2023 Prescription Drug Formulary

ACA Advantage

PLEASE READ:

This document contains information about the drugs we cover in your plan. This formulary was updated December 1, 2023 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.

C2383-RXX R12/23

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Multi-Language Interpreter Services & Nondiscrimination Notice

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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

ملحوظة: إذا كنت تتحدث اللغة العربية، فتتوافر لديك خدمات المساعدة اللغوية المجانية. اتصل برقم 1-800-382-5729 (رقم هاتف الصم والبكم: 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 yáníłti' go Diné Bizaad, saad bee áká'ánída'áwo'dęę', t'áá jiik'eh, éí ná h**ó**l**ǫ**, **koj**į' **hód**íí**l**n**ih 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

늱넍: 뼑국꽩를 사끞뼍겑는 경꿗, 꽭꽩 뎭낅 서비걙를 무료로 녟끞뼍겙 녤걪니다. 1-800-382-5729 (TTY: 711)번냱로 놹뿼뼍 늱겢겑꿗.

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.

Order Number: Z8188-MCA R4/19
Dept of Ins. Filing Number: Z8188-MCA R9/16

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®

ACA Advantage Formulary

What is the ACA Advantage formulary?
The ACA Advantage 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 ACA Advantage formulary?
Covered medications are organized two ways in the ACA Advantage 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/2023drugs 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 ACA Advantage 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. 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 ACA Advantage formulary, you can find covered alternatives in two ways:

1. Visit 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 ACA Advantage formulary include generics?
Yes. The ACA Advantage 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 ACA Advantage formulary include brand medications?
Yes. The ACA Advantage formulary includes a selection of brand medications in most categories. Brand medications are shown in ALL CAPITAL LETTERS.

included on the ACA Advantage 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 ACA Advantage formulary include contraceptives?
Yes. Certain prescription contraceptives are included on the ACA Advantage 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 ACA Advantage 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 Pharmacy[SM], 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®

EXPRESS SCRIPTS®

2023 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. This list also does not guarantee coverage of a particular drug or describe the type of payment you may owe. Depending on your plan, you may not have to pay a copay, coinsurance or deductible amount for preventive medications. For more information about your cost of coverage, please check with your plan administrator and/or benefit information materials.

If you have questions about your preventive medication benefits, please call Customer Care at the number on your health plan identification (ID) card. The products on this list are designated as Tier 1A.

ASTHMA/COPD

arformoterol
albuterol HFA
albuterol nebulizer solution
albuterol oral
budesonide oral inhalation
cromolyn nebulizer solution
ipratropium/albuterol nebulizer solution
ipratropium nebulizer solution
fluticasone/salmeterol
formoterol
levabuterol nebulizer solution
metaproterenol
montelukast
terbutaline oral
theophylline
wixela inhub
zafirlukast
zileuton er

BONE DISEASE AND FRACTURES

alendronate
ibandronate oral
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

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
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
dabigatran
dipyridamole
jantoven
prasugrel
warfarin

(over, please)

2023 Standard Plus Preventive Medications List (Generics Only)

CHOLESTEROL LOWERING

amlodipine/atorvastatin
atorvastatin
cholestyramine
cholestyramine light
colesevelam
colestipol
ezetimibe
ezetimibe/simvastatin
fenofibrate
fenofibric acid
fenofibric acid dr
fluvastatin
fluvastatin er
gemfibrozil
icosapent ethyl
lovastatin
niacin
niacin er
pravastatin
prevalite
rosuvastatin
simvastatin

HIGH BLOOD PRESSURE

acebutolol
amlodipine
amlodipine/atorvastatin
amlodipine/benazepril
amlodipine/olmesartan
amlodipine/olmesartan/hctz
amlodipine/telmisartan
amlodipine/valsartan
amlodipine/valsartan/hctz
atenolol
atenolol/chlorthalidone
benazepril
benazepril/hctz
betaxolol
bisoprolol
bisoprolol/hctz
candesartan
candesartan/hctz
captopril
captopril/hctz
cartia xt
chlorothiazide
chlorthalidone
dilt xr
diltiazem
diltiazem cd
diltiazem er
enalapril
enalapril/hctz
eprosartan
felodipine er
fosinopril
fosinopril/hctz
hydrochlorothiazide
indapamide
irbesartan
irbesartan/hctz
isradipine
lisinopril
lisinopril/hctz
losartan
losartan/hctz
matzim la
metolazone
metoprolol succinate er
metoprolol tartrate
metoprolol/hctz
moexipril
nadolol
nadolol/bendroflumethiazide
nebivolol
nicardipine
nifedipine
nifedipine er
nisoldipine er
olmesartan
olmesartan/hctz
perindopril
pindolol
propranolol
propranolol er
propranolol/hctz
quinapril
quinapril/hctz
ramipril
taztia xt
telmisartan
telmisartan/hctz
tiadylt er
timolol
trandolapril
trandolapril/verapamil er
valsartan
valsartan/hctz
verapamil
verapamil er
verapamil er pm
verapamil sr

MALARIA

atovaquone/proguanil
chloroquine
mefloquine
primaquine

MISC ANTIVIRALS

emtricitabine/tenofovir disoproxil fumarate (TDF) 200mg/300mg*

SMOKING-CESSATION*

bupropion sr 150mg
nicotine gum, lozenges and patches
varenicline

VITAMINS OR MINERALS

folic acid*
generic prenatal vitamins
generic pediatric multivitamins with fluoride*

*Please note that some of these medications are also subject to the Affordable Care Act (ACA) and may be covered by your plan at 100%.

Express Scripts administers your prescription benefit on behalf of Medical Mutual. For specific questions on coverage, please call the phone number on your ID card or log in to My Health Plan at MedMutual.com/member and click Benefits & Coverage , then Prescription Drug Benefits.

Table of Contents

List of Abbreviations

1A: Tier 1 Generic Standard Plus Preventative* *These medications are available at $0 cost-share on the Standard Plus Preventive list if you belong to an individual plan which has this benefit in place. If your plan does not have the Standard Plus Preventive list in place then your typical generic copayment will apply

1B: 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		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	2	
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	3	
amphotericin b liposome intravenous suspension for reconstitution 50 mg	1B	
ANCOBON ORAL CAPSULE 250 MG, 500 MG	3	
CANCIDAS INTRAVENOUS RECON SOLN 50 MG, 70 MG	3	
clotrimazole mucous membrane troche 10 mg	1B	
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML, 40 MG/ML	3	
DIFLUCAN ORAL TABLET 100 MG, 200 MG	3	
DIFLUCAN ORAL TABLET 150 MG	3	QL
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG, 50 MG	2	
fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml	1B	
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	1B	
fluconazole oral tablet 100 mg, 200 mg, 50 mg	1B	
fluconazole oral tablet 150 mg	1B	QL
flucytosine oral capsule 250 mg, 500 mg	1B	
griseofulvin microsize oral suspension 125 mg/5 ml	1B	
griseofulvin microsize oral tablet 500 mg	1B	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	1B	
itraconazole oral capsule 100 mg	1B	QL
itraconazole oral solution 10 mg/ml	1B	QL

Drug Name	Drug Tier	Requirements / Limits
ketoconazole oral tablet 200 mg	1B	
MYCAMINE INTRAVENOUS RECON SOLN 100 MG, 50 MG	3	
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON 300 MG	2	
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG	3	
nystatin oral suspension 100,000 unit/ml	1B	
nystatin oral tablet 500,000 unit	1B	
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG	3	
posaconazole intravenous solution 300 mg/16.7 ml	1B	
posaconazole oral tablet,delayed release (dr/ec) 100 mg	1B	
REZZAYO INTRAVENOUS RECON SOLN 200 MG	3	
SPORANOX ORAL CAPSULE 100 MG	3	QL
SPORANOX ORAL SOLUTION 10 MG/ML	3	QL
TOLSURA ORAL CAPSULE, SOLID DISPERSION 65 MG	3	QL
VFEND IV INTRAVENOUS RECON SOLN 200 MG	3	
VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML)	3	
VFEND ORAL TABLET 200 MG, 50 MG	3	
VIVJOA ORAL CAPSULE 150 MG	3	PA; QL
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	1B	
voriconazole oral tablet 200 mg, 50 mg	1B	
ANTIVIRALS		
abacavir oral solution 20 mg/ml	1B	
abacavir oral tablet 300 mg	1B	
abacavir-lamivudine oral tablet 600-300 mg	1B	
acyclovir oral capsule 200 mg	1B	
acyclovir oral suspension 200 mg/5 ml	1B	
acyclovir oral tablet 400 mg, 800 mg	1B	

Drug Name	Drug Tier	Requirements / Limits
adefovir oral tablet 10 mg	1B	
amantadine hcl oral capsule 100 mg	1B	
amantadine hcl oral solution 50 mg/5 ml	1B	
amantadine hcl oral tablet 100 mg	1B	
APTIVUS ORAL CAPSULE 250 MG	2	
atazanavir oral capsule 150 mg, 200 mg, 300 mg	1B	
ATRIPLA ORAL TABLET 600-200-300 MG	3	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	2	
BARACLUDE ORAL TABLET 0.5 MG, 1 MG	3	
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML	2	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	2	
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	4	PA; QL
CIMDUO ORAL TABLET 300-300 MG	2	
COMBIVIR ORAL TABLET 150-300 MG	3	
COMPLERA ORAL TABLET 200-25-300 MG	3	
darunavir ethanolate oral tablet 600 mg, 800 mg	1B	
DELSTRIGO ORAL TABLET 100-300-300 MG	3	
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	2	
didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg	1B	
DOVATO ORAL TABLET 50-300 MG	2	
EDURANT ORAL TABLET 25 MG	2	
efavirenz oral capsule 200 mg, 50 mg	1B	
efavirenz oral tablet 600 mg	1B	
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg	1B	
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg	1B	

Drug Name	Drug Tier	Requirements / Limits
emtricitabine oral capsule 200 mg	1B	
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1B	
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	1A	
EMTRIVA ORAL CAPSULE 200 MG	3	
EMTRIVA ORAL SOLUTION 10 MG/ML	2	
entecavir oral tablet 0.5 mg, 1 mg	1B	
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	
EPIVIR HBV ORAL TABLET 100 MG	3	
EPIVIR ORAL SOLUTION 10 MG/ML	3	
EPIVIR ORAL TABLET 150 MG, 300 MG	3	
EPZICOM ORAL TABLET 600-300 MG	3	
etravirine oral tablet 100 mg, 200 mg	1B	
EVOTAZ ORAL TABLET 300-150 MG	3	
famciclovir oral tablet 125 mg, 250 mg, 500 mg	1B	QL
FLUMADINE ORAL TABLET 100 MG	3	
fosamprenavir oral tablet 700 mg	1B	
foscarnet intravenous solution 24 mg/ml	1B	
FOSCAVIR INTRAVENOUS SOLUTION 24 MG/ML	3	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	2	QL
GANCICLOVIR INTRAVENOUS SOLUTION 500 MG/250 ML (2 MG/ML)	3	
GENVOYA ORAL TABLET 150-150-200-10 MG	2	
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

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated December 1, 2023

Drug Name	Drug Tier	Requirements / Limits
HEPSERA ORAL TABLET 10 MG	3	
INTELENCE ORAL TABLET 100 MG, 200 MG	3	
INTELENCE ORAL TABLET 25 MG	2	
ISENTRESS HD ORAL TABLET 600 MG	2	
ISENTRESS ORAL POWDER IN PACKET 100 MG	2	
ISENTRESS ORAL TABLET 400 MG	2	
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	2	
JULUCA ORAL TABLET 50-25 MG	2	
KALETRA ORAL SOLUTION 400-100 MG/5 ML	3	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	3	
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	5	ACA; QL
lamivudine oral solution 10 mg/ml	1B	
lamivudine oral tablet 100 mg, 150 mg, 300 mg	1B	
lamivudine-zidovudine oral tablet 150-300 mg	1B	
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	4	PA; LA; QL
LEXIVA ORAL SUSPENSION 50 MG/ML	2	
LEXIVA ORAL TABLET 700 MG	3	
LIVTENCITY ORAL TABLET 200 MG	3	PA; LA; QL
lopinavir-ritonavir oral solution 400-100 mg/5 ml	1B	
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	1B	
maraviroc oral tablet 150 mg, 300 mg	1B	
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	4	PA; LA; QL
MAVYRET ORAL TABLET 100-40 MG	4	PA; LA; QL
nevirapine oral suspension 50 mg/5 ml	1B	
nevirapine oral tablet 200 mg	1B	
nevirapine oral tablet extended release 24 hr 100 mg, 400 mg	1B	
NORVIR ORAL POWDER IN PACKET 100 MG	2	

Drug Name	Drug Tier	Requirements / Limits
NORVIR ORAL TABLET 100 MG	3	
ODEFSEY ORAL TABLET 200-25-25 MG	2	
oseltamivir oral capsule 30 mg, 45 mg, 75 mg	1B	QL
oseltamivir oral suspension for reconstitution 6 mg/ml	1B	QL
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG, 300 MG (150 MG X 2)-100 MG	5	ACA; QL
PIFELTRO ORAL TABLET 100 MG	3	
PREZCOBIX ORAL TABLET 800-150 MG-MG	3	
PREZISTA ORAL SUSPENSION 100 MG/ML	2	
PREZISTA ORAL TABLET 150 MG, 75 MG	2	
PREZISTA ORAL TABLET 600 MG, 800 MG	3	
REGEN-COV (EUA) INTRAVENOUS SOLUTION 120 MG/ML- 120 MG/ML, 60 MG-60 MG/ ML	3	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	3	QL
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	2	
RETROVIR ORAL CAPSULE 100 MG	3	
RETROVIR ORAL SYRUP 10 MG/ML	3	
REYATAZ ORAL CAPSULE 200 MG, 300 MG	3	
REYATAZ ORAL POWDER IN PACKET 50 MG	2	
ribavirin inhalation recon soln 6 gram	1B	
rimantadine oral tablet 100 mg	1B	
ritonavir oral tablet 100 mg	1B	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	3	
SELZENTRY ORAL SOLUTION 20 MG/ML	2	
SELZENTRY ORAL TABLET 150 MG, 300 MG	3	
SELZENTRY ORAL TABLET 25 MG, 75 MG	2	

Drug Name	Drug Tier	Requirements / Limits
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	4	PA; LA; QL
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	4	PA; LA; QL
SOVALDI ORAL TABLET 200 MG, 400 MG	4	PA; LA; QL
stavudine oral capsule 40 mg	1B	
STRIBILD ORAL TABLET 150-150-200-300 MG	3	
SUNLENCA ORAL TABLET 300 MG	4	PA; LA
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	4	PA; LA
SYMFI LO ORAL TABLET 400-300-300 MG	2	
SYMFI ORAL TABLET 600-300-300 MG	2	
SYMTUZA ORAL TABLET 800-150-200-10 MG	2	
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG	3	QL
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML	3	QL
TEMBEXA ORAL SUSPENSION 10 MG/ML	3	
TEMBEXA ORAL TABLET 100 MG	3	
tenofovir disoproxil fumarate oral tablet 300 mg	1B	
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	2	
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	2	
TRIUMEQ ORAL TABLET 600-50-300 MG	2	
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	2	
TRIZIVIR ORAL TABLET 300-150-300 MG	3	
TYBOST ORAL TABLET 150 MG	3	
valacyclovir oral tablet 1 gram, 500 mg	1B	QL
VALCYTE ORAL RECON SOLN 50 MG/ML	3	
VALCYTE ORAL TABLET 450 MG	3	
valganciclovir oral recon soln 50 mg/ml	1B	
valganciclovir oral tablet 450 mg	1B	

Drug Name	Drug Tier	Requirements / Limits
VALTREX ORAL TABLET 1 GRAM, 500 MG	3	QL
VEMLIDY ORAL TABLET 25 MG	2	
VIEKIRA PAK ORAL TABLETS,DOSE PACK 12.5 MG-75 MG -50 MG/250 MG	4	PA; LA; QL
VIRACEPT ORAL TABLET 250 MG, 625 MG	2	
VIRAZOLE INHALATION RECON SOLN 6 GRAM	3	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VOSEVI ORAL TABLET 400-100-100 MG	4	PA; LA; QL
XOFLUZA ORAL TABLET 40 MG, 80 MG	3	QL
ZEPATIER ORAL TABLET 50-100 MG	4	PA; LA; QL
ZIAGEN ORAL SOLUTION 20 MG/ML	3	
ZIAGEN ORAL TABLET 300 MG	3	

Drug Name	Drug Tier	Requirements / Limits
zidovudine oral capsule 100 mg	1B	
zidovudine oral syrup 10 mg/ml	1B	
zidovudine oral tablet 300 mg	1B	
CEPHALOSPORINS		
cefaclor oral capsule 250 mg, 500 mg	1B	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	1B	
cefaclor oral tablet extended release 12 hr 500 mg	1B	
cefadroxil oral capsule 500 mg	1B	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	1B	
cefadroxil oral tablet 1 gram	1B	
cefazolin in 0.9% sod chloride intravenous piggyback 3 gram/100 ml	1B	
cefazolin in 0.9% sod chloride intravenous solution 2 gram/100 ml	1B	
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	1B	

Drug Name	Drug Tier	Requirements / Limits
CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML	3	
cefazolin in dextrose 5 % intravenous solution 2 gram/100 ml	1B	
CEFAZOLIN IN STERILE WATER INTRAVENOUS SYRINGE 1 GRAM/10 ML, 2 GRAM/20 ML, 3 GRAM/30 ML	3	
cefazolin intravenous recon soln 1 gram	1B	
cefdinir oral capsule 300 mg	1B	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1B	
cefditoren pivoxil oral tablet 400 mg	1B	
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML	3	
cefepime injection recon soln 1 gram, 2 gram	1B	
CEFEPIME INTRAVENOUS RECON SOLN 100 GRAM	3	
cefixime oral capsule 400 mg	1B	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	1B	
cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	1B	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	1B	
cefpodoxime oral tablet 100 mg, 200 mg	1B	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1B	
cefprozil oral tablet 250 mg, 500 mg	1B	
cefuroxime axetil oral tablet 250 mg, 500 mg	1B	
cephalexin oral capsule 250 mg, 500 mg, 750 mg	1B	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1B	
cephalexin oral tablet 250 mg, 500 mg	1B	

Drug Name	Drug Tier	Requirements / Limits
CLAFORAN INJECTION RECON SOLN 1 GRAM, 2 GRAM	3	
FETROJA INTRAVENOUS RECON SOLN 1 GRAM	3	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	2	
ERYTHROMYCINS & OTHER MACROLIDES		
azithromycin intravenous recon soln 500 mg	1B	
azithromycin oral packet 1 gram	1B	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	1B	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1B	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1B	
clarithromycin oral tablet 250 mg, 500 mg	1B	
clarithromycin oral tablet extended release 24 hr 500 mg	1B	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	3	QL
DIFICID ORAL TABLET 200 MG	3	QL
e.e.s. 400 oral tablet 400 mg	1B	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	3	
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	3	
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML	3	
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	1B	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	3	
erythrocin (as stearate) oral tablet 250 mg	1B	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	

Drug Name	Drug Tier	Requirements / Limits
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml	1B	
erythromycin ethylsuccinate oral tablet 400 mg	1B	
erythromycin lactobionate intravenous recon soln 500 mg	1B	
erythromycin oral capsule,delayed release(dr/ec) 250 mg	1B	
erythromycin oral tablet 250 mg, 500 mg	1B	
erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg	1B	
ZITHROMAX INTRAVENOUS RECON SOLN 500 MG	3	
ZITHROMAX ORAL PACKET 1 GRAM	3	
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML	3	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG	3	
ZITHROMAX Z-PAK ORAL TABLET 250 MG	3	
MISCELLANEOUS ANTIINFECTIVES		
AEMCOLO ORAL TABLET,DELAYED RELEASE (DR/EC) 194 MG	3	QL
albendazole oral tablet 200 mg	1B	QL
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	2	QL
ALINIA ORAL TABLET 500 MG	3	QL
ARAKODA ORAL TABLET 100 MG	3	QL
ARTESUNATE INTRAVENOUS RECON SOLN 110 MG	3	
atovaquone oral suspension 750 mg/5 ml	1B	
atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg	1A	QL
AZACTAM INJECTION RECON SOLN 1 GRAM, 2 GRAM	3	
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	2	QL

Drug Name	Drug Tier	Requirements / Limits
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	4	LA; QL
BILTRICIDE ORAL TABLET 600 MG	3	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	4	PA; LA; QL
chloroquine phosphate oral tablet 250 mg, 500 mg	1A	
CLEOCIN HCL ORAL CAPSULE 150 MG, 300 MG, 75 MG	3	
CLEOCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	3	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	1B	
CLINDAMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK 300 MG/50 ML, 600 MG/50 ML, 900 MG/50 ML	3	
clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml	1B	
clindamycin pediatric oral recon soln 75 mg/5 ml	1B	
COARTEM ORAL TABLET 20-120 MG	2	QL
COLY-MYCIN M PARENTERAL INJECTION RECON SOLN 150 MG	3	
CUBICIN RF INTRAVENOUS RECON SOLN 500 MG	3	
CYCLOSERINE ORAL CAPSULE 250 MG	3	
dapsone oral tablet 100 mg, 25 mg	1B	
DAPTOMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK 1,000 MG/100 ML, 350 MG/50 ML, 500 MG/50 ML, 700 MG/100 ML	3	
DARAPRIM ORAL TABLET 25 MG	4	LA
EMVERM ORAL TABLET,CHEWABLE 100 MG	2	QL
ethambutol oral tablet 100 mg, 400 mg	1B	
FLAGYL ORAL CAPSULE 375 MG	3	
HUMATIN ORAL CAPSULE 250 MG	4	LA

Drug Name	Drug Tier	Requirements / Limits
hydroxychloroquine oral tablet 100 mg, 200 mg, 300 mg, 400 mg	1B	
isoniazid injection solution 100 mg/ml	1B	
isoniazid oral solution 50 mg/5 ml	1B	
isoniazid oral tablet 100 mg, 300 mg	1B	
ivermectin oral tablet 3 mg	1B	PA; QL
KIMYRSA INTRAVENOUS RECON SOLN 1,200 MG	3	
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	4	LA; QL
KRINTAFEL ORAL TABLET 150 MG	3	QL
LAMPIT ORAL TABLET 120 MG, 30 MG	3	QL
LIKMEZ ORAL SUSPENSION 500 MG/5 ML	3	
LINCOCIN INJECTION SOLUTION 300 MG/ML	3	
linezolid oral suspension for reconstitution 100 mg/5 ml	1B	
linezolid oral tablet 600 mg	1B	
MALARONE ORAL TABLET 250-100 MG	3	QL
MALARONE PEDIATRIC ORAL TABLET 62.5-25 MG	3	QL
mefloquine oral tablet 250 mg	1A	QL
MEPRON ORAL SUSPENSION 750 MG/5 ML	3	
meropenem intravenous recon soln 1 gram, 500 mg	1B	
metronidazole oral capsule 375 mg	1B	
metronidazole oral tablet 250 mg, 500 mg	1B	
MYAMBUTOL ORAL TABLET 400 MG	3	
MYCOBUTIN ORAL CAPSULE 150 MG	3	
NEBUPENT INHALATION RECON SOLN 300 MG	3	QL
neomycin oral tablet 500 mg	1B	
nitazoxanide oral tablet 500 mg	1B	QL
paromomycin oral capsule 250 mg	1B	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	3	

Drug Name	Drug Tier	Requirements / Limits
PENTAM INJECTION RECON SOLN 300 MG	3	
pentamidine inhalation recon soln 300 mg	1B	QL
PLAQUENIL ORAL TABLET 200 MG	3	
praziquantel oral tablet 600 mg	1B	
PRETOMANID ORAL TABLET 200 MG	3	
PRIFTIN ORAL TABLET 150 MG	2	
primaquine oral tablet 26.3 mg	1A	QL
PRIMAXIN IV INTRAVENOUS RECON SOLN 500 MG	3	
pyrazinamide oral tablet 500 mg	1B	
pyrimethamine oral tablet 25 mg	4	LA
QUALAQUIN ORAL CAPSULE 324 MG	3	QL
quinine sulfate oral capsule 324 mg	1B	QL
RECARBRIO INTRAVENOUS RECON SOLN 1.25 GRAM	3	
rifabutin oral capsule 150 mg	1B	
RIFADIN INTRAVENOUS RECON SOLN 600 MG	3	
rifampin intravenous recon soln 600 mg	1B	
rifampin oral capsule 150 mg, 300 mg	1B	
SIRTURO ORAL TABLET 100 MG, 20 MG	2	
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG	3	
SIVEXTRO ORAL TABLET 200 MG	3	
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM	2	QL
STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM	2	
STROMECTOL ORAL TABLET 3 MG	3	PA; QL
tinidazole oral tablet 250 mg, 500 mg	1B	QL
TOBI INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	4	LA; QL
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	4	LA; QL
tobramycin inhalation solution for nebulization 300 mg/4 ml	4	LA; QL
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	4	LA; QL
TRECATOR ORAL TABLET 250 MG	3	
TYGACIL INTRAVENOUS RECON SOLN 50 MG	3	
VABOMERE INTRAVENOUS RECON SOLN 2 GRAM	3	
XACDURO INTRAVENOUS RECON SOLN 1 GRAM-1 GRAM (0.5 GRAM X 2)	3	
XENLETA INTRAVENOUS SOLUTION 150 MG/15 ML	3	
XENLETA ORAL TABLET 600 MG	3	
XIFAXAN ORAL TABLET 200 MG, 550 MG	2	QL
ZEMDRI INTRAVENOUS SOLUTION 50 MG/ML	3	
ZYVOX INTRAVENOUS PIGGYBACK 200 MG/100 ML, 600 MG/300 ML	3	
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	3	
ZYVOX ORAL TABLET 600 MG	3	
PENICILLINS		
amoxicillin oral capsule 250 mg, 500 mg	1B	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	1B	
amoxicillin oral tablet 500 mg, 875 mg	1B	
amoxicillin oral tablet,chewable 125 mg, 250 mg	1B	
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	1B	

Drug Name	Drug Tier	Requirements / Limits
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	1B	
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	1B	
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg	1B	
ampicillin oral capsule 500 mg	1B	
ampicillin sodium intravenous recon soln 1 gram, 2 gram	1B	
ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram	1B	
AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION 600-42.9 MG/5 ML	3	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR 1,000-62.5 MG	3	
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)	2	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	2	
dicloxacillin oral capsule 250 mg, 500 mg	1B	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG	3	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 1 MILLION UNIT/50 ML, 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	2	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	1B	
penicillin v potassium oral tablet 250 mg, 500 mg	1B	

Drug Name	Drug Tier	Requirements / Limits
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram	1B	
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML	2	
QUINOLONES		
AVELOX IN NACL (ISO-OSMOTIC) INTRAVENOUS PIGGYBACK 400 MG/250 ML	3	
BAXDELA INTRAVENOUS RECON SOLN 300 MG	2	
BAXDELA ORAL TABLET 450 MG	2	QL
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	3	
CIPRO ORAL TABLET 250 MG, 500 MG	3	
ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg	1B	
ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml	1B	
FACTIVE ORAL TABLET 320 MG	3	
levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml	1B	
levofloxacin oral solution 250 mg/10 ml	1B	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1B	
moxifloxacin oral tablet 400 mg	1B	
ofloxacin oral tablet 300 mg, 400 mg	1B	
SULFA'S & RELATED AGENTS		
BACTRIM DS ORAL TABLET 800-160 MG	3	
BACTRIM ORAL TABLET 400-80 MG	3	
sulfadiazine oral tablet 500 mg	1B	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	1B	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1B	

Drug Name	Drug Tier	Requirements / Limits
sulfatrim oral suspension 200-40 mg/5 ml	1B	
TETRACYCLINES		
ACTICLATE ORAL TABLET 150 MG, 75 MG	3	ST
AVIDOXY DK KIT 100 MG-2 % -SPF 30	3	ST
avidoxy oral tablet 100 mg	1B	
demeclocycline oral tablet 150 mg, 300 mg	1B	
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 200 MG, 50 MG, 80 MG	3	ST
doxycycline hyclate oral capsule 100 mg, 50 mg	1B	
doxycycline hyclate oral tablet 100 mg, 20 mg	1B	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	1B	ST
doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	1B	ST
DOXYCYCLINE HYCLATE ORAL TABLET,DELAYED RELEASE (DR/EC) 80 MG	3	ST
doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg	1B	
doxycycline monohydrate oral capsule 150 mg	1B	ST
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE,IR - DELAY REL,BIPHASE 40 MG	3	ST
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml	1B	
doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	1B	
LYMEPAK ORAL TABLET 100 MG	3	
MINOCIN INTRAVENOUS RECON SOLN 100 MG	2	
minocycline oral capsule 100 mg, 50 mg, 75 mg	1B	
MINOCYCLINE ORAL CAPSULE,EXTENDED RELEASE 24HR 135 MG, 45 MG, 90 MG	3	ST
minocycline oral tablet 100 mg, 50 mg, 75 mg	1B	

