Och; LA

Drug Name	Drug Tier	Requirements / Limits
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	4	PA; ST; Och
IMBRUVICA ORAL SUSPENSION 70 MG/ML	4	PA; ST; Och
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	4	PA; ST; Och
INLYTA ORAL TABLET 1 MG, 5 MG	4	PA; ST; Och; LA
IRESSA ORAL TABLET 250 MG	4	PA; ST; Och; LA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	4	PA; ST; Och; LA
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	4	PA; Och; LA
<i>lapatinib oral tablet 250 mg</i>	4	PA; ST; Och; LA; QL (180 per 30 days)
LAZCLUZE ORAL TABLET 240 MG, 80 MG	4	PA; Och
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	4	PA; ST; Och; LA; QL (30 per 30 days)
<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	4	PA; ST; Och; LA
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY (10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X 2), 20 MG/DAY (10 MG X 2), 24 MG/DAY (10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	4	PA; ST; Och; LA
<i>letrozole oral tablet 2.5 mg</i>	4	Och; ACA PV; QL (30 per 30 days)
LEUKERAN ORAL TABLET 2 MG	4	PA; Och
LEUPROLIDE (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	4	PA
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	4	PA
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	4	PA; ST; Och; LA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	4	PA; LA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	4	PA; LA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	4	PA; LA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	4	PA; LA
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	4	PA; LA
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	4	PA; LA
LYNPARZA ORAL TABLET 100 MG, 150 MG	4	PA; ST; Och; LA
LYSODREN ORAL TABLET 500 MG	4	PA; ST; Och
MATULANE ORAL CAPSULE 50 MG	4	PA; ST; Och
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	1	QL (2 per 30 days)
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	1	QL (1 per 30 days)
<i>megestrol oral tablet 20 mg</i>	4	Och; QL (480 per 30 days)
<i>megestrol oral tablet 40 mg</i>	4	Och; QL (240 per 30 days)
MEKINIST ORAL RECON SOLN 0.05 MG/ML	4	PA; Och; LA
MEKINIST ORAL TABLET 0.5 MG, 2 MG	4	PA; Och; LA
MEKTOVI ORAL TABLET 15 MG	4	PA; Och; LA
<i>mercaptopurine oral tablet 50 mg</i>	4	Och; QL (120 per 30 days)
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	3	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	4	Och
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	1	
NERLYNX ORAL TABLET 40 MG	4	PA; ST; Och; LA; QL (180 per 30 days)
<i>nilutamide oral tablet 150 mg</i>	4	PA; ST; Och; QL (30 per 30 days)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	4	PA; ST; Och; LA
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	4	PA
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	4	PA

Drug Name	Drug Tier	Requirements / Limits
<i>pazopanib oral tablet 200 mg</i>	4	PA; ST; 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)	4	PA; Och; LA; QL (30 per 30 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	4	PA; ST; Och; LA; QL (30 per 30 days)
QINLOCK ORAL TABLET 50 MG	4	PA; ST; Och; QL (90 per 30 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	4	PA; ST; Och; LA; QL (30 per 30 days)
RUBRACA ORAL TABLET 250 MG, 300 MG	4	PA; ST; Och; LA
RYDAPT ORAL CAPSULE 25 MG	4	PA; Och; LA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	4	PA; ST
<i>sirolimus oral solution 1 mg/ml</i>	3	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	4	Och; ACA PV
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	4	PA; LA
<i>sorafenib oral tablet 200 mg</i>	4	PA; ST; Och; LA
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	4	PA; ST; Och; LA
STIVARGA ORAL TABLET 40 MG	4	PA; ST; Och; LA
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	4	PA; ST; Och; LA
TABLOID ORAL TABLET 40 MG	4	PA; Och; QL (210 per 30 days)
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	4	PA; Och; LA
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	4	PA; Och; LA
TAGRISSE ORAL TABLET 40 MG, 80 MG	4	PA; ST; Och; LA
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	4	PA; Och; LA
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	4	PA; ST; Och; LA
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	4	Och; ACA PV; QL (60 per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	4	PA; ST; Och; LA

Drug Name	Drug Tier	Requirements / Limits
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	4	PA; ST; Och; LA
THALOMID ORAL CAPSULE 100 MG, 50 MG	4	PA; Och; LA
TIBSOVO ORAL TABLET 250 MG	4	PA; ST; Och
<i>toremifene oral tablet 60 mg</i>	4	Och
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	4	Och
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	4	PA; ST; Och
VENCLEXTA STARTING PACK ORAL TABLETS, DOSE PACK 10 MG-50 MG- 100 MG	4	PA; Och
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	PA; Och; LA
VITRAKVI ORAL CAPSULE 100 MG	4	PA; Och; LA
VITRAKVI ORAL CAPSULE 25 MG	4	PA; ST; Och; LA
VITRAKVI ORAL SOLUTION 20 MG/ML	4	PA; Och; LA
VONJO ORAL CAPSULE 100 MG	4	PA; ST; Och; QL (120 per 30 days)
WELIREG ORAL TABLET 40 MG	4	PA; ST; Och; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG	4	PA; Och; LA; QL (75 per 30 days)
XALKORI ORAL CAPSULE 250 MG	4	PA; Och; LA; QL (60 per 30 days)
XALKORI ORAL PELLETT 150 MG, 20 MG, 50 MG	4	PA; Och; LA
XOSPATA ORAL TABLET 40 MG	4	PA; Och
XTANDI ORAL CAPSULE 40 MG	4	PA; Och; LA
XTANDI ORAL TABLET 40 MG, 80 MG	4	PA; Och; LA
YONSA ORAL TABLET 125 MG	4	PA; Och; LA
ZELBORAF ORAL TABLET 240 MG	4	PA; ST; Och; LA
ZOLINZA ORAL CAPSULE 100 MG	4	PA; ST; Och; LA
ZYKADIA ORAL TABLET 150 MG	4	PA; ST; Och; LA; QL (90 per 30 days)

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

ANTICONSULSANTS

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

Drug Name	Drug Tier	Requirements / Limits
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	
clobazam oral suspension 2.5 mg/ml	3	
clobazam oral tablet 10 mg, 20 mg	3	
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	
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	1	
DILANTIN ORAL CAPSULE 30 MG	2	
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	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	4	PA; ST; LA; QL (400 per 30 days)
epitol oral tablet 200 mg	1	
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	
gabapentin oral capsule 100 mg, 300 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	
lacosamide oral solution 10 mg/ml	3	
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	3	
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)	3	

Drug Name	Drug Tier	Requirements / Limits
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	3	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	1	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	3	
<i>lamotrigine oral tablets, dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i>	3	
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)</i>	1	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	2	PA; QL (2 per 30 days)
<i>methsuximide oral capsule 300 mg</i>	3	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	2	
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	
<i>phenytoin oral tablet, chewable 50 mg</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	3	
<i>pregabalin oral solution 20 mg/ml</i>	3	
<i>pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg</i>	3	
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
<i>roweepra oral tablet 500 mg</i>	1	
<i>rufinamide oral suspension 40 mg/ml</i>	3	PA
<i>rufinamide oral tablet 200 mg, 400 mg</i>	3	PA

Drug Name	Drug Tier	Requirements / Limits
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
subvenite starter (blue) kit oral tablets, dose pack 25 mg (35)	3	
subvenite starter (green) kit oral tablets, dose pack 25 mg (84) -100 mg (14)	3	
subvenite starter (orange) kit oral tablets, dose pack 25 mg (42) -100 mg (7)	3	
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg	1	
topiramate oral capsule, sprinkle 15 mg, 25 mg	1	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	
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	
vigabatrin oral powder in packet 500 mg	4	PA; ST; LA
vigabatrin oral tablet 500 mg	4	PA; ST; LA
vigadrone oral powder in packet 500 mg	4	PA; ST
vigadrone oral tablet 500 mg	4	PA; ST
vigpoder oral powder in packet 500 mg	4	PA; ST
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY (150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	3	PA; ST
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	3	PA; ST
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14) - 25 MG (14), 150 MG (14) - 200 MG (14), 50 MG (14) - 100 MG (14)	4	PA; ST
zonisamide oral capsule 100 mg, 25 mg, 50 mg	1	
ANTIPARKINSONISM AGENTS		
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	1	
bromocriptine oral capsule 5 mg	1	
bromocriptine oral tablet 2.5 mg	1	
carbidopa oral tablet 25 mg	1	

Drug Name	Drug Tier	Requirements / Limits
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML	MB	PA; LA
<i>entacapone oral tablet 200 mg</i>	1	
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	
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	3	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	3	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	1	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1	
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
<i>tolcapone oral tablet 100 mg</i>	3	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; ST
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	2	PA; ST
AJOVY SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	2	PA; ST
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	3	QL (18 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
<i>dihydroergotamine injection solution 1 mg/ml</i>	3	
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	3	QL (8 per 30 days)
<i>eletriptan oral tablet 20 mg, 40 mg</i>	1	QL (18 per 30 days)
EMGALITY SUBCUTANEOUS PEN INJECTOR 120 MG/ML	2	PA; ST
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML, 300 MG/3 ML (100 MG/ML X 3)	2	PA; ST
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	
<i>frovatriptan oral tablet 2.5 mg</i>	3	QL (18 per 30 days)
<i>migergot rectal suppository 2-100 mg</i>	3	
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	1	QL (18 per 30 days)
NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG	3	PA; ST; QL (8 per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	1	QL (18 per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i>	1	QL (18 per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i>	3	QL (18 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	QL (8 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	QL (8 per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	1	QL (8 per 30 days)
<i>sumatriptan-naproxen oral tablet 85-500 mg</i>	3	PA; ST; QL (18 per 30 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	3	PA; ST; QL (10 per 30 days)
<i>zolmitriptan nasal spray, non-aerosol 5 mg</i>	3	PA
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	3	QL (18 per 30 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	3	QL (18 per 30 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	4	PA; 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	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	4	PA; LA
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	4	PA; LA; QL (60 per 30 days)
DAYBUE ORAL SOLUTION 200 MG/ML	4	PA
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i>	1	
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	1	
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	1	
<i>galantamine oral solution 4 mg/ml</i>	1	
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	1	
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	3	
<i>memantine oral solution 2 mg/ml</i>	3	
<i>memantine oral tablet 10 mg, 5 mg</i>	1	
NUDEXTA ORAL CAPSULE 20-10 MG	3	PA; QL (60 per 30 days)
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	4	PA; LA
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	1	
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	4	LA
ZEPOSIA ORAL CAPSULE 0.92 MG	4	PA; LA; QL (30 per 30 days)
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE, DOSE PACK 0.23 MG-0.46 MG - 0.92 MG (21)	4	PA; LA; QL (1 per 365 days)
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE, DOSE PACK 0.23 MG (4)- 0.46 MG (3)	4	PA; LA; QL (1 per 365 days)
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
<i>baclofen oral suspension 25 mg/5 ml (5 mg/ml)</i>	1	
<i>baclofen oral tablet 10 mg, 20 mg</i>	1	
<i>baclofen oral tablet 5 mg</i>	3	
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	1	
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i>	3	ST
<i>chlorzoxazone oral tablet 500 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>cyclobenzaprine oral tablet 10 mg, 5 mg, 7.5 mg</i>	1	
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	3	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	3	
<i>metaxalone oral tablet 400 mg, 800 mg</i>	3	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	1	
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i>	3	
<i>orphengesic forte oral tablet 50-770-60 mg</i>	3	
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	3	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	1	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	1	
<i>vanadom oral tablet 350 mg</i>	1	
ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML	4	PA; ST
NARCOTIC ANALGESICS		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	1	PA; ST
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	1	PA; ST
<i>ascomp with codeine oral capsule 30-50-325-40 mg</i>	1	PA; ST
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1	
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	3	ST
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	3	PA; ST
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg</i>	1	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	1	
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	1	PA; ST
<i>codeine-bitalbital-asa-caff oral capsule 30-50-325-40 mg</i>	1	PA; ST
<i>diskets oral tablet, soluble 40 mg</i>	1	PA; ST
DSUVIA SUBLINGUAL TABLET IN APPLICATOR 30 MCG	MB	
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	PA; ST
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 200 mcg, 600 mcg</i>	3	PA
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour</i>	1	PA; ST
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	3	PA; ST; QL (60 per 30 days)
<i>hydrocodone bitartrate oral tablet, oral only, ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	3	PA; ST; QL (60 per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 10-325 mg/15 ml(15 ml), 7.5-325 mg/15 ml</i>	1	PA; ST
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	PA; ST
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	PA; ST
<i>hydromorphone oral liquid 1 mg/ml</i>	1	PA; ST
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	1	PA; ST
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>	3	PA; ST; QL (60 per 30 days)
<i>hydromorphone rectal suppository 3 mg</i>	1	PA; ST
<i>meperidine oral solution 50 mg/5 ml</i>	1	PA; ST
<i>meperidine oral tablet 50 mg</i>	1	PA; ST
<i>methadone oral concentrate 10 mg/ml</i>	1	PA; ST
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	PA; ST
<i>methadone oral tablet 10 mg, 5 mg</i>	1	PA; ST
<i>methadone oral tablet, soluble 40 mg</i>	1	PA; ST
<i>methadose oral concentrate 10 mg/ml</i>	3	PA; ST

