

2023 Prescription Drug Formulary

Basic/Basic Plus



PLEASE READ:

This document contains information about the drugs we cover in your plan. This formulary was updated July 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.

Multi-Language Interpreter Services & Nondiscrimination Notice



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

Spanish

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

Chinese

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

German

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

Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك (بالمجان). 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 yánílti' go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kojí' hódíílnih 1-800-382-5729 (TTY: 711).

Oromo

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

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-382-5729 (TTY: 711)번으로 전화해 주십시오.

Italian

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

Japanese

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

Dutch

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

Ukrainian

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

Romanian

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

Tagalog

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

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

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

Nondiscrimination Notice

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

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

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

Civil Rights Coordinator

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

Email: CivilRightsCoordinator@MedMutual.com

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

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

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



MEDICAL MUTUAL®

Basic/Basic Plus Formulary

What is the Basic/Basic Plus formulary?

The Basic/Basic Plus formulary is a list of medications covered by your plan. 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.

Your plan may exclude certain medications. Please refer to your Certificate or Benefit Book for more information.

How do I use the Basic/Basic Plus formulary?

Covered medications are organized two ways in the Basic/Basic Plus formulary:

1. By condition
2. By name

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

What do I do if my medication requires prior authorization or step therapy, or has a quantity limit?

You, your doctor or your pharmacist can call Express Scripts at 1-800-753-2851 to begin the review process for medications that require prior authorization or step therapy, or that have a quantity limit. After contacting Express Scripts, your doctor 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 has been approved (usually within three business days of receiving the necessary information).

- If you ordered your prescription through mail order, Express Scripts will automatically send it to you once coverage is approved.
- If you tried to fill your prescription at a retail pharmacy, you will need to return to the pharmacy to pick up your medication.

Does the Basic/Basic Plus formulary include generic and brand medications?

Yes. The Basic/Basic Plus formulary includes a variety of generic and brand medications to help you pay less out of pocket.

Generic medications are shown in this document in *lower-case italic letters*. Generics 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.

Brand medications are shown in this document in ALL CAPITAL LETTERS.

Does the Basic/Basic Plus formulary include specialty medications?

Yes. Specialty medications are used to treat certain complex medical conditions and may require special handling, instruction, or monitoring. Many plans limit you to a 30-day supply for most specialty medications and/or require you to fill prescriptions for these medications through one of Medical Mutual's contracted specialty pharmacies, Accredo or Gentry.

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.

Please check your Certificate or Benefit Book for more details about ordering specialty drugs.

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.

How can I save money on my prescriptions?

Depending on your plan, you may have lower copays for drugs listed as Tier 1 and Tier 2. Even if you pay 100 percent of the cost of your drugs (until you meet your deductible), you may still pay less for generic drugs and plan-preferred brand drugs.

Generic drugs approved by the U.S. Food and Drug Administration (FDA) are just as safe and strong as the corresponding brand-name drugs.

When you visit your doctor or health provider, ask him or her to review this formulary at [MedMutual.com/2023BasicDrugs](https://www.medmutual.com/2023BasicDrugs) he or she can see what generic and/or plan-preferred

brand medications are covered by your plan, and which may help you save money.

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.

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

Depending on your plan, you may be required to use mail order for your maintenance medications (those you take for three months or more). Check your Certificate or Benefit Book for details. (Note: 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.)

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 the maximum days' supply allowed by your plan, plus refills for up to one year, if appropriate. 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](https://www.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 member Medical Mutual 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 mail order, 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 ID card.

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List of Abbreviations

1: Generic

2: Preferred Brand

3: Non-preferred Brand

4: Specialty

5: ACA

ACA: Affordable Care Act.