Drug Name	Drug Tier	Requirements / Limits
minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg	1B	ST
MINOLIRA ER ORAL TABLET, IR - ER, BIPHASIC 24HR 105 MG, 135 MG	3	ST
mondoxyne nl oral capsule 100 mg, 75 mg	1B	
MONODOX ORAL CAPSULE 100 MG, 50 MG, 75 MG	3	ST
MORGIDOX 1X 50 KIT 50 MG	3	ST
MORGIDOX 1X100 KIT 100 MG	3	ST
morgidox oral capsule 100 mg	1B	
NUZYRA INTRAVENOUS RECON SOLN 100 MG	3	
NUZYRA ORAL TABLET 150 MG	3	QL
ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE 40 MG	3	ST
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG	3	ST
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	ST
TARGADOX ORAL TABLET 50 MG	3	ST
tetracycline oral capsule 250 mg, 500 mg	1B	
VIBRAMYCIN (CALCIUM) ORAL SYRUP 50 MG/5 ML	3	ST
VIBRAMYCIN ORAL CAPSULE 100 MG	3	ST
XERAVA INTRAVENOUS RECON SOLN 100 MG, 50 MG	3	
URINARY TRACT AGENTS		
fosfomycin tromethamine oral packet 3 gram	1B	
FURADANTIN ORAL SUSPENSION 25 MG/5 ML	3	
HIPREX ORAL TABLET 1 GRAM	3	
MACROBID ORAL CAPSULE 100 MG	3	
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
methenamine hippurate oral tablet 1 gram	1B	
methenamine mandelate oral tablet 0.5 g, 1 gram	1B	
MONUROL ORAL PACKET 3 GRAM	3	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	1B	
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	1B	
nitrofurantoin oral suspension 25 mg/5 ml	1B	
PRIMSOL ORAL SOLUTION 50 MG/5 ML	3	
trimethoprim oral tablet 100 mg	1B	
VANCOMYCIN		
FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML	3	QL
VANCOCIN ORAL CAPSULE 125 MG, 250 MG	3	QL
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, 1.75 GRAM/500 ML, 2 GRAM/500 ML, 750 MG/150 ML	2	
vancomycin in 0.9 % sodium chl intravenous solution 1.5 gram/500 ml	1B	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 750 MG/150 ML	2	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS SOLUTION 1.25 GRAM/250 ML, 1.5 GRAM/250 ML	2	
VANCOMYCIN INJECTION RECON SOLN 100 GRAM	3	
vancomycin oral capsule 125 mg, 250 mg	1B	QL
vancomycin oral recon soln 25 mg/ml, 50 mg/ml	1B	QL

Drug Name	Drug Tier	Requirements / Limits
VANCOMYCIN-DILUENT COMBO NO.1 INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 1.25 GRAM/250 ML, 1.5 GRAM/300 ML, 1.75 GRAM/350 ML, 2 GRAM/400 ML, 500 MG/100 ML, 750 MG/150 ML	3	
VIBATIV INTRAVENOUS RECON SOLN 750 MG	2	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
ETHYOL INTRAVENOUS RECON SOLN 500 MG	3	
leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg	1B	
leucovorin calcium injection solution 10 mg/ml	1B	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	1B	
MESNEX INTRAVENOUS SOLUTION 100 MG/ML	3	
MESNEX ORAL TABLET 400 MG	2	
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	4	LA; QL
VORAXAZE INTRAVENOUS RECON SOLN 1,000 UNIT	2	
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	4	PA; LA; QL
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
abiraterone oral tablet 250 mg, 500 mg	4	PA; LA; QL
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	4	PA; LA; QL
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	4	PA; LA; QL
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	4	PA; LA
ALECENSA ORAL CAPSULE 150 MG	4	PA; LA; QL
ALKERAN (AS HCL) INTRAVENOUS RECON SOLN 50 MG	3	
ALKERAN ORAL TABLET 2 MG	3	

Drug Name	Drug Tier	Requirements / Limits
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
anastrozole oral tablet 1 mg	5	ACA
ARIMIDEX ORAL TABLET 1 MG	3	
AROMASIN ORAL TABLET 25 MG	3	
ASPARLAS INTRAVENOUS SOLUTION 750 UNIT/ML	4	LA
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	3	PA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	4	PA; LA; QL
AZASAN ORAL TABLET 100 MG, 75 MG	3	ST
azathioprine oral tablet 100 mg, 50 mg, 75 mg	1B	
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	4	LA
bexarotene oral capsule 75 mg	4	PA; LA
bexarotene topical gel 1 %	4	PA; LA
bicalutamide oral tablet 50 mg	1B	
BICNU INTRAVENOUS RECON SOLN 100 MG	3	
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	4	PA; LA; QL
BRAFTOVI ORAL CAPSULE 75 MG	4	PA; LA; QL
BRUKINSA ORAL CAPSULE 80 MG	4	PA; LA
BUSULFEX INTRAVENOUS SOLUTION 60 MG/10 ML	3	
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	4	PA; LA; QL
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	4	PA; LA; QL
CALQUENCE ORAL CAPSULE 100 MG	4	PA; LA; QL
CAMCEVI (6 MONTH) SUBCUTANEOUS SYRINGE 42 MG	4	PA; LA
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5 ML, 300 MG/15 ML, 40 MG/2 ML	3	

Drug Name	Drug Tier	Requirements / Limits
capecitabine oral tablet 150 mg, 500 mg	4	LA; QL
CAPRELSA ORAL TABLET 100 MG, 300 MG	4	PA; LA; QL
CASODEX ORAL TABLET 50 MG	3	
CISPLATIN INTRAVENOUS RECON SOLN 50 MG	3	
CLOLAR INTRAVENOUS SOLUTION 1 MG/ML	3	
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	4	PA; LA; QL
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	4	PA; LA; QL
COSMEGEN INTRAVENOUS RECON SOLN 0.5 MG	3	
COTELLIC ORAL TABLET 20 MG	4	PA; LA; QL
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 500 MG/ML	3	
cyclophosphamide oral capsule 25 mg, 50 mg	1B	
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	3	
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	1B	
cyclosporine modified oral solution 100 mg/ml	1B	
cyclosporine oral capsule 100 mg, 25 mg	1B	
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML	4	PA; LA
DAURISMO ORAL TABLET 100 MG, 25 MG	4	PA; LA; QL
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	2	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	4	PA; LA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	4	PA; LA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	4	PA; LA
ELLENCE INTRAVENOUS SOLUTION 200 MG/100 ML, 50 MG/25 ML	3	
EMCYT ORAL CAPSULE 140 MG	2	
ENHERTU INTRAVENOUS RECON SOLN 100 MG	4	LA
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	4	PA; LA
ERIVEDGE ORAL CAPSULE 150 MG	4	PA; LA; QL
erlotinib oral tablet 100 mg, 150 mg, 25 mg	4	PA; LA; QL
etoposide oral capsule 50 mg	1B	
EULEXIN ORAL CAPSULE 125 MG	3	
everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	4	PA; LA; QL
everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg	4	PA; LA; QL
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1B	
EVOMELA INTRAVENOUS RECON SOLN 50 MG	4	LA
exemestane oral tablet 25 mg	5	ACA
FARESTON ORAL TABLET 60 MG	3	
FEMARA ORAL TABLET 2.5 MG	3	
FENSOLVI SUBCUTANEOUS SYRINGE 45 MG	4	PA; LA
GAVRETO ORAL CAPSULE 100 MG	4	PA; LA; QL
gefitinib oral tablet 250 mg	4	PA; LA; QL
gengraf oral capsule 100 mg, 25 mg	1B	
gengraf oral solution 100 mg/ml	1B	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	4	PA; LA; QL
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	2	
GLIADEL WAFER IMPLANT WAFER 7.7 MG	3	
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	4	LA
HYDREA ORAL CAPSULE 500 MG	3	
hydroxyurea oral capsule 500 mg	1B	

Drug Name	Drug Tier	Requirements / Limits
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
IDAMYCIN PFS INTRAVENOUS SOLUTION 1 MG/ML	3	
IDHIFA ORAL TABLET 100 MG, 50 MG	4	PA; LA; QL
IFEX INTRAVENOUS RECON SOLN 1 GRAM, 3 GRAM	3	
imatinib oral tablet 100 mg, 400 mg	4	PA; LA; QL
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	4	PA; LA; QL
IMBRUVICA ORAL SUSPENSION 70 MG/ML	4	PA; LA; QL
IMBRUVICA ORAL TABLET 420 MG	4	PA; LA; QL
IMBRUVICA ORAL TABLET 560 MG	4	PA; LA
IMURAN ORAL TABLET 50 MG	3	ST
INLYTA ORAL TABLET 1 MG, 5 MG	4	PA; LA; QL
INQOVI ORAL TABLET 35-100 MG	4	PA; LA; QL
INREBIC ORAL CAPSULE 100 MG	4	PA; LA; QL
IODOPEN INTRAVENOUS SOLUTION 100 MCG/ML	2	
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
JAYPIRCA ORAL TABLET 100 MG, 50 MG	4	PA; LA; QL
JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG X 2	4	LA
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG	4	PA; LA; QL
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	4	PA; LA; QL
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	4	PA; LA
KRAZATI ORAL TABLET 200 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 December 1, 2023

Drug Name	Drug Tier	Requirements / Limits
LANREOTIDE SUBCUTANEOUS SYRINGE 120 MG/0.5 ML	4	PA; LA; QL
lapatinib oral tablet 250 mg	4	PA; LA; QL
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	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 X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	4	PA; LA; QL
letrozole oral tablet 2.5 mg	1B	
LEUKERAN ORAL TABLET 2 MG	2	
LEUPROLIDE (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	4	PA
leuprolide subcutaneous kit 1 mg/0.2 ml	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
LUMAKRAS ORAL TABLET 120 MG, 320 MG	4	PA; LA
LUMOXITI INTRAVENOUS RECON SOLN 1 MG	4	
LUPKYNIS ORAL CAPSULE 7.9 MG	4	PA; LA; QL
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	4	PA; LA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	4	PA; LA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	4	PA; LA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	4	PA; LA
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

Drug Name	Drug Tier	Requirements / Limits
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	4	ST; LA
LYNPARZA ORAL TABLET 100 MG, 150 MG	4	PA; LA; QL
LYSODREN ORAL TABLET 500 MG	4	LA
LYTGOBI ORAL TABLET 4 MG	4	PA; LA
MATULANE ORAL CAPSULE 50 MG	4	LA
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)	1B	
megestrol oral tablet 20 mg, 40 mg	1B	
MEKINIST ORAL RECON SOLN 0.05 MG/ML	4	PA; LA; QL
MEKINIST ORAL TABLET 0.5 MG, 2 MG	4	PA; LA; QL
MEKTOVI ORAL TABLET 15 MG	4	PA; LA; QL
melphalan oral tablet 2 mg	1B	
mercaptopurine oral tablet 50 mg	1B	
methotrexate sodium (pf) injection recon soln 1 gram	1B	
methotrexate sodium (pf) injection solution 25 mg/ml	1B	
methotrexate sodium injection solution 25 mg/ml	1B	
methotrexate sodium oral tablet 2.5 mg	1B	
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	4	PA; LA; QL
mycophenolate mofetil oral capsule 250 mg	1B	
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	1B	
mycophenolate mofetil oral tablet 500 mg	1B	
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	1B	
MYLERAN ORAL TABLET 2 MG	2	
NEORAL ORAL CAPSULE 100 MG, 25 MG	3	ST
NEORAL ORAL SOLUTION 100 MG/ML	3	ST
NERLYNX ORAL TABLET 40 MG	4	PA; LA
NEXAVAR ORAL TABLET 200 MG	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
NILANDRON ORAL TABLET 150 MG	3	
nilutamide oral tablet 150 mg	1B	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	4	PA; LA; QL
NIPENT INTRAVENOUS RECON SOLN 10 MG	3	
ODOMZO ORAL CAPSULE 200 MG	4	PA; LA; QL
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	4	PA; LA
ORSERDU ORAL TABLET 345 MG, 86 MG	4	PA; LA; QL
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	4	PA; LA; QL
PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG- 30000 UNIT/15ML, 600 MG-600 MG- 20000 UNIT/10ML	4	PA; LA
POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG	4	LA
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	4	PA; LA
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	2	
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	2	ST
PURIXAN ORAL SUSPENSION 20 MG/ML	4	LA
RAPAMUNE ORAL SOLUTION 1 MG/ML	3	ST
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	3	ST
RETEVMO ORAL CAPSULE 40 MG, 80 MG	4	PA; LA; QL
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	4	PA; LA; QL
REZLIDHIA ORAL CAPSULE 150 MG	4	PA; LA; QL
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	4	PA; 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 INTRAVENOUS SOLUTION 250 MG/5 ML	3	

Drug Name	Drug Tier	Requirements / Limits
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	3	ST
SANDIMMUNE ORAL SOLUTION 100 MG/ML	2	ST
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG, 20 MG, 30 MG	4	PA; LA; QL
SCEMBLIX ORAL TABLET 20 MG, 40 MG	4	PA; LA; QL
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MG, 20 MG, 30 MG, 40 MG, 60 MG	4	PA; LA; QL
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	4	LA
SIKLOS ORAL TABLET 1,000 MG, 100 MG	3	PA
sirolimus oral solution 1 mg/ml	1B	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	1B	
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	3	
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	4	PA; LA; QL
sorafenib oral tablet 200 mg	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
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	4	PA; LA; QL
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	4	PA; LA
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	4	LA
TABLOID ORAL TABLET 40 MG	3	
TABRECTA ORAL TABLET 150 MG, 200 MG	4	PA; LA
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	1B	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	4	PA; LA; QL
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
TAGRISSO ORAL TABLET 40 MG, 80 MG	4	PA; LA; QL
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	4	PA; LA
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	4	PA; LA; QL
tamoxifen oral tablet 10 mg, 20 mg	5	ACA
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG	4	PA; LA; QL
TARGRETIN TOPICAL GEL 1 %	4	PA; LA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	4	PA; LA; QL
TAZVERIK ORAL TABLET 200 MG	4	PA; LA
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	4	PA; LA
TEPADINA INJECTION RECON SOLN 100 MG, 15 MG	3	
TEPMETKO ORAL TABLET 225 MG	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
toremifene oral tablet 60 mg	1B	
TORISEL INTRAVENOUS RECON SOLN 30 MG/3 ML (10 MG/ML) (FIRST)	4	LA
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	3	PA
tretinoin (antineoplastic) oral capsule 10 mg	1B	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	3	
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	4	PA; LA
TURALIO ORAL CAPSULE 125 MG	4	PA; LA; QL
TYKERB ORAL TABLET 250 MG	4	PA; LA; QL
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	4	PA; LA; QL
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

Drug Name	Drug Tier	Requirements / Limits
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
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
WELIREG ORAL TABLET 40 MG	4	PA; LA
XALKORI ORAL CAPSULE 200 MG, 250 MG	4	PA; LA; QL
XATMEP ORAL SOLUTION 2.5 MG/ML	3	PA
XELODA ORAL TABLET 150 MG, 500 MG	4	ST; LA; QL
XOSPATA ORAL TABLET 40 MG	4	PA; LA; QL
XTANDI ORAL CAPSULE 40 MG	4	PA; LA; QL
XTANDI ORAL TABLET 40 MG, 80 MG	4	PA; LA; QL
ZEJULA ORAL CAPSULE 100 MG	4	PA; LA; QL
ZEJULA ORAL TABLET 100 MG	4	PA; LA; QL
ZEJULA ORAL TABLET 200 MG, 300 MG	4	PA; LA
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
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	3	ST
ZYDELIG ORAL TABLET 100 MG, 150 MG	4	PA; LA; QL
ZYKADIA ORAL TABLET 150 MG	4	PA; LA; QL
ZYTIGA ORAL TABLET 250 MG, 500 MG	4	PA; LA; QL
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	3	
BANZEL ORAL SUSPENSION 40 MG/ML	3	PA

Drug Name	Drug Tier	Requirements / Limits
BANZEL ORAL TABLET 200 MG, 400 MG	3	PA
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	3	
BRIVIACT ORAL SOLUTION 10 MG/ML	3	ST
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	3	ST
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	1B	
carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml	1B	
carbamazepine oral tablet 200 mg	1B	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	1B	
carbamazepine oral tablet,chewable 100 mg	1B	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	3	
CELONTIN ORAL CAPSULE 300 MG	2	
CEREBYX INJECTION SOLUTION 100 MG PE/2 ML, 500 MG PE/10 ML	3	
clobazam oral suspension 2.5 mg/ml	1B	
clobazam oral tablet 10 mg, 20 mg	1B	
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	1B	
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	1B	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	3	
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	3	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	3	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	4	PA; LA
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	4	PA; LA

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

Drug Name	Drug Tier	Requirements / Limits
gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)	1B	
gabapentin oral tablet 600 mg, 800 mg	1B	
GABITRIL ORAL TABLET 12 MG, 16 MG, 2 MG, 4 MG	3	
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 450 MG, 600 MG, 750 MG, 900 MG	3	ST
KEPPRA INTRAVENOUS SOLUTION 500 MG/5 ML	3	
KEPPRA ORAL SOLUTION 100 MG/ML	3	ST
KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG	3	ST
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	3	ST
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG	3	
lacosamide intravenous solution 200 mg/20 ml	1B	
lacosamide oral solution 10 mg/ml	1B	
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	1B	
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 100 MG, 200 MG, 25 MG, 50 MG	3	
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG (21) -50 MG (7)	3	
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK 50 MG (42) -100 MG (14)	3	
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG(14)-50 MG (14)-100 MG (7)	3	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	3	
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	3	

Drug Name	Drug Tier	Requirements / Limits
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35)	3	
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) - 100 MG (14)	3	
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) - 100 MG (7)	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG	3	
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)	3	
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	3	
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	3	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1B	
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)	1B	
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	1B	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	1B	
lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg	1B	
lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)	1B	
levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)	1B	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	1B	

Drug Name	Drug Tier	Requirements / Limits
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	1B	
methsuximide oral capsule 300 mg	1B	
MOTPOLY XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG	3	
MYSOLINE ORAL TABLET 250 MG, 50 MG	3	
ONFI ORAL SUSPENSION 2.5 MG/ML	3	
ONFI ORAL TABLET 10 MG, 20 MG	3	
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	1B	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	1B	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG	3	ST
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	1B	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	1B	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	3	
phenytoin oral suspension 100 mg/4 ml, 125 mg/5 ml	1B	
phenytoin oral tablet,chewable 50 mg	1B	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	1B	
phenytoin sodium intravenous solution 50 mg/ml	1B	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	1B	ST
pregabalin oral solution 20 mg/ml	1B	ST
pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg	1B	PA
PRIMIDONE ORAL TABLET 125 MG	3	
primidone oral tablet 250 mg, 50 mg	1B	
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	3	ST
roweepra oral tablet 500 mg	1B	

Drug Name	Drug Tier	Requirements / Limits
rufinamide oral suspension 40 mg/ml	1B	PA
rufinamide oral tablet 200 mg, 400 mg	1B	PA
SABRIL ORAL POWDER IN PACKET 500 MG	4	LA; QL
SABRIL ORAL TABLET 500 MG	4	LA; QL
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	3	ST
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1B	
subvenite starter (blue) kit oral tablets,dose pack 25 mg (35)	1B	
subvenite starter (green) kit oral tablets,dose pack 25 mg (84) -100 mg (14)	1B	
subvenite starter (orange) kit oral tablets,dose pack 25 mg (42) -100 mg (7)	1B	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	3	
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	3	
TEGRETOL ORAL TABLET 200 MG	3	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG	3	
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg	1B	
topiramate oral capsule, sprinkle 15 mg, 25 mg	1B	
topiramate oral capsule,extended release 24hr 100 mg, 200 mg, 25 mg, 50 mg	1B	ST
topiramate oral capsule,sprinkle,er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	1B	ST
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1B	
TRILEPTAL ORAL SUSPENSION 300 MG/5 ML (60 MG/ML)	3	ST
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG	3	ST
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 50 MG	3	ST
valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)	1B	

Drug Name	Drug Tier	Requirements / Limits
valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)	1B	
valproic acid oral capsule 250 mg	1B	
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	3	PA; QL
vigabatrin oral powder in packet 500 mg	4	LA; QL
vigabatrin oral tablet 500 mg	4	LA; QL
vigadrone oral powder in packet 500 mg	4	LA; QL
vigadrone oral tablet 500 mg	4	LA; QL
VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML	3	
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	3	PA; QL
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	PA; QL
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	3	PA; QL
ZARONTIN ORAL CAPSULE 250 MG	3	
ZARONTIN ORAL SOLUTION 250 MG/5 ML	3	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	3	
ZONISADE ORAL SUSPENSION 100 MG/5 ML	3	
zonisamide oral capsule 100 mg, 25 mg, 50 mg	1B	
ZTALMY ORAL SUSPENSION 50 MG/ML	4	PA; LA
ANTIPARKINSONISM AGENTS		
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	4	PA; LA; QL
apomorphine subcutaneous cartridge 10 mg/ml	4	PA; LA; QL
AZILECT ORAL TABLET 0.5 MG, 1 MG	3	

Drug Name	Drug Tier	Requirements / Limits
benztropine injection solution 1 mg/ml	1B	
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	1B	
bromocriptine oral capsule 5 mg	1B	
bromocriptine oral tablet 2.5 mg	1B	
carbidopa oral tablet 25 mg	1B	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	1B	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	1B	
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg	1B	
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	1B	
COMTAN ORAL TABLET 200 MG	3	
DHIVY ORAL TABLET 25-100 MG	3	
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML	4	LA
entacapone oral tablet 200 mg	1B	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	4	PA; LA; QL
LODOSYN ORAL TABLET 25 MG	3	
MIRAPEX ER 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	3	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	3	
NOURIANZ ORAL TABLET 20 MG, 40 MG	4	PA; LA; QL
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	3	PA; QL
PARLODEL ORAL CAPSULE 5 MG	3	
PARLODEL ORAL TABLET 2.5 MG	3	

Drug Name	Drug Tier	Requirements / Limits
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1B	
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	1B	
rasagiline oral tablet 0.5 mg, 1 mg	1B	
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1B	
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	1B	
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	3	
selegiline hcl oral capsule 5 mg	1B	
selegiline hcl oral tablet 5 mg	1B	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	
STALEVO 100 ORAL TABLET 25-100-200 MG	3	
STALEVO 125 ORAL TABLET 31.25-125-200 MG	3	
STALEVO 150 ORAL TABLET 37.5-150-200 MG	3	
STALEVO 200 ORAL TABLET 50-200-200 MG	3	
STALEVO 50 ORAL TABLET 12.5-50-200 MG	3	
STALEVO 75 ORAL TABLET 18.75-75-200 MG	3	
TASMAR ORAL TABLET 100 MG	3	
tolcapone oral tablet 100 mg	1B	
trihexyphenidyl oral elixir 0.4 mg/ml	1B	
trihexyphenidyl oral tablet 2 mg, 5 mg	1B	
XADAGO ORAL TABLET 100 MG, 50 MG	3	
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG	3	
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	2	PA; QL

Drug Name	Drug Tier	Requirements / Limits
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	2	PA; QL
almotriptan malate oral tablet 12.5 mg, 6.25 mg	1B	QL
dihydroergotamine injection solution 1 mg/ml	1B	
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	1B	PA; QL
eletriptan oral tablet 20 mg, 40 mg	1B	QL
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	2	PA; QL
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML, 300 MG/3 ML (100 MG/ML X 3)	2	PA; QL
ERGOMAR SUBLINGUAL TABLET 2 MG	3	
ergotamine-caffeine oral tablet 1-100 mg	1B	
FROVA ORAL TABLET 2.5 MG	3	PA; QL
frovatriptan oral tablet 2.5 mg	1B	QL
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG	3	PA; QL
IMITREX STATDOSE PEN SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML, 6 MG/0.5 ML	3	PA; QL
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 4 MG/0.5 ML, 6 MG/0.5 ML	3	PA; QL
MAXALT ORAL TABLET 10 MG	3	PA; QL
MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG	3	PA; QL
migergot rectal suppository 2-100 mg	1B	
MIGRANAL NASAL SPRAY,NON-AEROSOL 0.5 MG/PUMP ACT. (4 MG/ML)	3	PA; QL
naratriptan oral tablet 1 mg, 2.5 mg	1B	QL
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	2	PA; QL
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED 11 MG	3	PA; QL
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	2	PA; QL

Drug Name	Drug Tier	Requirements / Limits
RELPAX ORAL TABLET 20 MG, 40 MG	3	PA; QL
REYVOW ORAL TABLET 100 MG, 50 MG	3	PA; QL
rizatriptan oral tablet 10 mg, 5 mg	1B	QL
rizatriptan oral tablet,disintegrating 10 mg, 5 mg	1B	QL
sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation	1B	QL
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	1B	QL
sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml	1B	QL
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml	1B	QL
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	1B	QL
sumatriptan-naproxen oral tablet 85-500 mg	1B	PA; QL
TOSYMRA NASAL SPRAY,NON-AEROSOL 10 MG/ACTUATION	3	PA; QL
TREXIMET ORAL TABLET 85-500 MG	3	PA; QL
TRUDHESA NASAL SPRAY,NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML)	3	PA; QL
UBRELVY ORAL TABLET 100 MG, 50 MG	2	PA; QL
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML	3	PA; QL
zolmitriptan nasal spray,non-aerosol 5 mg	1B	PA; QL
zolmitriptan oral tablet 2.5 mg, 5 mg	1B	QL
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg	1B	QL
ZOMIG NASAL SPRAY,NON-AEROSOL 2.5 MG	2	PA; QL
ZOMIG NASAL SPRAY,NON-AEROSOL 5 MG	3	PA; QL
ZOMIG ORAL TABLET 2.5 MG, 5 MG	3	PA; QL
MISCELLANEOUS NEUROLOGICAL THERAPY		
AMVUTTRA SUBCUTANEOUS SYRINGE 25 MG/0.5 ML	4	PA; LA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated December 1, 2023

Drug Name	Drug Tier	Requirements / Limits
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG	3	
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	4	PA; LA; QL
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG, 6 MG	4	PA; LA; QL
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14)	4	PA; LA; QL
dalfampridine oral tablet extended release 12 hr 10 mg	4	PA; LA; QL
DAYBUE ORAL SOLUTION 200 MG/ML	4	PA; LA
dichlorphenamide oral tablet 50 mg	4	PA; LA
donepezil oral tablet 10 mg, 23 mg, 5 mg	1B	
donepezil oral tablet,disintegrating 10 mg, 5 mg	1B	
EXELON PATCH TRANSDERMAL PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR	3	
FIRDAPSE ORAL TABLET 10 MG	4	PA; LA
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	1B	
galantamine oral solution 4 mg/ml	1B	
galantamine oral tablet 12 mg, 4 mg, 8 mg	1B	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG	3	ST
KEVEYIS ORAL TABLET 50 MG	4	PA; LA
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg	1B	
memantine oral solution 2 mg/ml	1B	
memantine oral tablet 10 mg, 5 mg	1B	
MEMANTINE ORAL TABLETS,DOSE PACK 5-10 MG	3	
NAMENDA ORAL TABLET 10 MG, 5 MG	3	
NAMENDA TITRATION PAK ORAL TABLETS,DOSE PACK 5-10 MG	3	
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG	3	

Drug Name	Drug Tier	Requirements / Limits
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR 14 MG, 21 MG, 28 MG, 7 MG	3	
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	2	
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	2	
NUEDEXTA ORAL CAPSULE 20-10 MG	2	PA
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG	4	PA; LA
ONPATTRO INTRAVENOUS SOLUTION 2 MG/ML	4	PA; LA; QL
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	4	PA; LA
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	1B	
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	1B	
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	4	PA; LA; QL
tetrabenazine oral tablet 12.5 mg, 25 mg	4	PA; LA; QL
XENAZINE ORAL TABLET 12.5 MG, 25 MG	4	PA; LA; QL
ZEPOSIA ORAL CAPSULE 0.92 MG	4	PA; LA; QL
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21)	4	PA; LA; QL
ZEPOSIA STARTER KIT (37-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (30)	4	PA; LA; QL
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)-0.46 MG (3)	4	PA; LA; QL
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
BACLOFEN ORAL SOLUTION 5 MG/5 ML	3	PA
baclofen oral suspension 25 mg/5 ml (5 mg/ml)	1B	