Drug Name	Drug Tier	Requirements / Limits
<i>methadose oral tablet, soluble 40 mg</i>	1	PA; ST
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1	PA; ST
<i>morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	1	PA; ST; QL (60 per 30 days)
<i>morphine oral capsule, extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	1	PA; ST; QL (90 per 30 days)
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	1	PA; ST
<i>morphine oral tablet 15 mg, 30 mg</i>	1	PA; ST
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1	PA; ST; QL (120 per 30 days)
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	1	PA; ST
<i>oxycodone oral capsule 5 mg</i>	1	PA; ST
<i>oxycodone oral concentrate 20 mg/ml</i>	3	PA; ST
<i>oxycodone oral solution 5 mg/5 ml</i>	1	PA; ST
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	PA; ST
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	PA; ST
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG	2	PA; ST; QL (90 per 30 days)
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 60 MG, 80 MG	2	PA; ST; QL (120 per 30 days)
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	3	PA; ST
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	3	PA; ST; QL (90 per 30 days)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML	MB	
NON-NARCOTIC ANALGESICS		
<i>adult aspirin regimen oral tablet, delayed release (dr/ec) 81 mg</i>	1	ACA PV
<i>aspirin childrens oral tablet, chewable 81 mg</i>	1	ACA PV
<i>aspirin oral tablet, chewable 81 mg</i>	1	ACA PV
<i>aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	1	ACA PV

Drug Name	Drug Tier	Requirements / Limits
<i>bayer low dose aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	1	ACA PV
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	1	QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	1	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	3	QL (90 per 30 days)
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	1	PA; ST; QL (2 per 30 days)
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	3	
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	1	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	1	
<i>diclofenac sodium topical drops 1.5 %</i>	3	
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	3	
<i>diflunisal oral tablet 500 mg</i>	1	
<i>ecotrin low strength oral tablet, delayed release (dr/ec) 81 mg</i>	1	ACA PV
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	1	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	1	
<i>flurbiprofen oral tablet 100 mg</i>	1	
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>indomethacin oral capsule, extended release 75 mg</i>	1	
<i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i>	3	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	3	
<i>ketorolac injection solution 15 mg/ml</i>	MB	
<i>ketorolac injection syringe 30 mg/ml</i>	MB	
<i>ketorolac oral tablet 10 mg</i>	1	QL (20 per 5 days)

Drug Name	Drug Tier	Requirements / Limits
<i>kiprofen oral capsule 25 mg</i>	3	
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	3	
<i>lofexidine oral tablet 0.18 mg</i>	3	PA
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	3	
<i>mefenamic acid oral capsule 250 mg</i>	3	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
<i>naloxone injection solution 0.4 mg/ml</i>	1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1	
<i>naltrexone oral tablet 50 mg</i>	1	
<i>naproxen oral suspension 125 mg/5 ml</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	3	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	3	PA; ST; QL (60 per 30 days)
OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION	3	PA
<i>oxaprozin oral tablet 600 mg</i>	1	
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	1	PA; ST
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	
<i>salsalate oral tablet 500 mg, 750 mg</i>	1	
<i>st joseph aspirin oral tablet, chewable 81 mg</i>	1	ACA PV
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
<i>tolmetin oral capsule 400 mg</i>	1	
<i>tramadol oral tablet 50 mg</i>	1	PA; ST
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	1	PA; ST
<i>tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg</i>	1	PA; ST
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	PA; ST
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG	MB	

PSYCHOTHERAPEUTIC DRUGS

Drug Name	Drug Tier	Requirements / Limits
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 300 MG, 400 MG	3	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 300 MG, 400 MG	3	
ADZENYS XR-ODT ORAL TABLET, DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	3	PA; ST
<i>alprazolam intensol oral concentrate 1 mg/ml</i>	3	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	3	
<i>aripiprazole oral solution 1 mg/ml</i>	1	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>aripiprazole oral tablet, disintegrating 10 mg, 15 mg</i>	1	
ARISTADA INITIO INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 675 MG/2.4 ML	MB	
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML, 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML	3	
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	3	
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	3	
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	PA; ST
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	1	
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	3	
<i>citalopram oral solution 10 mg/5 ml</i>	1	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	1	
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	1	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	3	
COTEMPLA XR-ODT ORAL TABLET, DISINTEG ER BIPHASE 24H 17.3 MG, 25.9 MG, 8.6 MG	3	PA; ST
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 50 MG	3	PA; ST
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	3	
<i>dexmethylphenidate oral capsule, er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	1	
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i>	1	
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	1	
<i>dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg</i>	3	
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	3	
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1	
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>doxepin oral concentrate 10 mg/ml</i>	1	
<i>doxepin oral tablet 3 mg, 6 mg</i>	3	
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 40 mg, 60 mg</i>	1	
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML	3	PA; ST
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	3	ST
<i>ergoloid oral tablet 1 mg</i>	1	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>estazolam oral tablet 1 mg, 2 mg</i>	1	
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	3	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	ST
FANAPT ORAL TABLETS, DOSE PACK 1MG (2)-2MG (2)- 4MG (2)-6MG (2)	3	ST
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	3	PA; ST
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	3	PA; ST

Drug Name	Drug Tier	Requirements / Limits
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>fluoxetine oral capsule, delayed release (dr/ec) 90 mg</i>	1	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	1	
<i>fluoxetine oral tablet 60 mg</i>	3	PA; ST
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	1	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	1	
<i>haloperidol lactate injection solution 5 mg/ml</i>	3	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	3	
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	
JORNAY PM ORAL CAPSULE, DEL REL, EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	3	PA; ST
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	1	
<i>lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	3	
MARPLAN ORAL TABLET 10 MG	3	
<i>methamphetamine oral tablet 5 mg</i>	3	
<i>methylphenidate hcl oral cap, er sprinkle, biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	3	
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	
<i>methylphenidate hcl oral capsule, er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	1	
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	1	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	1	
<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	1	
<i>methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr</i>	3	
<i>midazolam oral syrup 2 mg/ml</i>	3	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i>	1	
<i>modafinil oral tablet 100 mg, 200 mg</i>	1	
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	3	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	3	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	3	

Drug Name	Drug Tier	Requirements / Limits
NUPLAZID ORAL CAPSULE 34 MG	4	PA; LA
NUPLAZID ORAL TABLET 10 MG	4	PA; LA
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	1	
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	1	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	1	
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg</i>	3	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	1	
<i>paroxetine mesylate (menop.sym) oral capsule 7.5 mg</i>	1	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	
<i>phenelzine oral tablet 15 mg</i>	1	
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	
<i>procentra oral solution 5 mg/5 ml</i>	1	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	1	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	3	
QUILLICHEW ER ORAL TABLET, CHEW, IR-ER.BIPHASIC24HR 20 MG, 30 MG, 40 MG	3	PA; ST
QUILLIVANT XR ORAL SUSPENSION, EXT REL 24HR, RECON 5 MG/ML (25 MG/5 ML)	3	PA; ST
<i>ramelteon oral tablet 8 mg</i>	1	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	PA; ST
<i>risperidone microspheres intramuscular suspension, extended rel recon 12.5 mg/2 ml, 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml</i>	3	
<i>risperidone oral solution 1 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
<i>sertraline oral concentrate 20 mg/ml</i>	1	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	1	
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	MB	PA; ST
SUNOSI ORAL TABLET 150 MG	3	PA; ST; QL (30 per 30 days)
SUNOSI ORAL TABLET 75 MG	3	PA; ST; QL (60 per 30 days)
<i>tasimelteon oral capsule 20 mg</i>	4	PA; LA
<i>temazepam oral capsule 15 mg, 30 mg, 7.5 mg</i>	1	
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>tranlycypromine oral tablet 10 mg</i>	1	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	1	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	PA; ST
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	1	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	1	
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	3	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	3	ST
VYVANSE ORAL TABLET, CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	3	PA; ST
XYREM ORAL SOLUTION 500 MG/ML	4	PA; ST; QL (3 per 30 days)
XYWAV ORAL SOLUTION 0.5 GRAM/ML	4	PA; ST; QL (3 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>zolpidem oral tablet 10 mg, 5 mg</i>	1	
<i>zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg</i>	1	
<i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i>	1	
CARDIOVASCULAR, HYPERTENSION & LIPIDS		
ANTIARRHYTHMIC AGENTS		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	3	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	1	
MULTAQ ORAL TABLET 400 MG	3	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	3	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	1	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg</i>	1	PA; QL (60 per 30 days)
<i>quinidine sulfate oral tablet 300 mg</i>	1	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	
<i>aliskiren oral tablet 150 mg, 300 mg</i>	1	
<i>amiloride oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	3	

Drug Name	Drug Tier	Requirements / Limits
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	
<i>amlodipine-valsartan-hcthiaizid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	3	
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	3	
<i>diltiazem hcl oral capsule, ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral capsule, extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>dilt-xr oral capsule, ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
EDARBI ORAL TABLET 40 MG, 80 MG	3	ST
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	3	ST
<i>enalapril maleate oral solution 1 mg/ml</i>	1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	3	
<i>eprosartan oral tablet 600 mg</i>	3	
<i>ethacrynic acid oral tablet 25 mg</i>	3	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	3	

Drug Name	Drug Tier	Requirements / Limits
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	1	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	3	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	3	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	3	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	3	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	1	
<i>nimodipine oral capsule 30 mg</i>	1	
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	3	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	3	
<i>olmesartan-amlodipin-hcthiiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	3	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	3	

Drug Name	Drug Tier	Requirements / Limits
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	4	PA; LA
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>phenoxybenzamine oral capsule 10 mg</i>	3	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	3	
QBRELIS ORAL SOLUTION 1 MG/ML	3	ST
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	3	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	3	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	3	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>tiadylt er oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	3	
<i>torse mide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	3	
<i>triamterene oral capsule 100 mg, 50 mg</i>	3	

