

2022 Prescription Drug Formulary

High Performance Plus



PLEASE READ:

This document contains information about the drugs we cover in your plan. This formulary was updated November 1, 2022 and is subject to change.

Coverage is subject to the definitions, limitations, exclusions and parameters set forth in your official plan benefit documents. Please refer to your Certificate or Benefit Book for more information.

Multi-Language Interpreter Services & Nondiscrimination Notice



This document notifies individuals of how to seek assistance if they speak a language other than English.

Spanish

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-382-5729 (TTY: 711).

Chinese

注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 1-800-382-5729 (TTY: 711)。

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-382-5729 (TTY: 711).

Arabic

لمحوظة: إن كنت تتحدث اللغة العربية، فإن خدماتنا متاحة لك مجاناً. يمكنك الاتصال بنا على الرقم 1-800-382-5729 (TTY: 711).

Pennsylvania Dutch

Wann du Deitsch schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-382-5729 (TTY: 711).

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-382-5729 (телетайп: 711).

French

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-382-5729 (ATS: 711).

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-382-5729 (TTY: 711).

Navajo

Díí baa akó nínízin: Díí saad bee yánílti' go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, **koi'í' hódíílnih 1-800-382-5729 (TTY: 711).**

Oromo

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-382-5729 (TTY: 711).

Korean

남녀: 뽕국뽕를 사뽕뽕겐는 경뽕, 뽕뽕 뽕뽕 서뽕뽕를 무료로 뽕뽕뽕겐 뽕겐뽕니다. 1-800-382-5729 (TTY: 711)뽕뽕로 뽕뽕뽕 뽕겐뽕겐뽕.

Italian

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-382-5729 (TTY: 711).

Japanese

注意事項:日本語を話される場合、無料の言語支援をご利用いただけます。1-800-382-5729 (TTY: 711)まで、お電話にてご連絡ください。

Dutch

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-800-382-5729 (TTY: 711).

Ukrainian

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-382-5729 (телетайп: 711).

Romanian

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-382-5729 (TTY: 711).

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-382-5729 (TTY: 711).

Please Note: Products marketed by Medical Mutual may be underwritten by one of its subsidiaries, such as Medical Health Insuring Corporation of Ohio or MedMutual Life Insurance Company.

QUESTIONS ABOUT YOUR BENEFITS OR OTHER INQUIRIES ABOUT YOUR HEALTH INSURANCE SHOULD BE DIRECTED TO MEDICAL MUTUAL'S CUSTOMER CARE DEPARTMENT AT 1-800-382-5729.

Nondiscrimination Notice

Medical Mutual of Ohio complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex in its operation of health programs and activities. Medical Mutual does not exclude people or treat them differently because of race, color, national origin, age, disability or sex in its operation of health programs and activities.

- Medical Mutual provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, etc.).
- Medical Mutual provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services or if you believe Medical Mutual failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, with respect to your health care benefits or services, you can submit a written complaint to the person listed below. Please include as much detail as possible in your written complaint to allow us to effectively research and respond.

Civil Rights Coordinator

Medical Mutual of Ohio
2060 East Ninth Street
Cleveland, OH 44115-1355
MZ: 01-10-1900

Email: CivilRightsCoordinator@MedMutual.com

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

- Electronically through the Office for Civil Rights Complaint Portal available at:
ocrportal.hhs.gov/ocr/portal/lobby.jsf
- By mail at:
U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F
HHH Building
Washington, DC 20201-0004
- By phone at:
1-800-368-1019 (TDD: 1-800-537-7697)
- Complaint forms are available at:
hhs.gov/ocr/office/file/index.html

Products marketed by Medical Mutual may be underwritten by one of its subsidiaries, such as Medical Health Insuring Corporation of Ohio or MedMutual Life Insurance Company.



MEDICAL MUTUAL®

High Performance Plus Formulary

What is the High Performance Plus formulary?

The High Performance Plus formulary is a list of medications covered by your plan. It includes a variety of clinically effective medications that may cost you less than other options used to treat the same condition. The formulary includes five tiers:

1. Generic (lowest out-of-pocket cost)
2. Preferred brand
3. Non-preferred brand
4. Specialty (highest out-of-pocket cost)
5. Preventive (\$0 out-of-pocket cost)

Refer to your Certificate or Benefit Book for information about your cost share, including copays, coinsurance and/or deductibles. Not all tiers apply to all plans.

If you are a member of a plan that includes a preferred pharmacy network (e.g., CLE-Care), those preferred pharmacies may offer lower cost sharing to help you save money. Check your benefit materials for more details.

If a medication is not listed on this formulary, it will generally not be covered under the plan, and you will pay the full cost.

How do I use the High Performance Plus formulary?

Covered medications are organized two ways in the High Performance Plus formulary:

1. By condition
2. By name

If you know what your medication is used to treat, you can look it up by condition in the front of the document. If you don't know what condition it is used to treat, you can look for it in the alphabetical Index at the back of the document.

When you visit your doctor or health provider, ask him or her to review this formulary at [MedMutual.com/2022drugs](https://www.MedMutual.com/2022drugs) so he or she can see what medications are covered by your plan.

What if my doctor prescribes a medication that is not on the High Performance Plus formulary?

Talk with your doctor or health provider to see if the formulary includes a medication to treat your condition. In most cases, your provider will find one that meets your needs.

In the rare instance that none of the covered medications is appropriate for you and a non-formulary medication is required, your provider can contact Express Scripts and ask for a formulary coverage review by:

- Calling 1-800-753-2851. Your provider will receive a form to fill out and fax back to Express Scripts. Express Scripts will send you and your doctor a letter confirming if coverage is approved (usually within three business days of receiving the necessary information).
- Accessing our online tool at [Express-PAth.com](https://www.Express-PAth.com). Your provider can initiate new requests, complete existing requests or check the status of previously submitted requests.

If an exception is made based on medical necessity, you will only pay your plan's applicable cost share (e.g., non-preferred brand, specialty). If your provider does **not** request a coverage review and you fill a prescription for a non-formulary medication, you will pay the full cost.

How can I find a covered alternative if my medication is not on the formulary?

If you cannot find your current medication on the High Performance Plus formulary, you can find covered alternatives in two ways:

1. Visit [MedMutual.com/member](https://www.medmutual.com/member) and log in to My Health Plan.
 - Click “Benefits & Coverage,” then “Prescription Drug Benefits.”
 - Click the “Sign on to Express Scripts” button. Once you are redirected to the Express Scripts website, click “Prescriptions,” then “Price a Medication.”
 - Type the name of your medication in the Search bar and follow the instructions to see covered alternatives. On the results page, click “Visit My Rx Choices for potential savings” to identify lowest-cost prescription options based on your current benefit.
2. Call the Rx Information number on your Medical Mutual ID card. A Member Services representative can offer covered clinically appropriate alternatives.

Does the High Performance Plus formulary include generics?

Yes. The High Performance Plus formulary includes a large variety of generic medications to help you pay less out of pocket. Generics are shown in ***lower-case italic letters***.

Generic medications are approved by the U.S. Food and Drug Administration (FDA) as having the same active ingredient as their brand-name counterparts. In addition, the FDA requires generics to be just as safe and strong as their brand-name counterparts so you get the same medical benefit.

Does the High Performance Plus formulary include brand medications?

Yes. The High Performance Plus formulary includes a selection of brand medications in most categories. Brand medications are shown in ALL CAPITAL LETTERS.

Does the High Performance Plus formulary include specialty medications?

Yes. Specialty medications are used to treat certain complex medical conditions and may require special handling, instruction, or monitoring. Many specialty medications are

included on the High Performance Plus formulary. You must fill prescriptions for these medications through one of Medical Mutual's contracted specialty pharmacies, Accredo or Gentry. In addition, you can only get a 30-day supply for most specialty medications.

If you are a member of a plan that includes a preferred pharmacy network (e.g., CLE-Care), you may be required to use specific preferred pharmacies for specialty drugs. Check your benefit materials for more details about ordering specialty medications.

Does the High Performance Plus formulary include contraceptives?

Yes. Certain prescription contraceptives are included on the High Performance Plus formulary at a \$0 cost share. Prior authorization, step therapy and quantity limit programs may apply. If your provider feels none of the covered contraceptives on the High Performance Plus formulary is right for you, he or she may contact our pharmacy benefit manager to request a formulary coverage review. If an exception is made to cover a non-formulary contraceptive based on medical necessity, Medical Mutual will cover that contraceptive. You will pay your plan's applicable cost share.

Are there other limitations or coverage rules in addition to what are listed in this guide?

Yes. Medications listed as covered may be subject to additional coverage rules and to your plan's benefits. In addition, Medical Mutual may limit the dose and/or overall quantity of medications you are able to receive to protect your safety. These limits are developed from evidence-based clinical best practices and both national and state prescribing guidelines. If you require a dose or quantity beyond the limits allowed, your doctor or your pharmacist can call Express Scripts at 1-800-753-2851 to begin the review process.

Do I have to use mail order for my maintenance medications?

If you are a member of a CLE-Care plan, you must fill mail-order medications through the MetroHealth Central Fill Pharmacy. Visit

metrohealth.org/pharmacy for more information and to download a form.

If you are NOT a member of a CLE-Care plan, you may be required to use mail order for your maintenance medications (those you take for three months or more), depending on your plan. Please check your Certificate or Benefit Book for details.

Even if you are not required to do so, you may save money on your maintenance medications if you order them through the mail. In addition, you may be able to enroll in Express Scripts' Extended Payment Program. This allows you to split your cost share into three equal monthly payments while still obtaining the full amount of your prescription (limitations may apply).

To get started using mail order, ask your provider to write a prescription for up to a 90-day supply of your medication, plus up to three refills, if applicable. Then:

1. Complete the home delivery form you received in the mail from Express Scripts, and return it with your payment in the envelope provided. If you need another

form, visit MedMutual.com and click "Member Forms" at the bottom of the page. Download and print the Prescription Drug Mail Order Form.

2. Ask your provider to call Express Scripts at 1-888-327-9791 for instructions on how to fax the prescription or use the e-prescribing system. Your provider must have your member ID number (which is on your Medical Mutual member ID card).
3. Call the Rx Information number on your Medical Mutual ID card. A Member Services representative can help you transfer your prescriptions to mail order.

When ordering through the Express Scripts PharmacySM, your medication should be delivered in about eight days (10-14 days if it's a new prescription). Please have a one-month supply of your medicine on hand when you place your order. You can check your order status by visiting the Express Scripts website through My Health Plan, or by calling the Rx Information number on your Medical Mutual ID card.



MEDICAL MUTUAL®

2022 Standard Plus Preventive Medications List (Generics Only)

In addition to a healthy lifestyle, getting preventive care and taking preventive medications can be an important step people take to avoid many illnesses and maintain good health.

Medical Mutual has adopted the following list of preventive medications to support this goal. This list provides examples of commonly prescribed preventive medications. We grouped the medications together based on the medical conditions they are used to prevent. This is not an all inclusive list; only examples of drugs in each category are listed. **If your plan offers a \$0 generic tier, like many of our individual marketplace plans, you can use this list to identify which Tier 1 drugs are available to you at no cost. Drugs not appearing on this list will have the standard deductible, copay or coinsurance applied based on your plan benefits and the formulary tier found in the formulary guidebook.**

If you have questions about your preventive medication benefits, please call Customer Care at the number on your health plan identification (ID) card.

ASTHMA/COPD arformoterol albuterol HFA albuterol nebulizer solution albuterol oral budesonide oral inhalation cromolyn nebulizer solution ipratropium/albuterol nebulizer solution ipratropium nebulizer solution formoterol levabuterol nebulizer solution metaproterenol montelukast terbutaline oral theophylline wixela inhub zafirlukast zileuton er	BONE DISEASE AND FRACTURES alendronate ibandronate raloxifene risedronate risedronate dr zoledronic acid 5mg CAVITIES periomed sodium fluoride rinse, gel, cream, paste, tabs and drops COLONOSCOPY PREPARATION* gavilyte-c gavilyte-g gavilyte-n polyethylene glycol trilyte	DEPRESSION citalopram escitalopram fluoxetine fluoxetine dr fluvoxamine fluvoxamine er paroxetine paroxetine er sertraline DIABETES acarbose generic syringes, lancets and needles glimepiride glipizide glipizide er glipizide/metformin glyburide glyburide micronized glyburide/metformin metformin metformin er
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2022 Standard Plus Preventive Medications List (Generics Only)

miglitol nateglinide pioglitazone pioglitazone/glimepiride pioglitazone/metformin repaglinide repaglinide/metformin HEART DISEASE AND STROKE BLOOD THINNERS aspirin, 81 mg & 325 mg* aspirin-dipyridamole er clopidogrel dipyridamole prasugrel warfarin CHOLESTEROL LOWERING HMG-COA REDUCTASE INHIBITORS* atorvastatin fluvastatin fluvastatin er lovastatin pravastatin rosuvastatin simvastatin OTHER CHOLESTEROL LOWERING AGENTS amlodipine/atorvastatin cholestyramine cholestyramine light colesevelam colestipol ezetimibe ezetimibe/simvastatin fenofibrate fenofibric acid fenofibric acid dr gemfibrozil icosapent ethyl niacin prevalite	HIGH BLOOD PRESSURE ACE INHIBITORS benazepril captopril enalapril fosinopril lisinopril moexipril perindopril quinapril ramipril trandolapril ACE INHIBITORS/DIURETIC COMBINATIONS benazepril/hctz captopril/hctz enalapril/hctz fosinopril/hctz lisinopril/hctz moexipril/hctz quinapril/hctz ANGIOTENSIN II RECEPTOR ANTAGONISTS candesartan eprosartani irbesartan losartan olmesartan telmisartan valsartan ANGIOTENSIN II RECEPTOR ANTAGONISTS/DIURETIC COMBINATIONS candesartan/hctz irbesartan/hctz losartan/hctz olmesartan/hctz telmisartan/hctz valsartan/hctz	BETA BLOCKERS acebutolol atenolol betaxolol bisoprolol metoprolol succinate er metoprolol tartrate nadolol pindolol propranolol propranolol er timolol BETA BLOCKER/DIURETIC COMBINATIONS atenolol/chlorthalidone bisoprolol/hctz metoprolol/hctz nadolol/bendroflumethiazide propranolol/hctz CALCIUM CHANNEL BLOCKERS amlodipine cartia xt diltiazem diltiazem cd diltiazem er felodipine er isradipine matzim la nicardipine nifedipine nifedipine er nisoldipine er tiadylt er taztia xt verapamil verapamil er verapamil er pm verapamil sr
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(over, please)

2022 Standard Plus Preventive Medications List (Generics Only)

DIURETICS chlorothiazide chlorthalidone hydrochlorothiazide indapamide metolazone OTHER HIGH BLOOD PRESSURE COMBINATIONS amlodipine/atorvastatin amlodipine/benazepril amlodipine/olmesartan amlodipine/olmesartan/hctz amlodipine/telmisartan amlodipine/valsartan amlodipine/valsartan/hctz trandolapril/verapamil er	MALARIA atovaquone/proguanil chloroquine mefloquine primaquine MISC ANTIVIRALS emtricitabine/tenofovir (TDF) 200mg/300mg SMOKING-CESSATION* bupropion sr 150mg nicotine gum, lozenges and patches	VITAMINS OR MINERALS folic acid* generic prenatal vitamins generic pediatric multivitamins with fluoride*
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*Please note that some of these medications are also subject to the Affordable Care Act and may be covered by your plan at 100%.

Express Scripts manages your prescription benefit for your employer, plan sponsor or health plan. For specific questions on coverage, please call the phone number on your ID card or log into My Health Plan at [MedMutual.com/member](https://www.MedMutual.com/member) and click Benefits & Coverage, then Prescription Drug Benefits.

Please note: Brand names are shown in ALL CAPITALS in each category. If a generic is available, it is listed in lower-case letters with the brand name.

All rights in the product names of all third-party products appearing here, whether appearing with the trademark symbol, belong exclusively to their respective owners.

Table of Contents

ANTI - INFECTIVES	3
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS	13
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH.....	19
CARDIOVASCULAR, HYPERTENSION & LIPIDS.....	38
DERMATOLOGICALS/TOPICAL THERAPY	49
DIAGNOSTICS & MISCELLANEOUS AGENTS	59
EAR, NOSE & THROAT MEDICATIONS.....	62
ENDOCRINE/DIABETES	63
GASTROENTEROLOGY	72
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY	80
MUSCULOSKELETAL & RHEUMATOLOGY	89
OBSTETRICS & GYNECOLOGY.....	91
OPHTHALMOLOGY	101
RESPIRATORY, ALLERGY, COUGH & COLD	106
UROLOGICALS.....	113
VITAMINS, HEMATINICS & ELECTROLYTES	114
Index	119

List of Abbreviations

- 1: Generic
- 2: Preferred Brand
- 3: Non-preferred Brand
- 4: Specialty
- 5: ACA

ACA: Affordable Care Act.

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call Customer Service.

OTC: Over the Counter. An OTC drug is a non-prescription drug.

PA: Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.

QL: Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.

ST: Step Therapy. In some cases, the Plan requires you to 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, we will then cover Drug B.

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
<i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i>	1	
<i>clotrimazole mucous membrane troche 10 mg</i>	1	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml</i>	1	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	1	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	1	
<i>fluconazole oral tablet 150 mg</i>	1	QL
<i>flucytosine oral capsule 250 mg, 500 mg</i>	1	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	1	
<i>griseofulvin microsize oral tablet 500 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	
<i>itraconazole oral capsule 100 mg</i>	1	QL
<i>itraconazole oral solution 10 mg/ml</i>	1	
<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	
<i>posaconazole oral tablet,delayed release (dr/ec) 100 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>	4	
<i>abacavir oral tablet 300 mg</i>	4	
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	4	
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated November 1, 2022.

Drug Name	Drug Tier	Requirements / Limits
<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	
APTIVUS ORAL CAPSULE 250 MG	4	
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	4	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	2	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	4	
CIMDUO ORAL TABLET 300-300 MG	4	
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	4	
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	4	
DOVATO ORAL TABLET 50-300 MG	4	

Drug Name	Drug Tier	Requirements / Limits
EDURANT ORAL TABLET 25 MG	4	
<i>efavirenz oral capsule 200 mg, 50 mg</i>	4	
<i>efavirenz oral tablet 600 mg</i>	4	
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	4	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg, 600-300-300 mg</i>	4	
<i>emtricitabine oral capsule 200 mg</i>	4	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	4	
EMTRIVA ORAL SOLUTION 10 MG/ML	4	
<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; QL
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	4	PA; LA; QL
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	2	
<i>etravirine oral tablet 100 mg, 200 mg</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated November 1, 2022.

Drug Name	Drug Tier	Requirements / Limits
EVUSHELD (EUA) INTRAMUSCULAR SOLUTION 150 MG/1.5 ML- 150 MG/1.5 ML	2	QL
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	QL
<i>fosamprenavir oral tablet 700 mg</i>	4	
<i>foscarnet intravenous solution 24 mg/ml</i>	1	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	4	
GENVOYA ORAL TABLET 150-150-200-10 MG	4	
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	4	PA; LA; QL
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	4	PA; LA; QL
INTELENCE ORAL TABLET 25 MG	4	
INVIRASE ORAL TABLET 500 MG	4	
ISENTRESS HD ORAL TABLET 600 MG	4	
ISENTRESS ORAL POWDER IN PACKET 100 MG	4	
ISENTRESS ORAL TABLET 400 MG	4	

Drug Name	Drug Tier	Requirements / Limits
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	4	
JULUCA ORAL TABLET 50-25 MG	4	
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	2	QL
<i>lamivudine oral solution 10 mg/ml</i>	4	
<i>lamivudine oral tablet 100 mg</i>	1	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	4	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	4	
LEXIVA ORAL SUSPENSION 50 MG/ML	4	
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	4	
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	4	
<i>maraviroc oral tablet 150 mg, 300 mg</i>	4	
<i>nevirapine oral suspension 50 mg/5 ml</i>	4	
<i>nevirapine oral tablet 200 mg</i>	4	
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated November 1, 2022.

Drug Name	Drug Tier	Requirements / Limits
NORVIR ORAL POWDER IN PACKET 100 MG	4	
NORVIR ORAL SOLUTION 80 MG/ML	4	
ODEFSEY ORAL TABLET 200-25-25 MG	4	
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	1	QL
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	1	QL
PAXLOVID (EUA) ORAL TABLETS,DOSE PACK 150-100 MG, 300 MG (150 MG X 2)-100 MG	2	QL
PREZISTA ORAL SUSPENSION 100 MG/ML	4	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	4	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	3	QL
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	4	

Drug Name	Drug Tier	Requirements / Limits
REYATAZ ORAL POWDER IN PACKET 50 MG	4	
<i>ribavirin inhalation recon soln 6 gram</i>	1	
<i>rimantadine oral tablet 100 mg</i>	1	
<i>ritonavir oral tablet 100 mg</i>	4	
SELZENTRY ORAL SOLUTION 20 MG/ML	4	
SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG	4	
<i>stavudine oral capsule 15 mg, 20 mg, 40 mg</i>	4	
STRIBILD ORAL TABLET 150-150-200-300 MG	4	
SYMFI LO ORAL TABLET 400-300-300 MG	4	
SYMFI ORAL TABLET 600-300-300 MG	4	
TEMIXYS ORAL TABLET 300-300 MG	4	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	4	
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	4	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated November 1, 2022.