Drug Name	Drug Tier	Requirements / Limits
baclofen oral tablet 10 mg, 20 mg, 5 mg	1B	
BLOXIVERZ INTRAVENOUS SOLUTION 0.5 MG/ML, 1 MG/ML	3	
BRIDION INTRAVENOUS SOLUTION 100 MG/ML	3	
carisoprodol oral tablet 250 mg, 350 mg	1B	PA
carisoprodol-aspirin oral tablet 200-325 mg	1B	PA
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg	1B	PA; QL
chlorzoxazone oral tablet 500 mg	1B	
cyclobenzaprine oral tablet 10 mg, 5 mg	1B	
DANTRIUM INTRAVENOUS RECON SOLN 20 MG	3	
DANTRIUM ORAL CAPSULE 25 MG	3	
dantrolene oral capsule 100 mg, 25 mg, 50 mg	1B	
FLEQSUVY ORAL SUSPENSION 25 MG/5 ML (5 MG/ML)	3	PA
meprobamate oral tablet 200 mg, 400 mg	1B	
MESTINON ORAL SYRUP 60 MG/5 ML	3	
MESTINON ORAL TABLET 60 MG	3	
MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE 180 MG	3	
metaxalone oral tablet 400 mg, 800 mg	1B	
methocarbamol injection solution 100 mg/ml	1B	
METHOCARBAMOL ORAL TABLET 1,000 MG	3	
methocarbamol oral tablet 500 mg, 750 mg	1B	
neostigmine in sterile water injection syringe 5 mg/5 ml	1B	
neostigmine methylsulfate intravenous solution 0.5 mg/ml, 1 mg/ml	1B	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SYRINGE 2 MG/2 ML (1 MG/ML), 4 MG/4 ML (1 MG/ML)	3	

Drug Name	Drug Tier	Requirements / Limits
neostigmine methylsulfate intravenous syringe 3 mg/3 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml)	1B	
NIMBEX INTRAVENOUS SOLUTION 2 MG/ML	3	
orphenadrine citrate injection solution 30 mg/ml	1B	
orphenadrine citrate oral tablet extended release 100 mg	1B	
orphenadrine-asa-caffeine oral tablet 25-385-30 mg, 50-770-60 mg	1B	
orphengesic forte oral tablet 50-770-60 mg	1B	
OZOBAX ORAL SOLUTION 5 MG/5 ML	3	PA
PREVDUO INTRAVENOUS SYRINGE 0.6 MG-3 MG/3ML (0.2 MG-1MG/ML)	3	
pyridostigmine bromide oral syrup 60 mg/5 ml	1B	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	3	
pyridostigmine bromide oral tablet 60 mg	1B	
pyridostigmine bromide oral tablet extended release 180 mg	1B	
ROBAXIN INJECTION SOLUTION 100 MG/ML	3	
RYANODEX INTRAVENOUS SUSPENSION FOR RECONSTITUTION 250 MG	3	
SOMA ORAL TABLET 250 MG, 350 MG	3	PA
tizanidine oral tablet 2 mg, 4 mg	1B	
vanadom oral tablet 350 mg	1B	PA
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	3	
ZANAFLEX ORAL TABLET 4 MG	3	
NARCOTIC ANALGESICS		
acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg	1B	PA; QL
acetaminophen-codeine oral solution 120-12 mg/5 ml	1B	PA; QL
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	1B	PA; QL
ascomp with codeine oral capsule 30-50-325-40 mg	1B	PA; QL

Drug Name	Drug Tier	Requirements / Limits
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	2	PA; QL
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 128 MG/0.36 ML, 16 MG/0.32 ML, 24 MG/0.48 ML, 32 MG/0.64 ML, 64 MG/0.18 ML, 8 MG/0.16 ML, 96 MG/0.27 ML	4	LA
BUPAP ORAL TABLET 50-300 MG	3	PA
BUPRENEX INJECTION SOLUTION 0.3 MG/ML	3	PA; QL
buprenorphine hcl sublingual tablet 2 mg, 8 mg	1B	
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	1B	PA; QL
butalbital compound w/codeine oral capsule 30-50-325-40 mg	1B	PA; QL
butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	1B	PA; QL
butalbital-acetaminophen oral capsule 50-300 mg	1B	
butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg	1B	
butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg	1B	
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	1B	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1B	
butalbital-aspirin-caffeine oral tablet 50-325-40 mg	1B	
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg	1B	PA; QL
codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg	1B	PA; QL
DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
DEMEROL INJECTION SOLUTION 50 MG/ML	3	PA; QL
DILAUDID (PF) INJECTION SYRINGE 0.2 MG/ML, 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML	3	PA; QL
DILAUDID ORAL LIQUID 1 MG/ML	3	PA; QL
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG	3	PA; QL
diskets oral tablet,soluble 40 mg	1B	PA; QL
DSUVIA SUBLINGUAL TABLET IN APPLICATOR 30 MCG	3	
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1B	PA; QL
ESGIC ORAL CAPSULE 50-325-40 MG	3	PA
ESGIC ORAL TABLET 50-325-40 MG	3	PA
FENTANYL (PF)-BUPIVACAINE-NACL INJECTION PREFILLED PUMP RESERVOIR 5-0.04 MCG/ML-%, 5-0.075 MCG/ML-%	3	PA; QL
FENTANYL (PF)-BUPIVACAINE-NACL INJECTION SOLUTION 2 MCG/ML- 0.0625 %, 2 MCG/ML- 0.1 %, 2 MCG/ML- 0.125 %, 4 MCG/ML- 0.125 %	3	PA; QL
FENTANYL CITRATE (PF) INTRAVENOUS PATIENT CONTROL.ANALGESIA SOLN 1,500 MCG/30 ML (50 MCG/ML)	3	PA; QL
FENTANYL CITRATE (PF) INTRAVENOUS PREFILLED PUMP RESERVOIR 2,500 MCG/50 ML (50 MCG/ML)	3	PA; QL
fentanyl citrate (pf) intravenous pt controlled analgesia syring 1,000 mcg/20 ml (50 mcg/ml)	1B	PA; QL
FENTANYL CITRATE (PF) INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 1,250 MCG/25 ML (50 MCG/ML), 1,500 MCG/30 ML (50 MCG/ML), 2,500 MCG/50 ML (50 MCG/ML), 2,750 MCG/55 ML (50 MCG/ML)	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)	1B	PA; QL
FENTANYL CITRATE (PF) INTRAVENOUS SYRINGE 250 MCG/5 ML (50 MCG/ML)	3	PA; QL
FENTANYL CITRATE (PF)-0.9%NACL INJECTION PREFILLED PUMP RESERVOIR 10 MCG/ML	3	PA; QL
fentanyl citrate (pf)-0.9%nacl injection pt controlled analgesia syring 1,250 mcg/25 ml	1B	PA; QL
FENTANYL CITRATE (PF)-0.9%NACL INJECTION PT CONTROLLED ANALGESIA SYRING 550 MCG/55 ML	3	PA; QL
FENTANYL CITRATE (PF)-0.9%NACL INJECTION SOLUTION 25 MCG/ML	3	PA; QL
FENTANYL CITRATE (PF)-0.9%NACL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 1,000 MCG/20 ML (50 MCG/ML), 500 MCG/50 ML (10 MCG/ML)	3	PA; QL
fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syring 2,500 mcg/50 ml (50 mcg/ml)	1B	PA; QL
FENTANYL CITRATE (PF)-0.9%NACL INTRAVENOUS SOLUTION 10 MCG/ML, 20 MCG/ML, 50 MCG/ML	3	PA; QL
fentanyl citrate (pf)-0.9%nacl intravenous solution 5 mcg/ml	1B	PA; QL
fentanyl citrate (pf)-0.9%nacl intravenous syringe 10 mcg/ml	1B	PA; QL

Drug Name	Drug Tier	Requirements / Limits
FENTANYL CITRATE (PF)-0.9%NACL INTRAVENOUS SYRINGE 100 MCG/10 ML (10 MCG/ML), 20 MCG/2 ML (10 MCG/ML), 250 MCG/5 ML (50 MCG/ML), 50 MCG/5 ML (10 MCG/ML)	3	PA; QL
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	1B	PA; QL
FENTANYL CITRATE BUCCAL TABLET, EFFERVESCENT 100 MCG	3	PA; QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour	1B	PA; QL
FENTANYL-ROPIVACAINE-NACL (PF) INJECTION PREFILLED PUMP RESERVOIR 2 MCG/ML-0.1 %	3	PA; QL
FENTANYL-ROPIVACAINE-NACL (PF) INJECTION SOLUTION 2-0.2 MCG/ML-%	3	PA; QL
FENTORA BUCCAL TABLET, EFFERVESCENT 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3	PA; QL
FIORICET ORAL CAPSULE 50-300-40 MG	3	PA
FIORICET WITH CODEINE ORAL CAPSULE 50-300-40-30 MG	3	PA; QL
hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	1B	PA; QL
hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	1B	PA; QL
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml), 7.5-325 mg/15 ml	1B	PA; QL

Drug Name	Drug Tier	Requirements / Limits
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1B	PA; QL
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1B	PA; QL
HYDROMORPHONE (PF) IN WATER INJECTION SYRINGE 1 MG/ML, 2 MG/2 ML (1 MG/ML)	3	PA; QL
HYDROMORPHONE (PF) IN WATER INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 10 MG/50 ML (0.2 MG/ML), 30 MG/30 ML (1 MG/ML), 6 MG/30 ML (0.2 MG/ML)	3	PA; QL
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PATIENT CONTROL.ANALGESIA SOLN 30 MG/30 ML (1 MG/ML), 6 MG/30 ML (0.2 MG/ML)	3	PA; QL
hydromorphone (pf)-0.9 % nacl intravenous prefilled pump reservoir 10 mg/50 ml (0.2 mg/ml)	1B	PA; QL
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PREFILLED PUMP RESERVOIR 20 MG/100 ML (0.2 MG/ML), 50 MG/50 ML (1 MG/ML)	3	PA; QL
hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syring 10 mg/50 ml (0.2 mg/ml), 15 mg/30 ml (0.5 mg/ml)	1B	PA; QL
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 25 MG/25 ML (1 MG/ML), 30 MG/30 ML (1 MG/ML), 50 MG/50 ML (1 MG/ML), 55 MG/55 ML (1 MG/ML), 6 MG/30 ML (0.2 MG/ML)	3	PA; QL
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS SOLUTION 0.2 MG/ML, 0.5 MG/ML, 1 MG/ML	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS SYRINGE 1 MG/5 ML (0.2 MG/ML), 1 MG/ML, 2 MG/ML	3	PA; QL
hydromorphone injection solution 1 mg/ml	1B	PA; QL
hydromorphone oral liquid 1 mg/ml	1B	PA; QL
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	1B	PA; QL
hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg	1B	PA; QL
hydromorphone rectal suppository 3 mg	1B	PA; QL
HYDROMORPHONE(PF)-NACL,ISO-OSM INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 10 MG/50 ML (0.2 MG/ML)	3	PA; QL
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	2	PA; QL
INFUMORPH P/F INJECTION SOLUTION 10 MG/ML, 25 MG/ML	2	PA; QL
LORTAB ELIXIR ORAL SOLUTION 10-300 MG/15 ML	3	PA; QL
meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml	1B	PA; QL
meperidine oral solution 50 mg/5 ml	1B	PA; QL
meperidine oral tablet 50 mg	1B	PA; QL
methadone intravenous syringe 10 mg/ml	1B	PA; QL
methadone oral tablet 10 mg, 5 mg	1B	PA; QL
methadone oral tablet,soluble 40 mg	1B	PA; QL
methadose oral tablet,soluble 40 mg	1B	PA; QL
MITIGO (PF) INJECTION SOLUTION 10 MG/ML, 25 MG/ML	3	PA; QL
MORPHINE (PF) IN 0.9 % SOD CHL INJECTION SYRINGE 1 MG/ML, 2 MG/2 ML (1 MG/ML)	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
MORPHINE (PF) IN 0.9 % SOD CHL INTRAVENOUS PATIENT CONTROL.ANALGESIA SOLN 30 MG/30 ML (1 MG/ML)	3	PA; QL
MORPHINE (PF) IN 0.9 % SOD CHL INTRAVENOUS PREFILLED PUMP RESERVOIR 100 MG/100 ML (1 MG/ML), 50 MG/50 ML (1 MG/ML)	3	PA; QL
MORPHINE (PF) IN 0.9 % SOD CHL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 150 MG/30 ML (5 MG/ML), 55 MG/55 ML (1 MG/ML)	3	PA; QL
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)	1B	PA; QL
morphine (pf) in 0.9 % sod chl intravenous solution 1 mg/ml	1B	PA; QL
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)	1B	PA; QL
MORPHINE (PF) IN 0.9 % SOD CHL INTRAVENOUS SYRINGE 2 MG/ML, 4 MG/ML	3	PA; QL
morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml (1 mg/ml)	1B	PA; QL
MORPHINE (PF) INTRAVENOUS SYRINGE 1 MG/2 ML	3	PA; QL
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	1B	PA; QL
MORPHINE IN 0.9 % SODIUM CHLOR INJECTION PT CONTROLLED ANALGESIA SYRING 55 MG/55 ML (1 MG/ML)	3	PA; QL
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)	1B	PA; QL
morphine in 0.9 % sodium chlor intravenous pt controlled analgesia syring 150 mg/30 ml (5 mg/ml), 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml)	1B	PA; QL

Drug Name	Drug Tier	Requirements / Limits
MORPHINE IN 0.9 % SODIUM CHLOR INTRAVENOUS SOLUTION 1 MG/ML, 5 MG/ML	3	PA; QL
MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML	3	PA; QL
MORPHINE INTRAMUSCULAR PEN INJECTOR 10 MG/0.7 ML	3	PA; QL
MORPHINE INTRAVENOUS SOLUTION 8 MG/ML	3	PA; QL
morphine intravenous syringe 10 mg/ml	1B	PA; QL
MORPHINE INTRAVENOUS SYRINGE 8 MG/ML	3	PA; QL
morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	1B	PA; QL
morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	1B	PA; QL
morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)	1B	PA; QL
morphine oral tablet 15 mg, 30 mg	1B	PA; QL
morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	1B	PA; QL
morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg	1B	PA; QL
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG	3	PA; QL
OXAYDO ORAL TABLET, ORAL ONLY 5 MG, 7.5 MG	3	PA; QL
oxycodone oral capsule 5 mg	1B	PA; QL
oxycodone oral concentrate 20 mg/ml	1B	PA; QL
oxycodone oral solution 5 mg/5 ml	1B	PA; QL
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1B	PA; QL
oxycodone-acetaminophen oral solution 5-325 mg/5 ml	1B	PA; QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1B	PA; QL

Drug Name	Drug Tier	Requirements / Limits
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	2	PA; QL
oxymorphone oral tablet 10 mg, 5 mg	1B	PA; QL
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg	1B	PA; QL
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	3	PA; QL
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	PA; QL
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML	4	LA
tencon oral tablet 50-325 mg	1B	
TREZIX ORAL CAPSULE 320.5-30-16 MG	3	PA; QL
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	3	PA; QL
zebutal oral capsule 50-325-40 mg	1B	
NON-NARCOTIC ANALGESICS		
adult aspirin regimen oral tablet,delayed release (dr/ec) 81 mg	5	ACA; OTC
ANAPROX DS ORAL TABLET 550 MG	3	ST
ANJESO INTRAVENOUS SUSPENSION 30 MG/ML	3	
ARTHROTEC 50 ORAL TABLET,IR,DELAYED REL,BIPHASIC 50-200 MG-MCG	3	ST
ARTHROTEC 75 ORAL TABLET,IR,DELAYED REL,BIPHASIC 75-200 MG-MCG	3	ST
aspirin childrens oral tablet,chewable 81 mg	5	ACA; OTC
aspirin oral tablet 325 mg	5	ACA; OTC
aspirin oral tablet,chewable 81 mg	5	ACA; OTC
aspirin oral tablet,delayed release (dr/ec) 81 mg	5	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
aspirin,buffd-calcium carb-mag oral tablet 325 mg	5	ACA; OTC
aspir-trin oral tablet,delayed release (dr/ec) 325 mg	5	ACA; OTC
bayer aspirin oral tablet 325 mg	5	ACA; OTC
bayer aspirin oral tablet,delayed release (dr/ec) 325 mg	5	ACA; OTC
BAYER CHEWABLE ASPIRIN ORAL TABLET,CHEWABLE 81 MG	5	ACA; OTC
bayer low dose aspirin oral tablet,delayed release (dr/ec) 81 mg	5	ACA; OTC
bufferin oral tablet 325 mg	5	ACA; OTC
buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	1B	
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	1B	
butorphanol nasal spray,non-aerosol 10 mg/ml	1B	PA; QL
CALDOLOR INTRAVENOUS PIGGYBACK 800 MG/200 ML (4 MG/ML)	3	
CALDOLOR INTRAVENOUS RECON SOLN 800 MG/8 ML (100 MG/ML)	2	
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	1B	ST
CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 17-83 300 MG	3	PA; QL
CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	3	PA; QL
DAYPRO ORAL TABLET 600 MG	3	ST
DICLOFENAC EPOLAMINE TRANSDERMAL PATCH 12 HOUR 1.3 %	3	ST; QL
diclofenac potassium oral capsule 25 mg	1B	
diclofenac potassium oral tablet 50 mg	1B	
diclofenac sodium oral tablet extended release 24 hr 100 mg	1B	
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg	1B	
diclofenac sodium topical drops 1.5 %	1B	QL

Drug Name	Drug Tier	Requirements / Limits
diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)	1B	ST; QL
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg	1B	
diflunisal oral tablet 500 mg	1B	
DISALCID ORAL TABLET 500 MG, 750 MG	3	
EC-NAPROSYN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG	3	ST
ecotrin low strength oral tablet,delayed release (dr/ec) 81 mg	5	ACA; OTC
ecotrin oral tablet,delayed release (dr/ec) 325 mg	5	ACA; OTC
etodolac oral capsule 200 mg, 300 mg	1B	
etodolac oral tablet 400 mg, 500 mg	1B	
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg	1B	
FELDENE ORAL CAPSULE 10 MG, 20 MG	3	ST
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %	2	ST; QL
flurbiprofen oral tablet 100 mg	1B	
ibu oral tablet 400 mg, 600 mg, 800 mg	1B	
ibuprofen oral suspension 100 mg/5 ml	1B	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1B	
indomethacin oral capsule 25 mg, 50 mg	1B	
indomethacin oral capsule, extended release 75 mg	1B	
ketoprofen oral capsule 50 mg, 75 mg	1B	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	1B	ST
ketorolac injection solution 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml)	1B	
ketorolac injection syringe 15 mg/ml, 30 mg/ml	1B	
ketorolac intramuscular solution 60 mg/2 ml	1B	

Drug Name	Drug Tier	Requirements / Limits
ketorolac intramuscular syringe 60 mg/2 ml	1B	
KETOROLAC NASAL SPRAY,NON-AEROSOL 15.75 MG/SPRAY	3	ST; QL
ketorolac oral tablet 10 mg	1B	QL
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION	2	QL
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	2	ST; QL
LODINE ORAL TABLET 400 MG	3	ST
LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG	3	
LUCEMYRA ORAL TABLET 0.18 MG	2	QL
meclofenamate oral capsule 100 mg, 50 mg	1B	
mefenamic acid oral capsule 250 mg	1B	
MELOXICAM ORAL SUSPENSION 7.5 MG/5 ML	3	ST; QL
meloxicam oral tablet 15 mg, 7.5 mg	1B	QL
nabumetone oral tablet 500 mg, 750 mg	1B	
NALMEFENE INJECTION SOLUTION 1 MG/ML	3	
naloxone injection solution 0.4 mg/ml	1B	
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	1B	
naloxone nasal spray,non-aerosol 4 mg/actuation	1B	QL
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG	3	
naltrexone oral tablet 50 mg	1B	
NAPROSYN ORAL SUSPENSION 125 MG/5 ML	3	ST
NAPROSYN ORAL TABLET 500 MG	3	ST
naproxen oral suspension 125 mg/5 ml	1B	ST
naproxen oral tablet 250 mg, 375 mg, 500 mg	1B	
naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg	1B	
naproxen sodium oral tablet 275 mg, 550 mg	1B	

Drug Name	Drug Tier	Requirements / Limits
naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg, 750 mg	1B	ST
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
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	3	PA; QL
OLINVYK INTRAVENOUS PATIENT CONTROL.ANALGESIA SOLN 30 MG/30 ML (1 MG/ML)	3	
OLINVYK INTRAVENOUS SOLUTION 1 MG/ML	3	
OPVEE NASAL SPRAY,NON-AEROSOL 2.7 MG/ACTUATION	3	
oxaprozin oral tablet 600 mg	1B	
pentazocine-naloxone oral tablet 50-0.5 mg	1B	PA; QL
piroxicam oral capsule 10 mg, 20 mg	1B	
QDOLO ORAL SOLUTION 5 MG/ML	3	PA; QL
RELAFEN DS ORAL TABLET 1,000 MG	3	ST
salsalate oral tablet 500 mg, 750 mg	1B	
st joseph aspirin oral tablet,chewable 81 mg	5	ACA; OTC
st. joseph aspirin oral tablet,delayed release (dr/ec) 81 mg	5	ACA; OTC
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	3	
sulindac oral tablet 150 mg, 200 mg	1B	
tolmetin oral capsule 400 mg	1B	ST
tolmetin oral tablet 600 mg	1B	ST
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83 300 MG	3	PA; QL
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	3	PA; QL
TRAMADOL ORAL SOLUTION 5 MG/ML	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
TRAMADOL ORAL TABLET 100 MG	3	PA; QL
tramadol oral tablet 50 mg	1B	PA; QL
tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg	1B	PA; QL
tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg	1B	PA; QL
tramadol-acetaminophen oral tablet 37.5-325 mg	1B	PA; QL
tri-buffered aspirin oral tablet 325 mg	5	ACA; OTC
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	4	LA
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML	3	
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		
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET WITH SENSOR AND STRIP 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	3	QL
ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	3	QL
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	3	QL
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	3	
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG	3	
ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	3	ST
alprazolam intensol oral concentrate 1 mg/ml	1B	

Drug Name	Drug Tier	Requirements / Limits
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	1B	
alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg	1B	
alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg	1B	
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1B	
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg	1B	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	1B	
amphetamine sulfate oral tablet 10 mg, 5 mg	1B	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG	3	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG	3	ST; QL
APTENSIO XR ORAL CAP,ER SPRINKLE,BIPHASIC 40-60 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	3	ST
aripiprazole oral solution 1 mg/ml	1B	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	1B	QL
aripiprazole oral tablet,disintegrating 10 mg, 15 mg	1B	QL
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	1B	PA; QL
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	1B	QL
ATIVAN INJECTION SOLUTION 2 MG/ML, 4 MG/ML	3	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG	3	
atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	1B	
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	3	ST; QL
AZSTARYS ORAL CAPSULE 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG	3	ST
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	ST; QL
bupropion hcl oral tablet 100 mg, 75 mg	1B	

Drug Name	Drug Tier	Requirements / Limits
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	1B	QL
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	3	ST; QL
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	1B	QL
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1B	
BYFAVO INTRAVENOUS RECON SOLN 20 MG	3	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	3	ST; QL
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	1B	
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	1B	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	1B	
CITALOPRAM ORAL CAPSULE 30 MG	3	ST; QL
citalopram oral solution 10 mg/5 ml	1A	
citalopram oral tablet 10 mg, 20 mg, 40 mg	1A	QL
clomipramine oral capsule 25 mg, 50 mg, 75 mg	1B	
clonidine hcl oral tablet extended release 12 hr 0.1 mg	1B	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	1B	
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1B	
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	1B	
CLOZARIL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	3	
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 17.3 MG, 25.9 MG, 8.6 MG	3	ST
DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR	2	ST
DAYVIGO ORAL TABLET 10 MG, 5 MG	3	ST
desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1B	

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

Drug Name	Drug Tier	Requirements / Limits
duloxetine oral capsule,delayed release(dr/ec) 40 mg	1B	ST; QL
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML	2	ST
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG	2	ST
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG	3	ST; QL
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	3	
ergoloid oral tablet 1 mg	1B	
escitalopram oxalate oral solution 5 mg/5 ml	1A	ST
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	1A	QL
estazolam oral tablet 1 mg, 2 mg	1B	
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	1B	QL
EVEKEO ODT ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG	3	
EVEKEO ORAL TABLET 10 MG, 5 MG	3	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	QL
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	3	QL
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26)	2	ST; QL
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	2	ST; QL
fluoxetine oral capsule 10 mg, 40 mg	1A	QL
fluoxetine oral capsule 20 mg	1A	
fluoxetine oral capsule,delayed release(dr/ec) 90 mg	1A	ST; QL
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	1A	
fluoxetine oral tablet 10 mg	1A	ST; QL
fluoxetine oral tablet 20 mg, 60 mg	1A	ST
fluphenazine decanoate injection solution 25 mg/ml	1B	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated December 1, 2023

Drug Name	Drug Tier	Requirements / Limits
fluphenazine hcl injection solution 2.5 mg/ml	1B	
fluphenazine hcl oral concentrate 5 mg/ml	1B	
fluphenazine hcl oral elixir 2.5 mg/5 ml	1B	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	1B	
flurazepam oral capsule 15 mg, 30 mg	1B	
fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg	1A	ST; QL
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	1A	QL
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	3	ST; QL
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)	3	
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG	3	QL
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	1B	
HALCION ORAL TABLET 0.25 MG	3	
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML	3	
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	1B	
haloperidol lactate oral concentrate 2 mg/ml	1B	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	1B	
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG	3	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	1B	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	1B	
INTUNIV ER ORAL TABLET EXTENDED RELEASE 24 HR 1 MG, 2 MG, 3 MG, 4 MG	3	ST

Drug Name	Drug Tier	Requirements / Limits
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML, 1,560 MG/5 ML	3	
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG, 3 MG, 6 MG, 9 MG	3	QL
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML	3	
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML, 410 MG/1.32 ML, 546 MG/1.75 ML, 819 MG/2.63 ML	3	
JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	3	ST
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HR 0.1 MG	3	ST
KETAMINE SUBLINGUAL TROCHE 100 MG	3	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	3	QL
lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	1B	QL
lisdexamfetamine oral tablet,chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	1B	ST
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	1B	
lithium carbonate oral tablet 300 mg	1B	
lithium carbonate oral tablet extended release 300 mg, 450 mg	1B	
lithium citrate oral solution 8 meq/5 ml	1B	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG	3	
lorazepam intensol oral concentrate 2 mg/ml	1B	
lorazepam oral concentrate 2 mg/ml	1B	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	1B	

Drug Name	Drug Tier	Requirements / Limits
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 1 MG, 1.5 MG, 2 MG, 3 MG	3	
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	1B	
LUMRYZ ORAL EXTEND RELEASE GRANULES,PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM	4	PA; LA; QL
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg	1B	QL
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	3	PA; QL
MARPLAN ORAL TABLET 10 MG	3	
methamphetamine oral tablet 5 mg	1B	
METHYLIN ORAL SOLUTION 10 MG/5 ML, 5 MG/5 ML	3	
methylphenidate hcl oral cap,er sprinkle,biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	1B	ST
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	1B	
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg	1B	
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	1B	
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	1B	
methylphenidate hcl oral tablet extended release 10 mg, 20 mg	1B	
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg	1B	
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG, 72 MG	3	ST
methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg	1B	
methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr	1B	ST

Drug Name	Drug Tier	Requirements / Limits
MIDAZOLAM (PF) IN 0.9 % NACL INTRAVENOUS PREFILLED PUMP RESERVOIR 100 MG/100 ML (1 MG/ML)	3	
midazolam (pf) in 0.9 % nacl intravenous solution 1 mg/ml	1B	
MIDAZOLAM (PF) IN 0.9 % NACL INTRAVENOUS SYRINGE 2 MG/2 ML (1 MG/ML), 5 MG/5 ML (1 MG/ML)	3	
midazolam (pf) injection solution 1 mg/ml, 5 mg/ml	1B	
midazolam (pf) injection syringe 2 mg/2 ml (1 mg/ml), 5 mg/ml	1B	
MIDAZOLAM IN 0.9 % SOD CHLORID INTRAVENOUS SOLUTION 1 MG/ML	3	
MIDAZOLAM IN 0.9 % SOD CHLORID INTRAVENOUS SYRINGE 2 MG/2 ML (1 MG/ML), 5 MG/5 ML (1 MG/ML)	3	
MIDAZOLAM IN NACL, ISO-OSMOTIC INJECTION SYRINGE 2 MG/2 ML (1 MG/ML)	3	
MIDAZOLAM IN NACL, ISO-OSMOTIC INTRAVENOUS SOLUTION 1 MG/ML	3	
MIDAZOLAM IN NACL,ISO-OSMO(PF) INTRAVENOUS SOLUTION 1 MG/ML	3	
MIDAZOLAM IN NACL,ISO-OSMO(PF) INTRAVENOUS SYRINGE 25 MG/25 ML (1 MG/ML), 50 MG/50 ML (1 MG/ML)	3	
midazolam injection solution 1 mg/ml, 5 mg/ml	1B	
MIDAZOLAM INTRAVENOUS SYRINGE 150 MG/30 ML (5 MG/ML)	3	
MIDAZOLAM ORAL SYRUP 10 MG/5 ML (2 MG/ML)	3	
midazolam oral syrup 2 mg/ml	1B	