Drug Name	Drug Tier	Requirements / Limits
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	1	
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
CARDIAC GLYCOSIDES		
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg)</i>	1	
COAGULATION THERAPY		
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>	3	
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i>	3	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	3	
BRILINTA ORAL TABLET 60 MG, 90 MG	2	
CABLIVI INJECTION KIT 11 MG	4	PA
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel oral tablet 300 mg, 75 mg</i>	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
DOPTELET ORAL TABLET 20 MG	4	PA; ST; LA
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 5 MG (74 TABS)	2	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	2	
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	4	
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	4	

Drug Name	Drug Tier	Requirements / Limits
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	4	
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML, 25,000 ANTI-XA UNIT/ML	4	
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML, 7,500 ANTI-XA UNIT/0.3 ML	4	PA; ST
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	4	PA; LA
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	1	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	1	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	MB	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
MULPLETA ORAL TABLET 3 MG	4	PA; LA
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	
<i>prasugrel oral tablet 10 mg, 5 mg</i>	1	
PROMACTA ORAL POWDER IN PACKET 12.5 MG	4	PA; LA; QL (360 per 30 days)
PROMACTA ORAL POWDER IN PACKET 25 MG	4	PA; LA; QL (180 per 30 days)
PROMACTA ORAL TABLET 12.5 MG	4	PA; LA; QL (360 per 30 days)
PROMACTA ORAL TABLET 25 MG	4	PA; LA; QL (180 per 30 days)
PROMACTA ORAL TABLET 50 MG	4	PA; LA; QL (90 per 30 days)
PROMACTA ORAL TABLET 75 MG	4	PA; LA; QL (60 per 30 days)
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 15 MG (42)- 20 MG (9)	2	

Drug Name	Drug Tier	Requirements / Limits
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	2	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	2	
ZONTIVITY ORAL TABLET 2.08 MG	3	
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	3	
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	ACA PV
<i>cholestyramine (with sugar) oral powder 4 gram</i>	1	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	1	
<i>cholestyramine light oral powder 4 gram</i>	1	
<i>cholestyramine light oral powder in packet 4 gram</i>	1	
<i>colesevelam oral powder in packet 3.75 gram</i>	3	
<i>colesevelam oral tablet 625 mg</i>	3	
<i>colestipol oral granules 5 gram</i>	1	
<i>colestipol oral packet 5 gram</i>	1	
<i>colestipol oral tablet 1 gram</i>	1	
<i>ezetimibe oral tablet 10 mg</i>	1	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	
<i>fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg</i>	1	
<i>fenofibric acid (choline) oral capsule, delayed release (dr/ec) 135 mg, 45 mg</i>	1	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	1	
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	1	ACA PV
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	3	ACA PV
<i>gemfibrozil oral tablet 600 mg</i>	1	
<i>icosapent ethyl oral capsule 0.5 gram, 1 gram</i>	1	PA; ST; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 5 MG	4	PA; ST; LA; QL (30 per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	ACA PV
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	1	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	3	
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	ACA PV
<i>prevalite oral powder 4 gram</i>	1	
<i>prevalite oral powder in packet 4 gram</i>	1	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	2	PA; ST
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	2	PA; ST
REPATHA SUBCUTANEOUS SYRINGE 140 MG/ML	2	PA; ST
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	ACA PV
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	ACA PV
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	3	PA; ST
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	4	PA; LA
CORLANOR ORAL SOLUTION 5 MG/5 ML	4	PA; ST
CORLANOR ORAL TABLET 5 MG, 7.5 MG	3	PA; ST
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	2	PA
ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG	2	PA
<i>ivabradine oral tablet 5 mg, 7.5 mg</i>	3	PA; ST
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	3	ST
NITRATES		
GONITRO SUBLINGUAL POWDER IN PACKET 400 MCG	3	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	
<i>nitro-bid transdermal ointment 2 %</i>	3	
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	PA; ST; QL (30 per 30 days)
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i>	1	
<i>nitro-time oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg</i>	1	

DERMATOLOGICALS/TOPICAL THERAPY

ANTIPSORIATIC / ANTISEBORRHEIC

<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	3	
<i>calcipotriene scalp solution 0.005 %</i>	3	
<i>calcipotriene topical cream 0.005 %</i>	3	
<i>calcipotriene topical ointment 0.005 %</i>	3	
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	3	
<i>calcitriol topical ointment 3 mcg/gram</i>	3	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; ST; LA
COSENTYX PEN (2 PENS) SUBCUTANEOUS NJECTOR 150 MG/ML	4	PA; ST; LA
COSENTYX PEN SUBCUTANEOUS INJECTOR 150 MG/ML	4	PA; ST; LA
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	4	PA; ST; LA
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML)	4	PA; ST; LA
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	3	
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; ST; LA
<i>selenium sulfide topical lotion 2.5 %</i>	1	
<i>selenium sulfide topical shampoo 2.25 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	4	PA; ST; LA
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; ST; LA
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; ST; LA
SOTYKTU ORAL TABLET 6 MG	4	PA; ST; LA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	4	PA; ST; LA
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	4	PA; ST; LA
<i>sulfacetamide sodium topical cleanser 10 %</i>	3	
<i>sulfacetamide sodium topical cleanser, gel 10 %</i>	3	
<i>sulfacetamide sodium topical shampoo 10 %</i>	3	
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	4	PA; ST; LA
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	4	PA; ST; LA
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	4	PA; ST; LA
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML, 80 MG/ML	4	PA; ST; LA
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	4	PA; ST; LA
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	4	PA; ST; LA
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	4	PA; ST; LA
BURN THERAPY		
<i>silver sulfadiazine topical cream 1 %</i>	1	
<i>ssd topical cream 1 %</i>	1	
MISCELLANEOUS DERMATOLOGICALS		
<i>ammonium lactate topical cream 12 %</i>	1	
<i>ammonium lactate topical lotion 12 %</i>	1	
<i>diclofenac sodium topical gel 3 %</i>	3	

Drug Name	Drug Tier	Requirements / Limits
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 %	3	
DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	4	PA; ST; LA; QL (2 per 30 days)
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	4	PA; ST; LA; QL (2 per 30 days)
EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR 250 MG/2 ML	4	PA; LA
EUCRISA TOPICAL OINTMENT 2 %	3	PA; ST
FLUOROURACIL TOPICAL CREAM 0.5 %	3	PA; ST
<i>fluorouracil topical cream 5 %</i>	3	
<i>fluorouracil topical solution 2 %, 5 %</i>	1	
LEVULAN TOPICAL SOLUTION 20 %	3	
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	1	
PANRETIN TOPICAL GEL 0.1 %	3	
<i>pimecrolimus topical cream 1 %</i>	1	
<i>podofilox topical solution 0.5 %</i>	1	
<i>pradoxin topical cream 5 %</i>	3	
REGRANEX TOPICAL GEL 0.01 %	3	
SCENESSE SUBCUTANEOUS IMPLANT 16 MG	MB	PA
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	1	
VALCHLOR TOPICAL GEL 0.016 %	4	PA; ST; LA
THERAPY FOR ACNE		
<i>acutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	3	
<i>adapalene topical cream 0.1 %</i>	3	PA; ST
<i>adapalene topical gel 0.3 %</i>	3	PA; ST
<i>adapalene topical gel with pump 0.3 %</i>	3	PA; ST
ADAPALENE TOPICAL LOTION 0.1 %	3	PA; ST
<i>adapalene topical solution 0.1 %</i>	3	PA; ST
<i>adapalene topical swab 0.1 %</i>	3	PA; ST
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i>	3	
<i>amnesteem oral capsule 10 mg, 20 mg, 40 mg</i>	3	
<i>azelaic acid topical gel 15 %</i>	1	
AZELEX TOPICAL CREAM 20 %	3	PA; ST

Drug Name	Drug Tier	Requirements / Limits
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	3	
<i>clindacin etz topical swab 1 %</i>	3	
<i>clindacin p topical swab 1 %</i>	3	
<i>clindacin topical foam 1 %</i>	3	
<i>clindamycin phosphate topical foam 1 %</i>	3	
<i>clindamycin phosphate topical gel 1 %</i>	3	
<i>clindamycin phosphate topical lotion 1 %</i>	3	
<i>clindamycin phosphate topical solution 1 %</i>	1	
<i>clindamycin phosphate topical swab 1 %</i>	1	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %</i>	3	
<i>clindamycin-tretinoin topical gel 1.2-0.025 %</i>	3	
<i>ery pads topical swab 2 %</i>	3	
<i>erygel topical gel 2 %</i>	3	
<i>erythromycin with ethanol topical gel 2 %</i>	3	
<i>erythromycin with ethanol topical solution 2 %</i>	1	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	3	
<i>isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	3	
<i>ivermectin topical cream 1 %</i>	3	
<i>metronidazole topical cream 0.75 %</i>	3	
<i>metronidazole topical gel 0.75 %, 1 %</i>	1	
<i>metronidazole topical gel with pump 1 %</i>	1	
<i>metronidazole topical lotion 0.75 %</i>	3	
<i>rosadan topical cream 0.75 %</i>	3	
<i>rosadan topical gel 0.75 %</i>	3	
<i>tazarotene topical cream 0.05 %</i>	3	PA
<i>tazarotene topical cream 0.1 %</i>	3	PA; ST
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i>	3	
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.1 %</i>	3	
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	1	
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	1	
<i>tretinoin topical gel 0.05 %</i>	3	
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	3	