Drug Name	Drug Tier	Requirements / Limits
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	4	
TRIUMEQ ORAL TABLET 600-50-300 MG	4	
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	4	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	1	QL
<i>valganciclovir oral recon soln 50 mg/ml</i>	1	
<i>valganciclovir oral tablet 450 mg</i>	1	
VEMLIDY ORAL TABLET 25 MG	2	
VIRACEPT ORAL TABLET 250 MG, 625 MG	4	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	4	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	
ZEPATIER ORAL TABLET 50-100 MG	4	PA; LA; QL
<i>zidovudine oral capsule 100 mg</i>	4	
<i>zidovudine oral syrup 10 mg/ml</i>	4	
<i>zidovudine oral tablet 300 mg</i>	4	

Drug Name	Drug Tier	Requirements / Limits
CEPHALOSPORINS		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	1	
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet 1 gram</i>	1	
<i>cefazolin in 0.9% sod chloride intravenous piggyback 3 gram/100 ml</i>	1	
<i>cefazolin in 0.9% sod chloride intravenous solution 2 gram/100 ml</i>	1	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	
<i>cefazolin in dextrose 5 % intravenous solution 2 gram/100 ml</i>	1	
<i>cefazolin intravenous recon soln 1 gram</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>cefдинир oral capsule 300 mg</i>	1	
<i>cefдинир oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefditoren pivoxil oral tablet 200 mg, 400 mg</i>	1	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	1	
<i>cefixime oral capsule 400 mg</i>	1	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
<i>cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	1	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	1	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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 intravenous recon soln 500 mg</i>	1	
<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	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>e.e.s. 400 oral tablet 400 mg</i>	1	
<i>ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg</i>	1	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>	1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1	
<i>erythromycin lactobionate intravenous recon soln 500 mg</i>	1	
<i>erythromycin oral capsule,delayed release(dr/ec) 250 mg</i>	1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	1	
<i>erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	1	
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole oral tablet 200 mg</i>	1	QL
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	2	QL

Drug Name	Drug Tier	Requirements / Limits
<i>atovaquone oral suspension 750 mg/5 ml</i>	1	
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	1	QL
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	2	QL
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	4	PA; LA; QL
<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	2	QL
CYCLOSERINE ORAL CAPSULE 250 MG	3	
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
EMVERM ORAL TABLET,CHEWABLE 100 MG	2	QL
<i>ethambutol oral tablet 100 mg, 400 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>hydroxychloroquine oral tablet 200 mg</i>	1	
<i>isoniazid injection solution 100 mg/ml</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	ST; QL
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	4	LA; QL
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	1	
<i>linezolid oral tablet 600 mg</i>	1	
<i>mefloquine oral tablet 250 mg</i>	1	QL
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	1	
<i>metronidazole oral capsule 375 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>	1	QL
<i>paromomycin oral capsule 250 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>pentamidine inhalation recon soln 300 mg</i>	1	QL
<i>praziquantel oral tablet 600 mg</i>	1	
PRIFTIN ORAL TABLET 150 MG	2	
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>pyrimethamine oral tablet 25 mg</i>	4	LA
<i>quinine sulfate oral capsule 324 mg</i>	1	QL
<i>rifabutin oral capsule 150 mg</i>	1	
<i>rifampin intravenous recon soln 600 mg</i>	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
SIRTURO ORAL TABLET 100 MG, 20 MG	2	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	QL
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	4	LA; QL
<i>tobramycin in 0.9 % nacl intravenous piggyback 60 mg/50 ml</i>	1	
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	4	LA; QL
TRECTOR ORAL TABLET 250 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
XIFAXAN ORAL TABLET 200 MG, 550 MG	2	QL
PENICILLINS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium intravenous recon soln 1 gram, 2 gram</i>	1	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	
<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	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	1	
QUINOLONES		
<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	
<i>levofloxacin oral solution 250 mg/10 ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin oral tablet 400 mg</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
SULFA'S & RELATED AGENTS		
<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>	1	
<i>coremino oral tablet extended release 24 hr 135 mg, 45 mg, 90 mg</i>	1	ST
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	1	
<i>doxy-100 intravenous recon soln 100 mg</i>	1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>	1	ST
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	ST
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral capsule 150 mg</i>	1	ST
<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>minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	1	ST

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Drug Name	Drug Tier	Requirements / Limits
<i>mondoxyne nl oral capsule 100 mg, 75 mg</i>	1	
<i>morgidox oral capsule 100 mg</i>	1	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	1	
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine oral packet 3 gram</i>	1	
<i>methenamine hippurate oral tablet 1 gram</i>	1	
<i>methenamine mandelate oral tablet 0.5 g, 1 gram</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	1	
<i>trimethoprim oral tablet 100 mg</i>	1	
VANCOMYCIN		

Drug Name	Drug Tier	Requirements / Limits
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS SOLUTION 1 GRAM/250 ML, 1.25 GRAM/250 ML, 1.5 GRAM/250 ML, 1.75 GRAM/250 ML, 2 GRAM/500 ML, 750 MG/150 ML	2	
<i>vancomycin oral capsule 125 mg, 250 mg</i>	1	QL
<i>vancomycin oral recon soln 50 mg/ml</i>	1	QL
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	1	
<i>leucovorin calcium injection solution 10 mg/ml</i>	1	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
MESNEX ORAL TABLET 400 MG	2	
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	4	LA; QL

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Drug Name	Drug Tier	Requirements / Limits
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	4	PA; LA; QL
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg, 500 mg</i>	4	PA; LA; QL
ALECENSA ORAL CAPSULE 150 MG	4	PA; LA; QL
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	4	PA; LA; QL
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)-180 MG (23)	4	PA; LA; QL
<i>anastrozole oral tablet 1 mg</i>	5	ACA
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	4	
<i>bexarotene oral capsule 75 mg</i>	4	PA; LA
<i>bexarotene topical gel 1 %</i>	4	PA; LA
<i>bicalutamide oral tablet 50 mg</i>	1	
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	4	PA; LA; QL
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	4	PA; LA; QL
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
CALQUENCE ORAL CAPSULE 100 MG	4	PA; LA; QL
<i>capecitabine oral tablet 150 mg, 500 mg</i>	4	LA; QL
CAPRELSA ORAL TABLET 100 MG, 300 MG	4	PA; LA; QL
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; LA; QL
COTELLIC ORAL TABLET 20 MG	4	PA; LA; QL
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	4	
<i>cyclosporine modified oral solution 100 mg/ml</i>	4	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	4	
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	2	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	4	PA; LA

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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
EMCYT ORAL CAPSULE 140 MG	2	
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	4	PA; LA
<i>epirubicin intravenous recon soln 200 mg</i>	1	
ERIVEDGE ORAL CAPSULE 150 MG	4	PA; LA; QL
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	4	PA; LA; QL
<i>etoposide oral capsule 50 mg</i>	1	
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	4	PA; LA; QL
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i>	4	PA; LA; QL
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	4	

Drug Name	Drug Tier	Requirements / Limits
<i>exemestane oral tablet 25 mg</i>	5	ACA
<i>flutamide oral capsule 125 mg</i>	1	
GAVRETO ORAL CAPSULE 100 MG	4	PA; LA; QL
<i>gengraf oral capsule 100 mg, 25 mg</i>	4	
<i>gengraf oral solution 100 mg/ml</i>	4	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	4	PA; LA; QL
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	2	
<i>hydroxyurea oral capsule 500 mg</i>	1	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	4	PA; LA; QL
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	4	PA; LA; QL
IDHIFA ORAL TABLET 100 MG, 50 MG	4	PA; LA; QL
<i>imatinib oral tablet 100 mg, 400 mg</i>	4	PA; LA; QL
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	4	PA; LA; QL
IMBRUVICA ORAL TABLET 420 MG, 560 MG	4	PA; LA; QL
INLYTA ORAL TABLET 1 MG, 5 MG	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
IRESSA ORAL TABLET 250 MG	4	PA; LA; QL
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	4	PA; LA; QL
<i>lapatinib oral tablet 250 mg</i>	4	PA; LA; QL
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; LA; QL
<i>letrozole oral tablet 2.5 mg</i>	1	
LEUKERAN ORAL TABLET 2 MG	2	
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	4	PA; LA
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	4	PA; LA
LORBRENA ORAL TABLET 100 MG, 25 MG	4	PA; LA; QL
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	4	PA; LA
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
LYNPARZA ORAL TABLET 100 MG, 150 MG	4	PA; LA; QL
LYSODREN ORAL TABLET 500 MG	4	LA
MATULANE ORAL CAPSULE 50 MG	4	LA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	1	
<i>megestrol oral tablet 20 mg, 40 mg</i>	1	
MEKINIST ORAL TABLET 0.5 MG, 2 MG	4	PA; LA; QL
<i>melphalan oral tablet 2 mg</i>	1	
<i>mercaptopurine oral tablet 50 mg</i>	1	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
methotrexate sodium (pf) injection solution 25 mg/ml	1	
methotrexate sodium injection solution 25 mg/ml	1	
methotrexate sodium oral tablet 2.5 mg	1	
mycophenolate mofetil oral capsule 250 mg	4	
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	4	
mycophenolate mofetil oral tablet 500 mg	4	
mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg	4	
MYLERAN ORAL TABLET 2 MG	2	
NERLYNX ORAL TABLET 40 MG	4	PA; LA
nilutamide oral tablet 150 mg	1	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	4	PA; LA; QL
ODOMZO ORAL CAPSULE 200 MG	4	PA; LA; QL
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	4	
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	4	ST
PURIXAN ORAL SUSPENSION 20 MG/ML	4	LA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	4	PA; LA; QL
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	4	PA; LA
RYDAPT ORAL CAPSULE 25 MG	4	PA; LA; QL
SANDIMMUNE ORAL SOLUTION 100 MG/ML	4	ST
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	4	LA
sirolimus oral solution 1 mg/ml	4	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	4	
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	3	

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Drug Name	Drug Tier	Requirements / Limits
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	4	PA; LA
<i>sorafenib oral tablet 200 mg</i>	4	PA; LA; QL
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	4	PA; LA; QL
STIVARGA ORAL TABLET 40 MG	4	PA; LA; QL
<i>sunitinib oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	4	PA; LA; QL
TABRECTA ORAL TABLET 150 MG, 200 MG	4	PA; LA
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	4	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	4	PA; LA; QL
TAGRISSE ORAL TABLET 40 MG, 80 MG	4	PA; LA; QL
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	4	PA; LA; QL
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	5	ACA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	4	PA; LA; QL

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; LA
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	4	PA; LA; QL
TIBSOVO ORAL TABLET 250 MG	4	PA; LA
<i>toremifene oral tablet 60 mg</i>	1	
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	1	
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	4	PA; LA; QL
VENCLEXTA STARTING PACK ORAL TABLETS, DOSE PACK 10 MG-50 MG- 100 MG	4	PA; LA; QL
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	PA; LA; QL
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG	4	PA; LA; QL
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	4	PA; LA; QL
VITRAKVI ORAL SOLUTION 20 MG/ML	4	PA; LA; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated November 1, 2022.

Drug Name	Drug Tier	Requirements / Limits
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	4	PA; LA; QL
VONJO ORAL CAPSULE 100 MG	4	PA; LA; QL
VOTRIENT ORAL TABLET 200 MG	4	PA; LA; QL
XALKORI ORAL CAPSULE 200 MG, 250 MG	4	PA; LA; QL
XOSPATA ORAL TABLET 40 MG	4	PA; LA; QL
ZEJULA ORAL CAPSULE 100 MG	4	PA; LA; QL
ZELBORAF ORAL TABLET 240 MG	4	PA; LA; QL
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	4	LA
ZOLINZA ORAL CAPSULE 100 MG	4	PA; LA; QL
ZYDELIG ORAL TABLET 100 MG, 150 MG	4	PA; LA; QL
ZYKADIA ORAL TABLET 150 MG	4	PA; LA; QL
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH		
ANTICONVULSANTS		
BANZEL ORAL TABLET 200 MG, 400 MG	2	PA
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>	1	
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
CELONTIN ORAL CAPSULE 300 MG	2	
<i>clobazam oral suspension 2.5 mg/ml</i>	1	
<i>clobazam oral tablet 10 mg, 20 mg</i>	1	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	4	PA; LA
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	4	PA; LA
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	1	
DILANTIN ORAL CAPSULE 30 MG	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated November 1, 2022.

Drug Name	Drug Tier	Requirements / Limits
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	1	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	4	PA; LA
<i>epitol oral tablet 200 mg</i>	1	
<i>ethosuximide oral capsule 250 mg</i>	1	
<i>ethosuximide oral solution 250 mg/5 ml</i>	1	
<i>felbamate oral suspension 600 mg/5 ml</i>	1	
<i>felbamate oral tablet 400 mg, 600 mg</i>	1	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	
<i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
<i>lacosamide intravenous solution 200 mg/20 ml</i>	1	
<i>lacosamide oral solution 10 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) - 50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)</i>	1	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	1	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>lamotrigine oral tablets, dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i>	1	
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)</i>	1	
<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	

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Drug Name	Drug Tier	Requirements / Limits
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	1	
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	1	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	1	
phenytoin oral suspension 100 mg/4 ml, 125 mg/5 ml	1	
phenytoin oral tablet, chewable 50 mg	1	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	1	
phenytoin sodium intravenous solution 50 mg/ml	1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	1	ST
pregabalin oral solution 20 mg/ml	1	ST
pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg	1	PA
primidone oral tablet 250 mg, 50 mg	1	

Drug Name	Drug Tier	Requirements / Limits
roweepra oral tablet 1,000 mg, 500 mg, 750 mg	1	
rufinamide oral suspension 40 mg/ml	1	PA
rufinamide oral tablet 200 mg, 400 mg	1	PA
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
subvenite starter (blue) kit oral tablets, dose pack 25 mg (35)	1	
subvenite starter (green) kit oral tablets, dose pack 25 mg (84) -100 mg (14)	1	
subvenite starter (orange) kit oral tablets, dose pack 25 mg (42) -100 mg (7)	1	
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg	1	
topiramate oral capsule, sprinkle 15 mg, 25 mg	1	
topiramate oral capsule, sprinkle, er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	1	ST
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated November 1, 2022.

Drug Name	Drug Tier	Requirements / Limits
valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)	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	
vigabatrin oral powder in packet 500 mg	4	LA
vigabatrin oral tablet 500 mg	4	LA
vigadrone oral powder in packet 500 mg	4	LA
zonisamide oral capsule 100 mg, 25 mg, 50 mg	1	
ZTALMY ORAL SUSPENSION 50 MG/ML	4	PA; LA
ANTIPARKINSONISM AGENTS		
apomorphine subcutaneous cartridge 10 mg/ml	4	PA; LA; QL
benztropine injection solution 1 mg/ml	1	
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	1	
bromocriptine oral capsule 5 mg	1	
bromocriptine oral tablet 2.5 mg	1	

Drug Name	Drug Tier	Requirements / Limits
carbidopa oral tablet 25 mg	1	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	1	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	1	
carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg	1	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	1	
entacapone oral tablet 200 mg	1	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	4	PA; LA; QL
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	2	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
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>	1	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	1	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	1	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1	
<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>	1	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	

MIGRAINE & CLUSTER HEADACHE THERAPY

Drug Name	Drug Tier	Requirements / Limits
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	1	QL
<i>dihydroergotamine injection solution 1 mg/ml</i>	1	
<i>dihydroergotamine nasal spray,non- aerosol 0.5 mg/pump act. (4 mg/ml)</i>	1	PA; QL
<i>eletriptan oral tablet 20 mg, 40 mg</i>	1	QL
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	
<i>frovatriptan oral tablet 2.5 mg</i>	1	QL
<i>migergot rectal suppository 2-100 mg</i>	1	
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	1	QL
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	1	QL
<i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i>	1	QL
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation</i>	1	QL
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	QL
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	1	QL
<i>sumatriptan-naproxen oral tablet 85-500 mg</i>	1	PA; QL
<i>zolmitriptan nasal spray,non-aerosol 5 mg</i>	1	ST; QL
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	1	QL
<i>zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg</i>	1	QL
MISCELLANEOUS NEUROLOGICAL THERAPY		
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	4	PA; LA; QL
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i>	1	
<i>donepezil oral tablet,disintegrating 10 mg, 5 mg</i>	1	
FIRDAPSE ORAL TABLET 10 MG	4	PA; LA
<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	

Drug Name	Drug Tier	Requirements / Limits
<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>	1	
<i>memantine oral solution 2 mg/ml</i>	1	
<i>memantine oral tablet 10 mg, 5 mg</i>	1	
NUEDEXTA ORAL CAPSULE 20-10 MG	2	PA
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	
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	4	PA; LA
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	4	PA; LA; QL
ZEPOSIA ORAL CAPSULE 0.92 MG	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
ZEPOSIA STARTER KIT ORAL CAPSULE,DOSE PACK 0.23-0.46- 0.92 MG	4	PA; LA; QL
ZEPOSIA STARTER PACK ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	4	PA; LA; QL
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	3	PA
<i>chlorzoxazone oral tablet 500 mg</i>	1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	3	
<i>metaxalone oral tablet 400 mg, 800 mg</i>	1	
<i>methocarbamol injection solution 100 mg/ml</i>	1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>neostigmine methylsulfate intravenous syringe 3 mg/3 ml (1 mg/ml)</i>	1	
<i>orphenadrine citrate injection solution 30 mg/ml</i>	1	
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	1	
<i>orphenadrine-asa- caffeine oral tablet 25-385-30 mg, 50- 770-60 mg</i>	1	
<i>orphengesic forte oral tablet 50-770- 60 mg</i>	1	
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	1	
<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	
NARCOTIC ANALGESICS		
<i>acetaminophen-caff- dihydrocod oral capsule 320.5-30-16 mg</i>	1	PA
<i>acetaminophen-caff- dihydrocod oral tablet 325-30-16 mg</i>	1	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	1	PA
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	1	PA
<i>ascomp with codeine oral capsule 30-50-325-40 mg</i>	1	PA
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1	
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	1	PA
<i>butalbital compound w/codeine oral capsule 30-50-325-40 mg</i>	1	PA
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	1	PA
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	1	
<i>butalbital-acetaminophen oral tablet 25-325 mg, 50-300 mg, 50-325 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg</i>	1	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	1	
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	1	PA
<i>codeine-bitalbital-asa-caff oral capsule 30-50-325-40 mg</i>	1	PA
<i>diskets oral tablet, soluble 40 mg</i>	1	PA
<i>dvorah oral tablet 325-30-16 mg</i>	1	PA
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	PA
<i>fentanyl citrate (pf) intravenous pt controlled analgesia syringe 1,000 mcg/20 ml (50 mcg/ml)</i>	1	PA
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	1	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>fentanyl citrate (pf)-0.9%nacl injection pt controlled analgesia syringe 1,250 mcg/25 ml</i>	1	PA
<i>fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syringe 2,500 mcg/50 ml (50 mcg/ml)</i>	1	PA
<i>fentanyl citrate (pf)-0.9%nacl intravenous solution 5 mcg/ml</i>	1	PA
<i>fentanyl citrate (pf)-0.9%nacl intravenous syringe 10 mcg/ml</i>	1	PA
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	1	PA; QL
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>	1	PA; QL
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	1	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	1	PA; QL
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml), 7.5-325 mg/15 ml</i>	1	PA
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	PA
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	PA
<i>hydromorphone (pf) injection solution 10 mg/ml, 2 mg/ml</i>	1	PA
<i>hydromorphone (pf)-0.9 % nacl intravenous prefilled pump reservoir 10 mg/50 ml (0.2 mg/ml)</i>	1	PA
<i>hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syringe 10 mg/50 ml (0.2 mg/ml), 15 mg/30 ml (0.5 mg/ml)</i>	1	PA
<i>hydromorphone injection solution 1 mg/ml</i>	1	PA

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Drug Name	Drug Tier	Requirements / Limits
hydromorphone oral liquid 1 mg/ml	1	PA
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	1	PA
hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg	1	PA; QL
hydromorphone rectal suppository 3 mg	1	PA
methadone oral tablet 10 mg, 5 mg	1	PA
methadone oral tablet, soluble 40 mg	1	PA
methadose oral tablet, soluble 40 mg	1	PA
morphine (pf) in 0.9 % sod chl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml)	1	PA
morphine (pf) in 0.9 % sod chl intravenous solution 1 mg/ml	1	PA
morphine (pf) in 0.9 % sod chl intravenous syringe 1 mg/ml, 2 mg/2 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml)	1	PA
morphine (pf) intravenous patient control analgesia soln 30 mg/30 ml (1 mg/ml)	1	PA

Drug Name	Drug Tier	Requirements / Limits
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	1	PA
morphine in 0.9 % sodium chlor intravenous prefilled pump reservoir 100 mg/100 ml (1 mg/ml), 250 mg/50 ml (5 mg/ml), 50 mg/50 ml (1 mg/ml)	1	PA
morphine in 0.9 % sodium chlor intravenous pt controlled analgesia syringe 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml)	1	PA
morphine intravenous syringe 10 mg/ml	1	PA
morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	1	PA; QL
morphine oral capsule, extend. release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	1	PA; QL
morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)	1	PA
morphine oral tablet 15 mg, 30 mg	1	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1	PA; QL
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	1	PA
<i>oxycodone oral capsule 5 mg</i>	1	PA
<i>oxycodone oral concentrate 20 mg/ml</i>	1	PA
<i>oxycodone oral solution 5 mg/5 ml</i>	1	PA
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	PA
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	1	PA
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	PA
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	3	PA; QL
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	1	PA
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	1	PA; QL

Drug Name	Drug Tier	Requirements / Limits
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML	4	LA
<i>tencon oral tablet 50-325 mg</i>	1	
<i>vtol lq oral solution 50-325-40 mg/15 ml</i>	1	
<i>zebutal oral capsule 50-325-40 mg</i>	1	
NON-NARCOTIC ANALGESICS		
<i>aspirin oral tablet 325 mg</i>	5	ACA; OTC
<i>aspirin oral tablet, chewable 81 mg</i>	5	ACA; OTC
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg, 81 mg</i>	5	ACA; OTC
<i>aspir-trin oral tablet, delayed release (dr/ec) 325 mg</i>	5	ACA; OTC
<i>bayer aspirin oral tablet 325 mg</i>	5	ACA; OTC
<i>bayer aspirin oral tablet, delayed release (dr/ec) 325 mg</i>	5	ACA; OTC
BAYER CHEWABLE ASPIRIN ORAL TABLET, CHEWABLE 81 MG	5	ACA; OTC

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Drug Name	Drug Tier	Requirements / Limits
bayer low dose aspirin oral tablet, delayed release (dr/ec) 81 mg	5	ACA; OTC
buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	1	
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	1	
butorphanol nasal spray, non-aerosol 10 mg/ml	1	PA; QL
cataflam oral tablet 50 mg	1	
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	1	ST
children's aspirin oral tablet, chewable 81 mg	5	ACA; OTC
choline, magnesium salicylate oral liquid 500 mg/5 ml	1	
diclofenac potassium oral capsule 25 mg	1	
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium oral tablet extended release 24 hr 100 mg	1	
diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg	1	
diclofenac sodium topical drops 1.5 %	1	QL

Drug Name	Drug Tier	Requirements / Limits
diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)	1	ST; QL
diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg, 75-200 mg-mcg	1	
diflunisal oral tablet 500 mg	1	
ecotrin low strength oral tablet, delayed release (dr/ec) 81 mg	5	ACA; OTC
ecotrin oral tablet, delayed release (dr/ec) 325 mg	5	ACA; OTC
etodolac oral capsule 200 mg, 300 mg	1	
etodolac oral tablet 400 mg, 500 mg	1	
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg	1	
flurbiprofen oral tablet 100 mg	1	
ibu oral tablet 400 mg, 600 mg, 800 mg	1	
ibuprofen oral suspension 100 mg/5 ml	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated November 1, 2022.