Drug Name	Drug Tier	Requirements / Limits
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	1B	
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	1B	
modafinil oral tablet 100 mg, 200 mg	1B	PA; QL
molindone oral tablet 10 mg, 25 mg, 5 mg	1B	
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG	2	ST
NARDIL ORAL TABLET 15 MG	3	
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	1B	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	1B	
nortriptyline oral solution 10 mg/5 ml	1B	
NUPLAZID ORAL CAPSULE 34 MG	4	PA; LA; QL
NUPLAZID ORAL TABLET 10 MG	4	PA; LA; QL
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG	3	PA; QL
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	1B	QL
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	1B	QL
olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	1B	
oxazepam oral capsule 10 mg, 15 mg, 30 mg	1B	
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg	1B	QL
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG	3	
PARNATE ORAL TABLET 10 MG	3	
paroxetine hcl oral suspension 10 mg/5 ml	1A	ST
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	1A	QL
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	1A	ST; QL
paroxetine mesylate(menop.sym) oral capsule 7.5 mg	1B	ST; QL

Drug Name	Drug Tier	Requirements / Limits
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG, 37.5 MG	3	ST; QL
PAXIL ORAL SUSPENSION 10 MG/5 ML	3	ST
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	3	ST; QL
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	1B	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	1B	
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG	3	
phenelzine oral tablet 15 mg	1B	
pimozide oral tablet 1 mg, 2 mg	1B	
procentra oral solution 5 mg/5 ml	1B	
protriptyline oral tablet 10 mg, 5 mg	1B	
PROVIGIL ORAL TABLET 100 MG, 200 MG	3	PA; QL
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG	3	PA
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1B	QL
QUETIAPINE ORAL TABLET 150 MG	3	QL
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	1B	QL
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 30 MG, 40 MG	2	ST
QUILLIVANT XR ORAL SUSPENSION,EXTREL 24HR,RECON 5 MG/ML (25 MG/5 ML)	2	ST
QUVIVIQ ORAL TABLET 25 MG, 50 MG	3	ST
ramelteon oral tablet 8 mg	1B	QL
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG, 72 MG	3	ST

Drug Name	Drug Tier	Requirements / Limits
REMERON ORAL TABLET 15 MG, 30 MG	3	
REMERON SOLTAB ORAL TABLET,DISINTEGRATING 15 MG, 30 MG, 45 MG	3	
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG	3	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	ST; QL
RISPERDAL ORAL SOLUTION 1 MG/ML	3	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	QL
risperidone oral solution 1 mg/ml	1B	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1B	QL
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1B	QL
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 20 MG, 30 MG, 40 MG	3	ST
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG	3	
ROZEREM ORAL TABLET 8 MG	3	ST; QL
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	3	QL
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	3	QL
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG	3	QL
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG	3	QL
SERTRALINE ORAL CAPSULE 150 MG, 200 MG	3	ST; QL
sertraline oral concentrate 20 mg/ml	1A	
sertraline oral tablet 100 mg, 25 mg, 50 mg	1A	QL
SILENOR ORAL TABLET 3 MG, 6 MG	3	ST; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated December 1, 2023

Drug Name	Drug Tier	Requirements / Limits
SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	4	PA; LA
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG	3	ST
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	3	
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	1B	
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1B	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1B	
tranylcypromine oral tablet 10 mg	1B	
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg	1B	
triazolam oral tablet 0.125 mg, 0.25 mg	1B	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	1B	
trimipramine oral capsule 100 mg, 25 mg, 50 mg	1B	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	ST; QL
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML, 125 MG/0.35 ML, 150 MG/0.42 ML, 200 MG/0.56 ML, 250 MG/0.7 ML, 50 MG/0.14 ML, 75 MG/0.21 ML	3	
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG	3	
VENLAFAXINE BESYLATE ORAL TABLET EXTENDED RELEASE 24HR 112.5 MG	3	ST; QL
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg	1B	QL
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1B	QL
VERSACLOZ ORAL SUSPENSION 50 MG/ML	3	
vilazodone oral tablet 10 mg, 20 mg, 40 mg	1B	ST; QL
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	3	QL

Drug Name	Drug Tier	Requirements / Limits
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)-3 MG (6)	3	QL
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	3	ST; QL
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	2	ST
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	4	PA; LA; QL
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	3	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 0.5 MG, 1 MG, 2 MG, 3 MG	3	
XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR	3	ST
zaleplon oral capsule 10 mg, 5 mg	1B	QL
zenzedi oral tablet 10 mg, 5 mg	1B	
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	1B	QL
ZOLPIDEM ORAL CAPSULE 7.5 MG	3	ST; QL
zolpidem oral tablet 10 mg, 5 mg	1B	QL
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg	1B	QL
zolpidem sublingual tablet 1.75 mg, 3.5 mg	1B	QL
ZYPREXA INTRAMUSCULAR RECON SOLN 10 MG	3	
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG	3	QL
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG	3	
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG	3	QL

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ANTIARRHYTHMIC AGENTS

Drug Name	Drug Tier	Requirements / Limits
adenosine intravenous solution 3 mg/ml	1B	
amiodarone intravenous solution 50 mg/ml	1B	
amiodarone oral tablet 100 mg, 200 mg, 400 mg	1B	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG	3	ST
BETAPACE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	3	ST
disopyramide phosphate oral capsule 100 mg, 150 mg	1B	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	1B	
flecainide oral tablet 100 mg, 150 mg, 50 mg	1B	
lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)	1B	
mexiletine oral capsule 150 mg, 200 mg, 250 mg	1B	

Drug Name	Drug Tier	Requirements / Limits
NEXTERONE INTRAVENOUS SOLUTION 150 MG/100 ML (1.5 MG/ML), 360 MG/200 ML (1.8 MG/ML)	3	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	3	
NORPACE ORAL CAPSULE 100 MG, 150 MG	3	
pacerone oral tablet 100 mg, 200 mg, 400 mg	1B	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	1B	
propafenone oral tablet 150 mg, 225 mg, 300 mg	1B	
quinidine gluconate oral tablet extended release 324 mg	1B	
quinidine sulfate oral tablet 200 mg, 300 mg	1B	
RYTHMOL SR ORAL CAPSULE,EXTENDED RELEASE 12 HR 225 MG, 325 MG, 425 MG	3	
sorine oral tablet 120 mg, 80 mg	1B	

Drug Name	Drug Tier	Requirements / Limits
sotalol af oral tablet 120 mg, 160 mg, 80 mg	1B	
SOTALOL INTRAVENOUS SOLUTION 150 MG/10 ML (15 MG/ML)	3	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1B	
SOTYLIZE ORAL SOLUTION 5 MG/ML	2	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG	3	
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	3	
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	3	
acebutolol oral capsule 200 mg, 400 mg	1A	
ALDACTAZIDE ORAL TABLET 25-25 MG	3	
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG	3	
aliskiren oral tablet 150 mg, 300 mg	1B	

Drug Name	Drug Tier	Requirements / Limits
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG	3	
amiloride oral tablet 5 mg	1B	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1B	
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	1A	
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1A	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1A	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1A	
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	1A	
atenolol oral tablet 100 mg, 25 mg, 50 mg	1A	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1A	

Drug Name	Drug Tier	Requirements / Limits
benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1A	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1A	
betaxolol oral tablet 10 mg, 20 mg	1A	
BIDIL ORAL TABLET 20-37.5 MG	3	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1A	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1A	
BREVIBLOC IN NACL (ISO-OSM) INTRAVENOUS PARENTERAL SOLUTION 2,000 MG/100 ML, 2,500 MG/250 ML (10 MG/ML)	3	
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10 ML (10 MG/ML)	3	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	1B	
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 240 MG	3	
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1A	
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	1A	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	1A	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	1A	
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG	3	QL
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	3	QL

Drug Name	Drug Tier	Requirements / Limits
CAROSPIR ORAL SUSPENSION 25 MG/5 ML	3	PA
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	1A	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1B	
carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg	1B	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24 HR	3	QL
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24 HR	3	QL
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24 HR	3	QL
chlorthalidone oral tablet 25 mg, 50 mg	1A	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1B	
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr	1B	QL
CONJUPRI ORAL TABLET 2.5 MG, 5 MG	3	ST
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG	3	ST
CORGARD ORAL TABLET 20 MG, 40 MG	3	ST
DEMSER ORAL CAPSULE 250 MG	3	PA
DIBENZYLINE ORAL CAPSULE 10 MG	3	PA
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	1A	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	1A	
diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1A	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1A	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1A	
diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1A	

Drug Name	Drug Tier	Requirements / Limits
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	1A	
DIURIL ORAL SUSPENSION 250 MG/5 ML	3	
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1B	QL
DYRENIUM ORAL CAPSULE 100 MG, 50 MG	3	
EDECRIN ORAL TABLET 25 MG	3	
enalapril maleate oral solution 1 mg/ml	1A	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1A	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1A	
eplerenone oral tablet 25 mg, 50 mg	1B	
epoprostenol intravenous recon soln 0.5 mg, 1.5 mg	4	PA; LA
eprosartan oral tablet 600 mg	1A	
ESMOLOL IN STERILE WATER INTRAVENOUS PARENTERAL SOLUTION 2,000 MG/100 ML (20 MG/ML), 2,500 MG/250 ML (10 MG/ML)	3	
ethacrynic acid oral tablet 25 mg	1B	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	1A	
FLOLAN INTRAVENOUS RECON SOLN 0.5 MG, 1.5 MG	4	PA; LA
fosinopril oral tablet 10 mg, 20 mg, 40 mg	1A	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	1A	
FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML	3	
FUROSEMIDE IN 0.9 % NACL INTRAVENOUS PIGGYBACK 100 MG/100 ML (1 MG/ML)	3	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1B	
furosemide oral tablet 20 mg, 40 mg, 80 mg	1B	
guanfacine oral tablet 1 mg, 2 mg	1B	
hydralazine injection solution 20 mg/ml	1B	
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1B	

Drug Name	Drug Tier	Requirements / Limits
hydrochlorothiazide oral capsule 12.5 mg	1A	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1A	
indapamide oral tablet 1.25 mg, 2.5 mg	1A	
INDERAL XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG	3	ST
INNOPRAN XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG	3	ST
INSPRA ORAL TABLET 25 MG, 50 MG	3	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	1A	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1A	
isosorbide-hydralazine oral tablet 20-37.5 mg	1B	
isradipine oral capsule 2.5 mg, 5 mg	1A	
KERENDIA ORAL TABLET 10 MG, 20 MG	2	PA; QL
LABETALOL IN NACL (ISO-OSMOT) INTRAVENOUS SOLUTION 1 MG/ML	3	
labetalol oral tablet 100 mg, 200 mg, 300 mg	1B	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG	3	
LEVAMLODIPINE ORAL TABLET 2.5 MG, 5 MG	3	ST
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1A	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1A	
LOPRESSOR ORAL TABLET 100 MG, 50 MG	3	ST
losartan oral tablet 100 mg, 25 mg, 50 mg	1A	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1A	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	3	

Drug Name	Drug Tier	Requirements / Limits
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	3	
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1A	
MAXZIDE ORAL TABLET 75-50 MG	3	
MAXZIDE-25MG ORAL TABLET 37.5-25 MG	3	
methyldopa oral tablet 250 mg, 500 mg	1B	
methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg	1B	
methyldopate intravenous solution 250 mg/5 ml	1B	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	1A	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	1A	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1A	
metoprolol tartrate intravenous solution 5 mg/5 ml	1B	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1A	
metyrosine oral capsule 250 mg	1B	PA
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	3	
minoxidil oral tablet 10 mg, 2.5 mg	1B	
moexipril oral tablet 15 mg, 7.5 mg	1A	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1A	
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1A	
nicardipine oral capsule 20 mg, 30 mg	1A	
nifedipine oral capsule 10 mg, 20 mg	1A	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	1A	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	1A	
nimodipine oral capsule 30 mg	1B	

Drug Name	Drug Tier	Requirements / Limits
nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	1A	
NORLIQVA ORAL SOLUTION 1 MG/ML	3	ST
NYMALIZE ORAL SOLUTION 60 MG/10 ML	3	
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML	3	
olmesartan oral tablet 20 mg, 40 mg, 5 mg	1A	
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1A	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	1A	
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)-0.25 MG (42)	4	LA; QL
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)-0.25 MG (210)	4	LA; QL
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)-0.25 MG(42)-1MG	4	LA; QL
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	4	PA; LA; QL
papaverine injection solution 30 mg/ml	1B	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	1A	
phenoxybenzamine oral capsule 10 mg	1B	PA
pindolol oral tablet 10 mg, 5 mg	1A	
prazosin oral capsule 1 mg, 2 mg, 5 mg	1B	
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG	3	

Drug Name	Drug Tier	Requirements / Limits
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG, 90 MG	3	
propranolol intravenous solution 1 mg/ml	1B	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	1A	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	1A	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1A	
propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg	1A	
QBRELIS ORAL SOLUTION 1 MG/ML	3	PA
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1A	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1A	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1A	
SODIUM EDECRIN INTRAVENOUS RECON SOLN 50 MG	3	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1B	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	1B	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	
taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1A	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	2	
TEKTURNA ORAL TABLET 150 MG, 300 MG	3	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	1A	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	1A	

Drug Name	Drug Tier	Requirements / Limits
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	1A	
TENORETIC 100 ORAL TABLET 100-25 MG	3	ST
TENORETIC 50 ORAL TABLET 50-25 MG	3	ST
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG	3	ST
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1B	QL
THALITONE ORAL TABLET 15 MG	3	
tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1A	
TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	3	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1A	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1B	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1A	
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	1A	
triamterene oral capsule 100 mg, 50 mg	1B	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	1B	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	1B	
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 SOLUTION 4 MG/ML	3	ST
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	1A	

Drug Name	Drug Tier	Requirements / Limits
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1A	
VASERETIC ORAL TABLET 10-25 MG	3	
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	3	
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	1A	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	1A	
verapamil oral tablet 120 mg, 40 mg, 80 mg	1A	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	1A	
VERELAN PM ORAL CAPSULE, 24 HR ER PELLET CT 100 MG, 200 MG, 300 MG	3	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	3	
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG	3	
ZIAC ORAL TABLET 10-6.25 MG	3	ST
CARDIAC GLYCOSIDES		
digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	1B	
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	1B	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg)	1B	
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG)	3	
COAGULATION THERAPY		
AGGRASTAT CONCENTRATE INTRAVENOUS CONCENTRATE 250 MCG/ML	3	
AMICAR ORAL TABLET 1,000 MG, 500 MG	3	
aminocaproic acid oral solution 250 mg/ml (25 %)	1B	
aminocaproic acid oral tablet 1,000 mg, 500 mg	1B	
ANDEXXA INTRAVENOUS RECON SOLN 200 MG	3	

Drug Name	Drug Tier	Requirements / Limits
ANGIOMAX INTRAVENOUS RECON SOLN 250 MG	3	
argatroban in 0.9 % sod chlor intravenous solution 1 mg/ml	1B	
ARGATROBAN INTRAVENOUS SOLUTION 100 MG/ML	3	
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML, 2.5 MG/0.5 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML	4	
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	1A	
ASPIRIN-OMEPRAZOLE ORAL TABLET,IR,DELAYED REL,BIPHASIC 81-40 MG	3	PA
BALFAXAR INTRAVENOUS RECON SOLN 1,000 UNIT, 500 UNIT	3	
BIVALIRUDIN INTRAVENOUS SOLUTION 250 MG/50 ML (5 MG/ML)	3	
BRILINTA ORAL TABLET 60 MG, 90 MG	2	
CABLIVI INJECTION KIT 11 MG	4	PA; LA
cilostazol oral tablet 100 mg, 50 mg	1B	
clopidogrel oral tablet 300 mg, 75 mg	1A	
CYKLOKAPRON INTRAVENOUS SOLUTION 1,000 MG/10 ML (100 MG/ML)	3	
dabigatran etexilate oral capsule 150 mg, 75 mg	1A	PA
DEFITELIO INTRAVENOUS SOLUTION 80 MG/ML	3	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1A	
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	4	PA; LA; QL
EFFIENT ORAL TABLET 10 MG, 5 MG	3	
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	2	PA
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	2	PA

Drug Name	Drug Tier	Requirements / Limits
enoxaparin subcutaneous solution 300 mg/3 ml	4	
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	4	
eptifibatide intravenous solution 2 mg/ml	1B	
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT	4	LA
FIBRYGA INTRAVENOUS RECON SOLN 1 GRAM (700 MG-1,300 MG)	4	LA
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	4	
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML, 25,000 ANTI-XA UNIT/ML	4	
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML, 7,500 ANTI-XA UNIT/0.3 ML	4	
HEPARIN (PORCINE) IN 0.9% NACL INTRAVENOUS PARENTERAL SOLUTION 2,500 UNIT/500 ML (5 UNIT/ML), 30,000 UNIT/1,000 ML, 5,000 UNIT/1,000 ML, 5,000 UNIT/500 ML (10 UNIT/ML)	3	
heparin lock flush intravenous syringe 10 unit/ml	1B	
heparin lockflush(porcine)(pf) intravenous syringe 10 unit/ml, 100 unit/ml	1B	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	3	

Drug Name	Drug Tier	Requirements / Limits
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml	1B	
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	3	
heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml	1B	
HEPARIN, PORCINE (PF) SUBCUTANEOUS SYRINGE 5,000 UNIT/0.5 ML	3	
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1A	
KCENTRA INTRAVENOUS RECON SOLN 1,000 UNIT (800-1240 UNIT), 500 UNIT (400-620 UNIT)	3	
KENGREAL INTRAVENOUS RECON SOLN 50 MG	3	
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	4	
LOVENOX SUBCUTANEOUS SOLUTION 300 MG/3 ML	4	
LOVENOX SUBCUTANEOUS SYRINGE 100 MG/ML, 120 MG/0.8 ML, 150 MG/ML, 30 MG/0.3 ML, 40 MG/0.4 ML, 60 MG/0.6 ML, 80 MG/0.8 ML	4	
MULPLETA ORAL TABLET 3 MG	4	PA; LA; QL
NUWIQ INTRAVENOUS RECON SOLN 1,500 UNIT, 1000 UNIT, 2,000 UNIT, 2,500 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	4	LA
pentoxifylline oral tablet extended release 400 mg	1B	
PHYTONADIONE (VITAMIN K1) INJECTION SOLUTION 1 MG/0.5 ML	2	

Drug Name	Drug Tier	Requirements / Limits
phytonadione (vitamin k1) injection solution 10 mg/ml	1B	
PHYTONADIONE (VITAMIN K1) INJECTION SYRINGE 1 MG/0.5 ML	2	
phytonadione (vitamin k1) oral tablet 5 mg	1B	QL
PLAVIX ORAL TABLET 75 MG	3	
PRADAXA ORAL PELLETS IN PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG	4	PA; LA
prasugrel oral tablet 10 mg, 5 mg	1A	
PRAXBIND INTRAVENOUS SOLUTION 2.5 GRAM/50 ML	3	
TAVALISSE ORAL TABLET 100 MG, 150 MG	4	PA; LA; QL
tirofiban-0.9% sodium chloride intravenous solution 12.5 mg/250 ml (50 mcg/ml)	1B	
TRANEXAMIC ACID IN NACL,ISO-OS INTRAVENOUS PIGGYBACK 1,000 MG/100 ML (10 MG/ML)	3	
tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)	1B	
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1A	
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
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	4	LA
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	4	LA

Drug Name	Drug Tier	Requirements / Limits
YOSPRALA ORAL TABLET,IR,DELAYED REL,BIPHASIC 325-40 MG, 81-40 MG	3	PA
ZONTIVITY ORAL TABLET 2.08 MG	3	
LIPID/CHOLESTEROL LOWERING AGENTS		
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	1A	QL
ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	3	ST; QL
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1A	QL
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	3	ST; QL
cholestyramine (with sugar) oral powder 4 gram	1A	
cholestyramine (with sugar) oral powder in packet 4 gram	1A	
cholestyramine light oral powder 4 gram	1A	
cholestyramine light oral powder in packet 4 gram	1A	
colesevelam oral powder in packet 3.75 gram	1A	
colesevelam oral tablet 625 mg	1A	
COLESTID FLAVORED ORAL PACKET 7.5 GRAM	3	ST
COLESTID ORAL GRANULES 5 GRAM	3	ST
COLESTID ORAL PACKET 5 GRAM	3	ST
COLESTID ORAL TABLET 1 GRAM	3	ST
colestipol oral granules 5 gram	1A	
colestipol oral packet 5 gram	1A	
colestipol oral tablet 1 gram	1A	
ezetimibe oral tablet 10 mg	1A	
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	1A	ST; QL
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1A	

Drug Name	Drug Tier	Requirements / Limits
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	1A	
fenofibrate oral tablet 160 mg, 54 mg	1A	
fenofibrate oral tablet 40 mg	1A	ST
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg	1A	
fenofibric acid oral tablet 105 mg, 35 mg	1A	
FENOGLIDE ORAL TABLET 120 MG, 40 MG	3	ST
FIBRICOR ORAL TABLET 105 MG, 35 MG	3	ST
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML)	3	ST; QL
fluvastatin oral capsule 20 mg, 40 mg	1A	QL
fluvastatin oral tablet extended release 24 hr 80 mg	1A	QL
gemfibrozil oral tablet 600 mg	1A	
icosapent ethyl oral capsule 0.5 gram, 1 gram	1A	PA
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR 80 MG	3	ST; QL
LIPOFEN ORAL CAPSULE 150 MG, 50 MG	3	ST
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	2	ST; QL
LOPID ORAL TABLET 600 MG	3	
lovastatin oral tablet 10 mg, 20 mg, 40 mg	1A	QL
LOVAZA ORAL CAPSULE 1 GRAM	3	PA
NEXLETOL ORAL TABLET 180 MG	2	PA
NEXLIZET ORAL TABLET 180-10 MG	2	PA
niacin oral tablet 500 mg	1A	
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	1A	
NIACOR ORAL TABLET 500 MG	3	
omega-3 acid ethyl esters oral capsule 1 gram	1B	PA
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1A	QL
prevalite oral powder 4 gram	1A	
prevalite oral powder in packet 4 gram	1A	
QUESTRAN LIGHT ORAL POWDER 4 GRAM	3	ST
QUESTRAN ORAL POWDER 4 GRAM	3	ST
QUESTRAN ORAL POWDER IN PACKET 4 GRAM	3	ST
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
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1A	QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	1A	QL
TRICOR ORAL TABLET 145 MG, 48 MG	3	ST
TRILIPIX ORAL CAPSULE,DELAYED RELEASE(DR/EC) 135 MG, 45 MG	3	ST
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	2	PA
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	3	ST; QL
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ASPRUZYO SPRINKLE ORAL EXTEND RELEASE GRANULES,PACKET 1,000 MG, 500 MG	3	
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
FILSPARI ORAL TABLET 200 MG, 400 MG	4	PA; LA; QL
GIAPREZA INTRAVENOUS SOLUTION 0.5 MG/ML, 2.5 MG/ML	3	
isoproterenol hcl injection solution 0.2 mg/ml	1B	

Drug Name	Drug Tier	Requirements / Limits
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR 1,000 MG, 500 MG	3	
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg	1B	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	2	PA; QL
NITRATES		
GONITRO SUBLINGUAL POWDER IN PACKET 400 MCG	3	
ISORDIL ORAL TABLET 40 MG	3	
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg	1B	
isosorbide mononitrate oral tablet 10 mg, 20 mg	1B	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	1B	
nitro-bid transdermal ointment 2 %	1B	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR	3	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	1B	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1B	
nitroglycerin translingual spray,non-aerosol 400 mcg/spray	1B	
NITROLINGUAL TRANSLINGUAL SPRAY,NON-AEROSOL 400 MCG/SPRAY	3	
NITROMIST TRANSLINGUAL AEROSOL,SPRAY 400 MCG/SPRAY	3	
NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG	3	
nitro-time oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg	1B	
DERMATOLOGICALS/TOPICAL THERAPY		

Drug Name	Drug Tier	Requirements / Limits
ANTIPSORIATIC / ANTISEBORRHEIC		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	1B	
calcipotriene scalp solution 0.005 %	1B	QL
calcipotriene topical cream 0.005 %	1B	QL
CALCIPOTRIENE TOPICAL FOAM 0.005 %	3	ST; QL
calcipotriene topical ointment 0.005 %	1B	QL
calcipotriene-betamethasone topical ointment 0.005-0.064 %	1B	ST; QL
calcipotriene-betamethasone topical suspension 0.005-0.064 %	1B	QL
calcitriol topical ointment 3 mcg/gram	1B	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; LA; QL
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; LA; QL
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; LA; QL
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	4	PA; LA; QL
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML)	4	PA; LA
ENSTILAR TOPICAL FOAM 0.005-0.064 %	2	ST; QL
EPIFOAM TOPICAL FOAM 1-1 %	3	ST
hydrocortisone-pramoxine topical cream 2.5-1 %	1B	ST
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; LA; QL
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 %	3	
OVACE PLUS TOPICAL CLEANSER 10 %	3	
OVACE PLUS TOPICAL CREAM 10 %	3	
OVACE PLUS TOPICAL LOTION 9.8 %	3	
OVACE PLUS WASH TOPICAL CLEANSER, GEL 10 %	3	

Drug Name	Drug Tier	Requirements / Limits
OVACE TOPICAL CLEANSER 10 %	3	
PLEXION NS TOPICAL SHAMPOO 9.8 %	3	
PRAMOSONE TOPICAL CREAM 1-1 %, 2.5-1 %	3	ST
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %	3	ST
PRAMOSONE TOPICAL OINTMENT 1-1 %, 2.5-1 %	3	ST
selenium sulfide topical lotion 2.5 %	1B	
selenium sulfide topical shampoo 2.25 %, 2.3 %	1B	
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	4	PA; LA; QL
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; LA; QL
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; LA; QL
SOTYKTU ORAL TABLET 6 MG	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
sulfacetamide sodium topical cleanser 10 %	1B	
sulfacetamide sodium topical cleanser, gel 10 %	1B	
sulfacetamide sodium topical shampoo 10 %, 9.8 %	1B	
TACLONEX TOPICAL OINTMENT 0.005-0.064 %	3	ST; QL
TACLONEX TOPICAL SUSPENSION 0.005-0.064 %	3	QL
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

Drug Name	Drug Tier	Requirements / Limits
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	4	PA; LA; QL
TERSI FOAM TOPICAL FOAM 2.25 %	3	
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	4	PA; LA; QL
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; LA; QL
VECTICAL TOPICAL OINTMENT 3 MCG/GRAM	3	
WYNZORA TOPICAL CREAM 0.005-0.064 %	3	ST; QL
BURN THERAPY		
SILVADENE TOPICAL CREAM 1 %	3	
silver sulfadiazine topical cream 1 %	1B	
ssd topical cream 1 %	1B	
MISCELLANEOUS DERMATOLOGICALS		
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; LA; QL
AMELUZ TOPICAL GEL 10 %	3	
ammonium lactate topical cream 12 %	1B	
ammonium lactate topical lotion 12 %	1B	
CANTHARIDIN IN ACETONE TOPICAL SOLUTION 0.7 %	3	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	4	PA; LA; QL
CONDYLOX TOPICAL GEL 0.5 %	3	ST; QL
CORTANE-B TOPICAL LOTION 1-1-0.1 %	3	
diclofenac sodium topical gel 3 %	1B	PA; QL
doxepin topical cream 5 %	1B	QL
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 %	3	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	4	PA; LA; QL
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	4	PA; LA; QL
EFUDEX TOPICAL CREAM 5 %	3	ST
ELIDEL TOPICAL CREAM 1 %	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
EUCRISA TOPICAL OINTMENT 2 %	3	ST; QL
FLUOROPLEX TOPICAL CREAM 1 %	3	
fluorouracil topical cream 5 %	1B	
fluorouracil topical solution 2 %, 5 %	1B	
HYFTOR TOPICAL GEL 0.2 %	4	PA; LA
iodine-sodium iodide topical tincture 2 %	1B	
IODOFLEX TOPICAL PADS, MEDICATED 0.9 %	3	
IODOSORB TOPICAL GEL 0.9 %	3	
LEVULAN TOPICAL SOLUTION 20 %	3	
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg	1B	
methyl salicylate oil	1B	
methyl salicylate topical liquid	1B	
OPZELURA TOPICAL CREAM 1.5 %	3	PA; QL
PANRETIN TOPICAL GEL 0.1 %	3	PA
pimecrolimus topical cream 1 %	1B	ST; QL
podofilox topical solution 0.5 %	1B	
PROTOPIC TOPICAL OINTMENT 0.1 %	3	ST; QL
prudoxin topical cream 5 %	1B	QL
QBREXZA TOPICAL TOWELETTE 2.4 %	3	PA
REGRANEX TOPICAL GEL 0.01 %	2	QL
tacrolimus topical ointment 0.03 %, 0.1 %	1B	ST; QL
TOLAK TOPICAL CREAM 4 %	3	
VALCHLOR TOPICAL GEL 0.016 %	4	LA
VEREGEN TOPICAL OINTMENT 15 %	3	PA; QL
wintergreen oil oil	1B	
ZONALON TOPICAL CREAM 5 %	3	QL
THERAPY FOR ACNE		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG	3	ST
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG	3	ST