TOPICAL ANESTHETICS

Drug Name	Drug Tier	Requirements / Limits
<i>dermacinrx lidocan topical adhesive patch, medicated 5 %</i>	1	
<i>lidocaine hcl laryngotracheal solution 4 %</i>	1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
<i>lidocaine topical adhesive patch, medicated 5 %</i>	1	
<i>lidocaine topical ointment 5 %</i>	1	
<i>lidocaine viscous mucous membrane solution 2 %</i>	1	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	3	
<i>lidocaine-prilocaine topical kit 2.5-2.5 %</i>	3	
LIDOCAINE-TETRACAINE TOPICAL CREAM 7-7 %	3	PA; ST
TOPICAL ANTIBACTERIALS		
ALCORTIN A TOPICAL GEL 2-1-1 %	3	ST
ALCORTIN A TOPICAL GEL IN PACKET 2-1-1 %	3	ST
ALTABAX TOPICAL OINTMENT 1 %	3	
<i>gentamicin topical cream 0.1 %</i>	1	
<i>gentamicin topical ointment 0.1 %</i>	1	
<i>mafenide acetate topical packet 50 gram</i>	1	
<i>mupirocin calcium topical cream 2 %</i>	1	
<i>mupirocin topical ointment 2 %</i>	1	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	3	
SULFAMYLON TOPICAL CREAM 85 MG/G	3	
TOPICAL ANTIFUNGALS		
<i>ciclodan topical cream 0.77 %</i>	3	ST
<i>ciclodan topical solution 8 %</i>	1	ST
<i>ciclopirox topical cream 0.77 %</i>	1	
<i>ciclopirox topical gel 0.77 %</i>	3	
<i>ciclopirox topical shampoo 1 %</i>	1	
<i>ciclopirox topical solution 8 %</i>	3	
<i>ciclopirox topical suspension 0.77 %</i>	1	
<i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i>	3	
<i>clotrimazole topical cream 1 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>clotrimazole topical solution 1 %</i>	1	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	1	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	1	
<i>econazole topical cream 1 %</i>	1	
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 %	3	PA; ST
<i>ketoconazole topical cream 2 %</i>	1	
<i>ketoconazole topical shampoo 2 %</i>	1	
<i>klayesta topical powder 100,000 unit/gram</i>	1	
<i>naftifine topical cream 1 %, 2 %</i>	3	
<i>naftifine topical gel 2 %</i>	3	
<i>nyamyc topical powder 100,000 unit/gram</i>	1	
<i>nystatin topical cream 100,000 unit/gram</i>	1	
<i>nystatin topical ointment 100,000 unit/gram</i>	1	
<i>nystatin topical powder 100,000 unit/gram</i>	1	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	1	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	1	
<i>nystop topical powder 100,000 unit/gram</i>	1	
<i>oxiconazole topical cream 1 %</i>	3	
<i>tavaborole topical solution with applicator 5 %</i>	3	PA; ST
TOPICAL ANTIVIRALS		
<i>acyclovir topical cream 5 %</i>	3	
<i>acyclovir topical ointment 5 %</i>	3	
<i>penciclovir topical cream 1 %</i>	3	PA; ST
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	1	
<i>alclometasone topical cream 0.05 %</i>	3	
<i>alclometasone topical ointment 0.05 %</i>	3	
<i>amcinonide topical cream 0.1 %</i>	3	
<i>betamethasone dipropionate topical cream 0.05 %</i>	1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>betamethasone dipropionate topical ointment 0.05 %</i>	1	
<i>betamethasone valerate topical cream 0.1 %</i>	1	
<i>betamethasone valerate topical lotion 0.1 %</i>	1	
<i>betamethasone valerate topical ointment 0.1 %</i>	1	
<i>betamethasone, augmented topical cream 0.05 %</i>	1	
<i>betamethasone, augmented topical gel 0.05 %</i>	1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	1	
<i>betamethasone, augmented topical ointment 0.05 %</i>	1	
<i>clobetasol scalp solution 0.05 %</i>	3	
<i>clobetasol topical cream 0.05 %</i>	3	
<i>clobetasol topical foam 0.05 %</i>	3	
<i>clobetasol topical gel 0.05 %</i>	3	
<i>clobetasol topical lotion 0.05 %</i>	3	
<i>clobetasol topical ointment 0.05 %</i>	3	
<i>clobetasol topical shampoo 0.05 %</i>	3	
<i>clobetasol topical spray, non-aerosol 0.05 %</i>	3	
<i>clobetasol-emollient topical cream 0.05 %</i>	3	
<i>desonide topical cream 0.05 %</i>	3	
<i>desonide topical lotion 0.05 %</i>	3	
<i>desonide topical ointment 0.05 %</i>	3	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i>	3	
<i>desoximetasone topical gel 0.05 %</i>	3	
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i>	3	
<i>desoximetasone topical spray, non-aerosol 0.25 %</i>	3	
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	1	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	1	
<i>fluocinolone topical oil 0.01 %</i>	1	
<i>fluocinolone topical ointment 0.025 %</i>	1	
<i>fluocinolone topical solution 0.01 %</i>	1	
<i>fluocinonide topical cream 0.05 %, 0.1 %</i>	3	
<i>fluocinonide topical gel 0.05 %</i>	3	
<i>fluocinonide topical ointment 0.05 %</i>	3	
<i>fluocinonide topical solution 0.05 %</i>	3	

Drug Name	Drug Tier	Requirements / Limits
<i>fluocinonide-e topical cream 0.05 %</i>	3	
<i>fluticasone propionate topical cream 0.05 %</i>	1	
<i>fluticasone propionate topical ointment 0.005 %</i>	1	
<i>halobetasol propionate topical cream 0.05 %</i>	3	
<i>halobetasol propionate topical ointment 0.05 %</i>	3	
<i>hydrocortisone butyrate topical cream 0.1 %</i>	3	
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	3	ST
<i>hydrocortisone butyrate topical solution 0.1 %</i>	3	
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream 0.2 %</i>	1	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	1	
<i>mometasone topical cream 0.1 %</i>	1	
<i>mometasone topical ointment 0.1 %</i>	1	
<i>mometasone topical solution 0.1 %</i>	1	
<i>prednicarbate topical cream 0.1 %</i>	3	
<i>prednicarbate topical ointment 0.1 %</i>	3	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
TOPICAL ENZYMES		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	3	QL (6 per 30 days)
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan topical lotion 10 %</i>	3	
EURAX TOPICAL CREAM 10 %	3	
EURAX TOPICAL LOTION 10 %	3	
<i>malathion topical lotion 0.5 %</i>	3	
<i>permethrin topical cream 5 %</i>	1	
<i>spinosad topical suspension 0.9 %</i>	1	
ULESFIA TOPICAL LOTION 5 %	3	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
IRRIGATING SOLUTIONS		

Drug Name	Drug Tier	Requirements / Limits
<i>ringer's irrigation solution</i>	MB	
MISCELLANEOUS AGENTS		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	1	
<i>acetic acid irrigation solution 0.25 %</i>	3	
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	1	
<i>carglumic acid oral tablet, dispersible 200 mg</i>	4	PA
<i>cevimeline oral capsule 30 mg</i>	1	
CHEMET ORAL CAPSULE 100 MG	3	PA
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	4	PA; LA
<i>deferasirox oral tablet 180 mg</i>	4	PA; LA
<i>deferasirox oral tablet 360 mg, 90 mg</i>	4	PA; ST; LA
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	4	PA; ST; LA
<i>deferiprone oral tablet 1,000 mg</i>	4	PA
<i>deferiprone oral tablet 500 mg</i>	4	PA; ST
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	4	PA; ST
FERRIPROX ORAL SOLUTION 100 MG/ML	4	PA; ST
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	MB	PA; LA
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	4	PA; LA
JOENJA ORAL TABLET 70 MG	4	PA; QL (60 per 30 days)
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral tablet 330 mg</i>	1	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	4	PA; LA
<i>pilocarpine hcl oral tablet 5 mg</i>	1	
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	4	PA; ST
PYRUKYND ORAL TABLETS, DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7)	4	PA; ST
<i>riluzole oral tablet 50 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>risedronate oral tablet 30 mg</i>	3	
<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>	MB	
<i>sodium chloride 0.9 % injection solution</i>	MB	
<i>sodium chloride irrigation solution 0.9 %</i>	1	
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	3	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	3	PA
<i>trientine oral capsule 250 mg</i>	3	PA; ST; QL (240 per 30 days)
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	4	PA; QL (120 per 30 days)
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	4	PA; ST
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	1	ACA PV
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	3	ACA PV
CHANTIX ORAL TABLET 1 MG	3	ACA PV
CHANTIX STARTING MONTH BOX ORAL TABLETS, DOSE PACK 0.5 MG (11)- 1 MG (42)	3	ACA PV
<i>nicorette buccal gum 4 mg</i>	1	ACA PV
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	1	ACA PV
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	1	ACA PV
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	1	ACA PV
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	1	ACA PV
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	1	ACA PV
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	3	ACA PV
<i>quit 2 buccal gum 2 mg</i>	1	ACA PV
<i>quit 2 buccal lozenge 2 mg</i>	1	ACA PV
<i>quit 4 buccal gum 4 mg</i>	1	ACA PV
<i>quit 4 buccal lozenge 4 mg</i>	1	ACA PV
<i>stop smoking aid buccal lozenge 2 mg, 4 mg</i>	1	ACA PV
<i>varenicline oral tablet 0.5 mg, 1 mg</i>	3	ACA PV

Drug Name	Drug Tier	Requirements / Limits
<i>varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i>	1	ACA PV

EAR, NOSE & THROAT MEDICATIONS

MISCELLANEOUS AGENTS

<i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %), 205.5 mcg (0.15 %)</i>	1	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	1	
<i>denta 5000 plus dental cream 1.1 %</i>	1	
<i>denta 5000 plus sensitive dental paste 1.1-5 %</i>	1	
<i>dentagel dental gel 1.1 %</i>	1	
<i>fluoride (sodium) dental cream 1.1 %</i>	1	
<i>fluoride (sodium) dental gel 1.1 %</i>	1	
<i>fluoride (sodium) dental paste 1.1 %</i>	3	
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	1	
<i>kourzeq dental paste 0.1 %</i>	1	
<i>olopatadine nasal spray, non-aerosol 0.6 %</i>	3	
<i>oralone dental paste 0.1 %</i>	1	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	1	
<i>periogard mucous membrane mouthwash 0.12 %</i>	1	
<i>pilocarpine hcl oral tablet 7.5 mg</i>	1	
<i>sf 5000 plus dental cream 1.1 %</i>	1	
<i>sf dental gel 1.1 %</i>	1	
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	1	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	1	
<i>triamcinolone acetanide dental paste 0.1 %</i>	1	

MISCELLANEOUS OTIC PREPARATIONS

<i>acetic acid otic (ear) solution 2 %</i>	1	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	1	
<i>flac oil otic (ear) drops 0.01 %</i>	1	
<i>fluocinolone acetanide oil otic (ear) drops 0.01 %</i>	1	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	1	

OTIC STEROID / ANTIBIOTIC

Drug Name	Drug Tier	Requirements / Limits
CIPRO HC OTIC (EAR) DROPS, SUSPENSION 0.2-1 %	3	
<i>ciprofloxacin-dexamethasone otic (ear) drops, suspension 0.3-0.1 %</i>	3	
<i>neomycin-polymyxin-hc otic (ear) drops, suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	3	

ENDOCRINE/DIABETES

ADRENAL HORMONES

ACTHAR INJECTION GEL 80 UNIT/ML	4	PA; LA
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML	4	PA; LA
<i>cortisone oral tablet 25 mg</i>	1	
CORTROPHIN GEL INJECTION 80 UNIT/ML	4	PA; LA
<i>deflazacort oral suspension 22.75 mg/ml</i>	4	PA; ST
<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i>	4	PA; ST
<i>dexamethasone intensol oral drops 1 mg/ml</i>	1	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>	3	
<i>fludrocortisone oral tablet 0.1 mg</i>	1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>methylprednisolone oral tablets, dose pack 4 mg</i>	1	
<i>millipred oral tablet 5 mg</i>	1	
<i>prednisolone oral solution 15 mg/5 ml</i>	1	
<i>prednisolone oral tablet 5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml</i>	3	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisone oral solution 5 mg/5 ml</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablets, dose pack 10 mg, 5 mg</i>	1	
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>potassium iodide oral solution 1 gram/ml</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	
SSKI ORAL SOLUTION 1 GRAM/ML	2	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
CONTOUR NEXT TEST STRIPS	2	
CONTOUR PLUS TEST STRIPS	2	
CONTOUR TEST STRIPS	2	
ONETOUCH ULTRA TEST STRIPS	2	
ONETOUCH VERIO TEST STRIPS	2	
GLUCOSE ELEVATING AGENTS		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	2	
<i>diazoxide oral suspension 50 mg/ml</i>	3	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	1	
<i>glucagon emergency kit (human) injection recon soln 1 mg</i>	1	
INSULIN THERAPY		
FIASP FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	2	
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	2	

Drug Name	Drug Tier	Requirements / Limits
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	2	
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	2	
INSULIN ASPART U-100 SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	
INSULIN ASPART U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
INSULIN ASPART U-100 SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
LANTUS SOLOSTAR U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
NOVOLOG FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	2	
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	

Drug Name	Drug Tier	Requirements / Limits
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	2	
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	2	PA; ST
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	2	
TOUJEO SOLOSTAR U-300 SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	2	
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	2	PA; ST
MISCELLANEOUS HORMONES		
<i>cabergoline oral tablet 0.5 mg</i>	1	
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	1	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	
<i>calcitriol oral solution 1 mcg/ml</i>	1	
CERDELGA ORAL CAPSULE 84 MG	4	PA; LA
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i>	4	PA
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	3	
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML	3	
<i>desmopressin injection solution 4 mcg/ml</i>	4	LA
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	1	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	3	