Drug Name	Drug Tier	Requirements / Limits
indomethacin oral capsule 25 mg, 50 mg	1	
indomethacin oral capsule, extended release 75 mg	1	
ketoprofen oral capsule 50 mg, 75 mg	1	
ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg	1	ST
ketorolac injection cartridge 15 mg/ml, 30 mg/ml	1	
ketorolac injection solution 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml)	1	
ketorolac injection syringe 15 mg/ml, 30 mg/ml	1	
ketorolac intramuscular cartridge 60 mg/2 ml	1	
ketorolac intramuscular solution 60 mg/2 ml	1	
ketorolac intramuscular syringe 60 mg/2 ml	1	
ketorolac oral tablet 10 mg	1	QL
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	2	QL

Drug Name	Drug Tier	Requirements / Limits
meclofenamate oral capsule 100 mg, 50 mg	1	
mefenamic acid oral capsule 250 mg	1	
meloxicam oral tablet 15 mg, 7.5 mg	1	QL
nabumetone oral tablet 500 mg, 750 mg	1	
naloxone injection solution 0.4 mg/ml	1	
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	1	
naloxone nasal spray, non-aerosol 4 mg/actuation	1	QL
naltrexone oral tablet 50 mg	1	
naproxen oral suspension 125 mg/5 ml	1	ST
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	
naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg	1	ST

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Drug Name	Drug Tier	Requirements / Limits
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	2	QL
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	3	PA; QL
<i>oxaprozin oral tablet 600 mg</i>	1	
<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>	5	ACA; OTC
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
<i>tolmetin oral tablet 200 mg</i>	1	
<i>tramadol oral tablet 50 mg</i>	1	PA; QL
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	1	PA; QL
<i>tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg</i>	1	PA; QL
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	PA; QL

Drug Name	Drug Tier	Requirements / Limits
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 380 MG	4	LA
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	2	
PSYCHOTHERAPEUTIC DRUGS		
<i>alprazolam intensol oral concentrate 1 mg/ml</i>	1	
<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	

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Drug Name	Drug Tier	Requirements / Limits
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	1	
<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	QL
<i>aripiprazole oral tablet, disintegrating 10 mg, 15 mg</i>	1	QL
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	1	PA; QL
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	1	QL
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	1	
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	ST; QL
<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	QL
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	1	QL
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	1	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>citalopram oral solution 10 mg/5 ml</i>	1	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	1	QL
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	1	
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	1	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	1	
DAYVIGO ORAL TABLET 10 MG, 5 MG	3	ST
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	1	ST; QL
<i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	1	
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	1	
<i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i>	1	
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1	
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>diazepam injection syringe 5 mg/ml</i>	1	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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>	1	ST; QL
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	QL
<i>duloxetine oral capsule,delayed release(dr/ec) 40 mg</i>	1	ST; QL
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	3	
<i>ergoloid oral tablet 1 mg</i>	1	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	QL
<i>estazolam oral tablet 1 mg, 2 mg</i>	1	
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26)	3	ST; QL
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	3	ST; QL
<i>fluoxetine oral capsule 10 mg, 40 mg</i>	1	QL
<i>fluoxetine oral capsule 20 mg</i>	1	
<i>fluoxetine oral capsule,delayed release(dr/ec) 90 mg</i>	1	QL
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	
<i>fluoxetine oral tablet 60 mg</i>	1	ST
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	1	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	1	
<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	

Drug Name	Drug Tier	Requirements / Limits
<i>fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg</i>	1	ST; QL
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL
<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 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>	1	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	3	QL
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	1	
<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	
MARPLAN ORAL TABLET 10 MG	3	
<i>methamphetamine oral tablet 5 mg</i>	1	
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	ST
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	1	
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	1	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	1	
<i>methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg</i>	1	
<i>methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr</i>	1	ST
<i>midazolam (pf) in 0.9 % nacl intravenous solution 1 mg/ml</i>	1	
<i>midazolam (pf) injection cartridge 2 mg/2 ml (1 mg/ml), 5 mg/ml</i>	1	
<i>midazolam (pf) injection syringe 2 mg/2 ml (1 mg/ml), 5 mg/ml</i>	1	
<i>midazolam injection solution 1 mg/ml, 5 mg/ml</i>	1	
<i>midazolam oral syrup 2 mg/ml</i>	1	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i>	1	
<i>modafinil oral tablet 100 mg, 200 mg</i>	1	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	1	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	1	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	QL
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	1	QL
<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>	3	
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg</i>	1	QL
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	1	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	1	ST; QL
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i>	1	ST; QL
<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	QL
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	1	QL
<i>ramelteon oral tablet 8 mg</i>	1	QL
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>risperidone oral solution 1 mg/ml</i>	1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL
<i>seconal sodium oral capsule 100 mg</i>	1	QL
<i>sertraline oral concentrate 20 mg/ml</i>	1	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	3	
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>tranylcypromine oral tablet 10 mg</i>	1	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	1	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	ST; QL
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	1	QL
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	QL
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	1	QL
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	4	PA; LA; QL
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	QL
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	QL
<i>zolpidem oral tablet 10 mg, 5 mg</i>	1	QL
<i>zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg</i>	1	QL
<i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i>	1	QL

**CARDIOVASCULAR,
HYPERTENSION & LIPIDS**

ANTIARRHYTHMIC AGENTS

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated November 1, 2022.

Drug Name	Drug Tier	Requirements / Limits
<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>	1	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	1	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	1	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML	2	
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>	1	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>amlodipine-valsartan-hcthiiazid 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>	1	
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	
<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>	1	QL
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr 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	QL
<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>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>epoprostenol (glycine) intravenous recon soln 0.5 mg, 1.5 mg</i>	4	PA; LA
<i>epoprostenol intravenous recon soln 0.5 mg, 1.5 mg</i>	4	PA; LA
<i>eprosartan oral tablet 600 mg</i>	1	
<i>ethacrynic acid oral tablet 25 mg</i>	1	
<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 injection solution 20 mg/ml</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	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated November 1, 2022.

Drug Name	Drug Tier	Requirements / Limits
<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>isosorbide-hydralazine oral tablet 20-37.5 mg</i>	1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	
KERENDIA ORAL TABLET 10 MG, 20 MG	2	PA; QL
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	1	
<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	

Drug Name	Drug Tier	Requirements / Limits
<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>	1	
<i>methyldopate intravenous solution 250 mg/5 ml</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
<i>metoprolol tartrate intravenous solution 5 mg/5 ml</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>metirosine oral capsule 250 mg</i>	1	PA
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>nicardipine oral capsule 20 mg, 30 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>	1	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	1	
<i>olmesartan-amlodipin-hcthiiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	4	PA; LA; QL
<i>papaverine injection solution 30 mg/ml</i>	1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>phenoxybenzamine oral capsule 10 mg</i>	1	PA
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>propranolol intravenous solution 1 mg/ml</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	

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Drug Name	Drug Tier	Requirements / Limits
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	1	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1	
<i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	3	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	QL
<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>	1	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	1	
<i>triamterene oral capsule 100 mg, 50 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	4	PA; LA; QL
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	4	PA; LA; QL
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1	
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	1	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	1	
verapamil oral tablet 120 mg, 40 mg, 80 mg	1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	1	
CARDIAC GLYCOSIDES		
digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	1	

Drug Name	Drug Tier	Requirements / Limits
digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	1	
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	1	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg)	1	
COAGULATION THERAPY		
aminocaproic acid oral solution 250 mg/ml (25 %)	1	
aminocaproic acid oral tablet 1,000 mg, 500 mg	1	
argatroban in 0.9 % sod chlor intravenous solution 1 mg/ml	1	
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	1	
BRILINTA ORAL TABLET 60 MG, 90 MG	2	
CABLIVI INJECTION KIT 11 MG	4	PA; LA
cilostazol oral tablet 100 mg, 50 mg	1	
clopidogrel oral tablet 300 mg, 75 mg	1	
dabigatran etexilate oral capsule 150 mg, 75 mg	1	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
DOPTLET (15 TAB PACK) ORAL TABLET 20 MG	4	PA; LA; QL
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	2	PA
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	2	PA
<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	
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT	4	LA
<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	
<i>hep flush-10 (pf) intravenous solution 10 unit/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>heparin flush(porcine)-0.9nacl intravenous kit 100 unit/ml</i>	1	
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml</i>	1	
<i>heparin lock flush intravenous syringe 10 unit/ml</i>	1	
<i>heparin lockflush(porcine)(pf) intravenous syringe 10 unit/ml, 100 unit/ml</i>	1	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	1	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/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	
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	4	LA

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Drug Name	Drug Tier	Requirements / Limits
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>	1	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	QL
<i>prasugrel oral tablet 10 mg, 5 mg</i>	1	
TAVALISSE ORAL TABLET 100 MG, 150 MG	4	PA; LA; QL
<i>tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)</i>	1	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)-20 MG (9)	2	PA
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	2	PA
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	2	PA
LIPID/CHOLESTEROL LOWERING AGENTS		

Drug Name	Drug Tier	Requirements / Limits
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	1	QL
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	QL
<i>cholestyramine (with sugar) oral powder 4 gram</i>	1	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	1	
<i>cholestyramine light oral powder 4 gram</i>	1	
<i>cholestyramine light oral powder in packet 4 gram</i>	1	
<i>colesevelam oral powder in packet 3.75 gram</i>	1	
<i>colesevelam oral tablet 625 mg</i>	1	
<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	

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Drug Name	Drug Tier	Requirements / Limits
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	QL
<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 160 mg, 54 mg</i>	1	
<i>fenofibrate oral tablet 40 mg</i>	1	ST
<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	QL
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	1	QL
<i>gemfibrozil oral tablet 600 mg</i>	1	
<i>icosapent ethyl oral capsule 0.5 gram, 1 gram</i>	1	PA
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	QL
<i>niacin oral tablet 500 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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>	1	PA
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	QL
<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; QL
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	2	PA; QL
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	2	PA; QL
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	QL
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	QL
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	2	PA

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Drug Name	Drug Tier	Requirements / Limits
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	4	PA; LA; QL
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	2	PA; QL
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	1	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	2	PA; QL
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	
<i>nitro-bid transdermal ointment 2 %</i>	1	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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>	1	
<i>calcipotriene scalp solution 0.005 %</i>	1	QL
<i>calcipotriene topical cream 0.005 %</i>	1	QL
<i>calcipotriene topical ointment 0.005 %</i>	1	QL
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	1	ST; QL
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i>	1	QL
<i>calcitriol topical ointment 3 mcg/gram</i>	1	
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	1	ST

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Drug Name	Drug Tier	Requirements / Limits
<i>selenium sulfide topical lotion 2.5 %</i>	1	
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	1	
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; LA; QL
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; LA; QL
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	4	PA; LA; QL
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	4	PA; LA; QL
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	4	PA; LA; QL
<i>sulfacetamide sodium topical cleanser 10 %</i>	1	
<i>sulfacetamide sodium topical cleanser, gel 10 %</i>	1	
<i>sulfacetamide sodium topical shampoo 10 %, 9.8 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	4	PA; LA; QL
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	4	PA; LA; QL
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	4	PA; LA; QL
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	4	PA; LA; QL
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	4	PA; LA; QL
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; LA; QL
BURN THERAPY		
<i>silver sulfadiazine topical cream 1 %</i>	1	
<i>ssd topical cream 1 %</i>	1	
MISCELLANEOUS DERMATOLOGICALS		
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>ammonium lactate topical cream 12 %</i>	1	
<i>ammonium lactate topical lotion 12 %</i>	1	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	4	PA; LA; QL
<i>diclofenac sodium topical gel 3 %</i>	1	PA; QL
<i>doxepin topical cream 5 %</i>	1	QL
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	4	PA; LA; QL
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML	4	PA; LA; QL
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution 2 %, 5 %</i>	1	
<i>iodine-sodium iodide topical tincture 2 %</i>	1	
<i>methoxsalen oral capsule,liqd-filled,rapid rel 10 mg</i>	1	
<i>methyl salicylate oil</i>	1	
<i>methyl salicylate topical liquid</i>	1	
<i>pimecrolimus topical cream 1 %</i>	1	ST; QL
<i>podofilox topical solution 0.5 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>prudoxin topical cream 5 %</i>	1	QL
REGRANEX TOPICAL GEL 0.01 %	2	QL
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	1	ST; QL
VALCHLOR TOPICAL GEL 0.016 %	4	LA
<i>wintergreen oil oil</i>	1	
THERAPY FOR ACNE		
<i>acutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>adapalene topical cream 0.1 %</i>	1	PA
<i>adapalene topical gel 0.3 %</i>	1	PA
<i>adapalene topical gel with pump 0.3 %</i>	1	PA
<i>adapalene topical solution 0.1 %</i>	1	PA
<i>adapalene topical swab 0.1 %</i>	1	PA
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %, 0.3-2.5 %</i>	1	PA
<i>amnestem oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>avar topical cleanser 10-5 % (w/w)</i>	1	
<i>avita topical cream 0.025 %</i>	1	PA
<i>azelaic acid topical gel 15 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
AZELEX TOPICAL CREAM 20 %	3	ST
benzoyl peroxide topical cleanser 7 %	1	
benzoyl peroxide topical foam 9.8 %	1	
bp 10-1 topical cleanser 10-1 %	1	ST
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
clindacin etz topical swab 1 %	1	
clindacin p topical swab 1 %	1	
clindamycin phosphate topical foam 1 %	1	QL
clindamycin phosphate topical gel 1 %	1	QL
clindamycin phosphate topical gel, once daily 1 %	1	QL
clindamycin phosphate topical lotion 1 %	1	QL
clindamycin phosphate topical solution 1 %	1	QL
clindamycin phosphate topical swab 1 %	1	
clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 % (1 % base) -5 %	1	

Drug Name	Drug Tier	Requirements / Limits
clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2-2.5 %	1	
clindamycin-tretinoin topical gel 1.2-0.025 %	1	PA
dapsone topical gel 5 %	1	
dapsone topical gel with pump 7.5 %	1	
ery pads topical swab 2 %	1	
erygel topical gel 2 %	1	
erythromycin with ethanol topical gel 2 %	1	
erythromycin with ethanol topical solution 2 %	1	
erythromycin-benzoyl peroxide topical gel 3-5 %	1	
isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	1	
ivermectin topical cream 1 %	1	QL
metronidazole topical cream 0.75 %	1	
metronidazole topical gel 0.75 %, 1 %	1	
metronidazole topical gel with pump 1 %	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>metronidazole topical lotion 0.75 %</i>	1	
MIRVASO TOPICAL GEL WITH PUMP 0.33 %	3	PA
<i>myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>neuac topical gel 1.2 % (1 % base) -5 %</i>	1	
<i>rosadan topical cream 0.75 %</i>	1	
<i>rosadan topical gel 0.75 %</i>	1	
<i>rosula cleansing cloths topical pads, medicated 10-5 %</i>	1	
SOOLANTRA TOPICAL CREAM 1 %	3	ST; QL
<i>sss 10-5 topical cream 10-5 % (w/w)</i>	1	
<i>sss 10-5 topical foam 10-5 %</i>	1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 10-5 % (w/w), 9-4 %, 9-4.5 %, 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w), 9.8-4.8 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i>	1	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %</i>	1	
<i>sulfacetamide-sulfur-cleanser23 topical kit 9-4.5 %</i>	1	
<i>tazarotene topical cream 0.1 %</i>	1	PA
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	1	PA
TAZORAC TOPICAL CREAM 0.05 %	2	PA
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	2	PA
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i>	1	PA
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.1 %</i>	1	PA
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	1	PA
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	1	PA

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Drug Name	Drug Tier	Requirements / Limits
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
TOPICAL ANESTHETICS		
glydo mucous membrane jelly in applicator 2 %	1	QL
lidocaine (pf) injection syringe 50 mg/5 ml (1 %)	1	
lidocaine hcl laryngotracheal solution 4 %	1	
lidocaine hcl mucous membrane jelly 2 %	1	QL
lidocaine hcl mucous membrane jelly in applicator 2 %	1	QL
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	1	
lidocaine hcl-hydrocortison ac topical cream 3-0.5 %	1	
lidocaine topical adhesive patch,medicated 5 %	1	PA
lidocaine topical ointment 5 %	1	QL
lidocaine viscous mucous membrane solution 2 %	1	
lidocaine-epinephrine injection solution 0.5 %-1:200,000, 1 %-1:100,000, 2 %-1:100,000	1	

Drug Name	Drug Tier	Requirements / Limits
lidocaine-prilocaine topical cream 2.5-2.5 %	1	QL
lidocaine-prilocaine topical kit 2.5-2.5 %	1	
lidocort topical cream 3-0.5 %	1	
lta pre-attached laryngotracheal solution 4 %	1	
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %	2	PA
TOPICAL ANTIBACTERIALS		
ALTABAX TOPICAL OINTMENT 1 %	3	ST; QL
gentamicin topical cream 0.1 %	1	QL
gentamicin topical ointment 0.1 %	1	QL
lugols topical solution 5-10 %	1	
mafenide acetate topical packet 50 gram	1	
mupirocin calcium topical cream 2 %	1	ST; QL
mupirocin topical ointment 2 %	1	QL
strong iodine topical solution 5-10 %	1	
sulfacetamide sodium (acne) topical suspension 10 %	1	

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Drug Name	Drug Tier	Requirements / Limits
SULFAMYLOX TOPICAL CREAM 85 MG/G	2	
XEPI TOPICAL CREAM 1 %	3	ST; QL
TOPICAL ANTIFUNGALS		
<i>cicloclan topical cream 0.77 %</i>	1	QL
<i>ciclopirox topical cream 0.77 %</i>	1	QL
<i>ciclopirox topical gel 0.77 %</i>	1	QL
<i>ciclopirox topical shampoo 1 %</i>	1	QL
<i>ciclopirox topical suspension 0.77 %</i>	1	QL
<i>clotrimazole topical cream 1 %</i>	1	QL
<i>clotrimazole topical solution 1 %</i>	1	QL
<i>clotrimazole- betamethasone topical cream 1-0.05 %</i>	1	QL
<i>clotrimazole- betamethasone topical lotion 1-0.05 %</i>	1	QL
<i>econazole topical cream 1 %</i>	1	QL
ERTACZO TOPICAL CREAM 2 %	3	QL
EXELDERM TOPICAL CREAM 1 %	3	QL
EXELDERM TOPICAL SOLUTION 1 %	3	QL

Drug Name	Drug Tier	Requirements / Limits
<i>ketoconazole topical cream 2 %</i>	1	QL
<i>ketoconazole topical foam 2 %</i>	1	QL
<i>ketoconazole topical shampoo 2 %</i>	1	QL
<i>ketodan kit topical combo pack 2 %</i>	1	
<i>ketodan topical foam 2 %</i>	1	QL
LULICONAZOLE TOPICAL CREAM 1 %	3	PA; QL
MENTAX TOPICAL CREAM 1 %	3	QL
<i>naftifine topical cream 1 %, 2 %</i>	1	QL
<i>naftifine topical gel 1 %</i>	1	QL
<i>nyamyc topical powder 100,000 unit/gram</i>	1	QL
<i>nystatin topical cream 100,000 unit/gram</i>	1	QL
<i>nystatin topical ointment 100,000 unit/gram</i>	1	QL
<i>nystatin topical powder 100,000 unit/gram</i>	1	QL
<i>nystatin- triamcinolone topical cream 100,000-0.1 unit/g- %</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	1	QL
<i>nystop topical powder 100,000 unit/gram</i>	1	QL
<i>oxiconazole topical cream 1 %</i>	1	QL
TOPICAL ANTIVIRALS		
<i>acyclovir topical cream 5 %</i>	1	PA; QL
<i>acyclovir topical ointment 5 %</i>	1	PA; QL
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	1	
<i>alclometasone topical cream 0.05 %</i>	1	
<i>alclometasone topical ointment 0.05 %</i>	1	
<i>amcinonide topical cream 0.1 %</i>	1	ST
<i>beseer topical lotion 0.05 %</i>	1	ST
<i>betamethasone dipropionate topical cream 0.05 %</i>	1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>betamethasone valerate topical cream 0.1 %</i>	1	
<i>betamethasone valerate topical foam 0.12 %</i>	1	ST
<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>	1	QL
<i>clobetasol topical cream 0.05 %</i>	1	QL
<i>clobetasol topical foam 0.05 %</i>	1	ST; QL
<i>clobetasol topical gel 0.05 %</i>	1	QL
<i>clobetasol topical lotion 0.05 %</i>	1	ST; QL
<i>clobetasol topical ointment 0.05 %</i>	1	QL
<i>clobetasol topical shampoo 0.05 %</i>	1	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>clobetasol topical spray,non-aerosol 0.05 %</i>	1	ST; QL
<i>clobetasol-emollient topical cream 0.05 %</i>	1	QL
<i>clobetasol-emollient topical foam 0.05 %</i>	1	ST; QL
<i>clocortolone pivalate topical cream 0.1 %</i>	1	
<i>clodan topical shampoo 0.05 %</i>	1	ST; QL
<i>desonide topical cream 0.05 %</i>	1	
<i>desonide topical gel 0.05 %</i>	1	ST
<i>desonide topical lotion 0.05 %</i>	1	ST
<i>desonide topical ointment 0.05 %</i>	1	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i>	1	ST
<i>desoximetasone topical gel 0.05 %</i>	1	ST
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i>	1	ST
<i>desoximetasone topical spray,non-aerosol 0.25 %</i>	1	ST
<i>desrx topical gel 0.05 %</i>	1	ST
<i>diflorasone topical cream 0.05 %</i>	1	ST; QL
<i>diflorasone topical ointment 0.05 %</i>	1	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	1	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	1	
<i>fluocinolone topical oil 0.01 %</i>	1	
<i>fluocinolone topical ointment 0.025 %</i>	1	
<i>fluocinolone topical solution 0.01 %</i>	1	
<i>fluocinonide topical cream 0.05 %</i>	1	QL
<i>fluocinonide topical cream 0.1 %</i>	1	ST; QL
<i>fluocinonide topical gel 0.05 %</i>	1	QL
<i>fluocinonide topical ointment 0.05 %</i>	1	QL
<i>fluocinonide topical solution 0.05 %</i>	1	QL
<i>fluocinonide-e topical cream 0.05 %</i>	1	QL
<i>flurandrenolide topical cream 0.05 %</i>	1	ST; QL
<i>flurandrenolide topical lotion 0.05 %</i>	1	ST; QL
<i>flurandrenolide topical ointment 0.05 %</i>	1	ST; QL
<i>fluticasone propionate topical cream 0.05 %</i>	1	
<i>fluticasone propionate topical lotion 0.05 %</i>	1	ST