Drug Name	Drug Tier	Requirements / Limits
accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1B	
ACZONE TOPICAL GEL 5 %	3	ST
ACZONE TOPICAL GEL WITH PUMP 7.5 %	3	ST
adapalene topical cream 0.1 %	1B	PA
adapalene topical gel 0.3 %	1B	PA
adapalene topical gel with pump 0.3 %	1B	PA
ADAPALENE TOPICAL LOTION 0.1 %	3	PA
adapalene topical solution 0.1 %	1B	PA
adapalene topical swab 0.1 %	1B	PA
adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %, 0.3-2.5 %	1B	PA
AKLIEF TOPICAL CREAM 0.005 %	3	PA
ALTRENO TOPICAL LOTION 0.05 %	3	PA
amnesteem oral capsule 10 mg, 20 mg, 40 mg	1B	
AMZEEQ TOPICAL FOAM 4 %	3	ST
ARAZLO TOPICAL LOTION 0.045 %	3	PA
ATRALIN TOPICAL GEL 0.05 %	3	PA
AVAR LS TOPICAL CLEANSER 10-2 %	3	ST
avar topical cleanser 10-5 % (w/w)	1B	
AVAR-E GREEN TOPICAL CREAM 10-5 % (W/W)	3	ST
AVAR-E LS TOPICAL CREAM 10-2 %	3	ST
avita topical cream 0.025 %	1B	PA
azelaic acid topical gel 15 %	1B	
AZELEX TOPICAL CREAM 20 %	3	ST
BENZAMYCIN TOPICAL GEL 3-5 %	3	ST
BENZEPRO (MICROSPHERES) TOPICAL CLEANSER 7 %	3	ST
benzoyl peroxide topical cleanser 7 %	1B	
benzoyl peroxide topical foam 9.8 %	1B	
brimonidine topical gel with pump 0.33 %	1B	PA
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1B	
CLEOCIN T TOPICAL LOTION 1 %	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
CLINDACIN ETZ TOPICAL KIT 1 %	3	ST
clindacin etz topical swab 1 %	1B	
clindacin p topical swab 1 %	1B	
CLINDACIN PAC TOPICAL KIT 1 %	3	ST
clindacin topical foam 1 %	1B	QL
CLINDAGEL TOPICAL GEL, ONCE DAILY 1 %	3	ST; QL
clindamycin phosphate topical foam 1 %	1B	QL
clindamycin phosphate topical gel 1 %	1B	ST; QL
clindamycin phosphate topical gel, once daily 1 %	1B	ST; QL
clindamycin phosphate topical lotion 1 %	1B	QL
clindamycin phosphate topical solution 1 %	1B	QL
clindamycin phosphate topical swab 1 %	1B	
clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %	1B	
clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2 %(1 % base) - 3.75 %, 1.2-2.5 %	1B	
clindamycin-tretinoin topical gel 1.2-0.025 %	1B	PA
dapsone topical gel 5 %	1B	
dapsone topical gel with pump 7.5 %	1B	
DIFFERIN TOPICAL CREAM 0.1 %	3	PA
DIFFERIN TOPICAL GEL WITH PUMP 0.3 %	3	PA
DIFFERIN TOPICAL LOTION 0.1 %	3	PA
EPIDUO FORTE TOPICAL GEL WITH PUMP 0.3-2.5 %	3	PA
ery pads topical swab 2 %	1B	
erygel topical gel 2 %	1B	
erythromycin with ethanol topical gel 2 %	1B	
erythromycin with ethanol topical solution 2 %	1B	
erythromycin-benzoyl peroxide topical gel 3-5 %	1B	
EVOCLIN TOPICAL FOAM 1 %	3	ST; QL
FABIOR TOPICAL FOAM 0.1 %	3	PA

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

Drug Name	Drug Tier	Requirements / Limits
RETIN-A TOPICAL GEL 0.01 %, 0.025 %	3	PA
RHOFADE TOPICAL CREAM 1 %	3	PA
rosadan topical cream 0.75 %	1B	
rosadan topical gel 0.75 %	1B	
ROSADAN TOPICAL KIT, CLEANSER AND GEL 0.75 %	3	ST
ROSADAN TOPICAL KIT,CLEANSER AND CREAM 0.75 %	3	ST
rosula cleansing cloths topical pads, medicated 10-5 %	1B	
ROSULA TOPICAL CLEANSER 10-4.5 %	3	ST
SOOLANTRA TOPICAL CREAM 1 %	3	ST; QL
sss 10-5 topical cream 10-5 % (w/w)	1B	
sss 10-5 topical foam 10-5 %	1B	
sulfacetamide sodium-sulfur topical cleanser 10-2 %, 10-5 % (w/w), 9-4 %, 9-4.5 %, 9.8-4.8 %	1B	
sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w), 9.8-4.8 %	1B	
sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %	1B	
sulfacetamide sodium-sulfur topical pads, medicated 10-4 %	1B	
sulfacetamide sodium-sulfur topical suspension 10-5 %	1B	
SUMADAN TOPICAL CLEANSER 9-4.5 %	3	ST
SUMADAN TOPICAL KIT 9-4.5 %	3	ST
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % -SPF 25	3	ST
SUMAXIN CP TOPICAL KIT 10-4 %	3	ST
SUMAXIN TOPICAL CLEANSER 9-4 %	3	ST
SUMAXIN TOPICAL PADS, MEDICATED 10-4 %	3	ST

Drug Name	Drug Tier	Requirements / Limits
tazarotene topical cream 0.1 %	1B	PA
TAZAROTENE TOPICAL FOAM 0.1 %	3	PA
tazarotene topical gel 0.05 %, 0.1 %	1B	PA
TAZORAC TOPICAL CREAM 0.05 %, 0.1 %	3	PA
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	3	PA
tretinoin microspheres topical gel 0.04 %, 0.1 %	1B	PA
tretinoin microspheres topical gel with pump 0.04 %, 0.08 %, 0.1 %	1B	PA
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	1B	PA
tretinoin topical gel 0.01 %, 0.025 %, 0.05 %	1B	PA
WINLEVI TOPICAL CREAM 1 %	3	PA
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1B	
ZIANA TOPICAL GEL 1.2-0.025 %	3	PA
TOPICAL ANESTHETICS		
bupivacaine (pf) injection solution 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml), 0.75 % (7.5 mg/ml)	1B	
bupivacaine-epinephrine (pf) injection solution 0.25 %-1:200,000, 0.5 %-1:200,000	1B	
chloroprocaine (pf) injection solution 20 mg/ml (2 %)	1B	
dermacinrx lidocan topical adhesive patch,medicated 5 %	1B	ST
EXPAREL (PF) LOCAL INFILTRATION SUSPENSION 1.3 % (13.3 MG/ML)	3	
GOPRELTO NASAL SOLUTION 4 %	3	
lidocaine hcl laryngotracheal solution 4 %	1B	
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	1B	
lidocaine hcl-hydrocortison ac topical cream 3-0.5 %	1B	
lidocaine topical adhesive patch,medicated 5 %	1B	PA
lidocaine topical ointment 5 %	1B	QL
lidocaine viscous mucous membrane solution 2 %	1B	
lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000	1B	

Drug Name	Drug Tier	Requirements / Limits
lidocaine-prilocaine topical cream 2.5-2.5 %	1B	QL
lidocaine-prilocaine topical kit 2.5-2.5 %	1B	
lidocort topical cream 3-0.5 %	1B	
NUMBRINO NASAL SOLUTION 4 %	3	
polocaine-mpf injection solution 10 mg/ml (1 %), 20 mg/ml (2 %)	1B	
ropivacaine (pf) injection solution 10 mg/ml (1 %), 2 mg/ml (0.2 %), 5 mg/ml (0.5 %), 7.5 mg/ml (0.75 %)	1B	
XARACOLL IMPLANT IMPLANT 100 MG	3	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 1 %-1:200,000, 2 %-1:200,000	3	
TOPICAL ANTIBACTERIALS		
ALTABAX TOPICAL OINTMENT 1 %	3	ST; QL
CENTANY AT TOPICAL OINTMENT KIT 2 %	3	ST; QL
CENTANY TOPICAL OINTMENT 2 %	3	ST; QL
gentamicin topical cream 0.1 %	1B	QL
gentamicin topical ointment 0.1 %	1B	QL
KLARON TOPICAL SUSPENSION 10 %	3	ST
lugols topical solution 5-10 %	1B	
mafenide acetate topical packet 50 gram	1B	
mupirocin calcium topical cream 2 %	1B	ST; QL
mupirocin topical ointment 2 %	1B	QL
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	3	
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	3	
strong iodine topical solution 5-10 %	1B	
sulfacetamide sodium (acne) topical suspension 10 %	1B	
SULFAMYLON TOPICAL CREAM 85 MG/G	2	
XEPI TOPICAL CREAM 1 %	3	ST; QL
TOPICAL ANTIFUNGALS		
CICLODAN KIT TOPICAL COMBO PACK 0.77 %	3	

Drug Name	Drug Tier	Requirements / Limits
ciclodan topical cream 0.77 %	1B	QL
ciclopirox topical cream 0.77 %	1B	QL
ciclopirox topical gel 0.77 %	1B	QL
ciclopirox topical shampoo 1 %	1B	QL
ciclopirox topical suspension 0.77 %	1B	QL
clotrimazole topical cream 1 %	1B	QL
clotrimazole topical solution 1 %	1B	QL
clotrimazole-betamethasone topical cream 1-0.05 %	1B	QL
clotrimazole-betamethasone topical lotion 1-0.05 %	1B	QL
econazole topical cream 1 %	1B	QL
ECOZA TOPICAL FOAM 1 %	3	QL
ERTACZO TOPICAL CREAM 2 %	3	QL
EXELDERM TOPICAL CREAM 1 %	3	QL
EXELDERM TOPICAL SOLUTION 1 %	3	QL
EXTINA TOPICAL FOAM 2 %	3	QL
ketoconazole topical cream 2 %	1B	QL
ketoconazole topical foam 2 %	1B	QL
ketoconazole topical shampoo 2 %	1B	QL
ketodan kit topical combo pack 2 %	1B	
ketodan topical foam 2 %	1B	QL
LOPROX (AS OLAMINE) TOPICAL CREAM 0.77 %	3	QL
LOPROX (AS OLAMINE) TOPICAL SUSPENSION 0.77 %	3	QL
LOPROX KIT TOPICAL COMBO PACK 0.77 %	3	QL
LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER 0.77 %	3	QL
LULICONAZOLE TOPICAL CREAM 1 %	3	PA; QL
LUZU TOPICAL CREAM 1 %	3	PA; QL
MENTAX TOPICAL CREAM 1 %	3	QL
MICONAZOLE NITRATE-ZINC OX-PET TOPICAL OINTMENT 0.25-15-81.35 %	3	QL
naftifine topical cream 1 %, 2 %	1B	QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated December 1, 2023

Drug Name	Drug Tier	Requirements / Limits
naftifine topical gel 2 %	1B	QL
NAFTIN TOPICAL GEL 1 %, 2 %	3	QL
nyamyc topical powder 100,000 unit/gram	1B	QL
nystatin topical cream 100,000 unit/gram	1B	QL
nystatin topical ointment 100,000 unit/gram	1B	QL
nystatin topical powder 100,000 unit/gram	1B	QL
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%	1B	QL
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%	1B	QL
nystop topical powder 100,000 unit/gram	1B	QL
oxiconazole topical cream 1 %	1B	QL
OXISTAT TOPICAL LOTION 1 %	3	QL
SULCONAZOLE TOPICAL CREAM 1 %	3	QL
SULCONAZOLE TOPICAL SOLUTION 1 %	3	QL
VUSION TOPICAL OINTMENT 0.25-15-81.35 %	3	QL
XOLEGEL TOPICAL GEL 2 %	3	QL
TOPICAL ANTIVIRALS		
acyclovir topical cream 5 %	1B	PA; QL
acyclovir topical ointment 5 %	1B	PA; QL
DENAVIR TOPICAL CREAM 1 %	3	
penciclovir topical cream 1 %	1B	
XERESE TOPICAL CREAM 5-1 %	3	
ZOVIRAX TOPICAL CREAM 5 %	3	PA; QL
TOPICAL CORTICOSTEROIDS		
ala-cort topical cream 1 %	1B	
ALA-SCALP TOPICAL LOTION 2 %	3	ST
alclometasone topical cream 0.05 %	1B	
alclometasone topical ointment 0.05 %	1B	
amcinonide topical ointment 0.1 %	1B	ST
beser topical lotion 0.05 %	1B	ST

Drug Name	Drug Tier	Requirements / Limits
betamethasone dipropionate topical cream 0.05 %	1B	
betamethasone dipropionate topical lotion 0.05 %	1B	
betamethasone dipropionate topical ointment 0.05 %	1B	
betamethasone valerate topical cream 0.1 %	1B	
betamethasone valerate topical foam 0.12 %	1B	ST
betamethasone valerate topical lotion 0.1 %	1B	
betamethasone valerate topical ointment 0.1 %	1B	
betamethasone, augmented topical cream 0.05 %	1B	
betamethasone, augmented topical gel 0.05 %	1B	
betamethasone, augmented topical lotion 0.05 %	1B	
betamethasone, augmented topical ointment 0.05 %	1B	
CAPEX TOPICAL SHAMPOO 0.01 %	3	ST
clobetasol scalp solution 0.05 %	1B	QL
clobetasol topical cream 0.05 %	1B	QL
clobetasol topical foam 0.05 %	1B	ST; QL
clobetasol topical gel 0.05 %	1B	QL
clobetasol topical lotion 0.05 %	1B	ST; QL
clobetasol topical ointment 0.05 %	1B	QL
clobetasol topical shampoo 0.05 %	1B	ST; QL
clobetasol topical spray,non-aerosol 0.05 %	1B	ST; QL
clobetasol-emollient topical cream 0.05 %	1B	QL
clobetasol-emollient topical foam 0.05 %	1B	ST; QL
CLOBEX TOPICAL SHAMPOO 0.05 %	3	ST; QL
CLOBEX TOPICAL SPRAY,NON-AEROSOL 0.05 %	3	ST; QL
clocortolone pivalate topical cream 0.1 %	1B	
CLODAN KIT TOPICAL KIT,SHAMPOO AND CLEANSER 0.05 %	3	ST; QL
clodan topical shampoo 0.05 %	1B	ST; QL
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2	3	ST
CORDRAN TOPICAL CREAM 0.025 %, 0.05 %	3	ST; QL

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

Drug Name	Drug Tier	Requirements / Limits
fluticasone propionate topical cream 0.05 %	1B	
fluticasone propionate topical lotion 0.05 %	1B	ST
fluticasone propionate topical ointment 0.005 %	1B	
halcinonide topical cream 0.1 %	1B	ST
halobetasol propionate topical cream 0.05 %	1B	
HALOBETASOL PROPIONATE TOPICAL FOAM 0.05 %	3	ST
halobetasol propionate topical ointment 0.05 %	1B	
hydrocortisone butyrate topical cream 0.1 %	1B	QL
hydrocortisone butyrate topical lotion 0.1 %	1B	ST; QL
hydrocortisone butyrate topical ointment 0.1 %	1B	ST; QL
hydrocortisone butyrate topical solution 0.1 %	1B	ST; QL
hydrocortisone butyr-emollient topical cream 0.1 %	1B	QL
hydrocortisone topical cream 1 %, 2.5 %	1B	
hydrocortisone topical lotion 2.5 %	1B	
hydrocortisone topical ointment 1 %, 2.5 %	1B	
hydrocortisone valerate topical cream 0.2 %	1B	
hydrocortisone valerate topical ointment 0.2 %	1B	
IMPOYZ TOPICAL CREAM 0.025 %	3	ST; QL
KENALOG TOPICAL AEROSOL 0.147 MG/GRAM	3	ST; QL
LUXIQ TOPICAL FOAM 0.12 %	3	ST
mometasone topical cream 0.1 %	1B	
mometasone topical ointment 0.1 %	1B	
mometasone topical solution 0.1 %	1B	
NUCORT TOPICAL LOTION 2 %	3	ST
OLUX TOPICAL FOAM 0.05 %	3	ST; QL
OLUX-E TOPICAL FOAM 0.05 %	3	ST; QL
PANDEL TOPICAL CREAM 0.1 %	3	ST
prednicarbate topical cream 0.1 %	1B	
prednicarbate topical ointment 0.1 %	1B	

Drug Name	Drug Tier	Requirements / Limits
PROCTOCORT TOPICAL CREAM 1 %	3	ST
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %	3	ST
scalacort topical lotion 2 %	1B	
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %	3	ST
SYNALAR CREAM KIT TOPICAL CREAM 0.025 %	3	ST
SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM 0.025 %	3	ST
SYNALAR TOPICAL CREAM 0.025 %	3	ST
SYNALAR TOPICAL OINTMENT 0.025 %	3	ST
SYNALAR TOPICAL SOLUTION 0.01 %	3	ST
SYNALAR TS TOPICAL KIT 0.01 %	3	ST
TEMOVATE TOPICAL OINTMENT 0.05 %	3	ST; QL
TEXACORT TOPICAL SOLUTION 2.5 %	3	ST
tovet emollient topical foam 0.05 %	1B	ST; QL
triamcinolone acetonide topical aerosol 0.147 mg/gram	1B	ST; QL
triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %	1B	
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	1B	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	1B	
triamcinolone acetonide topical ointment 0.05 %	1B	ST
triderm topical cream 0.1 %	1B	
triderm topical cream 0.5 %	1B	ST
TOPICAL ENZYMES		
NEXOBRID TOPICAL GEL 8.8 %	3	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	2	QL
TOPICAL SCABICIDES / PEDICULICIDES		
crotan topical lotion 10 %	1B	
ELIMITE TOPICAL CREAM 5 %	3	

Drug Name	Drug Tier	Requirements / Limits
EURAX TOPICAL CREAM 10 %	3	
EURAX TOPICAL LOTION 10 %	3	
lindane topical shampoo 1 %	1B	
malathion topical lotion 0.5 %	1B	
NATROBA TOPICAL SUSPENSION 0.9 %	3	
OVIDE TOPICAL LOTION 0.5 %	3	
permethrin topical cream 5 %	1B	
spinosad topical suspension 0.9 %	1B	
ULESFIA TOPICAL LOTION 5 %	3	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
ANTIDOTES		
PROVAYBLUE INTRAVENOUS SOLUTION 5 MG/ML	3	
IRRIGATING SOLUTIONS		
lactated ringers irrigation solution	1B	
neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml	1B	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L	3	
ringer's irrigation solution	1B	
SORBITOL IRRIGATION SOLUTION 3 %	3	
SORBITOL-MANNITOL TRANSURETHRAL SOLUTION 2.7-0.54 GRAM/100 ML	3	
tis-u-sol pentalyte irrigation irrigation solution 800-40-20-8.75- 6.25 mg/100 ml	1B	
MISCELLANEOUS AGENTS		
acamprosate oral tablet,delayed release (dr/ec) 333 mg	1B	
acetic acid irrigation solution 0.25 %	1B	
AGRYLIN ORAL CAPSULE 0.5 MG	3	
AMMONUL INTRAVENOUS SOLUTION 10-10 %	3	
AMPHADASE INJECTION SOLUTION 150 UNIT/ML	3	
anagrelide oral capsule 0.5 mg, 1 mg	1B	

Drug Name	Drug Tier	Requirements / Limits
BUPHENYL ORAL POWDER 0.94 GRAM/GRAM	4	PA; LA
BUPHENYL ORAL TABLET 500 MG	4	PA; LA
caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)	1B	
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	4	LA
carglumic acid oral tablet, dispersible 200 mg	4	LA
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML	3	
CARNITOR INTRAVENOUS SOLUTION 200 MG/ML	3	
CARNITOR ORAL SOLUTION 100 MG/ML	3	
CARNITOR ORAL TABLET 330 MG	3	
cevimeline oral capsule 30 mg	1B	
CHEMET ORAL CAPSULE 100 MG	2	
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	4	PA; LA
deferasirox oral tablet 180 mg, 360 mg, 90 mg	4	PA; LA
deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg	4	PA; LA
deferiprone oral tablet 1,000 mg, 500 mg	4	PA; LA
disulfiram oral tablet 250 mg, 500 mg	1B	
droxidopa oral capsule 100 mg, 200 mg, 300 mg	4	PA; LA
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	4	PA; LA
ENDARI ORAL POWDER IN PACKET 5 GRAM	4	PA; LA
EVOXAC ORAL CAPSULE 30 MG	3	
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG	4	PA; LA
EXSERVAN ORAL FILM 50 MG	4	PA; LA
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG	4	PA; LA
FERRIPROX ORAL SOLUTION 100 MG/ML	4	PA; LA
FERRIPROX ORAL TABLET 1,000 MG, 500 MG	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
FERRLECIT INTRAVENOUS SOLUTION 62.5 MG/5 ML	3	
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	4	PA; LA
HYLENEX INJECTION SOLUTION 150 UNIT/ML	3	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	4	PA; LA
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	PA; LA
JOENJA ORAL TABLET 70 MG	4	PA; LA; QL
KORSUVA INTRAVENOUS SOLUTION 50 MCG/ML	4	LA
levocarnitine (with sugar) oral solution 100 mg/ml	1B	
levocarnitine intravenous solution 200 mg/ml	1B	
levocarnitine oral solution 100 mg/ml	1B	
levocarnitine oral tablet 330 mg	1B	
LITHOSTAT ORAL TABLET 250 MG	3	
METOPIRONE ORAL CAPSULE 250 MG	3	
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	1B	
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	4	PA; LA
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	4	PA; LA
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM	4	PA; LA
OXBRYTA ORAL TABLET 300 MG, 500 MG	4	PA; LA; QL
OXBRYTA ORAL TABLET FOR SUSPENSION 300 MG	4	PA; LA; QL
PHEBURANE ORAL GRANULES 483 MG/GRAM	4	PA; LA
pilocarpine hcl oral tablet 5 mg	1B	
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	4	PA; LA; QL
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)-20 MG (7)	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
RADIOGARDASE ORAL CAPSULE 0.5 GRAM	3	
RECLAST INTRAVENOUS PIGGYBACK 5 MG/100 ML	4	LA
RILUTEK ORAL TABLET 50 MG	3	PA
riluzole oral tablet 50 mg	1B	
risedronate oral tablet 30 mg	1A	QL
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG	3	
sodium chlor 0.9% bacteriostat injection solution 0.9 %	1B	
sodium chloride 0.9 % injection solution	1B	
sodium chloride 0.9 % intravenous parenteral solution	1B	
sodium chloride 0.9 % intravenous piggyback	1B	
sodium chloride injection syringe 0.9 %	1B	
sodium chloride irrigation solution 0.9 %	1B	
sodium phenylbutyrate oral powder 0.94 gram/gram	1B	PA
sodium phenylbutyrate oral tablet 500 mg	1B	PA
SYPRINE ORAL CAPSULE 250 MG	3	PA
TAVNEOS ORAL CAPSULE 10 MG	4	PA; LA; QL
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	4	PA; LA
tiopronin oral tablet 100 mg	4	PA; LA
trientine oral capsule 250 mg	1B	PA
TRIENTINE ORAL CAPSULE 500 MG	3	PA
ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML	4	PA; LA
water for irrigation, sterile irrigation solution	1B	
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	4	PA; LA; QL
ZYNRELEF SURGICAL SITE INSTILLATION SOLUTION,EXTENDED RELEASE 200 MG-6 MG /7 ML, 400 MG-12 MG /14 ML	3	
SMOKING DETERRENTS		
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	5	ACA

Drug Name	Drug Tier	Requirements / Limits
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	5	ACA
CHANTIX ORAL TABLET 1 MG	5	ACA
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)-1 MG (42)	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
nicorette buccal gum 4 mg	5	ACA; OTC; QL
NICORETTE BUCCAL LOZENGE 2 MG, 4 MG	2	OTC; QL
NICORETTE BUCCAL MINI LOZENGE 2 MG, 4 MG	2	OTC; QL
nicotine (polacrilex) buccal gum 2 mg, 4 mg	5	ACA; OTC; QL
nicotine (polacrilex) buccal lozenge 2 mg, 4 mg	5	ACA; OTC; QL
nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg	5	ACA; OTC; QL
nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr	5	ACA; OTC; QL
nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr	5	ACA; OTC; QL
NICOTROL INHALATION CARTRIDGE 10 MG	5	ACA
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	5	ACA
quit 2 buccal gum 2 mg	5	ACA; OTC; QL
quit 2 buccal lozenge 2 mg	5	ACA; OTC; QL
quit 4 buccal gum 4 mg	5	ACA; OTC; QL
quit 4 buccal lozenge 4 mg	5	ACA; OTC; QL
stop smoking aid buccal lozenge 2 mg, 4 mg	5	ACA; OTC; QL
varenicline oral tablet 0.5 mg, 1 mg	5	ACA
varenicline oral tablets,dose pack 0.5 mg (11)- 1 mg (42)	5	ACA
EAR, NOSE & THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated December 1, 2023

Drug Name	Drug Tier	Requirements / Limits
azelastine nasal aerosol,spray 137 mcg (0.1 %)	1B	QL
azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)	1B	
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	1B	
CLINPRO 5000 DENTAL PASTE 1.1 %	3	
denta 5000 plus dental cream 1.1 %	1A	
dentagel dental gel 1.1 %	1A	
fluoride (sodium) dental cream 1.1 %	1A	
fluoride (sodium) dental gel 1.1 %	1A	
fluoride (sodium) dental paste 1.1 %	1A	
fluoride (sodium) dental solution 0.2 %	1A	
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 %	3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 %	3	
FLUORIMAX 5000 DENTAL PASTE 1.1 %	3	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 %	3	
GELX MUCOUS MEMBRANE GEL	3	
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)	1B	QL
JUST RIGHT 5000 DENTAL PASTE 1.1 %	3	
kourzeq dental paste 0.1 %	1B	
olopatadine nasal spray,non-aerosol 0.6 %	1B	QL
oralone dental paste 0.1 %	1B	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	3	
paroex oral rinse mucous membrane mouthwash 0.12 %	1B	
PATANASE NASAL SPRAY,NON-AEROSOL 0.6 %	3	QL
PERIDEX MUCOUS MEMBRANE MOUTHWASH 0.12 %	3	
periogard mucous membrane mouthwash 0.12 %	1B	

Drug Name	Drug Tier	Requirements / Limits
pilocarpine hcl oral tablet 7.5 mg	1B	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %	3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 %	3	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 %	3	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 %	3	
PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 %	3	
PREVIDENT DENTAL GEL 1.1 %	3	
PREVIDENT DENTAL SOLUTION 0.2 %	3	
SALAGEN (PILOCARPINE) ORAL TABLET 7.5 MG	3	
sf 5000 plus dental cream 1.1 %	1A	
sf dental gel 1.1 %	1A	
sodium fluoride 5000 plus dental cream 1.1 %	1A	
sodium fluoride-pot nitrate dental paste 1.1-5 %	1A	
triamcinolone acetonide dental paste 0.1 %	1B	
MISCELLANEOUS OTIC PREPARATIONS		
acetic acid otic (ear) solution 2 %	1B	
ciprofloxacin hcl otic (ear) dropperette 0.2 %	1B	
DERMOTIC OIL OTIC (EAR) DROPS 0.01 %	3	
flac otic oil otic (ear) drops 0.01 %	1B	
fluocinolone acetonide oil otic (ear) drops 0.01 %	1B	
hydrocortisone-acetic acid otic (ear) drops 1-2 %	1B	
ofloxacin otic (ear) drops 0.3 %	1B	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	3	ST
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 %	3	ST
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %	1B	