Drug Name	Drug Tier	Requirements / Limits
GALAFOLD ORAL CAPSULE 123 MG	4	PA; LA
ISTURISA ORAL TABLET 1 MG, 5 MG	4	PA; ST; QL (180 per 30 days)
<i>javygtor oral powder in packet 100 mg, 500 mg</i>	4	PA; LA
<i>javygtor oral tablet, soluble 100 mg</i>	4	PA; LA
JYNARQUE ORAL TABLET 15 MG, 30 MG	4	PA; QL (60 per 30 days)
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	4	PA; QL (60 per 30 days)
<i>methyltestosterone oral capsule 10 mg</i>	3	
<i>mifepristone oral tablet 300 mg</i>	4	PA; LA
<i>miglustat oral capsule 100 mg</i>	4	PA; LA
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	4	PA; LA; QL (27 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	4	PA; ST; LA
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	4	PA; LA
<i>sapropterin oral tablet, soluble 100 mg</i>	4	PA; LA
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	4	PA; ST; LA; QL (30 per 30 days)
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	4	PA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1	
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	1	QL (60 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	1	QL (2 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	1	QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	1	QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1.62 % (20.25 mg/1.25 gram)</i>	1	QL (30 per 30 days)
<i>testosterone transdermal gel in packet 1 % (50 mg/5 gram), 1.62 % (40.5 mg/2.5 gram)</i>	1	QL (60 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	1	QL (2 per 30 days)
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	4	PA; LA; QL (60 per 30 days)
YORVIPATH SUBCUTANEOUS PEN INJECTOR 168 MCG/0.56 ML, 294 MCG/0.98 ML, 420 MCG/1.4 ML	4	PA
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1	
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	2	PA; ST
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE (250 MCG/ML) 2.4 ML, 5 MCG/DOSE (250 MCG/ML) 1.2 ML	2	PA; ST
CYCLOSET ORAL TABLET 0.8 MG	3	
FARXIGA ORAL TABLET 10 MG, 5 MG	2	PA; ST
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	2	PA; ST
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	2	PA; ST
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	2	PA; ST
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	PA; ST
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	PA; ST
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	2	PA; ST
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	2	PA; ST

Drug Name	Drug Tier	Requirements / Limits
<i>metformin oral solution 500 mg/5 ml</i>	3	PA
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	
<i>metformin oral tablet extended release 24hr 1,000 mg, 500 mg</i>	3	PA; ST
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	2	PA; ST
<i>nateglinide oral tablet 120 mg, 60 mg</i>	3	
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; ST
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	1	
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	1	
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	1	
QTERN ORAL TABLET 10-5 MG, 5-5 MG	2	PA; ST
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	3	
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	PA; ST
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	2	PA; ST
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	2	PA; ST
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	2	PA; ST
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 25-1,000 MG, 5-1,000 MG	2	PA; ST
TRADJENTA ORAL TABLET 5 MG	2	PA; ST
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 12.5-2.5-1,000 MG, 25-5-1,000 MG, 5-2.5-1,000 MG	2	PA; 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; ST

Drug Name	Drug Tier	Requirements / Limits
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	2	PA; ST
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	2	PA; ST
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	2	PA; ST
THYROID HORMONES		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	2	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	
<i>niva thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	2	
<i>thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
<i>anaspaz oral tablet, disintegrating 0.125 mg</i>	1	
<i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>	3	PA; ST
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	3	
<i>dicyclomine oral capsule 10 mg</i>	1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	1	
<i>dicyclomine oral tablet 20 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	
DONNATAL ORAL TABLET 16.2-0.1037 - 0.0194 MG	3	
<i>ed-spaz oral tablet, disintegrating 0.125 mg</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>	1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	1	
<i>hyoscyamine sulfate oral tablet, disintegrating 0.125 mg</i>	1	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	1	
<i>hyosyne oral drops 0.125 mg/ml</i>	1	
<i>hyosyne oral elixir 0.125 mg/5 ml</i>	1	
<i>loperamide oral capsule 2 mg</i>	1	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	1	
MOTOFEN ORAL TABLET 1-0.025 MG	3	
<i>opium oral tincture 10 mg/ml (morphine)</i>	3	
<i>oscimin oral tablet 0.125 mg</i>	1	
<i>oscimin sl sublingual tablet 0.125 mg</i>	1	
<i>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	3	
<i>phenobarb-hyoscy-atropine-scop oral tablet 16.2-0.1037 -0.0194 mg</i>	1	
<i>phenohydro oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	1	
<i>phenohydro oral tablet 16.2-0.1037 -0.0194 mg</i>	1	
<i>symax fastabs oral tablet, disintegrating 0.125 mg</i>	1	
<i>symax-sl sublingual tablet 0.125 mg</i>	3	
<i>symax-sr oral tablet extended release 12 hr 0.375 mg</i>	3	
MISCELLANEOUS AGENTS		
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	3	
<i>sevelamer carbonate oral tablet 800 mg</i>	1	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	3	
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	1	
<i>sps (with sorbitol) rectal enema 30-40 gram/120 ml</i>	1	
VELPHORO ORAL TABLET, CHEWABLE 500 MG	3	PA; ST
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	3	
<i>anucort-hc rectal suppository 25 mg</i>	3	
<i>aprepitant oral capsule 125 mg, 40 mg</i>	1	QL (1 per 30 days)
<i>aprepitant oral capsule 80 mg</i>	1	QL (2 per 30 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>	1	QL (1 per 30 days)
<i>balsalazide oral capsule 750 mg</i>	1	
<i>budesonide oral capsule, delayed, extend.release 3 mg</i>	1	
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	4	PA; ST
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	4	PA; ST; LA
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	4	PA; ST; LA
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	3	ACA PV
<i>compro rectal suppository 25 mg</i>	3	
<i>constulose oral solution 10 gram/15 ml</i>	1	
CORTIFOAM RECTAL FOAM 10 % (80 MG)	3	PA
CREON ORAL CAPSULE,DELAYED RELEASE (DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000- 9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	2	
<i>cromolyn oral concentrate 100 mg/5 ml</i>	1	
DIPENTUM ORAL CAPSULE 250 MG	3	PA; ST

Drug Name	Drug Tier	Requirements / Limits
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec) 10-10 mg</i>	3	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	3	
<i>enulose oral solution 10 gram/15 ml</i>	1	
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	1	ACA PV
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	ACA PV
<i>gavilyte-n oral recon soln 420 gram</i>	1	ACA PV
<i>generlac oral solution 10 gram/15 ml</i>	1	
<i>granisetron hcl oral tablet 1 mg</i>	3	QL (6 per 30 days)
<i>hemmorex-hc rectal suppository 25 mg, 30 mg</i>	3	
<i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>	3	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	1	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	1	
<i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %, 2.5-1 % (4g)</i>	3	
<i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i>	1	
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL 3 %-2.5 % (7 GRAM)	3	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	PA; ST
LIVMARLI ORAL SOLUTION 19 MG/ML	4	PA; ST; QL (2 per 30 days)
LIVMARLI ORAL SOLUTION 9.5 MG/ML	4	PA; ST; QL (3 per 30 days)
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	3	
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	1	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	1	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram, 800 mg</i>	3	
<i>mesalamine rectal enema 4 gram/60 ml</i>	1	
<i>mesalamine rectal suppository 1,000 mg</i>	1	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	PA; ST
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i>	3	
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; ST; LA
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; ST; LA
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	1	QL (2 per 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	QL (9 per 30 days)
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1	QL (9 per 30 days)
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	ACA PV
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i>	1	ACA PV
<i>peg-electrolyte oral recon soln 420 gram</i>	1	ACA PV
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	3	ACA PV
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	1	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	3	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	1	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	1	
RELISTOR ORAL TABLET 150 MG	3	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	3	
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	3	
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	3	
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	4	PA; ST; LA
<i>sodium, potassium, mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	1	ST; ACA PV
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	4	PA; ST; QL (2 per 30 days)
<i>sulfasalazine oral tablet 500 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	1	
<i>trimethobenzamide oral capsule 300 mg</i>	1	
<i>ursodiol oral capsule 300 mg</i>	1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	
VARUBI ORAL TABLET 90 MG	3	
VIBERZI ORAL TABLET 100 MG, 75 MG	2	PA; ST; QL (60 per 30 days)
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	4	PA; ST
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML	4	PA; ST
ULCER THERAPY		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	3	
<i>bismuth subcit k-metronidz-tn oral capsule 140-125-125 mg</i>	3	PA
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	3	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	3	
<i>dexlansoprazole oral capsule, biphasic delayed release 30 mg, 60 mg</i>	3	ST
<i>esomeprazole magnesium oral capsule, delayed release (dr/ec) 40 mg</i>	3	
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>lansoprazole oral capsule, delayed release (dr/ec) 15 mg, 30 mg</i>	3	
<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg, 30 mg</i>	3	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	3	

Drug Name	Drug Tier	Requirements / Limits
omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg	1	
pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg	1	
rabeprazole oral tablet, delayed release (dr/ec) 20 mg	3	
sucralfate oral suspension 100 mg/ml	3	
sucralfate oral tablet 1 gram	1	

IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

ANTIVIRALS

ribavirin oral capsule 200 mg	4	LA
ribavirin oral tablet 200 mg	4	LA

BIOTECHNOLOGY DRUGS

ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA; LA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	4	PA; LA
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	4	PA
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	4	PA; LA
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	4	
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	MB	PA; ST; LA; QL (1 per 90 days)
LEUKINE INJECTION RECON SOLN 250 MCG	4	PA; ST
MIRCERA INJECTION SYRINGE 100 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	MB	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	4	PA; ST

Drug Name	Drug Tier	Requirements / Limits
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA; ST
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	4	
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	
PROCRT 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	4	PA; LA
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML	4	PA; ST
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	4	PA; ST
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; ST
XOLREMDI ORAL CAPSULE 100 MG	4	PA
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA; ST
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; ST
GROWTH HORMONES		
GENOTROPIN MINISQUICK 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	4	PA; ST; LA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	4	PA; ST; LA
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	4	PA; ST; LA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	4	PA; ST; LA
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	4	PA; ST; LA
INTERFERONS		

Drug Name	Drug Tier	Requirements / Limits
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	4	PA; LA
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	4	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	4	PA; LA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	4	PA; LA
MULTIPLE SCLEROSIS AGENTS		
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	4	PA; LA; QL (1 per 30 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	4	PA; LA; QL (1 per 30 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	4	PA; LA; QL (14 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release (dr/ec) 120 mg (14)- 240 mg (46)</i>	4	PA; LA; QL (1 per 365 days)
<i>dimethyl fumarate oral capsule, delayed release (dr/ec) 120 mg, 240 mg</i>	4	PA; LA; QL (60 per 30 days)
<i>fingolimod oral capsule 0.5 mg</i>	4	PA; LA; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	4	PA; LA; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	4	PA; LA; QL (12 per 30 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	4	PA; LA; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	4	PA; LA; QL (12 per 30 days)
KESIMPTA SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	4	PA; LA; QL (1 per 30 days)
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	4	PA; ST; LA; QL (40 per 720 days)
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	4	PA; ST; LA; QL (16 per 720 days)
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	4	PA; ST; LA; QL (20 per 720 days)
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	4	PA; ST; LA; QL (24 per 720 days)
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	4	PA; ST; LA; QL (28 per 720 days)
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	4	PA; ST; LA; QL (32 per 720 days)
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	4	PA; ST; LA; QL (36 per 720 days)