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Drug Name	Drug Tier	Requirements / Limits
<i>fluticasone propionate topical ointment 0.005 %</i>	1	
<i>halcinonide topical cream 0.1 %</i>	1	ST
<i>halobetasol propionate topical cream 0.05 %</i>	1	
<i>halobetasol propionate topical ointment 0.05 %</i>	1	
<i>hydrocortisone butyrate topical cream 0.1 %</i>	1	QL
<i>hydrocortisone butyrate topical lotion 0.1 %</i>	1	ST; QL
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	1	ST
<i>hydrocortisone butyrate topical solution 0.1 %</i>	1	ST; QL
<i>hydrocortisone butyr-emollient topical cream 0.1 %</i>	1	QL
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone topical lotion 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	

Drug Name	Drug Tier	Requirements / Limits
<i>mometasone topical cream 0.1 %</i>	1	
<i>mometasone topical ointment 0.1 %</i>	1	
<i>mometasone topical solution 0.1 %</i>	1	
<i>nolix topical cream 0.05 %</i>	1	ST; QL
<i>nolix topical lotion 0.05 %</i>	1	ST; QL
<i>prednicarbate topical cream 0.1 %</i>	1	
<i>prednicarbate topical ointment 0.1 %</i>	1	
<i>scalacort topical lotion 2 %</i>	1	
<i>tovet emollient topical foam 0.05 %</i>	1	ST; QL
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	1	ST; QL
<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	
<i>triamcinolone acetonide topical ointment 0.05 %</i>	1	ST
<i>trianex topical ointment 0.05 %</i>	1	ST

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Drug Name	Drug Tier	Requirements / Limits
<i>triderm topical cream 0.1 %</i>	1	
<i>triderm topical cream 0.5 %</i>	1	ST
<i>tritocin topical ointment 0.05 %</i>	1	ST
TOPICAL ENZYMES		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	2	QL
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan topical lotion 10 %</i>	1	
EURAX TOPICAL CREAM 10 %	3	
EURAX TOPICAL LOTION 10 %	3	
<i>lindane topical shampoo 1 %</i>	1	
<i>malathion topical lotion 0.5 %</i>	1	
<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		
<i>lactated ringers irrigation solution</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	1	
<i>ringer's irrigation solution</i>	1	
<i>tis-u-sol pentalyte irrigation irrigation solution 800-40-20-8.75- 6.25 mg/100 ml</i>	1	
MISCELLANEOUS AGENTS		
<i>acamprosate oral tablet,delayed release (dr/ec) 333 mg</i>	1	
<i>acetic acid irrigation solution 0.25 %</i>	1	
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	1	
<i>aqua care sodium chloride irrigation solution 0.9 %</i>	1	
<i>aqua care sterile water irrigation solution</i>	1	
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	1	
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	4	LA
<i>carglumic acid oral tablet, dispersible 200 mg</i>	4	LA
<i>cevimeline oral capsule 30 mg</i>	1	
CHEMET ORAL CAPSULE 100 MG	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>clovique oral capsule 250 mg</i>	1	PA
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	4	PA; LA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	4	PA; LA
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	4	PA; LA
<i>deferiprone oral tablet 1,000 mg, 500 mg</i>	4	PA; LA
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	4	PA; LA
FERRIPROX (2 TIMES A DAY) ORAL TABLET 1,000 MG	4	PA; LA
FERRIPROX ORAL SOLUTION 100 MG/ML	4	PA; LA
FERRIPROX ORAL TABLET 1,000 MG	4	PA; LA
<i>fludeoxyglucose f-18 intravenous solution 20 mci to 500 mci/ml</i>	1	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
<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	
<i>riluzole oral tablet 50 mg</i>	1	
<i>risedronate oral tablet 30 mg</i>	1	QL
<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>	1	
<i>sodium chloride 0.9 % (flush) injection syringe</i>	1	
<i>sodium chloride 0.9 % injection solution</i>	1	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1	
<i>sodium chloride 0.9 % intravenous piggyback</i>	1	
<i>sodium chloride injection syringe 0.9 %</i>	1	
<i>sodium chloride irrigation solution 0.9 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	1	
<i>sodium phenylbutyrate oral tablet 500 mg</i>	1	
<i>tiopronin oral tablet 100 mg</i>	4	PA; LA
<i>trientine oral capsule 250 mg</i>	1	PA
<i>water for irrigation, sterile irrigation solution</i>	1	
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	4	LA
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	5	ACA
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24 HR, 21 MG/24 HR, 7 MG/24 HR	2	OTC; QL
NICORETTE BUCCAL GUM 2 MG	2	OTC; QL
<i>nicorette buccal gum 4 mg</i>	5	ACA; OTC; QL
NICORETTE BUCCAL LOZENGE 2 MG, 4 MG	2	OTC; QL

Drug Name	Drug Tier	Requirements / Limits
NICORETTE BUCCAL MINI LOZENGE 2 MG, 4 MG	2	OTC; QL
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	5	ACA; OTC; QL
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	5	ACA; OTC; QL
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	5	ACA; OTC; QL
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	5	ACA; OTC; QL
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	5	ACA; OTC; QL
NICOTROL INHALATION CARTRIDGE 10 MG	5	ACA
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	5	ACA
<i>quit 2 buccal gum 2 mg</i>	5	ACA; OTC; QL
<i>quit 2 buccal lozenge 2 mg</i>	5	ACA; OTC; QL
<i>quit 4 buccal gum 4 mg</i>	5	ACA; OTC; QL
<i>quit 4 buccal lozenge 4 mg</i>	5	ACA; OTC; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>stop smoking aid buccal lozenge 2 mg, 4 mg</i>	5	ACA; OTC; QL
<i>varenicline oral tablet 0.5 mg, 1 mg</i>	5	ACA
<i>varenicline oral tablets,dose pack 0.5 mg (11)- 1 mg (42)</i>	5	ACA

EAR, NOSE & THROAT MEDICATIONS

MISCELLANEOUS AGENTS

<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	1	QL
<i>azelastine nasal spray,non-aerosol 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>dentagel dental gel 1.1 %</i>	1	
<i>fluoride (sodium) dental cream 1.1 %</i>	1	
<i>fluoride (sodium) dental gel 1.1 %</i>	1	
<i>fluoride (sodium) dental paste 1.1 %</i>	1	
<i>fluoride (sodium) dental solution 0.2 %</i>	1	
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	1	QL
<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 acetonide 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 otic oil otic (ear) drops 0.01 %</i>	1	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	1	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	3	ST
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	1	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML	3	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>cosyntropin injection recon soln 0.25 mg</i>	1	
<i>dexabliss oral tablets,dose pack 1.5 mg (39 tabs)</i>	1	PA

Drug Name	Drug Tier	Requirements / Limits
<i>dexamethasone intensol oral drops 1 mg/ml</i>	1	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>dexamethasone oral tablets,dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs), 1.5 mg (51 tabs)</i>	1	PA
<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 dp oral tablets,dose pack 5 mg (21 tabs), 5 mg (48 tabs)</i>	1	
<i>millipred oral tablet 5 mg</i>	1	
<i>prednisolone oral solution 15 mg/5 ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisolone sodium phosphate oral tablet, disintegrating 10 mg, 15 mg, 30 mg</i>	1	
<i>prednisone intensol oral concentrate 5 mg/ml</i>	1	
<i>prednisone oral solution 5 mg/5 ml</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablets, dose pack 10 mg, 5 mg</i>	1	
<i>triamcinol ac (pf) in 0.9% nacl injection suspension 40 mg/ml</i>	1	
<i>triamcinolone acetonide injection suspension 10 mg/ml, 40 mg/ml</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	

Drug Name	Drug Tier	Requirements / Limits
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
GLUCAGEN DIAGNOSTIC KIT INJECTION RECON SOLN 1 MG/ML	2	
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	2	PA; QL
GLUCOSE ELEVATING AGENTS		
<i>diazoxide oral suspension 50 mg/ml</i>	1	
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	2	QL
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	2	QL
<i>glucagon emergency kit (human) injection recon soln 1 mg</i>	1	QL
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated November 1, 2022.

Drug Name	Drug Tier	Requirements / Limits
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	QL
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	2	QL
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	2	QL
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	2	QL
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
BD INTEGRA NEEDLE NEEDLE 23 GAUGE X 1"	2	
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	2	
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	2	OTC
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE	2	QL

Drug Name	Drug Tier	Requirements / Limits
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	2	QL
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	2	QL
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	2	QL
INSULIN THERAPY		
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	3	ST
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	ST
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	2	

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Drug Name	Drug Tier	Requirements / Limits
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)	2	
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	2	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	2	
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	2	
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	

Drug Name	Drug Tier	Requirements / Limits
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	2	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	2	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	2	

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Drug Name	Drug Tier	Requirements / Limits
LEVEMIR FLEXTouch U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	2	
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	ST
NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	3	ST

Drug Name	Drug Tier	Requirements / Limits
NOVOLOG MIX 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	ST
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	3	ST
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	ST
RELION NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	ST
RELION NOVOLIN 70-30 VIAL 100 UNIT/ML (70-30)	3	
RELION NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	
RELION NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	3	
SEMGLEE (INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	

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Drug Name	Drug Tier	Requirements / Limits
SEMGLEE(INSULIN GLARGYFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	2	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	2	
MISCELLANEOUS HORMONES		
<i>cabergoline oral tablet 0.5 mg</i>	1	QL
<i>calcitonin (salmon) injection solution 200 unit/ml</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>	1	ST
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	PA

Drug Name	Drug Tier	Requirements / Limits
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	1	ST
DESMOPRESSIN NASAL SPRAY,NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	2	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	1	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	
<i>javygtor oral powder in packet 100 mg</i>	4	PA; LA
<i>javygtor oral tablet,soluble 100 mg</i>	4	PA; LA
METHITEST ORAL TABLET 10 MG	2	PA
<i>methyltestosterone oral capsule 10 mg</i>	1	PA
<i>miglustat oral capsule 100 mg</i>	4	PA; LA
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	4	PA; LA
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
ORILISSA ORAL TABLET 150 MG, 200 MG	2	PA; QL
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	1	PA
<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; LA
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	3	PA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1	PA
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	1	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation, 12.5 mg/1.25 gram (1 %), 20.25 mg/1.25 gram (1.62 %)</i>	1	PA; QL
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i>	1	PA; QL
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	1	PA; QL
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	4	PA; LA; QL
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; QL
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE (250 MCG/ML) 2.4 ML, 5 MCG/DOSE (250 MCG/ML) 1.2 ML	2	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
FARXIGA ORAL TABLET 10 MG, 5 MG	2	ST; QL
<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	ST; QL
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	2	QL
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	2	QL

Drug Name	Drug Tier	Requirements / Limits
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	QL
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	ST; QL
<i>metformin oral solution 500 mg/5 ml</i>	1	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	QL
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA; QL
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	1	QL
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	1	QL
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>repaglinide-metformin oral tablet 1-500 mg, 2-500 mg</i>	1	QL
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	PA; QL
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG	2	ST; QL
STEGLATRO ORAL TABLET 15 MG, 5 MG	2	ST; QL
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	2	ST; QL
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	2	QL
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	2	QL
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	2	ST; QL
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	ST; QL

Drug Name	Drug Tier	Requirements / Limits
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 12.5-2.5-1,000 MG, 25-5-1,000 MG, 5-2.5-1,000 MG	2	ST
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	2	PA; QL
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	ST; QL
THYROID HORMONES		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	2	
<i>euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	1	
np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
anaspaz oral tablet, disintegrating 0.125 mg	1	
atropine injection solution 0.4 mg/ml, 1 mg/ml	1	
atropine intravenous syringe 0.8 mg/2 ml (0.4 mg/ml)	1	

Drug Name	Drug Tier	Requirements / Limits
belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg	1	PA
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	1	
dicyclomine intramuscular solution 10 mg/ml	1	
dicyclomine oral capsule 10 mg	1	
dicyclomine oral solution 10 mg/5 ml	1	
dicyclomine oral tablet 20 mg	1	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	
ed-spaz oral tablet, disintegrating 0.125 mg	1	
glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml), 1 mg/5 ml (0.2 mg/ml)	1	
glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)	1	
glycopyrrolate injection solution 0.2 mg/ml	1	
glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>glycopyrrolate oral tablet 1 mg, 1.5 mg, 2 mg</i>	1	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>	1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	1	
<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 tincture oral tincture 10 mg/ml (morphine)</i>	1	
<i>oscimin oral tablet 0.125 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>oscimin sl sublingual tablet 0.125 mg</i>	1	
<i>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 - 0.0194 mg/5 ml</i>	1	
<i>phenobarb-hyoscy-atropine-scop oral tablet 16.2-0.1037 - 0.0194 mg</i>	1	
<i>phenohydro oral elixir 16.2-0.1037 - 0.0194 mg/5 ml</i>	1	
<i>phenohydro oral tablet 16.2-0.1037 - 0.0194 mg</i>	1	
<i>symax fastabs oral tablet, disintegrating 0.125 mg</i>	1	
<i>symax-sl sublingual tablet 0.125 mg</i>	1	
<i>symax-sr oral tablet extended release 12 hr 0.375 mg</i>	1	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	1	
<i>alvimopan oral capsule 12 mg</i>	1	
<i>anucort-hc rectal suppository 25 mg</i>	1	
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	1	QL
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>balsalazide oral capsule 750 mg</i>	1	
<i>betaine oral powder 1 gram/scoop</i>	4	PA
<i>budesonide oral capsule, delayed, extended release 3 mg</i>	1	
<i>budesonide oral tablet, delayed and extended release 9 mg</i>	1	
<i>calcium acetate (phosphate bind) oral capsule 667 mg</i>	1	QL
<i>calcium acetate (phosphate bind) oral tablet 667 mg</i>	1	QL
CHENODAL ORAL TABLET 250 MG	4	LA
CIMZIA POWDER FOR RECONSTITUTION SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	4	PA; LA; QL
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	4	PA; LA; QL
<i>citrate of magnesia oral solution</i>	5	ACA; OTC
<i>citroma oral solution</i>	5	ACA; OTC
<i>clearlax oral powder 17 gram/dose</i>	5	ACA; OTC
<i>compro rectal suppository 25 mg</i>	1	
<i>constulose oral solution 10 gram/15 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
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	ST
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec) 10-10 mg</i>	1	PA; QL
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	
<i>dulcolax (magnesium hydroxide) oral suspension 400 mg/5 ml</i>	5	ACA; OTC
<i>enulose oral solution 10 gram/15 ml</i>	1	
<i>gavilyte-c oral reconstitution solution 240-22.72-6.72 -5.84 gram</i>	5	ACA
<i>gavilyte-g oral reconstitution solution 236-22.74-6.74 -5.86 gram</i>	5	ACA
<i>gavilyte-n oral reconstitution solution 420 gram</i>	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>generlac oral solution 10 gram/15 ml</i>	1	
<i>granisetron hcl oral tablet 1 mg</i>	1	QL
<i>hemmorex-hc rectal suppository 25 mg, 30 mg</i>	1	
<i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>	1	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	1	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	1	
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	1	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)</i>	1	ST
<i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i>	1	
<i>lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg</i>	1	QL
<i>laxative peg 3350 oral powder 17 gram/dose</i>	5	ACA; OTC
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram), 3-0.5 %, 3-1 % (7 gram)</i>	1	
<i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>	1	
<i>lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)</i>	1	
LUBIPROSTONE ORAL CAPSULE 24 MCG, 8 MCG	3	PA; QL
<i>magnesium citrate oral solution</i>	5	ACA; OTC
<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 500 mg</i>	1	
<i>mesalamine oral capsule,extended release 24hr 0.375 gram</i>	1	
<i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram, 800 mg</i>	1	
<i>mesalamine rectal enema 4 gram/60 ml</i>	1	
<i>mesalamine rectal suppository 1,000 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	1	
<i>metoclopramide hcl injection solution 5 mg/ml</i>	1	
<i>metoclopramide hcl injection syringe 5 mg/ml</i>	1	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	ST
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
<i>metoclopramide hcl oral tablet,disintegrating 10 mg, 5 mg</i>	1	ST
<i>milk of magnesia concentrated oral suspension 2,400 mg/10 ml</i>	5	ACA; OTC
<i>milk of magnesia oral suspension 400 mg/5 ml</i>	5	ACA; OTC
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	2	PA; QL
<i>natura-lax oral powder 17 gram/dose</i>	5	ACA; OTC
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	1	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	1	QL
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	1	QL
<i>oral saline laxative oral liquid 7.2-2.7 gram/15 ml</i>	5	ACA; OTC
OSMOPREP ORAL TABLET 1.5 GRAM	5	ACA
PANCREAZE ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800-98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700-83,900 UNIT, 37,000-97,300-149,900 UNIT, 4,200-14,200-24,600 UNIT	2	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	5	ACA
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i>	5	ACA
<i>peg-electrolyte soln oral recon soln 420 gram</i>	5	ACA
<i>peg-prep oral kit 5-210 mg-gram</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	2	
<i>phosphate laxative oral liquid 7.2-2.7 gram/15 ml</i>	5	ACA; OTC
<i>powderlax oral powder 17 gram/dose</i>	5	ACA; OTC
<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>	1	
<i>procto-pak topical cream with perineal applicator 1 %</i>	1	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	1	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	1	
RECTIV RECTAL OINTMENT 0.4 % (W/W)	2	
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	1	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>sevelamer carbonate oral tablet 800 mg</i>	1	QL
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	1	QL
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	4	PA; LA; QL
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	5	ACA
<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	
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	4	PA; LA
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet,delayed release (dr/ec) 500 mg</i>	1	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	2	
SYMPROIC ORAL TABLET 0.2 MG	3	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>trimethobenzamide oral capsule 300 mg</i>	1	
UCERIS RECTAL FOAM 2 MG/ACTUATION	2	
<i>ursodiol oral capsule 200 mg, 300 mg, 400 mg</i>	1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	
VARUBI ORAL TABLET 90 MG	2	QL
VELPHORO ORAL TABLET,CHEWABLE 500 MG	2	QL
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT	2	
<i>women's gentle laxative(bisac) oral tablet,delayed release (dr/ec) 5 mg</i>	5	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
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	2	
ULCER THERAPY		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	1	QL
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	1	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	1	
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG	3	ST; QL
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 60 MG	3	ST
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	1	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg	1	ST
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg	1	ST; QL
esomeprazole magnesium oral granules dr for susp in packet 40 mg	1	ST
esomeprazole sodium intravenous recon soln 20 mg, 40 mg	1	
famotidine oral suspension 40 mg/5 ml (8 mg/ml)	1	
famotidine oral tablet 20 mg, 40 mg	1	
lansoprazole oral capsule, delayed release(dr/ec) 15 mg	1	QL
lansoprazole oral capsule, delayed release(dr/ec) 30 mg	1	
lansoprazole oral tablet, disintegrat, delay rel 15 mg	1	QL
lansoprazole oral tablet, disintegrat, delay rel 30 mg	1	
misoprostol oral tablet 100 mcg, 200 mcg	1	
nizatidine oral capsule 150 mg, 300 mg	1	

Drug Name	Drug Tier	Requirements / Limits
nizatidine oral solution 150 mg/10 ml	1	
omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg	1	QL
omeprazole oral capsule, delayed release(dr/ec) 40 mg	1	
omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram	1	ST; QL
omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram	1	ST
omeprazole-sodium bicarbonate oral packet 20-1,680 mg	1	ST; QL
omeprazole-sodium bicarbonate oral packet 40-1,680 mg	1	ST
pantoprazole intravenous recon soln 40 mg	1	
pantoprazole oral granules dr for susp in packet 40 mg	1	ST
pantoprazole oral tablet, delayed release (dr/ec) 20 mg	1	QL
pantoprazole oral tablet, delayed release (dr/ec) 40 mg	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	ST
<i>sucralfate oral suspension 100 mg/ml</i>	1	
<i>sucralfate oral tablet 1 gram</i>	1	

IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; LA; QL
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	4	LA
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	4	PA; LA
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA; LA
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA; LA
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; LA; QL

GROWTH HORMONES

OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	4	PA; LA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	4	PA; LA

INTERFERONS

AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	4	PA; LA; QL
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	4	PA; LA; QL
BAFIERTAM ORAL CAPSULE, DELAYED RELEASE (DR/EC) 95 MG	4	PA; LA; QL
BETASERON SUBCUTANEOUS KIT 0.3 MG	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)-240 mg (46), 240 mg</i>	4	PA; LA; QL
GILENYA ORAL CAPSULE 0.5 MG	4	PA; LA; QL
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	4	PA; LA; QL
<i>glatopa subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	4	PA; LA; QL
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	4	PA; LA; QL
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	4	PA; LA; QL
<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	4	PA; QL
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	4	PA; LA; QL
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	4	PA; LA; QL
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	4	LA; QL
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	4	LA; QL
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	4	PA; LA; QL
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; LA; QL
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; LA; QL
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	4	PA; LA
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3)	4	PA; LA; QL
PONVORY ORAL TABLET 20 MG	4	PA; LA; QL
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; LA; QL
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; LA; QL
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	4	PA; LA; QL
<i>ribavirin oral capsule 200 mg</i>	4	LA
<i>ribavirin oral tablet 200 mg</i>	4	LA
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	4	PA; LA; QL
INTERLEUKINS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	4	PA; LA
<i>imiquimod topical cream in metered-dose pump 3.75 %</i>	1	
<i>imiquimod topical cream in packet 3.75 %, 5 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	4	
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	5	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	5	ACA
AFLURIA QD 2021-22(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	5	ACA
AFLURIA QD 2021-22(6-35MO)(PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
AFLURIA QD 2022-23(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	5	ACA
AFLURIA QUAD 2021-2022(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	5	ACA
AFLURIA QUAD 2022-2023(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	5	ACA
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	5	ACA
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	5	ACA
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	5	ACA
COMIRNATY TRIS VACCINE(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML	5	ACA