Drug Name	Drug Tier	Requirements / Limits
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML	3	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%	1B	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	1B	
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	3	ST
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR INJECTION GEL 80 UNIT/ML	4	PA; LA; QL
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG	3	PA
CELESTONE SOLUSPAN INJECTION SUSPENSION 6 MG/ML	3	
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG	3	
cortisone oral tablet 25 mg	1B	
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	4	PA; LA
CORTROSYN INJECTION RECON SOLN 0.25 MG	3	
cosyntropin injection recon soln 0.25 mg	1B	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML, 40 MG/ML, 80 MG/ML	3	
dexabliss oral tablets,dose pack 1.5 mg (39 tabs)	1B	PA
dexamethasone intensol oral drops 1 mg/ml	1B	
dexamethasone oral elixir 0.5 mg/5 ml	1B	
dexamethasone oral solution 0.5 mg/5 ml	1B	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1B	
dexamethasone oral tablets,dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs), 1.5 mg (51 tabs)	1B	PA
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	4	PA; LA
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
fludrocortisone oral tablet 0.1 mg	1B	
HEMADY ORAL TABLET 20 MG	3	PA
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	1B	
KENALOG INJECTION SUSPENSION 10 MG/ML, 40 MG/ML	3	
KENALOG-80 INJECTION SUSPENSION 80 MG/ML	3	
MEDROL (PAK) ORAL TABLETS,DOSE PACK 4 MG	3	
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG	3	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1B	
methylprednisolone oral tablets,dose pack 4 mg	1B	
millipred dp oral tablets,dose pack 5 mg (21 tabs), 5 mg (48 tabs)	1B	
millipred oral tablet 5 mg	1B	
ORAPRED ODT ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 30 MG	3	
prednisolone oral solution 15 mg/5 ml	1B	
prednisolone oral tablet 5 mg	1B	
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)	1B	
prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg	1B	
prednisone intensol oral concentrate 5 mg/ml	1B	
prednisone oral solution 5 mg/5 ml	1B	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1B	
prednisone oral tablets,dose pack 10 mg, 5 mg	1B	
RAYOS ORAL TABLET,DELAYED RELEASE (DR/EC) 1 MG, 2 MG, 5 MG	3	PA
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (21 TABS), 1.5 MG (27 TABS), 1.5 MG (49 TABS)	3	PA

Drug Name	Drug Tier	Requirements / Limits
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4 MG	4	PA; LA; QL
triamcinolone acetonide injection suspension 10 mg/ml, 40 mg/ml	1B	
ZCORT ORAL TABLETS,DOSE PACK 1.5 MG (25 TABS)	3	PA
ANTITHYROID AGENTS		
methimazole oral tablet 10 mg, 5 mg	1B	
potassium iodide oral solution 1 gram/ml	1B	
propylthiouracil oral tablet 50 mg	1B	
SSKI ORAL SOLUTION 1 GRAM/ML	3	
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
EUA PATIENT ASSESSMENT	5	ACA
GLUCAGEN DIAGNOSTIC KIT INJECTION RECON SOLN 1 MG/ML	2	
GLUCAGON HCL INJECTION RECON SOLN 1 MG/ML	3	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	3	
GLUCOSE ELEVATING AGENTS		
diazoxide oral suspension 50 mg/ml	1B	
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	3	QL
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	3	QL
glucagon emergency kit (human) injection recon soln 1 mg	1B	QL
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	QL
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

Drug Name	Drug Tier	Requirements / Limits
PROGLYCEM ORAL SUSPENSION 50 MG/ML	3	
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	3	QL
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	3	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
ECLIPSE NEEDLE NEEDLE 27 GAUGE X 1/2"	3	
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN	3	PA
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN	3	PA
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE	2	QL
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
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	3	ST; OTC
INSULIN THERAPY		
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	3	
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	

Drug Name	Drug Tier	Requirements / Limits
BASAGLAR TEMPO PEN(U-100)INSLN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	2	
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 TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	2	ST
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
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	

Drug Name	Drug Tier	Requirements / Limits
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	2	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	2	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	2	
INSULIN DEGLUDEC SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML), 200 UNIT/ML (3 ML)	3	
INSULIN DEGLUDEC SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
INSULIN GLARGINE SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
INSULIN GLARGINE SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
LEVEMIR FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
LEVEMIR FLEXTOUCH U100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	

Drug Name	Drug Tier	Requirements / Limits
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 TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	2	ST
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
MYXREDLIN INTRAVENOUS SOLUTION 100 UNIT/100 ML (1 UNIT/ML)	3	
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
RELION NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	
RELION NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	
RELION NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	3	
REZVOGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	2	QL
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	2	

Drug Name	Drug Tier	Requirements / Limits
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	2	
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	2	QL
MISCELLANEOUS HORMONES		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	2	PA; QL
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	3	PA; QL
ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (25 MG/2.5GRAM), 1 % (50 MG/5 GRAM), 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM)	3	PA; QL
cabergoline oral tablet 0.5 mg	1B	QL
calcitonin (salmon) injection solution 200 unit/ml	1B	
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	1B	
calcitriol intravenous solution 1 mcg/ml	1B	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	1B	
calcitriol oral solution 1 mcg/ml	1B	
CERDELGA ORAL CAPSULE 84 MG	4	PA; LA; QL
cinacalcet oral tablet 30 mg, 60 mg, 90 mg	1B	PA
danazol oral capsule 100 mg, 200 mg, 50 mg	1B	PA
DDAVP ORAL TABLET 0.1 MG, 0.2 MG	3	

Drug Name	Drug Tier	Requirements / Limits
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML, 200 MG/ML	3	PA
desmopressin injection solution 4 mcg/ml	4	LA
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	1B	ST
DESMOPRESSIN NASAL SPRAY,NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	2	
desmopressin oral tablet 0.1 mg, 0.2 mg	1B	
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	1B	
FORTESTA TRANSDERMAL GEL IN METERED-DOSE PUMP 10 MG/0.5 GRAM /ACTUATION	3	PA; QL
HECTOROL INTRAVENOUS SOLUTION 4 MCG/2 ML	3	
ISTURISA ORAL TABLET 1 MG, 10 MG, 5 MG	4	PA; LA; QL
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG	3	PA; QL
javygtor oral powder in packet 100 mg, 500 mg	4	PA; LA
javygtor oral tablet,soluble 100 mg	4	PA; LA
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	4	PA; LA
KUVAN ORAL TABLET,SOLUBLE 100 MG	4	PA; LA
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG	3	PA; QL
METHITEST ORAL TABLET 10 MG	2	PA
methyltestosterone oral capsule 10 mg	1B	PA
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	3	
miglustat oral capsule 100 mg	4	PA; LA; QL
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	4	PA; LA
NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION	2	PA; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated December 1, 2023

Drug Name	Drug Tier	Requirements / Limits
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG	3	ST; QL
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG	3	ST; QL
NOCTIVA NASAL SPRAY,NON-AEROSOL 0.83 MCG/SPRAY (0.1 ML), 1.66 MCG/SPRAY (0.1 ML)	3	QL
ORILISSA ORAL TABLET 150 MG, 200 MG	2	PA; QL
PARICALCITOL HEMODIALYSIS PORT INJECTION SOLUTION 2 MCG/ML, 5 MCG/ML	3	
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	1B	
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	3	
RECORLEV ORAL TABLET 150 MG	4	PA; LA
ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG	3	
ROCALTROL ORAL SOLUTION 1 MCG/ML	3	
SAMSCA ORAL TABLET 15 MG, 30 MG	4	PA; LA; QL
sapropterin oral powder in packet 100 mg, 500 mg	4	PA; LA
sapropterin oral tablet,soluble 100 mg	4	PA; LA
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG	3	PA
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	2	PA
TESTIM TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	3	PA; QL
TESTOPEL IMPLANT PELLET 75 MG	4	PA; LA
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	1B	PA
testosterone enanthate intramuscular oil 200 mg/ml	1B	PA

Drug Name	Drug Tier	Requirements / Limits
TESTOSTERONE IMPLANT PELLET 100 MG, 200 MG, 50 MG	3	PA
testosterone transdermal gel 50 mg/5 gram (1 %)	1B	PA; QL
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 %)	1B	PA; QL
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)	1B	PA; QL
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)	1B	PA; QL
TLANDO ORAL CAPSULE 112.5 MG	3	PA; QL
tolvaptan oral tablet 15 mg, 30 mg	4	PA; LA; QL
VAPRISOL IN 5 % DEXTROSE INTRAVENOUS SOLUTION 20 MG/100 ML	3	
VASOPRESSIN IN 0.9 % SOD CHLOR INTRAVENOUS SYRINGE 2 UNIT/2 ML (1 UNIT/ML)	3	
VASOPRESSIN IN DEXTROSE 5 % INTRAVENOUS SOLUTION 20 UNIT/100 ML (0.2 UNIT/ML)	3	
vasopressin intravenous solution 20 unit/ml	1B	
VOGELXO TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	3	PA; QL
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %)	3	PA; QL
VOGELXO TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	3	PA; QL
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG	4	PA; LA
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	3	PA; QL
ZAVESCA ORAL CAPSULE 100 MG	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
ZEMPLAR INTRAVENOUS SOLUTION 2 MCG/ML, 5 MCG/ML	3	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	
NON-INSULIN HYPOGLYCEMIC AGENTS		
acarbose oral tablet 100 mg, 25 mg, 50 mg	1A	
ACTOPLUS MET ORAL TABLET 15-850 MG	3	QL
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG	3	QL
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	QL
AMARYL ORAL TABLET 2 MG, 4 MG	3	
BRENZAVVY ORAL TABLET 20 MG	2	PA; QL
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
CYCLOSET ORAL TABLET 0.8 MG	3	
DUETACT ORAL TABLET 30-2 MG, 30-4 MG	3	QL
FARXIGA ORAL TABLET 10 MG, 5 MG	2	ST; QL
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1A	
glipizide oral tablet 10 mg, 5 mg	1A	
GLIPIZIDE ORAL TABLET 2.5 MG	3	
glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg	1A	
glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	1A	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 2.5 MG, 5 MG	3	
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	1A	

Drug Name	Drug Tier	Requirements / Limits
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	1A	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	1A	
GLYNASE ORAL TABLET 1.5 MG, 3 MG, 6 MG	3	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	2	ST; QL
INPEFA ORAL TABLET 200 MG	3	PA; 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
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	QL
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	ST; QL
KAZANO ORAL TABLET 12.5-1,000 MG, 12.5-500 MG	3	ST; QL
metformin oral solution 500 mg/5 ml	1A	PA
metformin oral tablet 1,000 mg, 500 mg, 850 mg	1A	
METFORMIN ORAL TABLET 625 MG	3	
metformin oral tablet extended release 24 hr 500 mg, 750 mg	1A	QL
miglitol oral tablet 100 mg, 25 mg, 50 mg	1A	
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
nateglinide oral tablet 120 mg, 60 mg	1A	
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	3	ST; QL
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	QL
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA; QL
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	1A	QL

Drug Name	Drug Tier	Requirements / Limits
pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg	1A	QL
pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg	1A	QL
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG	3	
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	1A	
RIOMET ER ORAL SUSPENSION,EXTENDED REL RECON 500 MG/5 ML	3	PA
RIOMET ORAL SOLUTION 500 MG/5 ML	3	PA
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	PA; QL
saxagliptin oral tablet 2.5 mg, 5 mg	1A	QL
saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg, 5-1,000 mg, 5-500 mg	1A	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
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

Drug Name	Drug Tier	Requirements / Limits
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		
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG	3	
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	2	
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG	3	
ERMEZA ORAL SOLUTION 30 MCG/ML	3	
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	1B	
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	1B	
LEVOTHYROXINE INTRAVENOUS SOLUTION 100 MCG/ML, 20 MCG/ML, 40 MCG/ML	3	
LEVOTHYROXINE ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	
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	1B	
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	1B	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	1B	
niva thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1B	
np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1B	

Drug Name	Drug Tier	Requirements / Limits
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
THYQUIDITY ORAL SOLUTION 20 MCG/ML	3	
thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1B	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG	3	
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	3	
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	1B	
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
anaspaz oral tablet,disintegrating 0.125 mg	1B	
ATROPINE IN 0.9 % SOD CHLORIDE INTRAVENOUS SYRINGE 1 MG/2.5 ML (0.4 MG/ML), 1.2 MG/3 ML (0.4 MG/ML)	3	
atropine injection solution 0.4 mg/ml	1B	
atropine intravenous solution 0.4 mg/ml, 1 mg/ml	1B	
belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg	1B	PA
BENTYL INTRAMUSCULAR SOLUTION 10 MG/ML	3	
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	1B	
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)	3	

Drug Name	Drug Tier	Requirements / Limits
dicyclomine intramuscular solution 10 mg/ml	1B	
dicyclomine oral capsule 10 mg	1B	
dicyclomine oral solution 10 mg/5 ml	1B	
dicyclomine oral tablet 20 mg	1B	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	1B	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1B	
DONNATAL ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML	3	
DONNATAL ORAL TABLET 16.2-0.1037 -0.0194 MG	3	
ed-spaz oral tablet,disintegrating 0.125 mg	1B	
GLYCATE ORAL TABLET 1.5 MG	3	
GLYCOPYRROLATE (PF) IN WATER INJECTION SYRINGE 0.2 MG/ML	3	
glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml), 1 mg/5 ml (0.2 mg/ml)	1B	
GLYCOPYRROLATE (PF) IN WATER INTRAVENOUS SYRINGE 0.6 MG/3 ML (0.2 MG/ML)	3	
glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)	1B	
glycopyrrolate injection solution 0.2 mg/ml	1B	
GLYCOPYRROLATE INTRAVENOUS SYRINGE 0.6 MG/3 ML (0.2 MG/ML), 1 MG/5 ML (0.2 MG/ML)	3	
glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)	1B	
glycopyrrolate oral tablet 1 mg, 1.5 mg, 2 mg	1B	
GLYRX-PF INJECTION SOLUTION 0.2 MG/ML	3	
GLYRX-PF INJECTION SYRINGE 0.6 MG/3 ML (0.2 MG/ML), 1 MG/5 ML (0.2 MG/ML)	3	
HYOSCYAMINE SULFATE INJECTION SOLUTION 0.5 MG/ML	3	
hyoscyamine sulfate oral drops 0.125 mg/ml	1B	

Drug Name	Drug Tier	Requirements / Limits
hyoscyamine sulfate oral elixir 0.125 mg/5 ml	1B	
hyoscyamine sulfate oral tablet 0.125 mg	1B	
hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg	1B	
hyoscyamine sulfate oral tablet,disintegrating 0.125 mg	1B	
hyoscyamine sulfate sublingual tablet 0.125 mg	1B	
hyosyne oral drops 0.125 mg/ml	1B	
hyosyne oral elixir 0.125 mg/5 ml	1B	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	3	
LEVSIN ORAL TABLET 0.125 MG	3	
LEVSIN/SL SUBLINGUAL TABLET 0.125 MG	3	
LIBRAX (WITH CLIDINIUM) ORAL CAPSULE 5-2.5 MG	3	
LOMOTIL ORAL TABLET 2.5-0.025 MG	3	
loperamide oral capsule 2 mg	1B	
methscopolamine oral tablet 2.5 mg, 5 mg	1B	
MOTOFEN ORAL TABLET 1-0.025 MG	3	
MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG	4	
NULEV ORAL TABLET,DISINTEGRATING 0.125 MG	3	
opium tincture oral tincture 10 mg/ml (morphine)	1B	
oscimin oral tablet 0.125 mg	1B	
oscimin sl sublingual tablet 0.125 mg	1B	
phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 - 0.0194 mg/5 ml	1B	
phenobarb-hyoscy-atropine-scop oral tablet 16.2-0.1037 - 0.0194 mg	1B	
phenohytro oral elixir 16.2-0.1037 - 0.0194 mg/5 ml	1B	
phenohytro oral tablet 16.2-0.1037 - 0.0194 mg	1B	
ROBINUL FORTE ORAL TABLET 2 MG	3	
ROBINUL ORAL TABLET 1 MG	3	

Drug Name	Drug Tier	Requirements / Limits
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG)	3	
symax fastabs oral tablet,disintegrating 0.125 mg	1B	
symax-sl sublingual tablet 0.125 mg	1B	
symax-sr oral tablet extended release 12 hr 0.375 mg	1B	
MISCELLANEOUS AGENTS		
AURYXIA ORAL TABLET 210 MG IRON	3	PA
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	3	QL
FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG, 500 MG, 750 MG	3	QL
lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg	1B	QL
RENVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM	3	QL
RENVELA ORAL TABLET 800 MG	3	QL
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	1B	QL
sevelamer carbonate oral tablet 800 mg	1B	QL
sevelamer hcl oral tablet 400 mg, 800 mg	1B	QL
sodium polystyrene sulfonate oral powder	1B	
sps (with sorbitol) oral suspension 15-20 gram/60 ml	1B	
sps (with sorbitol) rectal enema 30-40 gram/120 ml	1B	
VELPHORO ORAL TABLET,CHEWABLE 500 MG	2	QL
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	2	QL
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG	3	
AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION 235 MG-0.25 MG /20 ML	3	
alosetron oral tablet 0.5 mg, 1 mg	1B	
alvimopan oral capsule 12 mg	1B	

Drug Name	Drug Tier	Requirements / Limits
ANA-LEX KIT RECTAL KIT 2-2 %	3	
ANTIVERT ORAL TABLET 50 MG	3	PA
ANTIVERT ORAL TABLET,CHEWABLE 25 MG	3	
anucort-hc rectal suppository 25 mg	1B	
ANZEMET ORAL TABLET 50 MG	3	
aprepitant oral capsule 125 mg, 40 mg, 80 mg	1B	QL
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	1B	QL
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM	3	ST
AZULFIDINE EN-TABS ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	3	ST
AZULFIDINE ORAL TABLET 500 MG	3	ST
balsalazide oral capsule 750 mg	1B	
BARHEMSYS INTRAVENOUS SOLUTION 10 MG/4 ML (2.5 MG/ML), 5 MG/2 ML (2.5 MG/ML)	3	
betaine oral powder 1 gram/scoop	4	PA
BONJESTA ORAL TABLET,IR,DELAYED REL,BIPHASIC 20-20 MG	3	PA; QL
budesonide oral capsule,delayed,extend.release 3 mg	1B	
budesonide oral tablet,delayed and ext.release 9 mg	1B	
budesonide rectal foam 2 mg/actuation	1B	
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG	4	PA; LA; QL
BYLVAY ORAL PELLET 200 MCG, 600 MCG	4	PA; LA; QL
CHENODAL ORAL TABLET 250 MG	4	LA
CIMZIA POWDER FOR RECONST 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
citrate of magnesia oral solution	5	ACA; OTC
citroma oral solution	5	ACA; OTC
clearlax oral powder 17 gram/dose	5	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML, 10 MG-3.5 GRAM- 12 GRAM/175 ML	5	ACA
COLAZAL ORAL CAPSULE 750 MG	3	ST
COMPAZINE ORAL TABLET 10 MG, 5 MG	3	
COMPAZINE RECTAL SUPPOSITORY 25 MG	3	
compro rectal suppository 25 mg	1B	
constulose oral solution 10 gram/15 ml	1B	
CORTENEMA RECTAL ENEMA 100 MG/60 ML	3	
CORTIFOAM RECTAL FOAM 10 % (80 MG)	3	
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	2	
cromolyn oral concentrate 100 mg/5 ml	1B	
CYSTADANE ORAL POWDER 1 GRAM/SCOOP	4	PA; LA
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC) 10-10 MG	3	PA; QL
DIPENTUM ORAL CAPSULE 250 MG	3	ST
doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg	1B	PA; QL
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	1B	
dulcolax (magnesium hydroxide) oral suspension 400 mg/5 ml	5	ACA; OTC
EMEND (FOSAPREPITANT) INTRAVENOUS RECON SOLN 150 MG	3	
EMEND ORAL CAPSULE 80 MG	3	QL
EMEND ORAL CAPSULE,DOSE PACK 125 MG (1)-80 MG (2)	3	QL
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ML FINAL CONC.)	3	QL
ENTEREG ORAL CAPSULE 12 MG	3	

Drug Name	Drug Tier	Requirements / Limits
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	4	PA; LA
enulose oral solution 10 gram/15 ml	1B	
fleet laxative (bisacodyl) oral tablet,delayed release (dr/ec) 5 mg	5	ACA; OTC
GASTROCROM ORAL CONCENTRATE 100 MG/5 ML	3	
gavilax oral powder 17 gram/dose	5	ACA; OTC
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	5	ACA
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	5	ACA
generlac oral solution 10 gram/15 ml	1B	
gentle laxative (bisacodyl) oral tablet,delayed release (dr/ec) 5 mg	5	ACA; OTC
gentlelax oral powder 17 gram/dose	5	ACA; OTC
GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	3	
granisetron hcl oral tablet 1 mg	1B	QL
hemmorex-hc rectal suppository 25 mg	1B	
hydrocortisone acetate rectal suppository 25 mg	1B	
hydrocortisone rectal enema 100 mg/60 ml	1B	
hydrocortisone topical cream with perineal applicator 1 %, 2.5 %	1B	
hydrocortisone-pramoxine rectal cream 1-1 %	1B	
hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)	1B	ST
KINEVAC INJECTION RECON SOLN 5 MCG	2	
KRISTALOSE ORAL PACKET 10 GRAM, 20 GRAM	3	
lactulose oral solution 10 gram/15 ml, 20 gram/30 ml	1B	
laxative (bisacodyl) oral tablet,delayed release (dr/ec) 5 mg	5	ACA; OTC
laxative peg 3350 oral powder 17 gram/dose	5	ACA; OTC
lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %	1B	
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL 3 %-2.5 % (7 GRAM)	3	

Drug Name	Drug Tier	Requirements / Limits
lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram), 3-0.5 %, 3-1 % (7 gram)	1B	
lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %	1B	
lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)	1B	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	2	QL
LIVMARLI ORAL SOLUTION 9.5 MG/ML	4	PA; LA
lubiprostone oral capsule 24 mcg, 8 mcg	1B	QL
magnesium citrate oral solution	5	ACA; OTC
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG	3	
meclizine oral tablet 12.5 mg, 25 mg	1B	
MECLIZINE ORAL TABLET 50 MG	3	PA
mesalamine oral capsule (with del rel tablets) 400 mg	1B	
mesalamine oral capsule, extended release 500 mg	1B	
mesalamine oral capsule,extended release 24hr 0.375 gram	1B	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram, 800 mg	1B	
mesalamine rectal enema 4 gram/60 ml	1B	
mesalamine rectal suppository 1,000 mg	1B	
mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml	1B	
metoclopramide hcl injection solution 5 mg/ml	1B	
metoclopramide hcl oral solution 5 mg/5 ml	1B	ST
metoclopramide hcl oral tablet 10 mg, 5 mg	1B	
milk of magnesia concentrated oral suspension 2,400 mg/10 ml	5	ACA; OTC
milk of magnesia oral suspension 400 mg/5 ml	5	ACA; OTC
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	2	PA; QL
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM	3	

Drug Name	Drug Tier	Requirements / Limits
natura-lax oral powder 17 gram/dose	5	ACA; OTC
ondansetron hcl (pf) injection solution 4 mg/2 ml	1B	
ondansetron hcl oral solution 4 mg/5 ml	1B	QL
ondansetron hcl oral tablet 4 mg, 8 mg	1B	QL
ondansetron oral tablet,disintegrating 4 mg, 8 mg	1B	QL
onelax magnesium citrate oral solution	5	ACA; OTC
oral saline laxative oral liquid 7.2-2.7 gram/15 ml	5	ACA; OTC
ORTIKOS ORAL CAPSULE, EXTENDED RELEASE 6 MG, 9 MG	3	
PALONOSETRON INTRAVENOUS SOLUTION 0.25 MG/2 ML	3	
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800-98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700-83,900 UNIT, 37,000-97,300-149,900 UNIT, 4,200-14,200-24,600 UNIT	2	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	5	ACA
peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram	5	ACA
peg-electrolyte soln oral recon soln 420 gram	5	ACA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	2	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	3	
phosphate laxative oral liquid 7.2-2.7 gram/15 ml	5	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	5	ACA
polyethylene glycol 3350 oral powder 17 gram/dose	5	ACA; OTC
powderlax oral powder 17 gram/dose	5	ACA; OTC
prochlorperazine maleate oral tablet 10 mg, 5 mg	1B	
prochlorperazine rectal suppository 25 mg	1B	
PROCORT RECTAL CREAM 1.85-1.15 %	3	
procto-med hc topical cream with perineal applicator 2.5 %	1B	
proctosol hc topical cream with perineal applicator 2.5 %	1B	
proctozone-hc topical cream with perineal applicator 2.5 %	1B	
purelax oral powder 17 gram/dose	5	ACA; OTC
RECTIV RECTAL OINTMENT 0.4 % (W/W)	2	
REGLAN ORAL TABLET 10 MG, 5 MG	3	ST
RELTONE ORAL CAPSULE 200 MG, 400 MG	3	
ROWASA RECTAL ENEMA KIT 4 GRAM/60 ML	3	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	3	QL
scopolamine base transdermal patch 3 day 1 mg over 3 days	1B	
SFROWASA RECTAL ENEMA 4 GRAM/60 ML	3	
SINCALIDE INJECTION RECON SOLN 5 MCG	3	
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	4	PA; LA; QL
smoothlax oral powder 17 gram/dose	5	ACA; OTC
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram	5	ACA
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM	2	
sulfasalazine oral tablet 500 mg	1B	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	1B	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	2	
SUSTOL SUBCUTANEOUS LIQUID,EXTENDED RELEASE SYRING 10 MG/0.4 ML	3	
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	5	ACA
SYMPROIC ORAL TABLET 0.2 MG	2	PA
SYNDROS ORAL SOLUTION 5 MG/ML	3	
TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML	3	
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS	3	
trimethobenzamide oral capsule 300 mg	1B	
TRULANCE ORAL TABLET 3 MG	2	
UCERIS ORAL TABLET,DELAYED AND EXT.RELEASE 9 MG	3	
UCERIS RECTAL FOAM 2 MG/ACTUATION	2	
URSO 250 ORAL TABLET 250 MG	3	
URSO FORTE ORAL TABLET 500 MG	3	
ursodiol oral capsule 200 mg, 300 mg, 400 mg	1B	
ursodiol oral tablet 250 mg, 500 mg	1B	
VARUBI ORAL TABLET 90 MG	2	QL
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT	2	
VOWST ORAL CAPSULE	4	PA; LA
women's gentle laxative(bisac) oral tablet,delayed release (dr/ec) 5 mg	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		
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg	1B	QL
bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg	1B	
CARAFATE ORAL SUSPENSION 100 MG/ML	3	
CARAFATE ORAL TABLET 1 GRAM	3	
cimetidine hcl oral solution 300 mg/5 ml	1B	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	1B	
CYTOTEC ORAL TABLET 100 MCG, 200 MCG	3	
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	1B	ST; QL
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	1B	ST
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg	1B	ST; QL
esomeprazole magnesium oral granules dr for susp in packet 40 mg	1B	ST
esomeprazole sodium intravenous recon soln 20 mg, 40 mg	1B	
famotidine oral suspension 40 mg/5 ml (8 mg/ml)	1B	
famotidine oral tablet 20 mg, 40 mg	1B	
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	1B	ST; QL
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	1B	ST
lansoprazole oral tablet,disintegrat, delay rel 15 mg	1B	ST; QL
lansoprazole oral tablet,disintegrat, delay rel 30 mg	1B	ST
misoprostol oral tablet 100 mcg, 200 mcg	1B	

Drug Name	Drug Tier	Requirements / Limits
NEXIUM IV INTRAVENOUS RECON SOLN 40 MG	3	
nizatidine oral capsule 150 mg, 300 mg	1B	
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)	3	QL
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg	1B	QL
omeprazole oral capsule,delayed release(dr/ec) 40 mg	1B	
pantoprazole intravenous recon soln 40 mg	1B	
pantoprazole oral granules dr for susp in packet 40 mg	1B	ST
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	1B	QL
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	1B	
PEPCID ORAL TABLET 20 MG, 40 MG	3	
PROTONIX INTRAVENOUS RECON SOLN 40 MG	3	
PYLERA ORAL CAPSULE 140-125-125 MG	3	
RABEPRAZOLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG	3	ST; QL
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	1B	ST
sucralfate oral suspension 100 mg/ml	1B	
sucralfate oral tablet 1 gram	1B	
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG	2	QL
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)	3	
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG	3	
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY		
ANTIVIRALS		
ribavirin oral capsule 200 mg	4	LA
ribavirin oral tablet 200 mg	4	LA
BIOTECHNOLOGY DRUGS		

Drug Name	Drug Tier	Requirements / Limits
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	4	PA; LA; QL
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PA; LA
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; LA; QL
FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; LA; QL
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	4	PA; LA
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA; LA
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 120 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	4	PA; LA
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	4	LA
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	4	PA; LA; QL
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; LA; QL
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	4	PA; LA
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA; 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
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
plerixafor subcutaneous solution 24 mg/1.2 ml (20 mg/ml)	4	LA
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG	4	PA; LA
RELEUKO INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	4	PA; LA
RELEUKO 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
ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML	4	PA; LA; QL
STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; LA; QL
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML	4	PA; LA; QL
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; LA; QL
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		
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	4	PA; LA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	4	PA; LA
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
NGENLA SUBCUTANEOUS PEN INJECTOR 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML)	4	PA
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	4	PA; LA
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	4	PA; LA
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
SAIZEN SUBCUTANEOUS RECON SOLN 5 MG	3	PA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	4	PA; LA
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	4	PA; LA
SOGROYA SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	4	PA; LA
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG	4	PA; LA
INTERFERONS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	4	PA; LA
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	4	PA; LA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	4	LA; QL
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	4	LA; QL