Drug Name	Drug Tier	Requirements / Limits
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	4	PA; LA; QL (30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS, DOSE PACK 0.25 MG (7 TABS)	4	PA; LA; QL (1 per 365 days)
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS, DOSE PACK 0.25 MG (12 TABS)	4	PA; LA; QL (1 per 365 days)
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	4	PA; LA; QL (2 per 30 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	4	PA; LA; QL (2 per 30 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; LA; QL (1 per 365 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	4	PA; LA; QL (2 per 30 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; LA; QL (1 per 365 days)
PONVORY 14-DAY STARTER PACK ORAL TABLETS, DOSE PACK 2 MG (2) - 10 MG (3)	4	PA; LA; QL (1 per 365 days)
PONVORY ORAL TABLET 20 MG	4	PA; LA; QL (30 per 30 days)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; LA; QL (12 per 30 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; LA; QL (12 per 30 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; LA; QL (1 per 30 days)
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; LA; QL (1 per 30 days)
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	4	PA; LA; QL (30 per 30 days)
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	2	VAC
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	VAC
ADACEL (TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	VAC
ADACEL (TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	VAC

Drug Name	Drug Tier	Requirements / Limits
AFLURIA TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	2	VAC
AFLURIA TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	2	VAC
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	2	VAC
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	2	VAC
BEXSERO INTRAMUSCULAR SYRINGE 50- 50-50-25 MCG/0.5 ML	2	VAC
BIOTHRAX INTRAMUSCULAR SUSPENSION 0.5 ML/DOSE	2	VAC
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	2	VAC
CAPVAXIVE INTRAMUSCULAR SYRINGE 0.5 ML	2	VAC
COMIRNATY 2024-25 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	2	VAC
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF- MCG-LF/0.5ML	2	VAC
ENGRIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	2	VAC
ENGRIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	2	VAC
ENGRIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	2	VAC
FLUAD TRIV 2024-25(65Y UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	2	VAC
FLUARIX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	2	VAC
FLUBLOK TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML	2	VAC
FLUCELVAX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	2	VAC

Drug Name	Drug Tier	Requirements / Limits
FLUCELVAX TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	2	VAC
FLULAVAL TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	2	VAC
FLUMIST TRIVALENT 2024-2025 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	2	VAC
FLUZONE HIGH-DOSE TRIV 24-25 INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	2	VAC
FLUZONE TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	2	VAC
FLUZONE TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	2	VAC
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	2	VAC
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	VAC
GRASTEK SUBLINGUAL TABLET 2,800 BAU	3	PA; ST
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1, 440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	2	VAC
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	2	VAC
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	VAC
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	2	VAC
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	2	VAC
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	2	VAC
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	2	VAC
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	2	VAC
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	2	VAC

Drug Name	Drug Tier	Requirements / Limits
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	2	VAC
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	2	VAC
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	2	VAC
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	2	VAC
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	2	VAC
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	4	PA; ST
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	2	VAC
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	2	VAC
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	2	VAC
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	2	VAC
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	2	VAC
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	VAC
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	2	VAC
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	2	VAC
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	2	VAC
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	2	VAC
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	2	VAC
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT	3	PA; ST

Drug Name	Drug Tier	Requirements / Limits
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	2	VAC
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	2	VAC
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	2	VAC
ROTATEQ VACCINE ORAL SOLUTION 2 ML	2	VAC
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	2	VAC
SPIKEVAX 2024-2025(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	2	VAC
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML	3	VAC
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	2	VAC
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	2	VAC
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	2	VAC
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML	3	VAC
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	2	VAC
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	2	VAC
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	2	VAC
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	2	VAC
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	2	VAC
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	2	VAC
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	2	VAC
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	2	VAC

Drug Name	Drug Tier	Requirements / Limits
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML	2	VAC
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML	2	VAC
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	2	VAC
IMMUNOLOGY		
INTERLEUKINS		
<i>imiquimod topical cream in packet 5 %</i>	1	
MUSCULOSKELETAL & RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral capsule 0.6 mg</i>	1	
<i>colchicine oral tablet 0.6 mg</i>	1	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	3	
<i>probenecid oral tablet 500 mg</i>	1	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	1	
OSTEOPOROSIS THERAPY		
<i>alendronate oral solution 70 mg/75 ml</i>	1	
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML	MB	PA; ST; LA; QL (2 per 30 days)
EVENITY SUBCUTANEOUS SYRINGE 210MG/2.34ML (105MG/1.17MLX2)	MB	PA; ST; LA; QL (1 per 30 days)
<i>ibandronate oral tablet 150 mg</i>	1	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	4	PA; ST; LA
<i>raloxifene oral tablet 60 mg</i>	4	Och; ACA PV
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	3	
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>	3	
<i>teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml)</i>	4	PA; ST; LA; QL (30 per 30 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	4	PA; ST; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	4	PA; ST; LA; QL (30 per 30 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	4	PA; ST; LA; QL (2 per 30 days)
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	4	PA; ST; LA; QL (2 per 30 days)
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML	4	PA; ST; LA
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	4	PA; ST; LA
ADALIMUMAB-ADBM SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	4	PA; ST; LA
ADALIMUMAB-ADBM SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	4	PA; ST; LA
ADALIMUMAB-ADBM(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	4	PA; ST; LA
ADALIMUMAB-ADBM(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	4	PA; ST; LA
ADALIMUMAB-RYVK SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	4	PA; ST; LA
ADALIMUMAB-RYVK SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	4	PA; ST; LA
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	4	PA; ST; LA
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	4	PA; ST; LA
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	4	PA; ST; LA
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	4	PA; ST; LA
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	4	PA; ST; LA
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	4	PA; ST; LA

Drug Name	Drug Tier	Requirements / Limits
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	4	PA; ST; LA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	4	PA; ST; LA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	4	PA; ST; LA
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	4	PA; ST; LA
HUMIRA (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; ST; LA
HUMIRA PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; ST; LA
HUMIRA(CF) (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	4	PA; ST; LA
HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; ST; LA
HUMIRA(CF) PEN CROHNS-UC-HS (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA; ST; LA
HUMIRA(CF) PEN PEDIATRIC UC (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA; ST; LA
HUMIRA(CF) PEN PSOR-UV-ADOL HS (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; ST; LA
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	4	PA; ST; LA
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR 80MG/0.8ML(X1)- 40 MG/0.4ML(X2)	4	PA; ST; LA
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML, 80 MG/0.8 ML- 40 MG/0.4 ML	4	PA; ST; LA
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML	4	PA; ST; LA

Drug Name	Drug Tier	Requirements / Limits
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	4	PA; ST; LA
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	4	PA; ST; LA
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	4	PA; ST; LA
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	4	PA; ST; LA
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	4	PA; ST; LA
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	4	PA; ST; LA
OTEZLA ORAL TABLET 20 MG, 30 MG	4	PA; ST; LA
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	4	PA; ST; LA
<i>penicillamine oral capsule 250 mg</i>	3	PA; ST
<i>penicillamine oral tablet 250 mg</i>	1	PA; ST
RIDAURA ORAL CAPSULE 3 MG	3	
RINVOQ LQ ORAL SOLUTION 1 MG/ML	4	PA; ST
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	4	PA; ST; LA
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	PA; ST
SAVELLA ORAL TABLETS, DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	3	PA; ST
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	4	PA; ST; LA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	4	PA; ST; LA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	4	PA; ST; LA
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	4	PA; ST; LA
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	4	PA; ST; LA
XELJANZ ORAL SOLUTION 1 MG/ML	4	PA; ST; LA
XELJANZ ORAL TABLET 10 MG, 5 MG	4	PA; ST; LA

Drug Name	Drug Tier	Requirements / Limits
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	4	PA; ST; LA
OBSTETRICS & GYNECOLOGY		
DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	2	ACA PV
FEMCAP VAGINAL DEVICE 22 MM	2	ACA PV
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG	4	ACA PV
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	4	ST; ACA PV
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG	4	ACA PV
PARAGARD T 380A INTRAUTERINE DEVICE 380 SQUARE MM	4	ACA PV
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG	4	ACA PV
WIDE-SEAL VAGINAL DIAPHRAGM 60 MM	2	ACA PV
ESTROGENS & PROGESTINS		
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	3	
<i>camila oral tablet 0.35 mg</i>	1	ACA PV
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	3	
<i>covaryx h.s. oral tablet 0.625-1.25 mg</i>	1	
<i>covaryx oral tablet 1.25-2.5 mg</i>	1	
<i>deblitane oral tablet 0.35 mg</i>	1	ACA PV
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	2	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	2	ACA PV
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL (8 per 30 days)
DUAVEE ORAL TABLET 0.45-20 MG	3	
<i>eemt hs oral tablet 0.625-1.25 mg</i>	1	
<i>eemt oral tablet 1.25-2.5 mg</i>	1	
<i>emzahh oral tablet 0.35 mg</i>	1	ACA PV

Drug Name	Drug Tier	Requirements / Limits
<i>errin oral tablet 0.35 mg</i>	1	ACA PV
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%), 1 mg/gram (0.1 %), 1.25 mg/1.25 gram (0.1 %)</i>	1	QL (30 per 30 days)
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL (8 per 30 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL (4 per 30 days)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	1	
<i>estradiol vaginal tablet 10 mcg</i>	1	
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	1	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	2	
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>	1	
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%)	3	QL (2 per 30 days)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	3	
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>gallifrey oral tablet 5 mg</i>	1	
<i>heather oral tablet 0.35 mg</i>	1	ACA PV
<i>incassia oral tablet 0.35 mg</i>	1	ACA PV
<i>jencycla oral tablet 0.35 mg</i>	1	ACA PV
<i>jinteli oral tablet 1-5 mg-mcg</i>	1	
<i>lyleq oral tablet 0.35 mg</i>	1	ACA PV
<i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL (8 per 30 days)
<i>lyza oral tablet 0.35 mg</i>	1	ACA PV
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	1	ACA PV

Drug Name	Drug Tier	Requirements / Limits
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	1	ACA PV
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	3	
<i>mimvey oral tablet 1-0.5 mg</i>	1	
<i>nora-be oral tablet 0.35 mg</i>	1	ACA PV
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	1	ACA PV
<i>norethindrone acetate oral tablet 5 mg</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
OPILL ORAL TABLET 0.075 MG	2	ACA PV; QL (28 per 28 days)
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	2	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	2	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	
<i>progesterone intramuscular oil 50 mg/ml</i>	4	LA
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	1	
<i>sharobel oral tablet 0.35 mg</i>	1	ACA PV
<i>tulana oral tablet 0.35 mg</i>	1	ACA PV
<i>yuvaferm vaginal tablet 10 mcg</i>	1	
MISCELLANEOUS OB/GYN		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	3	ACA PV
<i>clindamycin phosphate vaginal cream 2 %</i>	1	
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	1	ACA PV
<i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i>	1	ACA PV
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	1	ACA PV
<i>fem ph vaginal gel 0.9-0.025 %</i>	1	
GYNAZOLE-1 VAGINAL CREAM 2 %	3	
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	1	ACA PV