Drug Name	Drug Tier	Requirements / Limits
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	5	ACA
DENG VAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	2	
ENGRIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	5	ACA
ENGRIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	5	ACA
ENGRIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	5	ACA
FLUAD QUAD 2021-22(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	5	ACA
FLUAD QUAD 2022-23(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
FLUARIX QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	5	ACA
FLUARIX QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	5	ACA
FLUBLOK QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	5	ACA
FLUBLOK QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	5	ACA
FLUCELVAX QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	5	ACA
FLUCELVAX QUAD 2021-2022 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	5	ACA

Drug Name	Drug Tier	Requirements / Limits
FLUCELVAX QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	5	ACA
FLUCELVAX QUAD 2022-2023 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	5	ACA
FLULAVAL QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	5	ACA
FLULAVAL QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	5	ACA
FLUMIST QUAD 2021-2022 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	5	ACA
FLUMIST QUAD 2022-2023 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	5	ACA
FLUZONE HIGHDOSE QUAD 21-22 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
FLUZONE HIGHDOSE QUAD 22-23 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML	5	ACA
FLUZONE QUAD 2021-2022 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	5	ACA
FLUZONE QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	5	ACA
FLUZONE QUAD 2021-2022 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	5	ACA
FLUZONE QUAD 2022-2023 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	5	ACA
FLUZONE QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	5	ACA
FLUZONE QUAD 2022-2023 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	5	ACA

Drug Name	Drug Tier	Requirements / Limits
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	4	
GAMASTAN S/D INTRAMUSCULAR SOLUTION 15-18 % RANGE	4	
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	5	ACA
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	5	ACA
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	5	ACA
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	5	ACA
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	4	PA; LA
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	2	

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Drug Name	Drug Tier	Requirements / Limits
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	5	ACA
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	5	ACA
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	2	
JANSSEN COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION 0.5 ML	5	ACA
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	5	ACA
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	5	ACA
MODERNA COVID BIVAL(6Y UP)(PF) INTRAMUSCULAR SUSPENSION 50 MCG/0.5 ML	5	ACA
MODERNA COVID(6-11Y) VAC(DNU) INTRAMUSCULAR SUSPENSION 50 MCG/0.5 ML	5	ACA

Drug Name	Drug Tier	Requirements / Limits
MODERNA COVID(6M-5Y) VACC(EUA) INTRAMUSCULAR SUSPENSION 25 MCG/0.25 ML	5	ACA
MODERNA COVID-19 (6-11YR)(EUA) INTRAMUSCULAR SUSPENSION 50 MCG/0.5 ML	5	ACA
MODERNA COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION 100 MCG/0.5 ML	5	ACA
NOVAVAX COVID-19 VACC,ADJ(EUA) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML	5	ACA
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	5	ACA
PFIZER COVID BIVAL(12Y UP)(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML	5	ACA
PFIZER COVID-19 TRIS VACCN(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
PFIZER COVID-19 TRIS VACCIN(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MCG/0.2 ML, 3 MCG/0.2 ML	5	ACA
PFIZER COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 30 MCG/0.3 ML	5	ACA
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML	5	ACA
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	5	ACA
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	5	ACA
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	5	ACA
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	5	ACA
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2-3.3CCID50/0.5ML	5	ACA

Drug Name	Drug Tier	Requirements / Limits
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3-3.99 TCID50/0.5	5	ACA
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	5	ACA
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	5	ACA
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	2	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	5	ACA
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	5	ACA
ROTATEQ VACCINE ORAL SOLUTION 2 ML	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	5	ACA; QL
SPIKEVAX (PF) INTRAMUSCULAR SUSPENSION 100 MCG/0.5 ML	5	ACA
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML	2	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	5	ACA
TETANUS,DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	5	ACA
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML	2	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	5	ACA
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	5	ACA

Drug Name	Drug Tier	Requirements / Limits
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	2	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	2	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	5	ACA
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML	2	
VAXNEUVANCE INTRAMUSCULAR SYRINGE 0.5 ML	5	ACA
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	2	
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	4	PA; LA
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	2	

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Drug Name	Drug Tier	Requirements / Limits
MUSCULOSKELETAL & RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral tablet 0.6 mg</i>	1	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	1	ST
MITIGARE ORAL CAPSULE 0.6 MG	2	
<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	QL
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	QL
<i>ibandronate oral tablet 150 mg</i>	1	QL
<i>raloxifene oral tablet 60 mg</i>	5	ACA
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	1	QL
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	4	PA; LA; QL
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	4	PA; LA; QL
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	4	PA; LA; QL
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	4	PA; LA; QL
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	4	PA; LA; QL
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	4	PA; LA; QL
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	4	PA; LA; QL
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	4	PA; LA; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated November 1, 2022.

Drug Name	Drug Tier	Requirements / Limits
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; LA; QL
HUMIRA PEN PSOR-UEVITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; LA; QL
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; LA; QL
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; LA; QL
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; LA; QL
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA; LA; QL
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; LA; QL
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; LA; QL
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	4	PA; LA; QL
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	QL
OTEZLA ORAL TABLET 30 MG	4	PA; LA; QL
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	4	PA; LA; QL
<i>penicillamine oral capsule 250 mg</i>	1	PA
<i>penicillamine oral tablet 250 mg</i>	1	PA
RIDAURA ORAL CAPSULE 3 MG	2	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	4	PA; LA; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated November 1, 2022.

Drug Name	Drug Tier	Requirements / Limits
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	2	ST; QL
SAVELLA ORAL TABLETS, DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	2	ST; QL
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	4	PA; LA; QL
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	4	PA; LA; QL
XELJANZ ORAL SOLUTION 1 MG/ML	4	PA; LA; QL
XELJANZ ORAL TABLET 10 MG, 5 MG	4	PA; LA; QL
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	4	PA; LA; QL

OBSTETRICS & GYNECOLOGY

DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	5	ACA
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Drug Name	Drug Tier	Requirements / Limits
FC2 FEMALE CONDOM	5	ACA; OTC
FEMCAP VAGINAL DEVICE 22 MM	5	ACA
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HRS (5 YRS) 19.5 MG	5	ACA; LA
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24 HOURS (8 YRS) 52 MG	5	ACA; LA
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	5	ACA; LA
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HRS (3 YRS) 13.5 MG	5	ACA; LA
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM	5	ACA

ESTROGENS & PROGESTINS

<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
<i>camila oral tablet 0.35 mg</i>	5	ACA
<i>covaryx h.s. oral tablet 0.625-1.25 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>covaryx oral tablet 1.25-2.5 mg</i>	1	
<i>deblitane oral tablet 0.35 mg</i>	5	ACA
<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
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>errin oral tablet 0.35 mg</i>	5	ACA
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL
<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
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>estradiol vaginal tablet 10 mcg</i>	1	
<i>estradiol valerate intramuscular oil 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	
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>	1	
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>heather oral tablet 0.35 mg</i>	5	ACA
<i>hydroxyprogesterone (pf)(p reg presv) intramuscular oil 250 mg/ml (1 ml)</i>	4	LA; QL
<i>hydroxyprogesterone cap(ppres) intramuscular oil 250 mg/ml</i>	4	LA; QL
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	1	
<i>incassia oral tablet 0.35 mg</i>	5	ACA
<i>jencycla oral tablet 0.35 mg</i>	5	ACA
<i>jinteli oral tablet 1-5 mg-mcg</i>	1	
<i>lyleq oral tablet 0.35 mg</i>	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
<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
<i>lyza oral tablet 0.35 mg</i>	5	ACA
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	5	ACA; QL
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	5	ACA; QL
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>mimvey oral tablet 1-0.5 mg</i>	1	
<i>nora-be oral tablet 0.35 mg</i>	5	ACA
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	5	ACA
<i>norethindrone acetate oral tablet 5 mg</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>norlyda oral tablet 0.35 mg</i>	5	ACA
<i>progesterone intramuscular oil 50 mg/ml</i>	4	LA

Drug Name	Drug Tier	Requirements / Limits
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	1	
<i>sharobel oral tablet 0.35 mg</i>	5	ACA
<i>tulana oral tablet 0.35 mg</i>	5	ACA
<i>yuvafem vaginal tablet 10 mcg</i>	1	
MISCELLANEOUS OB/GYN		
<i>clindamycin phosphate vaginal cream 2 %</i>	1	
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	5	ACA
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	5	ACA
<i>fem ph vaginal gel 0.9-0.025 %</i>	1	
GYNAZOLE-1 VAGINAL CREAM 2 %	3	
<i>gynol ii vaginal gel 3 %</i>	5	ACA; OTC
<i>isoxsuprine oral tablet 10 mg, 20 mg</i>	1	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	
<i>miconazole-3 vaginal suppository 200 mg</i>	1	
MYFEMBREE ORAL TABLET 40-1-0.5 MG	2	PA

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Drug Name	Drug Tier	Requirements / Limits
NEXPLANON SUBDERMAL IMPLANT 68 MG	5	ACA; LA
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	2	PA
OSPHEA ORAL TABLET 60 MG	3	PA
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	1	
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG	5	ACA; OTC
<i>tranexamic acid oral tablet 650 mg</i>	1	
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 %	2	
<i>vandazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	5	ACA; OTC
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	5	ACA; OTC
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	5	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	5	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	5	ACA
<i>after pill oral tablet 1.5 mg</i>	5	ACA; OTC; QL
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	5	ACA
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	5	ACA
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	5	ACA
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	5	ACA
<i>amethyst (28) oral tablet 90-20 mcg (28)</i>	5	ACA
<i>apri oral tablet 0.15-0.03 mg</i>	5	ACA
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	5	ACA
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	5	ACA
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	5	ACA
<i>aubra oral tablet 0.1-20 mg-mcg</i>	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	5	ACA
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	5	ACA
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	5	ACA
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	5	ACA
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	5	ACA
<i>aviane oral tablet 0.1-20 mg-mcg</i>	5	ACA
<i>ayuna oral tablet 0.15-0.03 mg</i>	5	ACA
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	5	ACA
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	5	ACA
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	5	ACA
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	5	ACA
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	5	ACA
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	5	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>camrese lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	5	ACA
<i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	5	ACA
<i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	5	ACA
<i>charlotte 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	5	ACA
<i>chateal (28) oral tablet 0.15-0.03 mg</i>	5	ACA
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	5	ACA
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	5	ACA
<i>cyred eq oral tablet 0.15-0.03 mg</i>	5	ACA
<i>cyred oral tablet 0.15-0.03 mg</i>	5	ACA
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	5	ACA
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	5	ACA
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	5	ACA
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	5	ACA
<i>dolishale oral tablet 90-20 mcg (28)</i>	5	ACA
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)</i>	5	ACA
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	5	ACA
<i>econtra ez oral tablet 1.5 mg</i>	5	ACA; OTC; QL
<i>econtra one-step oral tablet 1.5 mg</i>	5	ACA; OTC; QL
<i>elinest oral tablet 0.3-30 mg-mcg</i>	5	ACA
ELLA ORAL TABLET 30 MG	5	ACA; QL
<i>emoquette oral tablet 0.15-0.03 mg</i>	5	ACA
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	5	ACA
<i>enskyce oral tablet 0.15-0.03 mg</i>	5	ACA
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	5	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	5	ACA
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	5	ACA
<i>femynor oral tablet 0.25-35 mg-mcg</i>	5	ACA
<i>finzala oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	5	ACA
<i>gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	5	ACA
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	5	ACA
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	5	ACA
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	5	ACA
<i>hailey oral tablet 1.5-30 mg-mcg</i>	5	ACA
<i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	5	ACA
<i>isibloom oral tablet 0.15-0.03 mg</i>	5	ACA
<i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	5	ACA
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	5	ACA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated November 1, 2022.

Drug Name	Drug Tier	Requirements / Limits
<i>jolessa oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	5	ACA
<i>juleber oral tablet 0.15-0.03 mg</i>	5	ACA
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	5	ACA
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	5	ACA
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	5	ACA
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	5	ACA
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	5	ACA
<i>kaitlib fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	5	ACA
<i>kalliga oral tablet 0.15-0.03 mg</i>	5	ACA
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	5	ACA
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	5	ACA
<i>kelnor 1-50 (28) oral tablet 1-50 mg-mcg</i>	5	ACA
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	5	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>l norgest/e.estradiol-e.estradiol oral tablets, dose pack, 3 month 0.10 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>	5	ACA
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	5	ACA
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	5	ACA
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	5	ACA
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	5	ACA
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	5	ACA
<i>larissia oral tablet 0.1-20 mg-mcg</i>	5	ACA
<i>layolis fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	5	ACA
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	5	ACA
<i>lessina oral tablet 0.1-20 mg-mcg</i>	5	ACA
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	5	ACA
<i>levonorgestrel oral tablet 1.5 mg</i>	5	ACA; OTC; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated November 1, 2022.

Drug Name	Drug Tier	Requirements / Limits
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	5	ACA
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	5	ACA
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	5	ACA
<i>levora-28 oral tablet 0.15-0.03 mg</i>	5	ACA
<i>lillow (28) oral tablet 0.15-0.03 mg</i>	5	ACA
<i>lojaimiess oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	5	ACA
<i>loryna (28) oral tablet 3-0.02 mg</i>	5	ACA
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	5	ACA
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	5	ACA
<i>lutra (28) oral tablet 0.1-20 mg-mcg</i>	5	ACA
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	5	ACA
<i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	5	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>mibelas 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	5	ACA
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	5	ACA
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	5	ACA
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	5	ACA
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	5	ACA
<i>mili oral tablet 0.25-35 mg-mcg</i>	5	ACA
<i>mono-lynyah oral tablet 0.25-35 mg-mcg</i>	5	ACA
<i>my choice oral tablet 1.5 mg</i>	5	ACA; OTC; QL
<i>my way oral tablet 1.5 mg</i>	5	ACA; OTC; QL
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	5	ACA
<i>new day oral tablet 1.5 mg</i>	5	ACA; OTC; QL
<i>nikki (28) oral tablet 3-0.02 mg</i>	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)	5	ACA
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	5	ACA
norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)	5	ACA
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)	5	ACA
norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)	5	ACA
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	5	ACA
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	5	ACA
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)	5	ACA

Drug Name	Drug Tier	Requirements / Limits
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	5	ACA
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	5	ACA
nylia 1/35 (28) oral tablet 1-35 mg-mcg	5	ACA
nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg-35 mcg	5	ACA
nymyo oral tablet 0.25-35 mg-mcg	5	ACA
ocella oral tablet 3-0.03 mg	5	ACA
opcicon one-step oral tablet 1.5 mg	5	ACA; OTC; QL
option-2 oral tablet 1.5 mg	5	ACA; OTC; QL
philith oral tablet 0.4-35 mg-mcg	5	ACA
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	5	ACA
pirmella oral tablet 0.5/0.75/1 mg- 35 mcg, 1-35 mg-mcg	5	ACA
portia 28 oral tablet 0.15-0.03 mg	5	ACA
previfem oral tablet 0.25-35 mg-mcg	5	ACA
reclipsen (28) oral tablet 0.15-0.03 mg	5	ACA
rivelsa oral tablets, dose pack, 3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>setlakin oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	5	ACA
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	5	ACA
<i>simpesse oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	5	ACA
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	5	ACA
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	5	ACA
<i>syeda oral tablet 3-0.03 mg</i>	5	ACA
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	5	ACA
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	5	ACA
<i>taysofy oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	5	ACA
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	5	ACA
<i>tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	5	ACA
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	5	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	5	ACA
<i>tri-lynyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	5	ACA
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	5	ACA
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	5	ACA
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	5	ACA
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	5	ACA
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	5	ACA
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	5	ACA
<i>tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	5	ACA
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	5	ACA
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	5	ACA
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	5	ACA
<i>tydemy oral tablet 3-0.03-0.451 mg (21) (7)</i>	5	ACA
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	5	ACA
<i>vestura (28) oral tablet 3-0.02 mg</i>	5	ACA
<i>vienva oral tablet 0.1-20 mg-mcg</i>	5	ACA
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	5	ACA
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	5	ACA
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	5	ACA
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	5	ACA
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	5	ACA
<i>wymzya fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	5	ACA
<i>zarah oral tablet 3-0.03 mg</i>	5	ACA
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	5	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	5	ACA
OXYTOCICS		
<i>methergine oral tablet 0.2 mg</i>	1	QL
<i>methylergonovine oral tablet 0.2 mg</i>	1	QL
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>ak-poly-bac ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
AZASITE OPHTHALMIC (EYE) DROPS 1 %	3	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	3	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	1	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
gatifloxacin ophthalmic (eye) drops 0.5 %	1	
gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)	1	
gentamicin ophthalmic (eye) drops 0.3 %	1	
levofloxacin ophthalmic (eye) drops 0.5 %	1	
moxifloxacin ophthalmic (eye) drops 0.5 %	1	
moxifloxacin ophthalmic (eye) drops, viscous 0.5 %	1	
NATACYN OPTHALMIC (EYE) DROPS,SUSPENSION 5 %	2	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	1	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	1	
neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	1	

Drug Name	Drug Tier	Requirements / Limits
ofloxacin ophthalmic (eye) drops 0.3 %	1	
polycin ophthalmic (eye) ointment 500-10,000 unit/gram	1	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	1	
tobramycin ophthalmic (eye) drops 0.3 %	1	
ANTIVIRALS		
trifluridine ophthalmic (eye) drops 1 %	1	
ZIRGAN OPTHALMIC (EYE) GEL 0.15 %	3	
BETA-BLOCKERS		
betaxolol ophthalmic (eye) drops 0.5 %	1	
carteolol ophthalmic (eye) drops 1 %	1	
levobunolol ophthalmic (eye) drops 0.5 %	1	
timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %	1	
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	1	
timolol maleate ophthalmic (eye) drops, once daily 0.5 %	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	1	
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE OPTHALMIC (EYE) DROPS 0.125 %	4	LA
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	1	
<i>atropine ophthalmic (eye) ointment 1 %</i>	1	
<i>cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %</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		
ALOCRILOPHTHALMIC (EYE) DROPS 2 %	3	
ALOMIDOPHTHALMIC (EYE) DROPS 0.1 %	3	

Drug Name	Drug Tier	Requirements / Limits
<i>altacaine ophthalmic (eye) drops 0.5 %</i>	1	
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1	
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i>	1	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	1	PA; QL
CYSTARAN OPTHALMIC (EYE) DROPS 0.44 %	4	LA
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	1	
<i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>	1	
LASTACFT OPTHALMIC (EYE) DROPS 0.25 %	3	ST
<i>lidocaine-phenylephrn in water intraocular solution 1-1.5 %</i>	1	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	1	
RESTASIS MULTIDOSE OPTHALMIC (EYE) DROPS 0.05 %	2	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	2	PA; QL
tetracaine hcl ophthalmic (eye) drops 0.5 %	1	
ZERVATE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	3	ST
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
bromfenac ophthalmic (eye) drops 0.09 %	1	ST
diclofenac sodium ophthalmic (eye) drops 0.1 %	1	
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	1	
ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %	1	
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	ST
ORAL DRUGS FOR GLAUCOMA		
acetazolamide oral capsule, extended release 500 mg	1	
acetazolamide oral tablet 125 mg, 250 mg	1	

Drug Name	Drug Tier	Requirements / Limits
methazolamide oral tablet 25 mg, 50 mg	1	
OTHER GLAUCOMA DRUGS		
bimatoprost ophthalmic (eye) drops 0.03 %	1	
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	1	
brinzolamide ophthalmic (eye) drops,suspension 1 %	1	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2- 0.5 %	3	ST
dorzolamide ophthalmic (eye) drops 2 %	1	
dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %	1	
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	1	
latanoprost ophthalmic (eye) drops 0.005 %	1	
miostat intraocular solution 0.01 %	1	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	3	
travoprost ophthalmic (eye) drops 0.004 %	1	

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Drug Name	Drug Tier	Requirements / Limits
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	3	ST
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	
PRED-G OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-1 %	3	

Drug Name	Drug Tier	Requirements / Limits
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	1	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	3	
STERIODS		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	1	ST
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	1	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	3	ST
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	1	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	1	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<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 0.15 %, 0.2 %</i>	1	
VASOCONSTRICTOR DECONGESTANTS		
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	1	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI-HISTAMINE & ANTI-ALLERGENIC AGENTS		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>cetirizine oral solution 1 mg/ml</i>	1	
<i>clemastine oral tablet 2.68 mg</i>	1	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	1	
<i>cyproheptadine oral tablet 4 mg</i>	1	
<i>desloratadine oral tablet 5 mg</i>	1	QL
<i>desloratadine oral tablet, disintegrating 2.5 mg, 5 mg</i>	1	QL
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	QL
<i>epinephrine injection solution 1 mg/ml</i>	1	
<i>epinephrine injection syringe 0.1 mg/ml</i>	1	
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	2	ST; QL
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	2	ST; QL
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<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>	1	
<i>levocetirizine oral tablet 5 mg</i>	1	QL
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	1	
<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	

Drug Name	Drug Tier	Requirements / Limits
<i>guaiaatussin 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>	1	
<i>maxi-tuss ac oral liquid 10-100 mg/5 ml</i>	1	
<i>m-clear wc oral liquid 6.3-100 mg/5 ml</i>	1	
<i>pe-guai oral drops 1.5-20 mg/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-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml</i>	1	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>r-tanna oral tablet 9-25 mg</i>	1	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG	3	
<i>virtussin ac oral liquid 10-100 mg/5 ml</i>	1	
<i>virtussin dac oral syrup 30-10-100 mg/5 ml</i>	1	
PULMONARY AGENTS		
<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; QL
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	1	QL
<i>albuterol sulfate 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 oral syrup 2 mg/5 ml</i>	1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>alyq oral tablet 20 mg</i>	4	PA; LA; QL
<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
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	1	QL
ARNUTY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 200 MCG/ACTUATION , 50 MCG/ACTUATION	3	ST; QL
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION , 200 MCG/ACTUATION , 50 MCG/ACTUATION	3	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
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	ST; QL
<i>azelastine- fluticasone nasal spray,non-aerosol 137-50 mcg/spray</i>	1	QL
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	2	QL
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	4	PA; LA
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	2	QL
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	1	QL
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	QL
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	1	
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION , 50-5 MCG/ACTUATION	2	QL
<i>epinephrine hcl nasal solution 1 mg/ml</i>	1	
ESBRIET ORAL CAPSULE 267 MG	4	PA; LA; QL
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	1	QL
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
FLUTICASONE PROPION- SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED 113- 14 MCG/ACTUATION , 232-14 MCG/ACTUATION , 55-14 MCG/ACTUATION	2	ST; QL
<i>fluticasone propion- salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	QL
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	1	ST; QL
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	4	PA
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	2	QL
<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

Drug Name	Drug Tier	Requirements / Limits
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	4	PA; LA; QL
KALYDECO ORAL TABLET 150 MG	4	PA; LA; QL
<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	
<i>metaproterenol oral syrup 10 mg/5 ml</i>	1	
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	1	QL
<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	
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	4	PA; LA; QL
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	4	PA; LA; QL
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; LA; QL
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	4	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
OFEV ORAL CAPSULE 100 MG, 150 MG	4	PA; LA; QL
OPSUMIT ORAL TABLET 10 MG	4	PA; LA; QL
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	4	PA; LA; QL
ORKAMBI ORAL GRANULES IN PACKET 75-94 MG	4	PA; QL
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	4	PA; LA; QL
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	4	PA; LA; QL
PULMOZYME INHALATION SOLUTION 1 MG/ML	4	PA; LA
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	2	QL
<i>sajazir subcutaneous syringe 30 mg/3 ml</i>	4	PA; LA
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	3	QL

Drug Name	Drug Tier	Requirements / Limits
<i>sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml</i>	4	LA
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	4	PA; LA; QL
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	3	QL
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	2	QL
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	2	QL
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	4	PA; LA; QL
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	4	PA; LA; QL
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	4	PA; LA; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated November 1, 2022.