Drug Name	Drug Tier	Requirements / Limits
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO ORAL TABLET 14 MG, 7 MG	4	PA; LA; QL
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
BRIUMVI INTRAVENOUS SOLUTION 25 MG/ML	4	PA; LA
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	4	PA; LA; QL
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg, 120 mg (14)-240 mg (46), 240 mg	4	PA; LA; QL
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	4	PA; LA; QL
EXTAVIA SUBCUTANEOUS RECON SOLN 0.3 MG	4	PA; LA; QL
fingolimod oral capsule 0.5 mg	4	PA; LA; QL
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG	4	PA; LA; QL
glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml	4	PA; LA; QL
glatopa subcutaneous syringe 20 mg/ml, 40 mg/ml	4	PA; LA; QL
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	4	PA; LA; QL
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	4	PA; LA; QL
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	4	PA; LA; QL
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	4	PA; LA; QL
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	4	PA; LA; QL
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	4	PA; LA; QL
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	4	PA; LA; 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
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
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
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
TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG, 0.5 MG	4	PA; LA; QL
teriflunomide oral tablet 14 mg, 7 mg	4	PA; LA; QL
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	4	PA; LA; QL
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated December 1, 2023

Drug Name	Drug Tier	Requirements / Limits
ABRYSVO INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	5	ACA
ACAM2000 (NATIONAL STOCKPILE) PERCUTANEOUS RECON SOLN 1-5X10EXP8 UNIT/ML	5	ACA
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	5	ACA
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 2023-24(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	5	ACA
AFLURIA QUAD 2023-2024(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	5	ACA
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	5	ACA
ASCENIV INTRAVENOUS SOLUTION 10 %	4	LA
ATGAM INTRAVENOUS SOLUTION 50 MG/ML	2	
BABYBIG INTRAVENOUS RECON SOLN 100 MG	3	
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 2023-24 (12Y UP)(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML	5	ACA
COMIRNATY 2023-24 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	5	ACA

Drug Name	Drug Tier	Requirements / Limits
CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 %	4	PA; LA
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %)	4	PA; LA
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	5	ACA
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	2	
DYSPORT INTRAMUSCULAR RECON SOLN 300 UNIT, 500 UNIT	4	PA; LA
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	5	ACA
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	5	ACA
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	5	ACA
FLUAD QUAD 2023-24(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	5	ACA
FLUARIX QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	5	ACA
FLUBLOK QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	5	ACA
FLUCELVAX QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	5	ACA
FLUCELVAX QUAD 2023-2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	5	ACA
FLULAVAL QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	5	ACA

Drug Name	Drug Tier	Requirements / Limits
FLUMIST QUAD 2023-2024 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	5	ACA
FLUZONE HIGHDOSE QUAD 23-24 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML	5	ACA
FLUZONE QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	5	ACA
FLUZONE QUAD 2023-2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	5	ACA
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
HEPAGAM B INJECTION SOLUTION >312 UNIT/ML, GREATR THAN 312 UNIT/ML (5 ML)	2	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	5	ACA
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	5	ACA
HIZENTRA 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
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	4	PA; LA
HYPERTET (PF) INTRAMUSCULAR SYRINGE 250 UNIT/ML	2	

Drug Name	Drug Tier	Requirements / Limits
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	
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	
JYNNEOS (PF)(STOCKPILE) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	5	ACA
KEDRAB (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	5	ACA
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	5	ACA
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	5	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	5	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 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 23-24(6M-11Y)PF INTRAMUSCULAR SUSPENSION 25 MCG/0.25 ML	5	ACA
MYOBLOC INTRAMUSCULAR SOLUTION 10,000 UNIT/2 ML, 2,500 UNIT/0.5 ML, 5,000 UNIT/ML	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
NABI-HB INTRAMUSCULAR SOLUTION GREATER THAN 1,560 UNIT/5 ML, GREATR THAN 312 UNIT/ML	3	
NOVAVAX COVID 2023-24(PF)(EUA) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML	5	ACA
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	5	ACA
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	5	ACA
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	5	ACA
PFIZER COVID 2023-24(5Y-11Y)PF INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	5	ACA
PFIZER COVID 2023-24(6MO-4Y)PF INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 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
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

Drug Name	Drug Tier	Requirements / Limits
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
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	5	ACA
ROTATEQ VACCINE ORAL SOLUTION 2 ML	5	ACA
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	5	ACA; QL
SPIKEVAX 2023-2024(12Y UP)(PF) INTRAMUSCULAR SUSPENSION 50 MCG/0.5 ML	5	ACA
SPIKEVAX 2023-2024(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 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
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	5	ACA
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	5	ACA
THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG	2	
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
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	2	

Drug Name	Drug Tier	Requirements / Limits
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	2	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	5	ACA
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	5	ACA
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	5	ACA
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML	2	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	2	
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML	5	ACA
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML	5	ACA
VAXNEUVANCE (PF) 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
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 200 UNIT, 50 UNIT	4	PA; LA
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	2	
ZINPLAVA INTRAVENOUS SOLUTION 25 MG/ML	3	
IMMUNOLOGY		
INTERLEUKINS		
imiquimod topical cream in packet 3.75 %, 5 %	1B	
MUSCULOSKELETAL & RHEUMATOLOGY		

Drug Name	Drug Tier	Requirements / Limits
GOUT THERAPY		
allopurinol oral tablet 100 mg, 300 mg	1B	
ALLOPURINOL ORAL TABLET 200 MG	3	
COLCHICINE ORAL CAPSULE 0.6 MG	3	
colchicine oral tablet 0.6 mg	1B	
COLCRYS ORAL TABLET 0.6 MG	3	
febuxostat oral tablet 40 mg, 80 mg	1B	ST
MITIGARE ORAL CAPSULE 0.6 MG	2	
probenecid oral tablet 500 mg	1B	
probenecid-colchicine oral tablet 500-0.5 mg	1B	
ZYLOPRIM ORAL TABLET 100 MG	3	
OSTEOPOROSIS THERAPY		
ACTONEL ORAL TABLET 150 MG, 35 MG	3	ST; QL
alendronate oral solution 70 mg/75 ml	1A	QL
alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg	1A	QL
ATELVIA ORAL TABLET,DELAYED RELEASE (DR/EC) 35 MG	3	ST; QL
BINOSTO ORAL TABLET, EFFERVESCENT 70 MG	3	ST; QL
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML (105MG/1.17MLX2)	4	PA; LA; QL
EVISTA ORAL TABLET 60 MG	3	
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	4	PA; LA; QL
FOSAMAX ORAL TABLET 70 MG	3	ST; QL
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG-5,600 UNIT	3	ST; QL
ibandronate oral tablet 150 mg	1A	QL
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	4	LA; QL
raloxifene oral tablet 60 mg	5	ACA
risedronate oral tablet 150 mg, 35 mg, 5 mg	1A	QL
risedronate oral tablet,delayed release (dr/ec) 35 mg	1A	QL

Drug Name	Drug Tier	Requirements / Limits
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	4	PA; LA; QL
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
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML	4	PA; LA; QL
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	4	PA; LA; QL
ADALIMUMAB-ADBM SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; LA; QL
ADALIMUMAB-ADBM SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	4	PA; LA; QL
ADALIMUMAB-ADBM(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; LA; QL
ADALIMUMAB-ADBM(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; LA; QL
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	4	PA; LA; QL
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	4	PA; LA; QL
ARAVA ORAL TABLET 10 MG, 20 MG	3	QL
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; LA; QL
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; LA; QL
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	4	PA; LA; QL
DEPEN TITRATABS ORAL TABLET 250 MG	3	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (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
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; LA; QL
HUMIRA PEN PSOR-UVEITS-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
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

Drug Name	Drug Tier	Requirements / Limits
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
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	4	PA; LA; QL
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR 80MG/0.8ML(X1)-40 MG/0.4ML(X2)	4	PA; LA; QL
HYRIMOZ PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML	4	PA; QL
HYRIMOZ SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	4	PA; QL
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML, 80 MG/0.8 ML- 40 MG/0.4 ML	4	PA; LA; QL
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML	4	PA; LA; QL
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	4	PA; LA; QL
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	4	PA; LA; QL
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	4	PA; LA; QL
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	4	PA; LA; QL
leflunomide oral tablet 10 mg, 20 mg	1B	QL
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	4	PA; LA; QL
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	4	PA; LA; QL
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
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
penicillamine oral tablet 250 mg	1B	PA
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	2	ST
REDITREX (PF) SUBCUTANEOUS SYRINGE 10 MG/0.4 ML, 12.5 MG/0.5 ML, 15 MG/0.6 ML, 17.5 MG/0.7 ML, 20 MG/0.8 ML, 22.5 MG/0.9 ML, 25 MG/ML, 7.5 MG/0.3 ML	3	ST
RIDAURA ORAL CAPSULE 3 MG	2	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	4	PA; LA; QL
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

Drug Name	Drug Tier	Requirements / Limits
DUREX AVANTI BARE REAL FEEL	5	ACA; OTC
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
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HRS (8 YRS) 52 MG	5	ACA; LA
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 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
TRUSTEX LUBRICATED CONDOMS DEVICE	5	ACA; OTC
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	5	ACA; OTC
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM	5	ACA
ESTROGENS & PROGESTINS		
ACTIVELLA ORAL TABLET 1-0.5 MG	3	
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	1B	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	3	
AYGESTIN ORAL TABLET 5 MG	3	
BIJUVA ORAL CAPSULE 1-100 MG	3	
camila oral tablet 0.35 mg	5	ACA
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.06 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	3	QL
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	2	

Drug Name	Drug Tier	Requirements / Limits
covaryx h.s. oral tablet 0.625-1.25 mg	1B	
covaryx oral tablet 1.25-2.5 mg	1B	
CRINONE VAGINAL GEL 4 %	3	
deblitane oral tablet 0.35 mg	5	ACA
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML, 40 MG/ML	3	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	2	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	QL
DEPO-PROVERA INTRAMUSCULAR SYRINGE 150 MG/ML	3	QL
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	5	ACA; QL
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %), 1.25 MG/1.25 GRAM (0.1 %)	2	ST; QL
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	1B	QL
DUAVEE ORAL TABLET 0.45-20 MG	2	
eemt hs oral tablet 0.625-1.25 mg	1B	
eemt oral tablet 1.25-2.5 mg	1B	
errin oral tablet 0.35 mg	5	ACA
ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG	3	
ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM)	3	
ESTRADIOL IMPLANT PELLET 6 MG	3	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	1B	
estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%), 1 mg/gram (0.1 %), 1.25 mg/1.25 gram (0.1 %)	1B	ST; QL

Drug Name	Drug Tier	Requirements / Limits
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	1B	QL
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	1B	QL
estradiol vaginal cream 0.01 % (0.1 mg/gram)	1B	
estradiol vaginal tablet 10 mcg	1B	
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	1B	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	1B	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	2	
estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg	1B	
EVAMIST TRANSDERMAL SPRAY,NON-AEROSOL 1.53 MG/SPRAY (1.7%)	3	ST; QL
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	3	
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1B	
heather oral tablet 0.35 mg	5	ACA
hydroxyprogesterone caproate intramuscular oil 250 mg/ml	1B	
incassia oral tablet 0.35 mg	5	ACA
jencycla oral tablet 0.35 mg	5	ACA
jinteli oral tablet 1-5 mg-mcg	1B	
lyleq oral tablet 0.35 mg	5	ACA
lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1B	QL
lyza oral tablet 0.35 mg	5	ACA
medroxyprogesterone intramuscular suspension 150 mg/ml	5	ACA; QL

Drug Name	Drug Tier	Requirements / Limits
medroxyprogesterone intramuscular syringe 150 mg/ml	5	ACA; QL
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	1B	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	3	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	3	QL
mimvey oral tablet 1-0.5 mg	1B	
MINIVELLE TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	3	QL
nora-be oral tablet 0.35 mg	5	ACA
norethindrone (contraceptive) oral tablet 0.35 mg	5	ACA
norethindrone acetate oral tablet 5 mg	1B	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1B	
PREMARIN INJECTION RECON SOLN 25 MG	2	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	2	
progesterone intramuscular oil 50 mg/ml	4	LA
progesterone micronized oral capsule 100 mg, 200 mg	1B	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	
sharobel oral tablet 0.35 mg	5	ACA
tulana oral tablet 0.35 mg	5	ACA
VAGIFEM VAGINAL TABLET 10 MCG	3	
VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	3	QL
yuvafem vaginal tablet 10 mcg	1B	
MISCELLANEOUS OB/GYN		

Drug Name	Drug Tier	Requirements / Limits
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	5	ST; ACA; QL
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG	3	
CLEOCIN VAGINAL CREAM 2 %	3	
CLEOCIN VAGINAL SUPPOSITORY 100 MG	3	
clindamycin phosphate vaginal cream 2 %	1B	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 %	3	
eluryng vaginal ring 0.12-0.015 mg/24 hr	5	ACA
enilloring vaginal ring 0.12-0.015 mg/24 hr	5	ACA
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	5	ACA
GYNAZOLE-1 VAGINAL CREAM 2 %	3	
haloette vaginal ring 0.12-0.015 mg/24 hr	5	ACA
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	1B	
miconazole-3 vaginal suppository 200 mg	1B	
MYFEMBREE ORAL TABLET 40-1-0.5 MG	2	PA
NEXPLANON SUBDERMAL IMPLANT 68 MG	5	ACA; LA
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	3	ST
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM)	3	
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	2	PA
OSPHENA ORAL TABLET 60 MG	3	PA
PREPIDIL VAGINAL GEL 0.5 MG/3 G	3	
RELAGARD VAGINAL GEL 0.9-0.025 %	3	
terconazole vaginal cream 0.4 %, 0.8 %	1B	
terconazole vaginal suppository 80 mg	1B	
tranexamic acid oral tablet 650 mg	1B	
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 %	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated December 1, 2023

Drug Name	Drug Tier	Requirements / Limits
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR	5	ST; ACA
vandazole vaginal gel 0.75 % (37.5mg/5 gram)	1B	
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	5	ACA; OTC
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	5	ACA; OTC
VEOZAH ORAL TABLET 45 MG	3	PA
xulane transdermal patch weekly 150-35 mcg/24 hr	5	ACA
zafemy transdermal patch weekly 150-35 mcg/24 hr	5	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
afirmelle oral tablet 0.1-20 mg-mcg	5	ACA
after pill oral tablet 1.5 mg	5	ACA; OTC; QL
AFTERA ORAL TABLET 1.5 MG	3	OTC; QL
altavera (28) oral tablet 0.15-0.03 mg	5	ACA
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	5	ACA
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	5	ACA
amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	5	ACA
amethyst (28) oral tablet 90-20 mcg (28)	5	ACA
apri oral tablet 0.15-0.03 mg	5	ACA
aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg	5	ACA
ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	5	ACA
aubra eq oral tablet 0.1-20 mg-mcg	5	ACA
aubra oral tablet 0.1-20 mg-mcg	5	ACA
aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg	5	ACA
aurovela 1/20 (21) oral tablet 1-20 mg-mcg	5	ACA
aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	5	ACA
aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	5	ACA
aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	5	ACA
aviane oral tablet 0.1-20 mg-mcg	5	ACA

Drug Name	Drug Tier	Requirements / Limits
ayuna oral tablet 0.15-0.03 mg	5	ACA
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	5	ACA
BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	3	ST
balziva (28) oral tablet 0.4-35 mg-mcg	5	ACA
BEYAZ ORAL TABLET 3-0.02-0.451 MG (24) (4)	3	ST
blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	5	ACA
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	5	ACA
blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	5	ACA
briellyn oral tablet 0.4-35 mg-mcg	5	ACA
camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	5	ACA
camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	5	ACA
caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg	5	ACA
charlotte 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	5	ACA
chateal (28) oral tablet 0.15-0.03 mg	5	ACA
chateal eq (28) oral tablet 0.15-0.03 mg	5	ACA
cryselle (28) oral tablet 0.3-30 mg-mcg	5	ACA
curae oral tablet 1.5 mg	5	ACA; OTC; QL
cyred eq oral tablet 0.15-0.03 mg	5	ACA
cyred oral tablet 0.15-0.03 mg	5	ACA
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	5	ACA
dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	5	ACA
daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	5	ACA
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	5	ACA
dolishale oral tablet 90-20 mcg (28)	5	ACA
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)	5	ACA

Drug Name	Drug Tier	Requirements / Limits
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	5	ACA
econtra ez oral tablet 1.5 mg	5	ACA; OTC; QL
econtra one-step oral tablet 1.5 mg	5	ACA; OTC; QL
elinest oral tablet 0.3-30 mg-mcg	5	ACA
ELLA ORAL TABLET 30 MG	5	ACA; QL
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	5	ACA
enskyce oral tablet 0.15-0.03 mg	5	ACA
estarylla oral tablet 0.25-35 mg-mcg	5	ACA
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	5	ACA
falmina (28) oral tablet 0.1-20 mg-mcg	5	ACA
femynor oral tablet 0.25-35 mg-mcg	5	ACA
finzala oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	5	ACA
gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)	5	ACA
GENERESS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	3	ST
hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	5	ACA
hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	5	ACA
hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	5	ACA
hailey oral tablet 1.5-30 mg-mcg	5	ACA
her style oral tablet 1.5 mg	5	ACA; OTC; QL
iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	5	ACA
isibloom oral tablet 0.15-0.03 mg	5	ACA
jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	5	ACA
jasmiel (28) oral tablet 3-0.02 mg	5	ACA
jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	5	ACA
joyeaux oral tablet 0.1 mg-0.02 mg (21)/iron (7)	5	ACA
juleber oral tablet 0.15-0.03 mg	5	ACA

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

Drug Name	Drug Tier	Requirements / Limits
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	5	ACA
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	5	ACA
levora-28 oral tablet 0.15-0.03 mg	5	ACA
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	5	ST; ACA
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	3	ST
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	3	ST
LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	3	ST
LOESTRIN FE 1/20 (28-DAY) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	3	ST
lojaimiess oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	5	ACA
loryna (28) oral tablet 3-0.02 mg	5	ACA
LOSEASONIQUE ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	3	ST
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	5	ACA
lo-zumandimine (28) oral tablet 3-0.02 mg	5	ACA
lutera (28) oral tablet 0.1-20 mg-mcg	5	ACA
marlissa (28) oral tablet 0.15-0.03 mg	5	ACA
merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)	5	ACA
mibelas 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	5	ACA
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	5	ACA
microgestin 1/20 (21) oral tablet 1-20 mg-mcg	5	ACA
microgestin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	5	ACA
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	5	ACA
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	5	ACA

Drug Name	Drug Tier	Requirements / Limits
mili oral tablet 0.25-35 mg-mcg	5	ACA
MINASTRIN 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	3	ST
MIRCETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	3	ST
mono-linyah oral tablet 0.25-35 mg-mcg	5	ACA
my choice oral tablet 1.5 mg	5	ACA; OTC; QL
my way oral tablet 1.5 mg	5	ACA; OTC; QL
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	5	ST; ACA
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	5	ACA
new day oral tablet 1.5 mg	5	ACA; OTC; QL
NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28)	5	ST; ACA
nikki (28) oral tablet 3-0.02 mg	5	ACA
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
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

Drug Name	Drug Tier	Requirements / Limits
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
QUARTETTE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	3	ST
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
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (21) (7)	3	ST
SEASONIQUE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	3	ST
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	5	ACA
simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	5	ACA
simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	5	ACA
SLYND ORAL TABLET 4 MG (28)	5	ST; ACA
sprintec (28) oral tablet 0.25-35 mg-mcg	5	ACA
sronyx oral tablet 0.1-20 mg-mcg	5	ACA
syeda oral tablet 3-0.03 mg	5	ACA
TAKE ACTION ORAL TABLET 1.5 MG	3	OTC; QL
tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	5	ACA
tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	5	ACA
taysofy oral capsule 1 mg-20 mcg (24)/75 mg (4)	5	ACA

Drug Name	Drug Tier	Requirements / Limits
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	3	ST
tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	5	ACA
tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	5	ACA
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	5	ACA
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	5	ACA
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	5	ACA
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	5	ACA
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	5	ACA
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	5	ACA
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	5	ACA
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	5	ACA
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	5	ACA
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	5	ACA
trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	5	ACA
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg	5	ACA
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	5	ACA
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG	5	ST; ACA
tydemy oral tablet 3-0.03-0.451 mg (21)(7)	5	ACA
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg	5	ACA
vestura (28) oral tablet 3-0.02 mg	5	ACA
vienva oral tablet 0.1-20 mg-mcg	5	ACA
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	5	ACA
volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	5	ACA

Drug Name	Drug Tier	Requirements / Limits
vyfemla (28) oral tablet 0.4-35 mg-mcg	5	ACA
vylibra oral tablet 0.25-35 mg-mcg	5	ACA
wera (28) oral tablet 0.5-35 mg-mcg	5	ACA
wymzya fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)	5	ACA
YASMIN (28) ORAL TABLET 3-0.03 MG	3	ST
YAZ (28) ORAL TABLET 3-0.02 MG	3	ST
zarah oral tablet 3-0.03 mg	5	ACA
zovia 1-35 (28) oral tablet 1-35 mg-mcg	5	ACA
zumandimine (28) oral tablet 3-0.03 mg	5	ACA
OXYTOCICS		
methylergonovine oral tablet 0.2 mg	1B	QL
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE OPHTHALMIC (EYE) DROPS 1 %	2	
bacitracin ophthalmic (eye) ointment 500 unit/gram	1B	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	1B	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	3	
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 %	3	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	3	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	1B	
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	1B	
gatifloxacin ophthalmic (eye) drops 0.5 %	1B	
gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)	1B	
gentamicin ophthalmic (eye) drops 0.3 %	1B	
levofloxacin ophthalmic (eye) drops 1.5 %	1B	

Drug Name	Drug Tier	Requirements / Limits
MOXIFLOXACIN (PF)-BSS INTRACAMERAL SOLUTION 1 MG/ML	3	
moxifloxacin ophthalmic (eye) drops 0.5 %	1B	
moxifloxacin ophthalmic (eye) drops, viscous 0.5 %	1B	
MOXIFLOXACIN-SOD CHLOR,ISO(PF) INTRAOCULAR SOLUTION 0.8 MG/0.8 ML, 4 MG/0.8 ML, 5 MG/ML	3	
MOXIFLOXACIN-SOD CHLOR,ISO(PF) INTRAOCULAR SYRINGE 0.3 MG/0.3 ML, 1.6 MG/ML	3	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	2	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	1B	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	1B	
neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	1B	
OCUFLOX OPHTHALMIC (EYE) DROPS 0.3 %	3	
ofloxacin ophthalmic (eye) drops 0.3 %	1B	
polycin ophthalmic (eye) ointment 500-10,000 unit/gram	1B	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	1B	
tobramycin ophthalmic (eye) drops 0.3 %	1B	
TOBRAMYCIN-VANCOMYCIN OPHTHALMIC (EYE) DROPS 1.5-5 %	3	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	3	
VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 %	3	

Drug Name	Drug Tier	Requirements / Limits
ZYMAXID OPHTHALMIC (EYE) DROPS 0.5 %	3	
ANTIVIRALS		
trifluridine ophthalmic (eye) drops 1 %	1B	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	3	
BETA-BLOCKERS		
betaxolol ophthalmic (eye) drops 0.5 %	1B	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	
carteolol ophthalmic (eye) drops 1 %	1B	
levobunolol ophthalmic (eye) drops 0.5 %	1B	
timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %	1B	
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	1B	
timolol maleate ophthalmic (eye) drops, once daily 0.5 %	1B	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %	1B	

Drug Name	Drug Tier	Requirements / Limits
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	4	LA
CYCLOPLEGIC MYDRIATICS		
atropine ophthalmic (eye) drops 1 %	1B	
atropine ophthalmic (eye) ointment 1 %	1B	
ATROPINE SULFATE (PF) OPHTHALMIC (EYE) DROPPERETTE 1 %	3	
CYCLOGYL OPHTHALMIC (EYE) DROPS 0.5 %, 1 %, 2 %	3	
cyclopentolate ophthalmic (eye) drops 1 %	1B	
homatropaire ophthalmic (eye) drops 5 %	1B	
ISOPTO ATROPINE OPHTHALMIC (EYE) DROPS 1 %	3	
MYDRIACYL OPHTHALMIC (EYE) DROPS 1 %	3	

Drug Name	Drug Tier	Requirements / Limits
PHENYLEPH-TROPICAMIDE IN WATER OPHTHALMIC (EYE) DROPS 2.5-1 %	3	
tropicamide ophthalmic (eye) drops 0.5 %, 1 %	1B	
DIRECT ACTING MIOTICS		
MIOCHOL-E INTRAOCULAR KIT 1 % (10 MG/ML)	3	
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	1B	
MISCELLANEOUS OPHTHALMOLOGICS		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %	3	
ALCAINE OPHTHALMIC (EYE) DROPS 0.5 %	3	
ALOCRIL OPHTHALMIC (EYE) DROPS 2 %	3	
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	3	
altacaine ophthalmic (eye) drops 0.5 %	1B	
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 %	3	
azelastine ophthalmic (eye) drops 0.05 %	1B	
bepotastine besilate ophthalmic (eye) drops 1.5 %	1B	
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	3	PA; QL
cromolyn ophthalmic (eye) drops 4 %	1B	
cyclosporine ophthalmic (eye) dropperette 0.05 %	1B	PA; QL
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	4	LA
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	4	LA
DEXAMET-MOXIFL-KETORO-NACL(PF) INTRAOCULAR SOLUTION 1-0.5-0.4 MG/ML	3	
epinastine ophthalmic (eye) drops 0.05 %	1B	
FLUORESCEIN-BENOXINATE OPHTHALMIC (EYE) DROPS 0.3-0.4 %	3	

Drug Name	Drug Tier	Requirements / Limits
fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %	1B	
IHEEZO (PF) OPHTHALMIC (EYE) DROPPERETTE,GEL 3 %	3	
KLARITY-A (AZITHRO-CHONDR)(PF) OPHTHALMIC (EYE) DROPS 1-0.25 %	3	
KLARITY-L (LOTEPRED-CHOND)(PF) OPHTHALMIC (EYE) DROPS 0.5-0.25 %	3	
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG	3	PA; QL
OMIDRIA INTRAOCULAR CONCENTRATE 1-0.3 %	3	
PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS 0.146 % -0.146 %	3	
PHOTREXA VISCOUS OPHTHALMIC (EYE) DROPS, VISCOUS 0.146 %	3	
PREDNISOL ACE-GATIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5-0.075 %	3	
PREDNISOLN SP-GATIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS 1-0.5-0.075 %	3	
PREDNISOLN SP-MOXIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS 1-0.5-0.075 %	3	
PREDNISOLONE ACETATE-BROMFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.075 %	3	
PREDNISOLONE ACETATE-NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.1 %	3	
PREDNISOLONE-MOXIFLO-NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5-0.1 %	3	

Drug Name	Drug Tier	Requirements / Limits
PREDNISOLONE-MOXIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5-0.075 %	3	
proparacaine ophthalmic (eye) drops 0.5 %	1B	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	2	PA; QL
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	3	PA; QL
TETRACAINE HCL (PF) OPHTHALMIC (EYE) DROPS 0.5 %	3	
tetracaine hcl ophthalmic (eye) drops 0.5 %	1B	
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY	3	PA
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 %	3	PA; QL
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	2	PA; QL
ZERVIATE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	3	ST
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 %	3	ST
ACULAR OPHTHALMIC (EYE) DROPS 0.5 %	3	ST
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	3	ST
bromfenac ophthalmic (eye) drops 0.09 %	1B	ST
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	3	ST
diclofenac sodium ophthalmic (eye) drops 0.1 %	1B	
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	1B	

Drug Name	Drug Tier	Requirements / Limits
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	3	ST
ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %	1B	
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	ST
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	3	ST
ORAL DRUGS FOR GLAUCOMA		
acetazolamide oral capsule, extended release 500 mg	1B	
acetazolamide oral tablet 125 mg, 250 mg	1B	
methazolamide oral tablet 25 mg, 50 mg	1B	
OTHER GLAUCOMA DRUGS		
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	
bimatoprost ophthalmic (eye) drops 0.03 %	1B	ST
BRIMONIDINE-DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS 0.15-2 %	3	
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	1B	
brinzolamide ophthalmic (eye) drops,suspension 1 %	1B	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	3	ST
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 %	3	ST
COSOPT OPHTHALMIC (EYE) DROPS 22.3-6.8 MG/ML	3	ST
DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS 2 %	3	
dorzolamide ophthalmic (eye) drops 2 %	1B	
dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %	1B	
DORZOLAMIDE-TIMOLOL (PF) OPHTHALMIC (EYE) DROPS 2-0.5 %	3	
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	1B	

Drug Name	Drug Tier	Requirements / Limits
IYUZEH OPHTHALMIC (EYE) DROPPERETTE 0.005 %	3	ST
latanoprost ophthalmic (eye) drops 0.005 %	1B	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	
miostat intraocular solution 0.01 %	1B	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	3	
tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %	1B	ST
TIMOLOL-BRIMONIDI-DORZOLAM(PF) OPHTHALMIC (EYE) DROPS 0.5-0.15-2 %	3	
travoprost ophthalmic (eye) drops 0.004 %	1B	ST
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	3	ST
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %	3	ST