Drug Name	Drug Tier	Requirements / Limits
INTRAROSA VAGINAL INSERT 6.5 MG	3	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	
<i>miconazole-3 vaginal suppository 200 mg</i>	1	
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	1	ACA PV
OSPHENA ORAL TABLET 60 MG	3	
PHEXXI VAGINAL GEL 1.8-1-0.4 %	3	ACA PV
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	1	
<i>tranexamic acid oral tablet 650 mg</i>	1	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR	3	ACA PV
<i>vandazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	
VCF CONTRACEPTIVE VAGINAL FILM 28 %	2	ACA PV
VCF CONTRACEPTIVE VAGINAL GEL 4 %	3	ACA PV
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	1	ACA PV
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	1	ACA PV
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	1	ACA PV
<i>after pill oral tablet 1.5 mg</i>	1	ACA PV
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA PV
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	ACA PV
<i>amethia oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA PV
<i>amethyst oral tablet 90-20 mcg (28)</i>	1	ACA PV
<i>apri oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	ACA PV
<i>ashlyna oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA PV
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	1	ACA PV
<i>aubra oral tablet 0.1-20 mg-mcg</i>	1	ACA PV
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	ACA PV

Drug Name	Drug Tier	Requirements / Limits
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	ACA PV
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA PV
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA PV
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA PV
<i>aviane oral tablet 0.1-20 mg-mcg</i>	1	ACA PV
<i>ayuna oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA PV
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	1	ACA PV
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA PV
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA PV
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA PV
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	1	ACA PV
<i>camrese lo oral tablets, dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	1	ACA PV
<i>camrese oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA PV
<i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	1	ACA PV
<i>charlotte 24 fe oral tablet, chewable 1 mg-20 mcg (24) /75 mg (4)</i>	1	ACA PV
<i>chateal (28) oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	1	ACA PV
<i>curae oral tablet 1.5 mg</i>	1	ACA PV
<i>cyred eq oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>cyred oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA PV
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	ACA PV
<i>daysee oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA PV
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA PV

Drug Name	Drug Tier	Requirements / Limits
<i>dolishale</i> oral tablet 90-20 mcg (28)	1	ACA PV
<i>drospirenone-e.estradiol-lm.f.a</i> oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)	3	ACA PV
<i>drospirenone-ethinyl estradiol</i> oral tablet 3-0.02 mg, 3-0.03 mg	1	ACA PV
<i>econtra ez</i> oral tablet 1.5 mg	1	ACA PV
<i>econtra one-step</i> oral tablet 1.5 mg	1	ACA PV
<i>elinest</i> oral tablet 0.3-30 mg-mcg	1	ACA PV
ELLA ORAL TABLET 30 MG	3	ACA PV
<i>enpresse</i> oral tablet 50-30 (6)/75-40 (5)/125-30(10)	1	ACA PV
<i>enskyce</i> oral tablet 0.15-0.03 mg	1	ACA PV
<i>estarylla</i> oral tablet 0.25-35 mg-mcg	1	ACA PV
<i>ethynodiol diac-eth estradiol</i> oral tablet 1-35 mg-mcg, 1-50 mg-mcg	1	ACA PV
<i>falmina</i> (28) oral tablet 0.1-20 mg-mcg	1	ACA PV
<i>finzala</i> oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)	1	ACA PV
<i>gemmily</i> oral capsule 1 mg-20 mcg (24)/75 mg (4)	1	ACA PV
<i>hailey 24 fe</i> oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	ACA PV
<i>hailey fe 1.5/30</i> (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	ACA PV
<i>hailey fe 1/20</i> (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	ACA PV
<i>hailey</i> oral tablet 1.5-30 mg-mcg	1	ACA PV
<i>her style</i> oral tablet 1.5 mg	1	ACA PV
<i>iclevia</i> oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)	1	ACA PV
<i>isibloom</i> oral tablet 0.15-0.03 mg	1	ACA PV
<i>jaimiess</i> oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	ACA PV
<i>jasmiel</i> (28) oral tablet 3-0.02 mg	1	ACA PV
<i>jolessa</i> oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)	1	ACA PV
<i>joyeaux</i> oral tablet 0.1 mg-0.02 mg (21)/iron (7)	1	ACA PV
<i>juleber</i> oral tablet 0.15-0.03 mg	1	ACA PV
<i>junel 1.5/30</i> (21) oral tablet 1.5-30 mg-mcg	1	ACA PV

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

Drug Name	Drug Tier	Requirements / Limits
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30 (10)	1	ACA PV
levora-28 oral tablet 0.15-0.03 mg	1	ACA PV
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	3	ACA PV
lojaimiess oral tablets, dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	1	ACA PV
loryna (28) oral tablet 3-0.02 mg	1	ACA PV
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	1	ACA PV
lo-zumandimine (28) oral tablet 3-0.02 mg	1	ACA PV
luteru (28) oral tablet 0.1-20 mg-mcg	1	ACA PV
marlissa (28) oral tablet 0.15-0.03 mg	1	ACA PV
merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)	1	ACA PV
mibelas 24 fe oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)	1	ACA PV
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	1	ACA PV
microgestin 1/20 (21) oral tablet 1-20 mg-mcg	1	ACA PV
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	ACA PV
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	ACA PV
mili oral tablet 0.25-35 mg-mcg	1	ACA PV
mono-lynyah oral tablet 0.25-35 mg-mcg	1	ACA PV
my choice oral tablet 1.5 mg	1	ACA PV
my way oral tablet 1.5 mg	1	ACA PV
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	3	ACA PV
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	ACA PV
new day oral tablet 1.5 mg	1	ACA PV
NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28)	3	ACA PV
nikki (28) oral tablet 3-0.02 mg	1	ACA PV
noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)	1	ACA PV
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	ACA PV

Drug Name	Drug Tier	Requirements / Limits
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA PV
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1-20 (5)/1-30 (7) /1mg-35mcg (9), 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA PV
<i>norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg (24) /75 mg (4)</i>	1	ACA PV
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	1	ACA PV
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	ACA PV
<i>nortrel 1/35 oral tablet 1-35 mg-mcg (21)</i>	1	ACA PV
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA PV
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	ACA PV
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA PV
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	ACA PV
<i>ocella oral tablet 3-0.03 mg</i>	1	ACA PV
<i>opcicon one-step oral tablet 1.5 mg</i>	1	ACA PV
<i>option-2 oral tablet 1.5 mg</i>	1	ACA PV
<i>philith oral tablet 0.4-35 mg-mcg</i>	1	ACA PV
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA PV
<i>portia 28 oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>rivelsa oral tablets, dose pack, 3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	1	ACA PV
<i>setlakin oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	1	ACA PV
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA PV
<i>simpesse oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA PV
SLYND ORAL TABLET 4 MG (28)	3	ACA PV
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	1	ACA PV
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	1	ACA PV
<i>syeda oral tablet 3-0.03 mg</i>	1	ACA PV
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA PV

Drug Name	Drug Tier	Requirements / Limits
tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	ACA PV
tilia fe oral tablet 1-20 (5)/1-30 (7) /1mg-35mcg (9)	1	ACA PV
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	1	ACA PV
tri-legest fe oral tablet 1-20 (5)/1-30 (7) /1mg-35mcg (9)	1	ACA PV
tri-lynyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	1	ACA PV
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	1	ACA PV
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	1	ACA PV
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	1	ACA PV
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	1	ACA PV
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	1	ACA PV
tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	1	ACA PV
trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	1	ACA PV
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg	1	ACA PV
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	1	ACA PV
turqoz (28) oral tablet 0.3-30 mg-mcg	1	ACA PV
TYBLUME ORAL TABLET, CHEWABLE 0.1 MG- 20 MCG	3	ACA PV
tydemy oral tablet 3-0.03-0.451 mg (21) (7)	3	ACA PV
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg	1	ACA PV
vestura (28) oral tablet 3-0.02 mg	1	ACA PV
vienva oral tablet 0.1-20 mg-mcg	1	ACA PV
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	ACA PV
volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	ACA PV
vyfemla (28) oral tablet 0.4-35 mg-mcg	1	ACA PV
vylibra oral tablet 0.25-35 mg-mcg	1	ACA PV

Drug Name	Drug Tier	Requirements / Limits
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	1	ACA PV
<i>wymzya fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	1	ACA PV
<i>zarah oral tablet 3-0.03 mg</i>	1	ACA PV
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA PV
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	1	ACA PV
OXYTOCICS		
<i>methylergonovine oral tablet 0.2 mg</i>	1	
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>AZASITE OPHTHALMIC (EYE) DROPS 1 %</i>	3	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
<i>BESIVANCE OPHTHALMIC (EYE) DROPS, SUSPENSION 0.6 %</i>	3	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	1	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	1	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>NATACYN OPHTHALMIC (EYE) DROPS, SUSPENSION 5 %</i>	3	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	1	
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	1	
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	3	
ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	3	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	3	
BETOPTIC S OPHTHALMIC (EYE) DROPS, SUSPENSION 0.25 %	3	PA; ST
<i>carteolol ophthalmic (eye) drops 1 %</i>	3	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	1	
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	4	
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	1	
<i>atropine ophthalmic (eye) ointment 1 %</i>	1	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	1	
<i>homatropaire ophthalmic (eye) drops 5 %</i>	1	
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	1	
DIRECT ACTING MIOTICS		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
MISCELLANEOUS OPHTHALMOLOGICS		
ALOCRIAL OPHTHALMIC (EYE) DROPS 2 %	3	PA; ST
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	3	PA; ST
<i>altacaine ophthalmic (eye) drops 0.5 %</i>	3	
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1	
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i>	3	

Drug Name	Drug Tier	Requirements / Limits
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	1	
CYSTARAN OPTHALMIC (EYE) DROPS 0.44 %	4	PA
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	1	
<i>olopatadine ophthalmic (eye) drops 0.1 %, 0.2 %</i>	1	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	1	
TETRACAINE HCL (PF) OPTHALMIC (EYE) DROPS 0.5 %	3	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>	3	
ZERVIAE OPTHALMIC (EYE) DROPPERETTE 0.24 %	3	PA; ST
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACUVAIL (PF) OPTHALMIC (EYE) DROPPERETTE 0.45 %	3	
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	1	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1	
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	1	
NEVANAC OPTHALMIC (EYE) DROPS, SUSPENSION 0.1 %	3	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	3	
OTHER GLAUCOMA DRUGS		
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	1	
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	3	
<i>brinzolamide ophthalmic (eye) drops, suspension 1 %</i>	3	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	1	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	PA; ST
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	3	PA; ST
SIMBRINZA OPHTHALMIC (EYE) DROPS, SUSPENSION 1-0.2 %	3	
<i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i>	3	
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	1	
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops, suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops, suspension 3.5-10,000-10 mg-unit-mg/ml</i>	1	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	
TOBRADEX ST OPHTHALMIC (EYE) DROPS, SUSPENSION 0.3-0.05 %	3	ST
<i>tobramycin-dexamethasone ophthalmic (eye) drops, suspension 0.3-0.1 %</i>	1	
ZYLET OPHTHALMIC (EYE) DROPS, SUSPENSION 0.3-0.5 %	3	ST
STEROIDS		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	3	
<i>fluorometholone ophthalmic (eye) drops, suspension 0.1 %</i>	1	
FML FORTE OPHTHALMIC (EYE) DROPS, SUSPENSION 0.25 %	3	
INVELTYS OPHTHALMIC (EYE) DROPS, SUSPENSION 1 %	3	ST
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	3	ST