Drug Name	Drug Tier	Requirements / Limits
TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML)	4	PA; LA; QL
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1	
<i>terbutaline subcutaneous solution 1 mg/ml</i>	1	
<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 300 mg, 450 mg</i>	1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1	
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	4	PA; LA; QL
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	2	QL
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16 MCG (112)- 32 MCG (84), 16(112)-32(112) - 48(28) MCG, 32 MCG, 32-48 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
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 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
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	4	PA; LA; QL
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1	
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	1	PA
UROLOGICALS		
ANTICHOLINERGICS & ANTISPASMODICS		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	1	
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i>	1	
<i>flavoxate oral tablet 100 mg</i>	1	
<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>	1	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	1	
<i>tropium oral capsule, extended release 24hr 60 mg</i>	1	
<i>tropium oral tablet 20 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
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	ST
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	1	ST
<i>finasteride oral tablet 5 mg</i>	1	
<i>silodosin oral capsule 4 mg, 8 mg</i>	1	
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	PA
<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		
<i>alprostadil injection solution 500 mcg/ml</i>	1	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	LA
ELMIRON ORAL CAPSULE 100 MG	2	
<i>hyophen oral tablet 81.6-0.12-10.8 mg</i>	1	
K-PHOS ORIGINAL ORAL TABLET, SOLUBLE 500 MG	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i>	1	
<i>phosphasal oral tablet 81.6-10.8-40.8 mg</i>	1	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	1	
<i>uretron d-s oral tablet 81.6-10.8-40.8 mg</i>	1	
<i>urimar-t oral tablet 120-0.12-10.8 mg</i>	1	
<i>uro-458 oral tablet 81-10.8-40.8 mg</i>	1	
<i>urogesic-blue oral tablet 81.6-40.8-0.12 mg</i>	1	
<i>uro-mp oral capsule 118-10-40.8-36 mg</i>	1	
<i>uryl oral tablet 81.6-40.8-0.12 mg</i>	1	
<i>ustell oral capsule 120-0.12 mg</i>	1	
<i>utira-c oral tablet 81.6-10.8-40.8 mg</i>	1	

URINARY ANESTHETICS

<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
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VITAMINS, HEMATINICS & ELECTROLYTES

ELECTROLYTES

Drug Name	Drug Tier	Requirements / Limits
<i>calcium gluconate in 0.9% nacl intravenous solution 1 gram/100 ml</i>	1	
<i>effer-k oral tablet, effervescent 25 meq</i>	1	
<i>klor-con 10 oral tablet extended release 10 meq</i>	1	
<i>klor-con 8 oral tablet extended release 8 meq</i>	1	
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	1	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	1	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	1	
<i>klor-con oral packet 20 meq</i>	1	
<i>klor-con/ef oral tablet, effervescent 25 meq</i>	1	
<i>k-tab oral tablet extended release 8 meq</i>	1	
<i>lugols oral solution 5 %</i>	1	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated November 1, 2022.

Drug Name	Drug Tier	Requirements / Limits
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	1	
potassium chloride oral packet 20 meq	1	
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	1	
potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq	1	
sodium chloride 0.45 % intravenous parenteral solution 0.45 %	1	
sodium chloride 3 % hypertonic intravenous parenteral solution 3 %	1	
sodium chloride 5 % hypertonic intravenous parenteral solution 5 %	1	
sodium chloride intravenous parenteral solution 2.5 meq/ml, 4 meq/ml	1	
strong iodine oral solution 5 %	1	
VITAMINS & HEMATINICS		
bal-care dha oral combo pack,tablet and cap,dr 27-1-430 mg	1	

Drug Name	Drug Tier	Requirements / Limits
c-nate dha oral capsule 28 mg iron-1 mg -200 mg	1	
complete natal dha oral combo pack 29-1-250-200 mg	1	
cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml	1	
dodex injection solution 1,000 mcg/ml	1	
elite-ob oral tablet 50 mg iron- 1.25 mg	1	
ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)	1	
ferumoxytol intravenous solution 510 mg/17 ml (30 mg/ml)	1	
fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml	5	ACA; OTC
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)	5	ACA; OTC
folic acid injection solution 5 mg/ml	1	
folic acid oral tablet 1 mg	1	
folic acid oral tablet 400 mcg, 800 mcg	5	ACA; OTC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated November 1, 2022.

Drug Name	Drug Tier	Requirements / Limits
<i>folivane-ob oral capsule 85-1 mg</i>	1	
<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>	5	ACA; OTC
<i>m.v.i. adult intravenous solution 3,300 unit- 150 mcg/10 ml</i>	1	
<i>m-natal plus oral tablet 27 mg iron- 1 mg</i>	1	
<i>multi-vitamin with fluoride oral drops 0.25 mg/ml, 0.5 mg/ml</i>	5	ACA; OTC
<i>multi-vitamin with fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg</i>	5	ACA; OTC
<i>multivitamins with fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg</i>	5	ACA; OTC
<i>mvc-fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg</i>	5	ACA; OTC
<i>mynatal oral capsule 65 mg iron- 1 mg</i>	1	
<i>mynatal oral tablet 90-1-50 mg</i>	1	
<i>mynatal plus oral tablet 65 mg iron- 1 mg</i>	1	
<i>mynatal-z oral tablet 65 mg iron- 1 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>newgen oral tablet 32-1,000 mg-mcg</i>	1	
<i>obstetrix dha oral combo pack,tablet and cap,dr 29 mg iron-1 mg -50 mg</i>	1	
<i>pnv 29-1 oral tablet 29 mg iron- 1 mg</i>	1	
<i>pnv-dha + docusate oral capsule 27-1.25-55-300 mg</i>	1	
<i>pnv-dha oral capsule 27 mg iron-1 mg - 300 mg</i>	1	
<i>pnv-omega oral capsule 28-1-300 mg</i>	1	
<i>pnv-select oral tablet 27-1 mg</i>	1	
<i>pr natal 400 ec oral combo pack,tablet and cap,dr 29-1-400 mg</i>	1	
<i>pr natal 400 oral combo pack 29-1-400 mg</i>	1	
<i>pr natal 430 ec oral combo pack,tablet and cap,dr 29-1-430 mg</i>	1	
<i>pr natal 430 oral combo pack 29 mg iron-1 mg -430 mg</i>	1	
<i>prena1 chew oral tablet,chew,ir - dr,biphase 1.4 mg</i>	1	
<i>prena1 pearl oral capsule,ir - delay rel,biphase 30-1.4-200 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated November 1, 2022.

Drug Name	Drug Tier	Requirements / Limits
<i>prena1 true oral combo pack 30 mg iron- 1.4 mg-300 mg</i>	1	
<i>prenaissance oral capsule 29-1.25-55-325 mg</i>	1	
<i>prenaissance plus oral capsule 28-1-50-250 mg</i>	1	
<i>prenatabs fa oral tablet 29-1 mg</i>	1	
<i>prenatabs rx oral tablet 29 mg iron- 1 mg</i>	1	
<i>prenatal plus (calcium carb) oral tablet 27 mg iron- 1 mg</i>	1	
<i>prenatal plus oral tablet 29 mg iron- 1 mg</i>	1	
<i>prenatal-u oral capsule 106.5-1 mg</i>	1	
<i>preplus oral tablet 27 mg iron- 1 mg</i>	1	
<i>pretab oral tablet 29-1 mg</i>	1	
<i>se-natal 19 chewable oral tablet, chewable 29 mg iron- 1 mg</i>	1	
<i>se-natal-19 oral tablet 29 mg iron- 1 mg</i>	1	
<i>taron-c dha oral capsule 35-1-200 mg</i>	1	
<i>taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>trinatal rx 1 oral tablet 60 mg iron-1 mg</i>	1	
<i>trinate oral tablet 28 mg iron- 1 mg</i>	1	
<i>tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	5	ACA; OTC
<i>virt-c dha oral capsule 35-1-200 mg</i>	1	
<i>virt-nate dha oral capsule 28 mg iron- 1 mg -200 mg</i>	1	
<i>virt-pn dha oral capsule 27 mg iron- 1 mg -300 mg</i>	1	
<i>virt-pn plus oral capsule 28-1-300 mg</i>	1	
<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>	5	ACA; OTC
<i>wescap-c dha oral capsule 35-1-200 mg</i>	1	
<i>wescap-pn dha oral capsule 27 mg iron- 1 mg -300 mg</i>	1	
<i>wesnate dha oral capsule 28 mg iron- 1 mg -200 mg</i>	1	
<i>westab plus oral tablet 27 mg iron- 1 mg</i>	1	
<i>westgel dha oral capsule 31 mg iron- 1 mg-200 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>zatean-pn dha oral capsule 27 mg iron-1 mg -300 mg</i>	1	
<i>zatean-pn plus oral capsule 28-1-300 mg</i>	1	

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

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated November 1, 2022.

Index

A		
abacavir	3	
abacavir-lamivudine	3	
abacavir-lamivudine- zidovudine	3	
abiraterone	14	
acamprosate	59	
acarbose	69	
accutane	51	
acebutolol	39	
acetaminophen-caff- dihydrocod.....	25	
acetaminophen-codeine	26	
acetazolamide	104	
acetic acid.....	59, 62	
acetylcysteine	108	
acitretin.....	49	
ACTEMRA	89	
ACTEMRA ACTPEN.....	89	
ACTIMMUNE	82	
acyclovir	4, 56	
ADACEL(TDAP ADOLESN/ADULT)(PF)	82	
adapalene	51	
adapalene-benzoyl peroxide.	51	
ADBRY	50	
adefovir.....	4	
ADEMPAS.....	108	
afirmelle	94	
AFLURIA QD 2021-22(3YR UP)(PF)	82	
AFLURIA QD 2021-22(6- 35MO)(PF).....	82	
AFLURIA QD 2022-23(3YR UP)(PF)	83	
AFLURIA QUAD 2021- 2022(6MO UP).....	83	
AFLURIA QUAD 2022- 2023(6MO UP).....	83	
after pill	94	
ak-poly-bac.....	101	
ala-cort.....	56	
albendazole.....	9	
albuterol sulfate	108	
alclometasone	56	
ALECENSA	14	
alendronate	89	
alfuzosin	113	
ALINIA	9	
aliskiren	39	
allopurinol	89	
almotriptan malate	23	
ALOCRIAL.....	103	
ALOMIDE.....	103	
alosetron	73	
alprazolam	32	
alprazolam intensol.....	32	
alprostadil	113	
ALTABAX.....	54	
altacaine.....	103	
altavera (28).....	94	
ALUNBRIG	14	
alvimopan	73	
alyacen 1/35 (28).....	94	
alyacen 7/7/7 (28).....	94	
alyq	108	
amabelz.....	91	
amantadine hcl.....	4	
ambrisentan	108	
amcinonide	56	
amethia	94	
amethyst (28).....	94	
amiloride.....	39	
amiloride-hydrochlorothiazide	39	
aminocaproic acid.....	45	
amiodarone	39	
amitriptyline	32	
amitriptyline-chlordiazepoxide	32	
amlodipine	39	
amlodipine-atorvastatin	47	
amlodipine-benazepril	39	
amlodipine-olmesartan	39	
amlodipine-valsartan	39	
amlodipine-valsartan-hcthiiazid	40	
ammonium lactate	51	
amnestem	51	
amoxapine	32	
amoxicil-clarithromy-lansopraz	78	
amoxicillin.....	11	
amoxicillin-pot clavulanate ..	11	
amphetamine sulfate	33	
amphotericin b liposome	3	
ampicillin	11	
ampicillin sodium	11	
anagrelide	59	
anaspaz	72	
anastrozole	14	
ANORO ELLIPTA.....	108	
anucort-hc	73	
APIDRA SOLOSTAR U-100 INSULIN	65	
APIDRA U-100 INSULIN ..	65	
apomorphine	22	
apraclonidine	106	
aprepitant	73	
apri	94	
APTIVUS	4	
aqua care sodium chloride	59	
aqua care sterile water	59	
aranelle (28).....	94	
arformoterol	108	
argatroban in 0.9 % sod chlor	45	
aripiprazole	33	
armodafinil	33	
ARMOUR THYROID.....	71	
ARNUTY ELLIPTA.....	108	
ascomp with codeine	26	
asenapine maleate	33	
ashlyna	94	
ASMANEX HFA	108	
ASMANEX TWISTHALER	109	
aspirin	29	
aspirin-dipyridamole.....	45	
aspir-trin	29	
atazanavir.....	4	
atenolol	40	
atenolol-chlorthalidone	40	
atomoxetine	33	
atorvastatin	47	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated November 1, 2022.

atovaquone	9	benazepril	40	buprenorphine-naloxone.....	30
atovaquone-proguanil.....	9	benazepril-hydrochlorothiazide	40	bupropion hcl.....	33
atropine.....	72, 103	BENZNIDAZOLE	9	bupropion hcl (smoking deter)	61
aubra	94	benzonatate.....	107	buspirone	33
aubra eq	94	benzoyl peroxide	52	butalbital compound w/codeine	26
AUGMENTIN.....	11	benztropine	22	butalbital-acetaminop-caf-cod	26
aurovela 1.5/30 (21)	95	bepotastine besilate.....	103	butalbital-acetaminophen	26
aurovela 1/20 (21)	95	beser.....	56	butalbital-acetaminophen-caff	26
aurovela 24 fe.....	95	BESIVANCE.....	101	butalbital-aspirin-caffeine.....	26
aurovela fe 1.5/30 (28)	95	betaine	74	butorphanol.....	30
aurovela fe 1-20 (28).....	95	betamethasone dipropionate.....	56	BYDUREON BCISE.....	69
avar	51	betamethasone valerate.....	56	BYETTA	69
aviane	95	betamethasone, augmented...56		C	
avidoxy	12	BETASERON	80	cabergoline	68
avita	51	betaxolol	40, 102	CABLIVI.....	45
AVONEX.....	80	bethanechol chloride.....	113	CABOMETYX.....	14
ayuna	95	BEVESPI AEROSPHERE .	109	caffeine citrate	59
AZASITE	101	bexarotene	14	calcipotriene	49
azathioprine	14	BEXSERO.....	83	calcipotriene-betamethasone	49
azelaic acid	51	bicalutamide	14	calcitonin (salmon)	68
azelastine	62, 103	BIKTARVY	4	calcitriol	49, 68
azelastine-fluticasone	109	bimatoprost.....	104	calcium acetate(phosphat bind)	74
AZELEX	52	bisoprolol fumarate.....	40	calcium gluconate in 0.9% nacl	114
azithromycin.....	8	bisoprolol-hydrochlorothiazide	40	CALQUENCE	14
azurette (28).....	95			CALQUENCE	
B		blisovi 24 fe.....	95	(ACALABRUTINIB MAL)	14
bacitracin	101	blisovi fe 1.5/30 (28)	95	camila	91
bacitracin-polymyxin b	101	blisovi fe 1/20 (28)	95	camrese	95
baclofen	25	BOOSTRIX TDAP.....	83	camrese lo.....	95
BAFIERTAM.....	80	bosentan.....	109	CAMZYOS.....	49
bal-care dha	115	BOSULIF	14	candesartan	40
balsalazide	74	bp 10-1.....	52	candesartan-hydrochlorothiazid	40
balziva (28).....	95	BREO ELLIPTA	109	capecitabine	14
BANZEL	19	briellyn.....	95	CAPRELSA.....	14
BARACLUDE	4	BRILINTA	45	captopril	40
BASAGLAR KWIKPEN U-		brimonidine	106	captopril-hydrochlorothiazide	40
100 INSULIN.....	65	brimonidine-timolol.....	104	CARBAGLU	59
bayer aspirin	29	brinzolamide.....	104	carbamazepine	19
BAYER CHEWABLE		bromfenac	104	carbidopa	22
ASPIRIN	29	bromocriptine	22		
bayer low dose aspirin.....	30	brompheniramine-pseudoeph- dm	107		
BD INTEGRA NEEDLE	65	BROVANA	109		
BD SPECIALTY USE		budesonide.....	74, 109		
NEEDLES	65	bumetanide	40		
BD ULTRA-FINE NANO		buprenorphine.....	26		
PEN NEEDLE.....	65	buprenorphine hcl.....	26		
belladonna alkaloids-opium .	72				
BELSOMRA	33				

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated November 1, 2022.

carbidopa-levodopa	22	cholestyramine light	47	clozapine	33
carbidopa-levodopa-entacapone	22	choline,magnesium salicylate	30	c-nate dha.....	115
carbinoxamine maleate.....	106	CIBINQO	51	COARTEM.....	9
carglumic acid	59	ciclodan	55	codeine sulfate	26
carisoprodol	25	ciclopirox.....	55	codeine-butalbital-asa-caff ...	26
carteolol	102	cilostazol.....	45	codeine-guaifenesin	107
cartia xt.....	40	CIMDUO.....	4	colchicine.....	89
carvedilol	40	cimetidine	78	colesevelam	47
carvedilol phosphate.....	40	cimetidine hcl	78	colestipol.....	47
cataflam	30	CIMZIA.....	74	COMBIGAN	104
CAYA CONTOURED.....	91	CIMZIA POWDER FOR RECONST	74	COMBIVENT RESPIMAT	109
CAYSTON.....	9	cinacalcet	68	COMETRIQ	14
caziant (28).....	95	CIPRO HC.....	63	COMIRNATY TRIS VACCINE(PF)	83
cefaclor	7	ciprofloxacin.....	11	complete natal dha	115
cefadroxil.....	7	ciprofloxacin hcl.....	11, 62, 101	compro	74
cefazolin	7	ciprofloxacin-dexamethasone	63	constulose	74
cefazolin in 0.9% sod chloride	7	citalopram	33	coremino	12
cefazolin in dextrose (iso-os) .	7	citrate of magnesia.....	74	CORTISPORIN-TC	63
cefazolin in dextrose 5 %	7	citroma.....	74	cosyntropin	63
cefdinir	8	claravis.....	52	COTELLIC.....	14
cefditoren pivoxil	8	clarithromycin	8	covaryx	92
cefepime	8	clearlax	74	covaryx h.s.....	91
cefixime	8	clemastine	106	CREON.....	74
cefoxitin in dextrose, iso-osm	8	clindacin etz.....	52	cromolyn.....	74, 103, 109
cefpodoxime	8	clindacin p	52	crotan	59
cefprozil.....	8	clindamycin hcl	9	cryselle (28)	95
cefuroxime axetil.....	8	clindamycin pediatric	9	cyanocobalamin (vitamin b-12)	115
celecoxib.....	30	clindamycin phosphate ...	52, 93	cyclobenzaprine	25
CELONTIN	19	clindamycin-benzoyl peroxide	52	cyclopentolate.....	103
cephalexin.....	8	clindamycin-tretinoin	52	cyclophosphamide	14
CERDELGA.....	68	clobazam.....	19	CYCLOSERINE.....	9
cetirizine	106	clobetasol.....	56, 57	cyclosporine.....	14, 103
cevimeline	59	clobetasol-emollient	57	cyclosporine modified	14
charlotte 24 fe.....	95	clocortolone pivalate	57	cyproheptadine	106
chateal (28).....	95	clodan	57	cyred	95
chateal eq (28)	95	clomipramine.....	33	cyred eq	95
CHEMET	59	clonazepam	19	CYSTAGON	113
CHENODAL	74	clonidine	40	CYSTARAN.....	103
children's aspirin.....	30	clonidine hcl	33, 40	D	
chlordiazepoxide hcl	33	clopidogrel.....	45	dabigatran etexilate.....	45
chlordiazepoxide-clidinium..	72	clorazepate dipotassium	33	dalfampridine	24
chlorhexidine gluconate	62	clotrimazole	3, 55	danazol.....	68
chloroquine phosphate.....	9	clotrimazole-betamethasone	55	dantrolene	25
chlorpromazine.....	33	clovique	60	dapsone	9, 52
chlorthalidone.....	40			DAPTACEL (DTAP PEDIATRIC) (PF).....	83
chlorzoxazone.....	25				
cholestyramine (with sugar) .	47				

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated November 1, 2022.