Drug Name	Drug Tier	Requirements / Limits
STEROID-ANTIBIOTIC COMBINATIONS		
DEXAMETH-MOXIFLOX(PF)-NACL,ISO INTRAOCULAR SOLUTION 1-5 MG/ML	3	
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION 3.5MG/ML-10,000 UNIT/ML-0.1 %	3	
MAXITROL OPHTHALMIC (EYE) OINTMENT 3.5 MG/G-10,000 UNIT/G-0.1 %	3	
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	1B	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	1B	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	1B	

Drug Name	Drug Tier	Requirements / Limits
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml	1B	
neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	1B	
PREDNISOLONE SOD PH-MOXIFLOX OPHTHALMIC (EYE) DROPS 1-0.5 %	3	
PREDNISOLONE-MOXIFLOXACIN HCL OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5 %	3	
TOBRADEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.1 %	3	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	3	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	3	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	1B	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	3	
STEROIDS		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	3	ST
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	1B	
DEXYCU (PF) INTRAOCULAR SUSPENSION 9 %	3	
difluprednate ophthalmic (eye) drops 0.05 %	1B	ST
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	3	ST
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	PA; QL
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	ST

Drug Name	Drug Tier	Requirements / Limits
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	1B	
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	ST
FML LIQUIFILM OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	ST
ILUVIEN INTRAVITREAL IMPLANT 0.19 MG	4	LA
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	ST
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	3	ST
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 %	3	ST
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	3	ST
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	3	ST
loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %	1B	
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %	1B	
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	ST
PRED FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	3	ST
PREDNISOLONE ACETATE (PF) OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	1B	
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	1B	
RETISERT INTRAVITREAL IMPLANT 0.59 MG	4	LA

Drug Name	Drug Tier	Requirements / Limits
YUTIQ INTRAVITREAL IMPLANT 0.18 MG	4	LA
STEROID-SULFONAMIDE COMBINATIONS		
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	1B	
SULFONAMIDES		
sulfacetamide sodium ophthalmic (eye) drops 10 %	1B	
sulfacetamide sodium ophthalmic (eye) ointment 10 %	1B	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %, 0.15 %	3	ST
apraclonidine ophthalmic (eye) drops 0.5 %	1B	
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %, 0.2 %	1B	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	3	ST
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	3	
phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %	1B	
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 %	3	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTIHISTAMINE & ANTIALLERGENIC AGENTS		
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML, 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	2	QL
carbinoxamine maleate oral liquid 4 mg/5 ml	1B	
carbinoxamine maleate oral tablet 4 mg	1B	
cetirizine oral solution 1 mg/ml	1B	
CLARINEX ORAL TABLET 5 MG	3	QL
clemastine oral tablet 2.68 mg	1B	
cyproheptadine oral syrup 2 mg/5 ml	1B	
cyproheptadine oral tablet 4 mg	1B	
desloratadine oral tablet 5 mg	1B	QL
desloratadine oral tablet,disintegrating 2.5 mg, 5 mg	1B	QL

Drug Name	Drug Tier	Requirements / Limits
DIPHEN ORAL ELIXIR 12.5 MG/5 ML	3	
diphenhydramine hcl injection solution 50 mg/ml	1B	
EPINEPHRINE HCL (PF) INJECTION SOLUTION 1 MG/ML (1 ML)	3	
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	3	QL
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	1B	QL
epinephrine injection syringe 0.1 mg/ml	1B	
EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	2	ST; QL
EPIPEN JR INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	2	ST; QL
hydroxyzine hcl oral solution 10 mg/5 ml	1B	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	1B	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	1B	
KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML	3	
levocetirizine oral solution 2.5 mg/5 ml	1B	
levocetirizine oral tablet 5 mg	1B	QL
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML	3	
promethazine injection solution 25 mg/ml, 50 mg/ml	1B	
promethazine oral syrup 6.25 mg/5 ml	1B	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	1B	
promethazine rectal suppository 12.5 mg, 25 mg	1B	
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	1B	
QUZYTTIR INTRAVENOUS SOLUTION 10 MG/ML	3	
RACEPINEPH IN SOD CHL,ISO (PF) INJECTION SYRINGE 1 MG/ML	3	
RYCLORA ORAL SOLUTION 2 MG/5 ML	3	

Drug Name	Drug Tier	Requirements / Limits
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML	2	QL
VISTARIL ORAL CAPSULE 25 MG, 50 MG	3	
COUGH & COLD THERAPY		
benzonatate oral capsule 100 mg, 150 mg, 200 mg	1B	
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML	3	
brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml	1B	
CAPCOF ORAL LIQUID 2-5-10 MG/5 ML	3	
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG	3	QL
codeine-guaifenesin oral liquid 10-100 mg/5 ml	1B	
CODITUSSIN AC ORAL LIQUID 10-200 MG/5 ML	3	
CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5 ML	3	
g tussin ac oral liquid 10-100 mg/5 ml	1B	
guaiatussin ac oral liquid 10-100 mg/5 ml	1B	
HISTEX-AC ORAL SYRUP 2.5-10-10 MG/5 ML	3	
HYCODAN (WITH HOMATROPINE) ORAL SYRUP 5-1.5 MG/5 ML	3	
HYCODAN (WITH HOMATROPINE) ORAL TABLET 5-1.5 MG	3	
hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml	1B	
hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml	1B	
hydrocodone-homatropine oral tablet 5-1.5 mg	1B	
hydromet oral syrup 5-1.5 mg/5 ml	1B	
MAR-COF CG ORAL LIQUID 7.5-225 MG/5 ML	3	
maxi-tuss ac oral liquid 10-100 mg/5 ml	1B	
MAXI-TUSS CD ORAL LIQUID 4-10-10 MG/5 ML	3	
NINJACOF-XG ORAL LIQUID 8-200 MG/5 ML	3	

Drug Name	Drug Tier	Requirements / Limits
pe-guai oral drops 1.5-20 mg/ml	1B	
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML	3	
promethazine vc oral syrup 6.25-5 mg/5 ml	1B	
promethazine vc-codeine oral syrup 6.25-5-10 mg/5 ml	1B	
promethazine-codeine oral syrup 6.25-10 mg/5 ml	1B	
promethazine-dm oral syrup 6.25-15 mg/5 ml	1B	
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG	3	
r-tanna oral tablet 9-25 mg	1B	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG	3	
PULMONARY AGENTS		
ACCOLATE ORAL TABLET 10 MG, 20 MG	3	
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	1A	
ADCIRCA ORAL TABLET 20 MG	4	PA; LA; QL
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	4	PA; LA; QL
ADRENALIN NASAL SOLUTION 1 MG/ML	3	
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	3	QL
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	2	QL
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	3	ST; QL
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	1A	QL

Drug Name	Drug Tier	Requirements / Limits
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	1A	
albuterol sulfate oral syrup 2 mg/5 ml	1A	
albuterol sulfate oral tablet 2 mg, 4 mg	1A	
albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg	1A	
alyq oral tablet 20 mg	4	PA; LA; QL
ambrisentan oral tablet 10 mg, 5 mg	4	PA; LA; QL
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	2	QL
arformoterol inhalation solution for nebulization 15 mcg/2 ml	1A	QL
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	2	QL
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	2	QL
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	QL
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	3	QL
azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray	1B	ST; QL
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	4	PA; LA; QL
bosentan oral tablet 125 mg, 62.5 mg	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	2	QL
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE	2	
breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	1A	QL
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	2	QL
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	4	PA; LA
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	3	ST; QL
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml	1A	QL
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	1A	QL
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	QL
cromolyn inhalation solution for nebulization 20 mg/2 ml	1A	
DALIRESP ORAL TABLET 250 MCG	2	PA; QL
DALIRESP ORAL TABLET 500 MCG	2	PA
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	2	QL
DYMISTA NASAL SPRAY,NON-AEROSOL 137-50 MCG/SPRAY	3	ST; QL
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	3	
epinephrine hcl nasal solution 1 mg/ml	1B	

Drug Name	Drug Tier	Requirements / Limits
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	4	PA; LA; QL
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION	2	QL
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION, 44 MCG/ACTUATION	2	QL
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	1B	QL
fluticasone propionate nasal spray,suspension 50 mcg/actuation	1B	QL
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1A	QL
formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml	1A	ST; QL
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %, 7 %	3	
icatibant subcutaneous syringe 30 mg/3 ml	4	PA; QL
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	2	QL
ipratropium bromide inhalation solution 0.02 %	1A	
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	1A	QL
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML)	4	PA; LA; QL
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 50 MG, 75 MG	4	PA; LA; QL
KALYDECO ORAL GRANULES IN PACKET 5.8 MG	4	PA
KALYDECO ORAL TABLET 150 MG	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml	1A	
LIQREV ORAL SUSPENSION 10 MG/ML	4	PA; LA; QL
mometasone nasal spray,non-aerosol 50 mcg/actuation	1B	ST; QL
montelukast oral granules in packet 4 mg	1A	
montelukast oral tablet 10 mg	1A	
montelukast oral tablet,chewable 4 mg, 5 mg	1A	
nebusal inhalation solution for nebulization 3 %	1B	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	3	
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
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, 75-94 MG	4	PA; LA; QL
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	4	PA; LA; QL
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	4	PA; LA; QL
pirfenidone oral capsule 267 mg	4	PA; LA; QL
pirfenidone oral tablet 267 mg, 801 mg	4	PA; LA; QL
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML	3	QL
pulmosal inhalation solution for nebulization 7 %	1B	
PULMOZYME INHALATION SOLUTION 1 MG/ML	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	2	QL
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5 ML	4	LA
REVATIO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML	4	PA; LA; QL
REVATIO ORAL TABLET 20 MG	4	PA; LA; QL
roflumilast oral tablet 250 mcg	1A	PA; QL
roflumilast oral tablet 500 mcg	1A	PA
sajazir subcutaneous syringe 30 mg/3 ml	4	PA; LA; QL
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	2	QL
sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml	4	LA
sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml	4	PA; LA; QL
sildenafil (pulm.hypertension) oral tablet 20 mg	4	PA; LA; QL
SINGULAIR ORAL GRANULES IN PACKET 4 MG	3	
SINGULAIR ORAL TABLET 10 MG	3	
SINGULAIR ORAL TABLET,CHEWABLE 4 MG, 5 MG	3	
SINUVA SINUS IMPLANT 1,350 MCG	4	PA; LA
sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %	1B	
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	2	QL
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	2	QL
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	QL
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	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 December 1, 2023

Drug Name	Drug Tier	Requirements / Limits
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
tadalafil (pulm. hypertension) oral tablet 20 mg	4	PA; LA; QL
TADLIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	4	PA; LA
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	4	PA; LA; QL
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)	4	PA; LA; QL
terbutaline oral tablet 2.5 mg, 5 mg	1A	
terbutaline subcutaneous solution 1 mg/ml	1B	
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)	4	PA; LA; QL
TEZSPIRE SUBCUTANEOUS SYRINGE 210 MG/1.91 ML (110 MG/ML)	4	PA; LA; QL
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	3	
theophylline oral elixir 80 mg/15 ml	1A	
theophylline oral solution 80 mg/15 ml	1A	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg	1A	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	1A	
tiotropium bromide inhalation capsule, w/inhalation device 18 mcg	1A	
TRACLEER ORAL TABLET 125 MG, 62.5 MG	4	PA; LA; QL
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

Drug Name	Drug Tier	Requirements / Limits
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	4	PA; LA; 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
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16 MCG (112)- 32 MCG (84), 16(112)-32(112) - 48(28) MCG, 32 MCG, 48 MCG, 64 MCG	4	PA; LA
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	4	PA; LA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	4	PA; LA
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	4	PA; LA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	4	PA; LA
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	2	QL
wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1A	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
XOPENEX INHALATION SOLUTION FOR NEBULIZATION 0.63 MG/3 ML, 1.25 MG/3 ML	3	
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	2	QL
zafirlukast oral tablet 10 mg, 20 mg	1A	
zileuton oral tablet, er multiphase 12 hr 600 mg	1A	PA

Drug Name	Drug Tier	Requirements / Limits
ZYFLO ORAL TABLET 600 MG	3	PA
UROLOGICALS		
ANTICHOLINERGICS & ANTISPASMODICS		
darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg	1B	ST
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 5 MG	3	ST
fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg	1B	
flavoxate oral tablet 100 mg	1B	
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM)	2	QL
GEMTESA ORAL TABLET 75 MG	3	
oxybutynin chloride oral syrup 5 mg/5 ml	1B	
oxybutynin chloride oral tablet 5 mg	1B	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg	1B	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR	3	ST; QL
solifenacin oral tablet 10 mg, 5 mg	1B	ST
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	1B	ST
tolterodine oral tablet 1 mg, 2 mg	1B	ST
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	3	ST
trospium oral capsule,extended release 24hr 60 mg	1B	ST
trospium oral tablet 20 mg	1B	
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
alfuzosin oral tablet extended release 24 hr 10 mg	1B	
AVODART ORAL CAPSULE 0.5 MG	3	ST
CIALIS ORAL TABLET 2.5 MG, 5 MG	3	PA
dutasteride oral capsule 0.5 mg	1B	ST
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	1B	ST
finasteride oral tablet 5 mg	1B	
FLOMAX ORAL CAPSULE 0.4 MG	3	

Drug Name	Drug Tier	Requirements / Limits
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR 0.5-0.4 MG	3	ST
PROSCAR ORAL TABLET 5 MG	3	ST
RAPAFLO ORAL CAPSULE 4 MG, 8 MG	3	
silodosin oral capsule 4 mg, 8 mg	1B	
tadalafil oral tablet 2.5 mg, 5 mg	1B	PA
tamsulosin oral capsule 0.4 mg	1B	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR 10 MG	3	
CHOLINERGIC STIMULANTS		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	1B	
MISCELLANEOUS UROLOGICALS		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	LA
ELMIRON ORAL CAPSULE 100 MG	2	
K-PHOS NO 2 ORAL TABLET 305-700 MG	3	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG	2	
methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg	1B	
ORACIT ORAL SOLUTION 490-640 MG/5 ML	3	
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML	4	PA; LA
potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)	1B	
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	4	PA; LA
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG	4	PA; LA
PROSTIN VR PEDIATRIC INJECTION SOLUTION 500 MCG/ML	3	
URELLE ORAL TABLET 81-10.8-40.8 MG	3	
uretron d-s oral tablet 81.6-10.8-40.8 mg	1B	
URIBEL ORAL CAPSULE 118-10-40.8-36 MG	3	

Drug Name	Drug Tier	Requirements / Limits
URIMAR-T ORAL CAPSULE 120-10.8-40.8 MG	3	
urimar-t oral tablet 120-10.8-0.12 mg	1B	
URNEVA ORAL CAPSULE 120-10.8-40.8 MG	3	
uro-458 oral tablet 81-10.8-40.8 mg	1B	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1,080 MG)	3	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ	3	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	3	
urogesic-blue oral tablet 81.6-40.8-0.12 mg	1B	
uro-mp oral capsule 118-10-40.8-36 mg	1B	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG	3	
uro-sp oral capsule 118-10-40.8-36 mg	1B	
uryl oral tablet 81.6-40.8-0.12 mg	1B	
URINARY ANESTHETICS		
phenazopyridine oral tablet 100 mg, 200 mg	1B	
PYRIDIUM ORAL TABLET 100 MG, 200 MG	3	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
calcium acetate(phosphat bind) oral capsule 667 mg	1B	QL
calcium acetate(phosphat bind) oral tablet 667 mg	1B	QL
CALCIUM GLUC IN NACL, ISO-OSM INTRAVENOUS SOLUTION 1 GRAM/100 ML	3	
calcium gluc in nacl, iso-osm intravenous solution 1 gram/50 ml, 2 gram/100 ml	1B	
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	3	
effer-k oral tablet, effervescent 25 meq	1B	
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)	3	
klor-con 10 oral tablet extended release 10 meq	1B	

Drug Name	Drug Tier	Requirements / Limits
klor-con 8 oral tablet extended release 8 meq	1B	
klor-con m10 oral tablet,er particles/crystals 10 meq	1B	
klor-con m15 oral tablet,er particles/crystals 15 meq	1B	
klor-con m20 oral tablet,er particles/crystals 20 meq	1B	
klor-con oral packet 20 meq	1B	
klor-con/ef oral tablet, effervescent 25 meq	1B	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	
lugols oral solution 5 %	1B	
magnesium chloride injection solution 200 mg/ml (20 %)	1B	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	2	
magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)	1B	
magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)	1B	
magnesium sulfate injection solution 4 meq/ml (50 %)	1B	
magnesium sulfate injection syringe 4 meq/ml	1B	
NORMOSOL-R INTRAVENOUS PARENTERAL SOLUTION	3	
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	2	QL
POKONZA ORAL PACKET 10 MEQ	3	
potassium chloride oral capsule, extended release 10 meq, 8 meq	1B	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	1B	
potassium chloride oral packet 20 meq	1B	
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	1B	
potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq	1B	

Drug Name	Drug Tier	Requirements / Limits
sodium chloride 0.45 % intravenous parenteral solution 0.45 %	1B	
sodium chloride 3 % hypertonic intravenous parenteral solution 3 %	1B	
sodium chloride 5 % hypertonic intravenous parenteral solution 5 %	1B	
sodium chloride intravenous parenteral solution 2.5 meq/ml, 4 meq/ml	1B	
strong iodine oral solution 5 %	1B	
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	4	PA; LA
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	2	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	2	
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	2	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	2	
VITAMINS & HEMATINICS		
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK,TABLET AND CAP,DR 27 MG IRON-1 MG - 374 MG	3	
bal-care dha oral combo pack,tablet and cap,dr 27-1-430 mg	1A	
CITRANATAL (DUAL-IRON) ORAL TABLET 27 MG IRON-1 MG - 50 MG	3	
CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK 90 MG IRON-1 MG -50 MG-300 MG	3	
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG - 50 MG-300 MG	3	
CITRANATAL B-CALM (FE GLUC) ORAL TABLETS, SEQUENTIAL 20 MG IRON-1 MG - 25 MG/25 MG	3	

Drug Name	Drug Tier	Requirements / Limits
CITRANATAL BLOOM ORAL TABLET 90-1-12-50 MG-MG-MCG-MG	3	
CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK 27 MG IRON-1 MG -50 MG-250 MG	3	
CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE 27 MG IRON-1 MG -50 MG-260 MG	3	
CITRANATAL MEDLEY ORAL CAPSULE 27 MG IRON-1 MG -200 MG	3	
c-nate dha oral capsule 28 mg iron-1 mg -200 mg	1A	
complete natal dha oral combo pack 29 mg iron- 1 mg-200 mg	1A	
CONCEPT DHA ORAL CAPSULE 35-1-200 MG	3	
CONCEPT OB ORAL CAPSULE 85-1 MG	3	
cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml	1B	
dodex injection solution 1,000 mcg/ml	1B	
DRISDOL ORAL CAPSULE 1,250 MCG (50,000 UNIT)	3	
DUET DHA WITH OMEGA-3 ORAL COMBO PACK 25 MG IRON-1 MG - 400 MG	3	
elite-ob oral tablet 50 mg iron- 1.25 mg	1B	
ENBRACE HR ORAL CAPSULE,IR - DELAY REL,BIPHASE 1.5 MG IRON- 8.73 MG-6.4 MG	3	
ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)	1B	
FERAHEME INTRAVENOUS SOLUTION 510 MG/17 ML (30 MG/ML)	3	
ferumoxytol intravenous solution 510 mg/17 ml (30 mg/ml)	1B	
FLORIVA (FLUORIDE-VITAMIN D3) ORAL DROPS 0.25 MG (0.55 MG)-400 UNIT/ML	3	OTC
fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml	5	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
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	1B	
folic acid oral tablet 1 mg	1A	
folic acid oral tablet 400 mcg, 800 mcg	5	ACA; OTC
folivane-ob oral capsule 85-1 mg	1B	
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION 80 MG-400 UNIT- 200 MCG/5 ML	2	
INJECTAFER INTRAVENOUS SOLUTION 100 MG IRON/2 ML, 50 MG IRON/ML	3	
KOSHER PRENATAL PLUS IRON ORAL TABLET 30 MG IRON- 1 MG	3	
ludent fluoride oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)	5	ACA; OTC
MARNATAL-F ORAL CAPSULE 60 MG IRON-1 MG	3	
MECOBALAMIN (VITAMIN B12) INJECTION RECON SOLN 10,000 MCG	3	
m-natal plus oral tablet 27 mg iron- 1 mg	1A	
MONOFERRIC INTRAVENOUS SOLUTION 100 MG IRON/ML	3	
multi-vitamin with fluoride oral drops 0.25 mg/ml, 0.5 mg/ml	5	ACA; OTC
multi-vitamin with fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg	5	ACA; OTC
mvc-fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg	5	ACA; OTC
mynatal oral capsule 65 mg iron- 1 mg	1A	
mynatal oral tablet 90-1-50 mg	1A	
mynatal plus oral tablet 65 mg iron- 1 mg	1A	
mynatal-z oral tablet 65 mg iron- 1 mg	1A	
NASCOBAL NASAL SPRAY,NON-AEROSOL 500 MCG/SPRAY	2	ST; QL

Drug Name	Drug Tier	Requirements / Limits
NATACHEW (FE BIS-GLYCINATE) ORAL TABLET,CHEWABLE 28 MG IRON -1 MG	3	
NATAL PNV ORAL TABLET 6 MG IRON- 833.5 MCG DFE	3	
NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE 27 MG IRON-1.13 MG-581.92 MG	3	
NEONATAL PLUS VITAMIN ORAL TABLET 27 MG IRON- 1 MG	3	
NEONATAL-DHA ORAL COMBO PACK 29-1-200-500 MG	3	
NESTABS ABC ORAL COMBO PACK 32 MG IRON-1 MG -120 MG-180 MG	3	
NESTABS DHA ORAL COMBO PACK 32 MG IRON- 1,000 MCG-230MG	3	
NESTABS ONE ORAL CAPSULE 38-1-225 MG	3	
NESTABS ORAL TABLET 32-1,000 MG-MCG	3	
newgen oral tablet 32-1,000 mg-mcg	1A	

Drug Name	Drug Tier	Requirements / Limits
OB COMPLETE ONE ORAL CAPSULE 40-10-1-300 MG	3	
OB COMPLETE ORAL TABLET 50 MG IRON- 1.25 MG	3	
OB COMPLETE PETITE ORAL CAPSULE 35 MG IRON-5 MG IRON-1 MG	3	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG	3	
OB COMPLETE WITH DHA ORAL CAPSULE 30 MG IRON-10 MG IRON-1 MG	3	
OBSTETRIX EC ORAL TABLET,DELAYED RELEASE (DR/EC) 29 MG IRON-1 MG -50 MG	3	
OBTREX DHA ORAL COMBO PACK,TABLET AND CAP,DR 29 MG IRON-1 MG -50 MG	3	
pnv-dha + docusate oral capsule 27-1.25-55-300 mg	1A	
pnv-dha oral capsule 27 mg iron-1 mg - 300 mg	1B	
pnv-omega oral capsule 28-1-300 mg	1B	

Drug Name	Drug Tier	Requirements / Limits
pnv-select oral tablet 27-1 mg	1A	
pr natal 400 ec oral combo pack,tablet and cap,dr 29-1-400 mg	1A	
pr natal 400 oral combo pack 29-1-400 mg	1A	
pr natal 430 ec oral combo pack,tablet and cap,dr 29-1-430 mg	1A	
pr natal 430 oral combo pack 29 mg iron-1 mg -430 mg	1A	
prena1 chew oral tablet,chew,ir - dr,biphase 1.4 mg	1A	
prena1 pearl oral capsule,ir - delay rel,biphase 30-1.4-200 mg	1A	
prena1 true oral combo pack 30 mg iron- 1.4 mg-300 mg	1A	
prenaissance oral capsule 29-1.25-55-325 mg	1A	
prenaissance plus oral capsule 28-1-50-250 mg	1A	
PRENATA ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	3	
prenatabs fa oral tablet 29-1 mg	1A	
prenatabs rx oral tablet 29 mg iron- 1 mg	1A	
PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG	3	
prenatal plus (calcium carb) oral tablet 27 mg iron- 1 mg	1A	
PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG - 312 MG-250 MG	3	
prenatal plus oral tablet 29 mg iron- 1 mg	1A	
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET 27 MG IRON- 1 MG	3	
prenatal-u oral capsule 106.5-1 mg	1B	
PRENATE AM ORAL TABLET 1-500 MG	3	
PRENATE CHEWABLE ORAL TABLET,CHEWABLE 1 MG	3	
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE 18 MG IRON-1 MG -300 MG	3	

Drug Name	Drug Tier	Requirements / Limits
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET 20 MG IRON- 1 MG	3	
PRENATE ENHANCE ORAL CAPSULE 28 MG IRON- 1 MG-400 MG	3	
PRENATE ESSENTIAL(IRON-ASP-GL) ORAL CAPSULE 18 MG IRON- 1 MG-300 MG	3	
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE 18-1-350 MG	3	
PRENATE PIXIE ORAL CAPSULE 10 MG IRON- 1 MG-200 MG	3	
PRENATE RESTORE ORAL CAPSULE 27 MG IRON- 1 MG-400 MG	3	
PRENATE STAR ORAL TABLET 20 MG IRON- 1 MG	3	
PRIMACARE ORAL CAPSULE 30-1-300 MG	3	
PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG	3	
R-NATAL OB ORAL CAPSULE 20 MG IRON- 1 MG-320 MG	3	
SELECT-OB (FOLIC ACID) ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	3	
SELECT-OB + DHA ORAL COMBO PACK 29 MG IRON-1 MG - 250 MG	3	
SELECT-OB ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	3	
se-natal 19 chewable oral tablet,chewable 29 mg iron- 1 mg	1A	
se-natal-19 oral tablet 29 mg iron- 1 mg	1A	
taron-c dha oral capsule 35-1-200 mg	1B	
taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg	1B	
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG	3	
TRICARE ORAL TABLET 27 MG IRON- 1 MG	3	

Drug Name	Drug Tier	Requirements / Limits
TRIFERIC HEMODIALYSIS POWDER IN PACKET 272 MG IRON	3	
TRIFERIC HEMODIALYSIS SOLUTION 27.2 MG IRON/5 ML	3	
trinatal rx 1 oral tablet 60 mg iron-1 mg	1A	
trinate oral tablet 28 mg iron- 1 mg	1A	
TRISTART DHA ORAL CAPSULE 31 MG IRON- 1 MG-200 MG	3	
tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml	5	ACA; OTC
VITAFOL FE PLUS ORAL CAPSULE 90 MG IRON- 1 MG-200 MG	3	
VITAFOL GUMMIES ORAL TABLET,CHEWABLE 3.33 MG IRON-0.33 MG	3	
VITAFOL NANO ORAL TABLET 18 MG IRON- 1 MG	3	
VITAFOL ULTRA ORAL CAPSULE 29 MG IRON- 1 MG-200 MG	3	
VITAFOL-OB ORAL TABLET 65-1 MG	3	
VITAFOL-OB+DHA ORAL COMBO PACK 65-1-250 MG	3	
VITAFOL-ONE ORAL CAPSULE 29 MG IRON- 1 MG-200 MG	3	
VITALIPID N INFANT INTRAVENOUS SOLUTION 69 MCG-1 MCG-0. 64 MG-20 MCG/ML	3	
VITAMED MD ONE RX ORAL CAPSULE 30 MG IRON-1MG -200 MG	3	
VITAMEDMD REDICHEW RX ORAL TABLET,CHEW,IR - DR,BIPHASE 1.4 MG	3	
vitamins a,c,d and fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml	5	ACA; OTC
VITAPEARL ORAL CAPSULE,IR - DELAY REL,BIPHASE 30-1.4-200 MG	3	

Drug Name	Drug Tier	Requirements / Limits
VITATRUE ORAL COMBO PACK 30 MG IRON- 1.4 MG-300 MG	3	
VITLIPID N INFANT INTRAVENOUS SOLUTION 69 MCG-1 MCG-0. 64 MG-20 MCG/ML	3	
wescap-c dha oral capsule 35-1-200 mg	1B	
wescap-pn dha oral capsule 27 mg iron-1 mg -300 mg	1B	
wesnatal dha complete oral combo pack 29 mg iron- 1 mg-200 mg	1A	
wesnate dha oral capsule 28 mg iron-1 mg -200 mg	1A	
westab plus oral tablet 27 mg iron- 1 mg	1A	
westgel dha oral capsule 31 mg iron-1 mg-200 mg	1A	
zatean-pn dha oral capsule 27 mg iron-1 mg -300 mg	1B	
zatean-pn plus oral capsule 28-1-300 mg	1B	
zingiber oral tablet 1.2 mg-40 mg- 124.1 mg-100 mg	1B	

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