Drug Name	Drug Tier	Requirements / Limits
<i>loteprednol etabonate ophthalmic (eye) drops, gel 0.5 %</i>	3	
<i>loteprednol etabonate ophthalmic (eye) drops, suspension 0.2 %, 0.5 %</i>	3	
MAXIDEX OPHTHALMIC (EYE) DROPS, SUSPENSION 0.1 %	3	
PRED MILD OPHTHALMIC (EYE) DROPS, SUSPENSION 0.12 %	3	
<i>prednisolone acetate ophthalmic (eye) drops, suspension 1 %</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	
STEROID-SULFONAMIDE COMBINATIONS		
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	
SULFONAMIDES		
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	1	
SYMPATHOMIMETICS		
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.1 %</i>	3	
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	3	
VASOCONSTRICTOR DECONGESTANTS		
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	1	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTIHIISTAMINE & ANTIALLERGENIC AGENTS		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	1	PA; ST; QL (2 per 30 days)
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	PA; ST; QL (240 per 30 days)
<i>cetirizine oral solution 1 mg/ml</i>	1	
<i>clemastine oral tablet 2.68 mg</i>	3	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	1	
<i>cyproheptadine oral tablet 4 mg</i>	1	
<i>desloratadine oral tablet 5 mg</i>	3	PA; ST; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
<i>desloratadine oral tablet, disintegrating 2.5 mg, 5 mg</i>	3	PA; ST; QL (30 per 30 days)
<i>dexchlorpheniramine maleate oral solution 2 mg/5 ml</i>	3	
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	2	QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	QL (4 per 30 days)
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	3	
<i>levocetirizine oral tablet 5 mg</i>	3	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	
COUGH & COLD THERAPY		
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	1	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	1	
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	1	
<i>g tussin ac oral liquid 10-100 mg/5 ml</i>	1	
<i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr 10-8 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	1	
<i>hydromet oral syrup 5-1.5 mg/5 ml</i>	3	
<i>maxi-tuss ac oral liquid 10-100 mg/5 ml</i>	1	
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	1	
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	1	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i>	1	
PULMONARY AGENTS		

Drug Name	Drug Tier	Requirements / Limits
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	1	
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	4	PA; LA
ADVAIR HFA INHALATION AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	2	QL (1 per 30 days)
ALBUTEROL HFA 90 MCG INHALER 90 MCG/ACTUATION	3	QL
<i>albuterol hfa 90 mcg inhaler 90 mcg/actuation</i>	1	QL (2 per 30 days)
<i>albuterol sulfate inhalation inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	1	
<i>albuterol sulfate inhalation oral syrup 2 mg/5 ml</i>	1	
<i>albuterol sulfate inhalation oral tablet 2 mg, 4 mg</i>	1	
<i>albuterol sulfate inhalation oral tablet extended release 12 hr 4 mg, 8 mg</i>	1	
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	3	PA; ST; QL (2 per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	3	PA; ST; QL (1 per 30 days)
<i>alyq oral tablet 20 mg</i>	4	PA
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	4	PA; LA
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	2	QL (1 per 30 days)
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	3	
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION	2	QL (1 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 50 MCG/ACTUATION	2	
ASMANEX HFA INHALATION AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	3	PA; ST; QL (1 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	3	PA; ST; QL (1 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
ATROVENT HFA INHALATION AEROSOL INHALER 17 MCG/ACTUATION	3	QL (2 per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	2	
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	4	PA; LA
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE	2	QL (1 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 200-25 MCG/DOSE, 50-25 MCG/DOSE	2	
<i>breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	1	QL (1 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	1	QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	1	QL (30 per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	1	QL (1 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	QL (2 per 30 days)
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	1	
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	2	QL (1 per 30 days)
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	3	
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	4	PA; ST; LA
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML	4	PA; ST; LA
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 44 MCG/ACTUATION	3	QL (1 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	3	QL (2 per 30 days)
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i>	1	
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	QL (1 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	3	
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	4	PA; ST; LA
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	4	PA; ST
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1	QL (180 per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	1	
LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	3	QL (2 per 30 days)
<i>montelukast oral granules in packet 4 mg</i>	1	
<i>montelukast oral tablet 10 mg</i>	1	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	1	
<i>nebusal inhalation solution for nebulization 3 %</i>	1	
OFEV ORAL CAPSULE 100 MG, 150 MG	4	PA; LA; QL (60 per 30 days)
OPSUMIT ORAL TABLET 10 MG	4	PA; LA
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG	4	PA; LA
<i>pirfenidone oral capsule 267 mg</i>	4	PA; LA; QL (270 per 30 days)
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	4	PA; LA; QL (90 per 30 days)
<i>pulmosal inhalation solution for nebulization 7 %</i>	1	
PULMOZYME INHALATION SOLUTION 1 MG/ML	4	PA; LA
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	2	
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	3	
<i>sajazir subcutaneous syringe 30 mg/3 ml</i>	4	PA; ST; LA
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	2	
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	4	PA
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	4	PA
SINUVA SINUS IMPLANT 1,350 MCG	MB	PA

Drug Name	Drug Tier	Requirements / Limits
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %</i>	1	
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION	2	
SPIRIVA RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	2	QL (1 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	3	
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	4	PA; LA
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	4	PA; QL (8 per 30 days)
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	4	PA; ST; LA
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)	4	PA; ST; LA
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1	
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)	4	PA; ST; LA
TEZSPIRE SUBCUTANEOUS SYRINGE 210 MG/1.91 ML (110 MG/ML)	4	PA; ST; LA
<i>theophylline oral elixir 80 mg/15 ml</i>	1	
<i>theophylline oral solution 80 mg/15 ml</i>	1	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1	
<i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i>	1	
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	4	PA; LA
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	2	
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	4	PA; LA
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) - 48(28) MCG, 32 MCG, 48 MCG, 64 MCG	4	PA; LA
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	4	PA; LA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	4	PA; LA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	4	PA; LA
<i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	QL (1 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML	4	PA; ST; LA; QL (2 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	4	PA; ST; LA; QL (1 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	4	PA; ST; LA; QL (4 per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	MB	PA; ST; LA; QL (1 per 30 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; ST; LA; QL (2 per 30 days)
XOLAIR SUBCUTANEOUS SYRINGE 300 MG/2 ML	4	PA; ST; LA; QL (1 per 30 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	4	PA; ST; LA; QL (4 per 30 days)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	3	
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	3	ST
UROLOGICALS		
ANTICHOLINERGICS & ANTISPASMODICS		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	3	
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i>	3	
<i>flavoxate oral tablet 100 mg</i>	1	
<i>mirabegron oral tablet extended release 24 hr 25 mg, 50 mg</i>	3	PA; ST

Drug Name	Drug Tier	Requirements / Limits
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	1	
<i>solifenacin oral tablet 10 mg, 5 mg</i>	1	
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	3	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	3	
<i>trospium oral capsule, extended release 24hr 60 mg</i>	1	
<i>trospium oral tablet 20 mg</i>	1	
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	1	
<i>dutasteride oral capsule 0.5 mg</i>	1	
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	3	
<i>finasteride oral tablet 5 mg</i>	1	
<i>silodosin oral capsule 4 mg, 8 mg</i>	3	
<i>tamsulosin oral capsule 0.4 mg</i>	1	
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
MISCELLANEOUS UROLOGICALS		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	PA
ELMIRON ORAL CAPSULE 100 MG	2	PA; ST
K-PHOS NO 2 ORAL TABLET 305-700 MG	2	
K-PHOS ORIGINAL ORAL TABLET, SOLUBLE 500 MG	3	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	1	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	3	
URINARY ANESTHETICS		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		

Drug Name	Drug Tier	Requirements / Limits
calcium acetate(phosphat bind) oral capsule 667 mg	1	
calcium acetate(phosphat bind) oral tablet 667 mg	1	
effe-r-k oral tablet, effervescent 25 meq	1	
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/ef oral tablet, effervescent 25 meq	3	
potassium chloride oral capsule, extended release 10 meq, 8 meq	1	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	3	
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	1	
POTASSIUM CHLORIDE ORAL TABLET EXTENDED RELEASE 15 MEQ	2	
potassium chloride oral tablet, er particles/crystals 10 meq, 15 meq, 20 meq	1	
VITAMINS & HEMATINICS		
cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml	1	PA
ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)	1	
FLORIVA (FLUORIDE-VITAMIN D3) ORAL DROPS 0.25 MG (0.55 MG)-400 UNIT/ML	3	
fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml	1	ACA PV
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 PV
folic acid oral tablet 1 mg	1	
folic acid oral tablet 400 mcg, 800 mcg	1	ACA PV
hydroxocobalamin intramuscular solution 1,000 mcg/ml	1	

Drug Name	Drug Tier	Requirements / Limits
<i>ludent fluoride oral tablet, chewable 0.25 mg (0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	1	ACA PV
<i>multi-vitamin with fluoride oral drops 0.25 mg/ml, 0.5 mg/ml</i>	1	ACA PV
<i>multi-vitamin with fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg</i>	1	ACA PV
<i>mvc-fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg</i>	1	ACA PV
NOVAFERRUM ORAL DROPS 15 MG IRON/ML	2	
<i>tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	1	ACA PV
<i>vitamins a, c, d and fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	1	ACA PV

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TRUMENBA	74	VENTAVIS	99	XOLAIR	99
<i>tulana</i>	81	<i>verapamil</i>	39	XOLREMDI.....	68
<i>turqoz (28)</i>	88	VERZENIO	15	XOSPATA.....	15
TWINRIX (PF)	74	<i>vestura (28)</i>	88	XTANDI.....	15
TWIRLA	82	VIBERZI	66	<i>xulane</i>	82
TYBLUME	88	VICTOZA 2-PAK	61	XULTOPHY 100/3.6	57
TYBOST	4	VICTOZA 3-PAK	61	XURIDEN	52
<i>tydemy</i>	88	<i>vienna</i>	88	XYREM.....	33
TYENNE.....	78	<i>vigabatrin</i>	18	XYWAV	33
TYENNE AUTOINJECTOR	78	<i>vigadrone</i>	18	Y	
TYMLOS	76	<i>vigpoder</i>	18	YF-VAX (PF).....	75
TYPHIM VI	74	<i>vilazodone</i>	33	YONSA	15
TYVASO.....	99	<i>violele (28)</i>	88	YORVIPATH	59
TYVASO DPI	99	VIRACEPT	4	<i>yuvafem</i>	81
TYVASO REFILL KIT	99	VIREAD.....	4	Z	
U		VISTOGARD.....	9	<i>zafemy</i>	82
UBRELVI	20	<i>vitamins a,c,d and fluoride</i> .	102	<i>zafirlukast</i>	99
UDENYCA	68	VITRAKVI.....	15	<i>zaleplon</i>	33
UDENYCA AUTOINJECTOR	68	VIVITROL	26	<i>zarah</i>	89
UDENYCA ONBODY	68	<i>volnea (28)</i>	88	ZARXIO	68
ULESFIA	50	VONJO	15	ZELBORAF	15
<i>unithroid</i>	61	<i>voriconazole</i>	1	<i>zenatane</i>	46
<i>ursodiol</i>	66			ZENPEP	66
V				ZEPATIER	4
<i>valacyclovir</i>	4				
VALCHLOR	45				

ZEPOSIA	21	ZILBRYSQ	22	<i>zonisamide</i>	18
ZEPOSIA STARTER KIT (28-DAY).....	21	<i>zileuton</i>	99	ZONTIVITY.....	41
ZEPOSIA STARTER PACK (7-DAY)	21	<i>ziprasidone hcl</i>	34	<i>zovia 1-35 (28)</i>	89
ZERVIAE	91	ZIRGAN.....	90	<i>zumandimine (28)</i>	89
<i>zidovudine</i>	4	ZOKINVY	52	ZYKADIA.....	15
ZIEXTENZO.....	68	ZOLINZA.....	15	ZYLET	92
		<i>zolmitriptan</i>	20	ZYMFENTRA.....	66
		<i>zolpidem</i>	34	ZYPITAMAG.....	42