darifenacin.....	113	digox.....	45	dutasteride-tamsulosin.....	113
dasetta 1/35 (28).....	95	digoxin.....	45	dvorah.....	26
dasetta 7/7/7 (28).....	95	dihydroergotamine.....	23	E	
daysee.....	95	DILANTIN.....	19	e.e.s. 400.....	9
DAYVIGO.....	33	diltiazem.....	40, 41	econazole.....	55
deblitane.....	92	dilt-xr.....	41	econtra ez.....	96
deferasirox.....	60	dimethyl fumarate.....	81	econtra one-step.....	96
deferiprone.....	60	DIPENTUM.....	74	ecotrin.....	30
demeclocycline.....	12	diphenhydramine hcl.....	106	ecotrin low strength.....	30
DENG VAXIA (PF).....	83	diphenoxylate-atropine.....	72	ed-spaz.....	72
denta 5000 plus.....	62	dipyridamole.....	46	EDURANT.....	4
dentagel.....	62	diskets.....	26	eemt.....	92
DESCOVY.....	4	disopyramide phosphate.....	39	eemt hs.....	92
desipramine.....	33	disulfiram.....	60	efavirenz.....	4
desloratadine.....	106	divalproex.....	20	efavirenz-emtricitabin-tenofovir.....	4
desmopressin.....	68	dodex.....	115	efavirenz-lamivudine-tenofovir disoproxil fumarate.....	4
DESMOPRESSIN.....	68	dofetilide.....	39	effer-k.....	114
desogestrel-ethinyl estradiol.....	96	dolishale.....	96	eletriptan.....	23
desogestrel-ethinyl estradiol.....	96	donepezil.....	24	ELIGARD.....	15
desonide.....	57	DOPTELET (15 TAB PACK).....	46	ELIGARD (3 MONTH).....	14
desoximetasone.....	57	dorzolamide.....	104	ELIGARD (4 MONTH).....	15
desrx.....	57	dorzolamide-timolol.....	104	ELIGARD (6 MONTH).....	15
desvenlafaxine succinate.....	34	dorzolamide-timolol (pf).....	104	elinest.....	96
dexabliiss.....	63	dotti.....	92	ELIQUIS.....	46
dexamethasone.....	63	DOVATO.....	4	ELIQUIS DVT-PE TREAT 30D START.....	46
dexamethasone intensol.....	63	doxazosin.....	41	elite-ob.....	115
dexamethasone sodium phosphate.....	105	doxepin.....	34, 51	ELLA.....	96
DEXILANT.....	78	doxercalciferol.....	68	ELMIRON.....	113
dexmethylphenidate.....	34	doxy-100.....	12	eluryng.....	93
dextroamphetamine sulfate.....	34	doxycycline hyclate.....	12	EMCYT.....	15
dextroamphetamine-amphetamine.....	34	doxycycline monohydrate.....	12	emoquette.....	96
DIACOMIT.....	19	doxylamine-pyridoxine (vit b6).....	74	EMPAVELI.....	60
diazepam.....	19, 34	dronabinol.....	74	EMSAM.....	34
diazepam intensol.....	34	drospirenone-e.estradiol-lm.fa.....	96	emtricitabine.....	4
diazoxide.....	64	drospirenone-ethinyl estradiol.....	96	emtricitabine-tenofovir (tdf).....	4
diclofenac potassium.....	30	DROXIA.....	14	EMTRIVA.....	4
diclofenac sodium.....	30, 51, 104	DUAVEE.....	92	EMVERM.....	9
diclofenac-misoprostol.....	30	dulcolax (magnesium hydroxide).....	74	enalapril maleate.....	41
dicloxacillin.....	11	DULERA.....	109	enalapril-hydrochlorothiazide.....	41
dicyclomine.....	72	duloxetine.....	34	ENBREL.....	89
didanosine.....	4	DUPIXENT PEN.....	51	ENBREL MINI.....	89
DIFICID.....	8	DUPIXENT SYRINGE.....	51	ENBREL SURECLICK.....	89
diflorasone.....	57	dutasteride.....	113	endocet.....	26
diflunisal.....	30			ENGERIX-B (PF).....	83
difluprednate.....	105				
digitek.....	45				

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated November 1, 2022.

ENGERIX-B PEDIATRIC (PF).....	83	estradiol	92	FERRIPROX (2 TIMES A DAY)	60
enoxaparin	46	estradiol valerate.....	92	ferumoxytol	115
enpresse	96	estradiol-norethindrone acet. 92		fesoterodine	113
enskyce	96	estrogens-methyltestosterone 92		FETZIMA	35
ENSPRYNG.....	15	eszopiclone	34	finasteride	113
entacapone	22	ethacrynic acid.....	41	finzala	96
entecavir	4	ethambutol	9	FIRDAPSE	24
ENTRESTO	49	ethosuximide	20	flac otic oil	62
enulose.....	74	ethynodiol diac-eth estradiol 96		flavoxate	113
EPCLUSA	4	etodolac	30	flecainide	39
EPIDIOLEX	20	etonogestrel-ethinyl estradiol 93		FLUAD QUAD 2021-22(65Y UP)(PF).....	83
epinastine.....	103	etoposide.....	15	FLUAD QUAD 2022-23(65Y UP)(PF).....	83
epinephrine	106	etravirine.....	4	FLUARIX QUAD 2021-2022 (PF)	84
epinephrine hcl	109	EURAX	59	FLUARIX QUAD 2022-2023 (PF)	84
EPIPEN 2-PAK	106	euthyrox.....	71	FLUBLOK QUAD 2021-2022 (PF)	84
EPIPEN JR 2-PAK.....	106	everolimus (antineoplastic) ..15		FLUBLOK QUAD 2022-2023 (PF)	84
epirubicin.....	15	everolimus (immunosuppressive)	15	FLUCELVAX QUAD 2021-2022	84
epitol.....	20	EVUSHELD (EUA)	5	FLUCELVAX QUAD 2021-2022 (PF)	84
EPIVIR HBV	4	EXELDERM	55	FLUCELVAX QUAD 2022-2023	84
eplerenone	41	exemestane	15	FLUCELVAX QUAD 2022-2023 (PF)	84
epoprostenol	41	ezetimibe	47	fluconazole	3
epoprostenol (glycine).....	41	ezetimibe-simvastatin	48	fluconazole in nacl (iso-osm) .3	
eprosartan	41	F		flucytosine	3
ergocalciferol (vitamin d2). 115		FACTIVE	11	fludeoxyglucose f-18	60
ergoloid.....	34	falmina (28)	96	fludrocortisone.....	63
ergotamine-caffeine.....	23	famciclovir.....	5	FLULAVAL QUAD 2021-2022 (PF)	84
ERIVEDGE	15	famotidine.....	79	FLULAVAL QUAD 2022-2023 (PF)	84
erlotinib	15	FARXIGA	70	FLUMIST QUAD 2021-2022	84
errin	92	FC2 FEMALE CONDOM ...	91	FLUMIST QUAD 2022-2023	84
ERTACZO	55	febuxostat	89	flunisolide	109
ery pads	52	FEIBA NF	46	fluocinolone	57
erygel.....	52	felbamate	20	fluocinolone acetonide oil	62
ery-tab.....	9	felodipine.....	41	fluocinolone and shower cap 57	
erythrocin (as stearate)	9	fem ph.....	93		
erythromycin	9, 101	FEMCAP	91		
erythromycin ethylsuccinate ..9		femynor	96		
erythromycin lactobionate.....9		fenofibrate	48		
erythromycin with ethanol ...52		fenofibrate micronized	48		
erythromycin-benzoyl peroxide	52	fenofibrate nanocrystallized .48			
ESBRIET.....	109	fenofibric acid.....	48		
escitalopram oxalate.....	34	fenofibric acid (choline)	48		
esomeprazole magnesium ...78, 79		fentanyl.....	27		
esomeprazole sodium	79	fentanyl citrate.....	27		
estarylla	96	fentanyl citrate (pf)	26		
estazolam	34	fentanyl citrate (pf)-0.9%nacl	27		
		FERRIPROX	60		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated November 1, 2022.

fluocinonide.....	57	fyavolv.....	92	GVOKE	65
fluocinonide-e.....	57	G		GVOKE HYPOPEN 2-PACK	
fluorescein-proparacaine	103	g tussin ac	107	.....	64
fluoride (sodium).....	62, 115	gabapentin	20	GVOKE PFS 2-PACK	
fluorometholone	105	galantamine	24	SYRINGE.....	65
fluorouracil	51	GAMASTAN	85	GYNAZOLE-1	93
fluoxetine.....	35	GAMASTAN S/D	85	gynol ii.....	93
fluphenazine decanoate	35	GARDASIL 9 (PF).....	85	H	
fluphenazine hcl	35	gatifloxacin.....	102	hailey	96
flurandrenolide	57	gavilyte-c	74	hailey 24 fe	96
flurazepam.....	35	gavilyte-g.....	74	hailey fe 1.5/30 (28)	96
flurbiprofen.....	30	gavilyte-n.....	74	hailey fe 1/20 (28)	96
flurbiprofen sodium.....	104	GAVRETO	15	halcinonide	58
flutamide.....	15	gemfibrozil	48	halobetasol propionate.....	58
fluticasone propionate ...	57, 58, 109	gemmily.....	96	haloperidol	35
fluticasone propion-salmeterol		generlac	75	haloperidol decanoate.....	35
.....	110	gengraf.....	15	haloperidol lactate	35
FLUTICASONE PROPION-		gentak	102	HARVONI.....	5
SALMETEROL	110	gentamicin	54, 102	HAVRIX (PF)	85
fluvastatin.....	48	GENVOYA	5	heather	92
fluvoxamine.....	35	GILENYA	81	hemmorex-hc.....	75
FLUZONE HIGHDOSE		GILOTRIF.....	15	hep flush-10 (pf).....	46
QUAD 21-22 PF.....	84	glatiramer.....	81	heparin flush(porcine)-0.9nacl	
FLUZONE HIGHDOSE		glatopa	81	.....	46
QUAD 22-23 PF.....	85	GLEOSTINE	15	heparin lock flush	46
FLUZONE QUAD 2021-2022		glimepiride.....	70	heparin lock flush (porcine)..	46
.....	85	glipizide	70	heparin lockflush(porcine)(pf)	
FLUZONE QUAD 2021-2022		glipizide-metformin.....	70	.....	46
(PF).....	85	GLUCAGEN DIAGNOSTIC		heparin(porcine) in 0.45% nacl	
FLUZONE QUAD 2022-2023		KIT	64	.....	46
.....	85	GLUCAGEN HYPOKIT	64	heparin, porcine (pf)	46
FLUZONE QUAD 2022-2023		GLUCAGON (HCL)		HIBERIX (PF).....	85
(PF).....	85	EMERGENCY KIT	64	homatropaire.....	103
folic acid.....	115	glucagon emergency kit		HUMALOG JUNIOR	
folivane-ob	116	(human)	64	KWIKPEN U-100	65
fondaparinux.....	46	glyburide.....	70	HUMALOG KWIKPEN	
formoterol fumarate.....	110	glyburide micronized.....	70	INSULIN	66
fosamprenavir.....	5	glyburide-metformin	70	HUMALOG MIX 50-50	
foscarnet	5	glycopyrrolate.....	72, 73	INSULN U-100	66
fosfomycin tromethamine	13	glycopyrrolate (pf).....	72	HUMALOG MIX 50-50	
fosinopril	41	glycopyrrolate (pf) in water..	72	KWIKPEN.....	66
fosinopril-hydrochlorothiazide		glydo.....	54	HUMALOG MIX 75-25	
.....	41	GLYXAMBI	70	KWIKPEN.....	66
frovatriptan	23	granisetron hcl	75	HUMALOG MIX 75-25(U-	
FULPHILA.....	80	griseofulvin microsize	3	100)INSULN	66
furosemide	41	griseofulvin ultramicrosize.....	3	HUMALOG U-100 INSULIN	
FUZEON	5	guaiaatusin ac	107	.....	66
		guanfacine	35, 41	HUMIRA.....	90

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated November 1, 2022.

HUMIRA PEN	90	hydromorphone (pf)	27	irbesartan	42
HUMIRA PEN CROHNS-UC- HS START	90	hydromorphone (pf)-0.9 % nacl	27	irbesartan-hydrochlorothiazide	42
HUMIRA PEN PSOR- UVEITS-ADOL HS	90	hydroxychloroquine.....	10	IRESSA	16
HUMIRA(CF)	90	hydroxyprogesterone(pf)(preg presv)	92	ISENTRESS	5
HUMIRA(CF) PEDI CROHNS STARTER.....	90	hydroxyprogesterone cap(ppres)	92	ISENTRESS HD	5
HUMIRA(CF) PEN.....	90	hydroxyprogesterone caproate	92	isibloom	96
HUMIRA(CF) PEN CROHNS-UC-HS	90	hydroxyurea.....	15	isoniazid.....	10
HUMIRA(CF) PEN PEDIATRIC UC	90	hydroxyzine hcl	106, 107	isosorbide dinitrate	49
HUMIRA(CF) PEN PSOR- UV-ADOL HS.....	90	hydroxyzine pamoate	107	isosorbide mononitrate	49
HUMULIN 70/30 U-100 INSULIN	66	hyophen	113	isosorbide-hydralazine.....	42
HUMULIN 70/30 U-100 KWIKPEN	66	hyoscyamine sulfate	73	isotretinoin.....	52
HUMULIN N NPH INSULIN KWIKPEN	66	hyosyne.....	73	isoxsuprine.....	93
HUMULIN N NPH U-100 INSULIN	66	HYQVIA	85	isradipine	42
HUMULIN R REGULAR U- 100 INSULN	66	I		itraconazole.....	3
HUMULIN R U-500 (CONC) INSULIN	66	ibandronate	89	ivermectin	10, 52
HUMULIN R U-500 (CONC) KWIKPEN	66	IBRANCE	15	IXIARO (PF)	86
hydralazine	41	ibu	30	J	
hydrochlorothiazide.....	41	ibuprofen	30	jaimiess	96
hydrocodone bitartrate.....	27	icatibant	110	JAKAFI	16
hydrocodone-acetaminophen	27	iclevia	96	JANSSEN COVID-19 VACCINE (EUA)	86
hydrocodone-chlorpheniramine	107	icosapent ethyl.....	48	jantoven	46
hydrocodone-homatropine .	107	IDHIFA	15	JANUMET	70
hydrocodone-ibuprofen	27	imatinib.....	15	JANUMET XR.....	70
hydrocortisone.....	58, 63, 75	IMBRUVICA	15	JANUVIA.....	70
hydrocortisone acetate.....	75	imipramine hcl.....	35	JARDIANCE	70
hydrocortisone butyrate.....	58	imipramine pamoate	35	jasmiel (28).....	96
hydrocortisone butyr-emollient	58	imiquimod	82	javygtor.....	68
hydrocortisone valerate	58	IMOVAX RABIES VACCINE (PF).....	85	jencycla.....	92
hydrocortisone-acetic acid....	63	INBRIJA.....	22	jinteli.....	92
hydrocortisone-pramoxine ..	49, 75	incassia	92	jolessa	97
hydromet.....	107	INCRELEX	60	juleber	97
hydromorphone	27, 28	INCRUSE ELLIPTA.....	110	JULUCA.....	5
		indapamide	42	junel 1.5/30 (21)	97
		indomethacin	31	junel 1/20 (21)	97
		INFANRIX (DTAP) (PF).....	86	junel fe 1.5/30 (28)	97
		INLYTA	15	junel fe 1/20 (28)	97
		INTELENCE	5	junel fe 24	97
		INTRON A	82	K	
		INVIRASE	5	kaitlib fe.....	97
		iodine-sodium iodide.....	51	kalliga	97
		IPOL	86	KALYDECO	110
		ipratropium bromide	62, 110	kariva (28)	97
		ipratropium-albuterol.....	110	kelnor 1/35 (28)	97
				kelnor 1-50 (28)	97
				KERENDIA.....	42
				KESIMPTA PEN.....	81

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated November 1, 2022.

ketoconazole.....	3, 55	lessina	97	lopinavir-ritonavir.....	5
ketodan	55	letrozole	16	lorazepam	36
ketodan kit	55	leucovorin calcium	13	lorazepam intensol	36
ketoprofen.....	31	LEUKERAN	16	LORBRENA.....	16
ketorolac	31, 104	leuprolide.....	16	loryna (28)	98
KITABIS PAK	10	levalbuterol hcl	110	losartan	42
klor-con	114	LEVEMIR FLEXTOUCH U- 100 INSULN	67	losartan-hydrochlorothiazide	42
klor-con 10	114	LEVEMIR U-100 INSULIN	67	LOTEMAX.....	105
klor-con 8	114	levetiracetam	20	loteprednol etabonate.....	105
klor-con m10	114	levobunolol.....	102	lovastatin.....	48
klor-con m15	114	levocarnitine	60	low-ogestrel (28)	98
klor-con m20	114	levocarnitine (with sugar)....	60	loxapine succinate	36
klor-con/ef	114	levocetirizine	107	lo-zumandimine (28)	98
KLOXXADO	31	levofloxacin	11, 12, 102	lta pre-attached	54
KOGENATE FS.....	46	levonest (28)	97	LUBIPROSTONE	75
K-PHOS ORIGINAL	113	levonorgestrel	97	ludent fluoride	116
k-tab.....	114	levonorgestrel-ethinyl estrad	98	lugols	54, 114
kurvelo (28)	97	levonorg-eth estrad triphasic	98	LULICONAZOLE	55
KYLEENA.....	91	levora-28.....	98	LUPRON DEPOT	16
KYNMOBI.....	22	levo-t.....	71	LUPRON DEPOT (3 MONTH)	16
L		levothyroxine.....	72	LUPRON DEPOT-PED	16
l norgest/e.estradiol-e.estrad.	97	levoxyl.....	72	LUPRON DEPOT-PED (3 MONTH)	16
labetalol	42	LEXIVA	5	luteru (28)	98
lacosamide.....	20	lidocaine	54	lyleq	92
lactated ringers	59	lidocaine (pf)	54	lyllana	93
lactulose.....	75	lidocaine hcl	54	LYNPARZA.....	16
LAGEVRIO (EUA).....	5	lidocaine hcl-hydrocortison ac	54, 75	LYSODREN.....	16
lamivudine.....	5	lidocaine viscous	54	LYUMJEV KWIKPEN U-100 INSULIN	67
lamivudine-zidovudine.....	5	lidocaine-epinephrine	54	LYUMJEV KWIKPEN U-200 INSULIN	67
lamotrigine	20	lidocaine-hydrocortisone-aloe	75	LYUMJEV U-100 INSULIN	67
lansoprazole.....	79	lidocaine-phenylephrn in water	103	lyza	93
lanthanum	75	lidocaine-prilocaine	54	M	
lapatinib.....	16	lidocort.....	54	m.v.i. adult.....	116
larin 1.5/30 (21).....	97	lillow (28).....	98	mafenide acetate	54
larin 1/20 (21).....	97	lindane	59	magnesium citrate.....	75
larin 24 fe	97	linezolid.....	10	malathion	59
larin fe 1.5/30 (28).....	97	liothyronine	72	maraviroc.....	5
larin fe 1/20 (28).....	97	lisinopril.....	42	marlissa (28)	98
larissia.....	97	lisinopril-hydrochlorothiazide	42	MARPLAN.....	36
LASTACRAFT.....	103	lithium carbonate.....	35, 36	MATULANE.....	16
latanoprost	104	lojaimiess.....	98	matzim la	42
LATUDA	35	LONSURF.....	16	maxi-tuss ac	107
laxative peg 3350	75	loperamide	73	MAYZENT.....	81
layolis fe	97				
leena 28	97				
leflunomide.....	90				
lenalidomide.....	81				
LENVIMA	16				

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated November 1, 2022.

MAYZENT STARTER(FOR 1MG MAINT).....	81	methyl dopate	42	MODERNA COVID	
MAYZENT STARTER(FOR 2MG MAINT).....	81	methylergonovine.....	101	BIVAL(6Y UP)(PF)	86
m-clear wc	107	methylphenidate	36	MODERNA COVID(6-11Y)	
meclizine	75	methylphenidate hcl	36	VAC(DNU)	86
meclofenamate	31	methylprednisolone	63	MODERNA COVID(6M-5Y)	
medroxyprogesterone	93	methyltestosterone.....	68	VACC(EUA)	86
mefenamic acid	31	metoclopramide hcl	76	MODERNA COVID-19 (6-	
mefloquine.....	10	metolazone.....	42	11YR)(EUA)	86
megestrol	16	metoprolol succinate.....	42	MODERNA COVID-19	
MEKINIST.....	16	metoprolol ta-hydrochlorothiaz	42	VACCINE (EUA)	86
meloxicam	31	.....	42	moexipril.....	43
melphalan	16	metoprolol tartrate	42	molindone	37
memantine	24	metronidazole 10, 52, 53, 93		mometasone	58, 110
MENACTRA (PF)	86	metryrosine	43	mondoxynel	13
MENTAX.....	55	mexiletine	39	mono-lynyah.....	98
meprobamate	25	mibelas 24 fe	98	montelukast.....	110
mercaptapurine.....	16	miconazole-3	93	morgidox.....	13
meropenem	10	microgestin 1.5/30 (21)	98	morphine.....	28, 29
merzee	98	microgestin 1/20 (21)	98	morphine (pf).....	28
mesalamine.....	75	microgestin fe 1.5/30 (28)	98	morphine (pf) in 0.9 % sod chl	
mesalamine with cleansing		microgestin fe 1/20 (28)	98	.....	28
wipe	76	midazolam	36	morphine concentrate	28
MESNEX	13	midazolam (pf)	36	morphine in 0.9 % sodium	
metaproterenol.....	110	midazolam (pf) in 0.9 % nacl	36	chlor	28
metaxalone	25	.....	36	MOTOFEN.....	73
metformin	70	midodrine.....	60	MOUNJARO	64
methadone	28	migergot.....	23	MOVANTIK	76
methadose.....	28	miglitol	70	moxifloxacin.....	12, 102
methamphetamine	36	miglustat	68	MOZOBIL	80
methazolamide	104	mili.....	98	multi-vitamin with fluoride	116
methenamine hippurate	13	milk of magnesia	76	multivitamins with fluoride	116
methenamine mandelate.....	13	milk of magnesia concentrated	76	mupirocin.....	54
methen-sod phos-meth blue-		.....	76	mupirocin calcium	54
hyos	114	millipred	63	mvc-fluoride	116
methergine	101	millipred dp	63	my choice.....	98
methimazole	64	mimvey	93	my way	98
METHITEST.....	68	minocycline	12	MYALEPT	68
methocarbamol	25	minoxidil	43	mycophenolate mofetil	17
methotrexate sodium	17	miostat	104	mycophenolate sodium.....	17
methotrexate sodium (pf)16, 17		MIRENA	91	MYFEMBREE	93
methoxsalen.....	51	mirtazapine	36	MYLERAN	17
methscopolamine.....	73	MIRVASO.....	53	mynatal	116
methyl salicylate.....	51	misoprostol	79	mynatal plus.....	116
methyl dopa.....	42	MITIGARE	89	mynatal-z	116
methyl dopa-		M-M-R II (PF).....	86	myorisan	53
hydrochlorothiazide.....	42	m-natal plus	116	N	
		modafinil	36	nabumetone.....	31
				nadolol	43

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated November 1, 2022.

naftifine	55	nilutamide.....	17	NOVOLOG U-100 INSULIN	
naloxone	31	nimodipine.....	43	ASPART.....	67
naltrexone	31	NINLARO	17	np thyroid.....	72
naproxen	31	nisoldipine	43	NUCALA	110
naproxen sodium	31	nitazoxanide.....	10	NUCYNTA ER	32
naratriptan.....	23	nitisinone	60	NUEDEXTA	24
NARCAN	32	nitro-bid	49	nyamyc	55
NATACYN	102	nitrofurantoin.....	13	nylia 1/35 (28)	99
nateglinide	70	nitrofurantoin macrocrystal ..	13	nylia 7/7/7 (28)	99
NATPARA	68	nitrofurantoin monohyd/m-		nymyo	99
natura-lax.....	76	cryst	13	nystatin	3, 55
neбиволol.....	43	nitroglycerin	49	nystatin-triamcinolone	55, 56
necon 0.5/35 (28).....	98	nitro-time	49	nystop	56
nefazodone	37	NIVESTYM	80	O	
neomycin	10	nizatidine	79	obstetrix dha	116
neomycin-bacitracin-poly-hc		nolix.....	58	ocella.....	99
.....	105	nora-be.....	93	ODEFSEY	6
neomycin-bacitracin-		noreth-ethinyl estradiol-iron.	99	ODOMZO.....	17
polymyxin.....	102	norethindrone (contraceptive)		OFEV.....	111
neomycin-polymyxin b gu ...	59	.....	93	ofloxacin	12, 63, 102
neomycin-polymyxin b-		norethindrone acetate	93	olanzapine.....	37
dexameth	105	norethindrone ac-eth estradiol		olanzapine-fluoxetine	37
neomycin-polymyxin-		.....	93, 99	olmesartan.....	43
gramicidin.....	102	norethindrone-e.estradiol-iron		olmesartan-amlodipin-	
neomycin-polymyxin-hc	63,	.....	99	hcthiazid	43
105		norgestimate-ethinyl estradiol		olmesartan-	
neo-polycin.....	102	.....	99	hydrochlorothiazide	43
neo-polycin hc	105	norlyda.....	93	olopatadine	62
neostigmine methylsulfate....	25	nortrel 0.5/35 (28).....	99	omega-3 acid ethyl esters	48
NERLYNX.....	17	nortrel 1/35 (21).....	99	omeprazole	79
neuac.....	53	nortrel 1/35 (28).....	99	omeprazole-sodium	
NEUPRO.....	23	nortrel 7/7/7 (28)	99	bicarbonate	79
NEVANAC	104	nortriptyline	37	OMNIPOD 5 G6 INTRO KIT	
nevirapine	5	NORVIR.....	6	(GEN 5)	65
new day	98	NOVAVAX COVID-19		OMNIPOD 5 G6 PODS (GEN	
newgen	116	VACC,ADJ(EUA).....	86	5).....	65
NEXPLANON	94	NOVOLIN 70/30.....	67	OMNIPOD DASH INTRO	
niacin	48	NOVOLIN N.....	67	KIT (GEN 4).....	65
nicardipine.....	43	NOVOLIN R.....	67	OMNIPOD DASH PODS	
NICODERM CQ.....	61	NOVOLOG FLEXPEN U-100		(GEN 4)	65
nicorette.....	61	INSULIN	67	OMNITROPE.....	80
NICORETTE.....	61	NOVOLOG MIX 70-30 U-100		ondansetron.....	76
nicotine	61	INSULN	67	ondansetron hcl.....	76
nicotine (polacrilex)	61	NOVOLOG MIX 70-		ondansetron hcl (pf).....	76
NICOTROL.....	61	30FLEXPEN U-100	67	opcicon one-step	99
NICOTROL NS.....	61	NOVOLOG PENFILL U-100		opium tincture.....	73
nifedipine.....	43	INSULIN	67	OPSUMIT.....	111
nikki (28).....	98			option-2.....	99

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated November 1, 2022.

oral saline laxative.....	76	pe-guai	107	pnv 29-1.....	116
oralone.....	62	PEMAZYRE	17	pnv-dha.....	116
ORENITRAM.....	43	penicillamine	90	pnv-dha + docusate.....	116
ORIAHNN	94	penicillin v potassium.....	11	pnv-omega	116
ORILISSA.....	69	pentamidine	10	pnv-select.....	116
ORKAMBI.....	111	PENTASA.....	77	podofilox.....	51
orphenadrine citrate.....	25	pentoxifylline.....	47	polycin	102
orphenadrine-asa-caffeine	25	perindopril erbumine	43	polymyxin b sulf-trimethoprim	
orphengesic forte	25	periogard.....	62	.....	102
oscimin	73	permethrin	59	POMALYST.....	81
oscimin sl.....	73	perphenazine.....	37	PONVORY	81
oseltamivir.....	6	perphenazine-amitriptyline...37		PONVORY 14-DAY	
OSMOPREP.....	76	PFIZER COVID BIVAL(12Y		STARTER PACK.....	81
OSPHERA	94	UP)(PF)	86	portia 28.....	99
OTEZLA	90	PFIZER COVID-19 TRIS		posaconazole.....	3
OTEZLA STARTER.....	90	VACCN(PF).....	86, 87	potassium chloride.....	114, 115
oxandrolone	69	PFIZER COVID-19		potassium citrate.....	114
oxaprozin	32	VACCINE (EUA)	87	potassium iodide.....	64
oxazepam.....	37	phenazopyridine	114	powderlax	77
oxcarbazepine.....	21	phenelzine.....	37	pr natal 400	116
oxiconazole.....	56	phenobarb-hyoscy-atropine-		pr natal 400 ec	116
oxybutynin chloride.....	113	scop.....	73	pr natal 430.....	116
oxycodone	29	phenobarbital	21	pr natal 430 ec	116
oxycodone-acetaminophen...29		phenohydro.....	73	pramipexole	23
OXYCONTIN	29	phenoxybenzamine.....	43	prasugrel	47
oxymorphone.....	29	phenylephrine hcl	106	pravastatin.....	48
OZEMPIC	70	phenytoin	21	praziquantel	10
P		phenytoin sodium	21	prazosin.....	43
pacerone	39	phenytoin sodium extended..21		PRED-G.....	105
paliperidone	37	philith.....	99	prednicarbate	58
PANCREAZE	76	phosphasal	114	prednisolone	63
pantoprazole	79	phosphate laxative	77	prednisolone acetate	105
papaverine	43	PHOSPHOLINE IODIDE..	103	prednisolone sodium phosphate	
PARAGARD T 380A.....	91	phytonadione (vitamin k1) ...47		.....	64, 106
paricalcitol.....	69	pilocarpine hcl	60, 62, 103	prednisone.....	64
paroex oral rinse.....	62	pimecrolimus	51	prednisone intensol.....	64
paromomycin.....	10	pimozide	37	pregabalin	21
paroxetine hcl	37	pimtrea (28)	99	PREHEVBRIO (PF).....	87
paroxetine		pindolol.....	43	prena1 chew.....	116
mesylate(menop.sym)	37	pioglitazone	70	prena1 pearl	116
PAXLOVID (EUA).....	6	pioglitazone-glimepiride	70	prena1 true	117
PEDVAX HIB (PF).....	86	pioglitazone-metformin	70	prenaissance.....	117
peg 3350-electrolytes	76	piperacillin-tazobactam	11	prenaissance plus	117
peg3350-sod sul-nacl-kcl-asb-c		pirfenidone.....	111	prenatabs fa.....	117
.....	76	pirmella.....	99	prenatabs rx	117
PEGASYS.....	81	piroxicam.....	32	prenatal plus.....	117
peg-electrolyte soln	76	PLEGRIDY	81	prenatal plus (calcium carb)117	
peg-prep.....	76	PNEUMOVAX-23.....	87	prenatal-u	117

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated November 1, 2022.

preplus	117	quinapril-hydrochlorothiazide	44	ritonavir	6
pretab	117	quinidine gluconate	39	rivastigmine	24
prevalite	48	quinidine sulfate	39	rivastigmine tartrate	24
previfem	99	quinine sulfate	10	rivelsa	99
PREVNAR 13 (PF)	87	quit 2	61	rizatriptan	23
PREVNAR 20 (PF)	87	quit 4	61	ropinirole	23
PREZISTA	6	QVAR REDIHALER	111	rosadan	53
PRIFTIN	10	R		rosula cleansing cloths	53
primidone	21	RABAVERT (PF)	87	rosuvastatin	48
PRIORIX (PF)	87	rabeprazole	80	ROTATEQ VACCINE	87
probenecid	89	RADICAVA ORS STARTER		roweepra	21
probenecid-colchicine	89	KIT SUSP	24	r-tanna	108
procentra	37	raloxifene	89	RUBRACA	17
prochlorperazine	77	ramelteon	37	rufinamide	21
prochlorperazine maleate	77	ramipril	44	RUXIENCE	17
procto-med hc	77	ranolazine	49	RYBELSUS	71
procto-pak	77	rasagiline	23	RYDAPT	17
proctosol hc	77	REBIF (WITH ALBUMIN)	81	S	
proctozone-hc	77	REBIF REBIDOSE	82	sajazir	111
progesterone	93	REBIF TITRATION PACK	82	salsalate	32
progesterone micronized	93	reclipsen (28)	99	SANDIMMUNE	17
PROGRAF	17	RECOMBIVAX HB (PF)	87	SANTYL	59
promethazine	107	RECTIV	77	sapropterin	69
promethazine-codeine	107	REGRANEX	51	SAVELLA	91
promethazine-dm	107	RELENZA DISKHALER	6	scalacort	58
promethazine-phenyleph-		repaglinide	71	scopolamine base	77
codeine	107	repaglinide-metformin	71	seconal sodium	38
promethazine-phenylephrine		REPATHA PUSHTRONEX	48	SEGLUROMET	71
.....	107	REPATHA SURECLICK	48	selegiline hcl	23
promethegan	107	REPATHA SYRINGE	48	selenium sulfide	50
propafenone	39	RESTASIS	104	SELZENTRY	6
proparacaine	103	RESTASIS MULTIDOSE	103	SEMGLEE(INSULIN	
propranolol	43	RETACRIT	80	GLARGINE-YFGN)	67
propranolol-hydrochlorothiazid		RETROVIR	6	SEMGLEE(INSULIN	
.....	44	REVLIMID	82	GLARG-YFGN)PEN	68
propylthiouracil	64	REXULTI	37	se-natal 19 chewable	117
PROQUAD (PF)	87	REYATAZ	6	se-natal-19	117
protiripityline	37	ribavirin	6, 82	SEREVENT DISKUS	111
prudoxin	51	RIDAURA	90	sertraline	38
PULMOZYME	111	rifabutin	10	setlakin	100
PURIXAN	17	rifampin	10	sevelamer carbonate	77
pyrazinamide	10	riluzole	60	sevelamer hcl	77
pyridostigmine bromide	25	rimantadine	6	sf 62	
pyrimethamine	10	ringer's	59	sf 5000 plus	62
Q		RINVOQ	90	sharobel	93
QUADRACEL (PF)	87	risedronate	60, 89	SHINGRIX (PF)	88
quetiapine	37	risperidone	38	SIGNIFOR	17
quinapril	44				

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated November 1, 2022.

sildenafil (pulm.hypertension)	sps (with sorbitol).....77	SYMFI.....6
.....111	sronyx.....100	SYMFI LO.....6
silodosin.....113	ssd.....50	SYMLINPEN 120.....71
silver sulfadiazine.....50	sss 10-5.....53	SYMLINPEN 60.....71
SIMBRINZA.....104	st joseph aspirin.....32	SYMPROIC.....77
simliya (28).....100	STAMARIL (PF).....88	SYNAREL.....69
simpesse.....100	stavudine.....6	SYNJARDY.....71
SIMPONI.....91	STEGLATRO.....71	SYNJARDY XR.....71
simvastatin.....48	STEGLUJAN.....71	T
sirolimus.....17	STELARA.....50	TABRECTA.....18
SIRTURO.....10	STIOLTO RESPIMAT.....111	tacrolimus.....18, 51
SKYLA.....91	STIVARGA.....18	tadalafil.....113
SKYRIZI.....50, 77	stop smoking aid.....62	tadalafil (pulm. hypertension)
sodium chlor 0.9% bacteriostat	STRIBILD.....6	111
.....60	STRIVERDI RESPIMAT ..111	TAFINLAR.....18
sodium chloride.....60, 115	strong iodine.....54, 115	TAGRISSE.....18
sodium chloride 0.45 %.....115	SUBLOCADE.....29	TAKHZYRO.....111, 112
sodium chloride 0.9 %.....60	subvenite.....21	TALTZ AUTOINJECTOR ..50
sodium chloride 0.9 % (flush)	subvenite starter (blue) kit....21	TALTZ AUTOINJECTOR (2
.....60	subvenite starter (green) kit..21	PACK).....50
sodium chloride 3 %	subvenite starter (orange) kit 21	TALTZ AUTOINJECTOR (3
hypertonic.....115	SUCRAID.....77	PACK).....50
sodium chloride 5 %	sucralfate.....80	TALTZ SYRINGE.....50
hypertonic.....115	sulfacetamide sodium ...50, 106	TALZENNA.....18
sodium fluoride 5000 plus....62	sulfacetamide sodium (acne) 54	tamoxifen.....18
sodium fluoride-pot nitrate...62	sulfacetamide sodium-sulfur 53	tamsulosin.....113
sodium phenylbutyrate.....61	sulfacetamide-prednisolone 106	tarina 24 fe.....100
sodium polystyrene sulfonate	sulfacetamide-sulfur-cleansr23	tarina fe 1/20 (28).....100
.....77	53	taron-c dha.....117
sodium,potassium,mag sulfates	sulfadiazine.....12	taron-prex prenatal-dha .....117
.....77	sulfamethoxazole-trimethoprim	TASIGNA.....18
solifenacin.....113	12	TAVALISSE.....47
SOLTAMOX.....17	SULFAMYLON.....55	taysofy.....100
SOMATULINE DEPOT.....18	sulfasalazine.....77	tazarotene.....53
SOMAVERT.....69	sulfatrim.....12	TAZORAC.....53
SOOLANTRA.....53	sulindac.....32	taztia xt.....44
sorafenib.....18	sumatriptan.....23	TDVAX.....88
sorine.....39	sumatriptan succinate.....23, 24	TEGSEDI.....24
sotalol.....39	sumatriptan-naproxen.....24	TEKTRUNA HCT.....44
sotalol af.....39	sunitinib.....18	telmisartan.....44
SOTYLIZE.....39	SUPREP BOWEL PREP KIT	telmisartan-amlodipine.....44
SPIKEVAX (PF).....88	77	telmisartan-hydrochlorothiazid
spinosad.....59	syeda.....100	44
spironolactone.....44	symax fastabs.....73	temazepam.....38
spironolacton-hydrochlorothiaz	symax-sl.....73	TEMIXYS.....6
.....44	symax-sr.....73	temozolomide.....18
sprintec (28).....100	SYMBICORT.....111	tencon.....29
SPRYCEL.....18	SYMDEKO.....111	tenofovir disoproxil fumarate .6

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated November 1, 2022.

terazosin	44	tramadol-acetaminophen	32	tritocin.....	59
terbutaline.....	112	trandolapril	44	TRIUMEQ.....	7
terconazole	94	trandolapril-verapamil	44	TRIUMEQ PD.....	7
testosterone.....	69	tranexamic acid.....	47, 94	tri-vitamin with fluoride	117
testosterone cypionate	69	tranylcypromine.....	38	trivora (28).....	100
testosterone enanthate	69	travoprost.....	104	tri-vylibra	101
TETANUS,DIPHTHERIA		trazodone	38	tri-vylibra lo	101
TOX PED(PF)	88	TRECTOR.....	10	tropicamide	103
tetrabenazine.....	24	TRELEGY ELLIPTA.....	112	trospium	113
tetracaine hcl	104	TREMFYA.....	50	TRULICITY	71
tetracycline	13	tretinoin	53	TRUMENBA.....	88
THALOMID.....	18	tretinoin (antineoplastic).....	18	tulana	93
theophylline	112	tretinoin microspheres	53	TUXARIN ER	108
thioridazine.....	38	tri femynor.....	100	TWINRIX (PF).....	88
thiothixene.....	38	triamcinol ac (pf) in 0.9%nacl		tydemy	101
tiadylt er.....	44	.....	64	TYMLOS.....	89
tiagabine	21	triamcinolone acetonide 58, 62,		TYPHIM VI.....	88
TIBSOVO.....	18	64		TYVASO.....	112
TICOVAC	88	triamterene.....	44	TYVASO DPI	112
tilia fe.....	100	triamterene-hydrochlorothiazid		TYVASO REFILL KIT.....	112
timolol maleate.....	44, 102, 103	.....	44	TYVASO STARTER KIT	112
timolol maleate (pf).....	102	trianex.....	58	U	
tinidazole	10	triazolam	38	UCERIS	78
tiopronin	61	triderm	59	ULESFIA.....	59
tis-u-sol pentalyte	59	trientine.....	61	unithroid	72
TIVICAY	6	tri-estarylla.....	100	UPTRAVI.....	45
TIVICAY PD	7	trifluoperazine	38	uretron d-s.....	114
tizanidine	25	trifluridine.....	102	urimar-t	114
tobramycin.....	10, 102	trihexyphenidyl.....	23	uro-458	114
tobramycin in 0.225 % nacl .	10	TRIJARDY XR	71	urogesic-blue	114
tobramycin in 0.9 % nacl.....	10	TRIKAFYA	112	uro-mp	114
tobramycin-dexamethasone	105	tri-legest fe.....	100	ursodiol	78
TODAY CONTRACEPTIVE		tri-linyah	100	uryl.....	114
SPONGE	94	tri-lo-estarylla	100	ustell	114
tolcapone	23	tri-lo-marzia.....	100	utira-c.....	114
tolmetin.....	32	tri-lo-mili	100	V	
tolterodine.....	113	tri-lo-sprintec	100	valacyclovir	7
tolvaptan	69	trimethobenzamide	78	VALCHLOR	51
topiramate.....	21	trimethoprim.....	13	valganciclovir	7
toremifene.....	18	tri-mili.....	100	valproate sodium	22
torsemide	44	trimipramine	38	valproic acid	22
TOUJEO MAX U-300		TRIMO-SAN JELLY	94	valproic acid (as sodium salt)	
SOLOSTAR	68	trinatal rx 1	117	.....	22
TOUJEO SOLOSTAR U-300		trinate.....	117	valsartan.....	45
INSULIN.....	68	TRINTELLIX.....	38	valsartan-hydrochlorothiazide	
tovet emollient.....	58	tri-nymyo.....	100	.....	45
TRACLEER	112	tri-previfem (28).....	100	vancomycin.....	13
tramadol.....	32	tri-sprintec (28).....	100		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated November 1, 2022.

VANCOMYCIN IN 0.9 %	VIZIMPRO.....19	Z
SODIUM CHL .....13	volnea (28).....101	zafemy .....94
vandazole.....94	VONJO .....19	zafirlukast .....113
varenicline .....62	voriconazole .....3	zaleplon.....38
VARIVAX (PF) .....88	VOTRIENT .....19	zarah .....101
VARIZIG .....88	vtol lq.....29	ZARXIO .....80
VARUBL.....78	VUMERITY .....82	zatean-pn dha.....118
VASCEPA.....48	vyfemla (28) .....101	zatean-pn plus.....118
VAXNEUVANCE .....88	vylibra.....101	zebutal.....29
VCF CONTRACEPTIVE	VYZULTA .....105	ZEGALOGUE
FILM .....94	W	AUTOINJECTOR .....65
VCF CONTRACEPTIVE GEL	WAKIX .....38	ZEGALOGUE SYRINGE...65
.....94	warfarin .....47	ZEJULA .....19
velivet triphasic regimen (28)	water for irrigation, sterile....61	ZELBORAF .....19
.....101	wera (28).....101	zenatane .....54
VELPHORO.....78	wescap-c dha .....117	ZENPEP .....78
VEMLIDY .....7	wescap-pn dha .....117	zenzedi .....38
VENCLEXTA.....18	wesnate dha .....117	ZEPATIER .....7
VENCLEXTA STARTING	westab plus .....117	ZEPOSIA.....24
PACK .....18	westgel dha .....117	ZEPOSIA STARTER KIT ...25
venlafaxine .....38	WIDE-SEAL DIAPHRAGM	ZEPOSIA STARTER PACK
verapamil.....45	91	25
VERQUVO .....49	wintergreen oil.....51	ZERViate.....104
VERZENIO.....18	wixela inhub .....112	zidovudine .....7
vestura (28).....101	women's gentle laxative(bisac)	ZIEXTENZO .....80
vienva .....101	78	zileuton .....113
vigabatrin.....22	wymzya fe .....101	zingiber .....118
vigadrone.....22	X	ziprasidone hcl.....38
VIJOICE.....18	XALKORI.....19	ZIRGAN.....102
vilazodone .....38	XARELTO .....47	ZOLADEx .....19
VIOKACE .....78	XARELTO DVT-PE TREAT	zoledronic acid-mannitol-water
viorele (28) .....101	30D START .....47	61
VIRACEPT .....7	XELJANZ .....91	ZOLINZA.....19
VIREAD.....7	XELJANZ XR.....91	zolmitriptan.....24
virt-c dha .....117	XEMBIFY .....88	zolpidem .....38
virt-nate dha.....117	XEPI .....55	zonisamide .....22
virt-pn dha .....117	XGEVA .....14	zovia 1-35 (28) .....101
virt-pn plus .....117	XIFAXAN .....11	ZTALMY .....22
virtussin ac.....108	XIGDUO XR.....71	ZTLIDO.....54
virtussin dac.....108	XOLAIR.....112	ZUBSOLV.....32
VISTOGARD.....13	XOSPATA.....19	zumandimine (28).....101
vitamins a,c,d and fluoride .117	xulane .....94	ZYDELIG.....19
VITRAKVI.....18	Y	ZYKADIA.....19
VIVITROL .....32	YF-VAX (PF).....88	ZYLET .....105
VIVOTIF.....88	yuvaferm .....93	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated November 1, 2022.