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

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

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

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

ST: Step Therapy. In some cases, the Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET INTRAVENOUS SUSPENSION	2	
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION	3	
<i>amphotericin b injection recon soln</i>	1	
<i>amphotericin b liposome intravenous suspension for reconstitution</i>	1	
ANCOBON ORAL CAPSULE	3	
CANCIDAS INTRAVENOUS RECON SOLN	3	
<i>caspofungin intravenous recon soln</i>	1	
<i>clotrimazole mucous membrane troche</i>	1	
CRESEMBA INTRAVENOUS RECON SOLN	2	
CRESEMBA ORAL CAPSULE	2	
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION	3	
DIFLUCAN ORAL TABLET 100 MG, 200 MG	3	

Drug Name	Drug Tier	Requirements / Limits
DIFLUCAN ORAL TABLET 150 MG	3	QL
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN	2	
<i>fluconazole in nacl (iso-osm) intravenous piggyback</i>	1	
<i>fluconazole oral suspension for reconstitution</i>	1	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	1	
<i>fluconazole oral tablet 150 mg</i>	1	QL
<i>flucytosine oral capsule</i>	1	
<i>griseofulvin microsize oral suspension</i>	1	
<i>griseofulvin microsize oral tablet</i>	1	
<i>griseofulvin ultramicrosize oral tablet</i>	1	
<i>itraconazole oral capsule</i>	1	QL
<i>itraconazole oral solution</i>	1	QL
<i>ketoconazole oral tablet</i>	1	
<i>miconazole intravenous recon soln</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
MYCAMINE INTRAVENOUS RECON SOLN	3	
NOXAFIL INTRAVENOUS SOLUTION	2	
NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON	2	
NOXAFIL ORAL SUSPENSION	3	
NOXAFIL ORAL TABLET, DELAYED RELEASE (DR/EC)	3	
<i>nystatin oral suspension</i>	1	
<i>nystatin oral tablet</i>	1	
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET	3	
<i>posaconazole oral suspension</i>	1	
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	1	
SPORANOX ORAL CAPSULE	3	QL
SPORANOX ORAL SOLUTION	3	QL
<i>terbinafine hcl oral tablet</i>	1	
TOLSURA ORAL CAPSULE, SOLID DISPERSION	3	QL
VFEND IV INTRAVENOUS RECON SOLN	3	

Drug Name	Drug Tier	Requirements / Limits
VFEND ORAL SUSPENSION FOR RECONSTITUTION	3	
VFEND ORAL TABLET	3	
VIVJOA ORAL CAPSULE	3	PA; QL
<i>voriconazole intravenous recon soln</i>	1	
<i>voriconazole oral suspension for reconstitution</i>	1	
<i>voriconazole oral tablet</i>	1	
ANTIVIRALS		
<i>abacavir oral solution</i>	1	
<i>abacavir oral tablet</i>	1	
<i>abacavir-lamivudine oral tablet</i>	1	
<i>acyclovir oral capsule</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet</i>	1	
<i>acyclovir sodium intravenous solution</i>	1	
<i>adefovir oral tablet</i>	1	
<i>amantadine hcl oral capsule</i>	1	
<i>amantadine hcl oral solution</i>	1	
<i>amantadine hcl oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
APTIVUS ORAL CAPSULE	2	
<i>atazanavir oral capsule</i>	1	
ATRIPLA ORAL TABLET	3	
BARACLUDE ORAL SOLUTION	2	
BARACLUDE ORAL TABLET	3	
BIKTARVY ORAL TABLET	2	
CABENUVA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE	4	PA; QL
<i>cidofovir intravenous solution</i>	1	
CIMDUO ORAL TABLET	2	
COMBIVIR ORAL TABLET	3	
COMPLERA ORAL TABLET	3	
DELSTRIGO ORAL TABLET	3	
DESCOVY ORAL TABLET	2	
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	1	
DOVATO ORAL TABLET	2	
EDURANT ORAL TABLET	2	
<i>efavirenz oral capsule</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>efavirenz oral tablet</i>	1	
<i>efavirenz-emtricitabin-tenofovir oral tablet</i>	1	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet</i>	1	
<i>emtricitabine oral capsule</i>	1	
<i>emtricitabine-tenofovir (tdf) oral tablet</i>	1	
EMTRIVA ORAL CAPSULE	3	
EMTRIVA ORAL SOLUTION	2	
<i>entecavir oral tablet</i>	1	
EPCLUSA ORAL PELLETS IN PACKET	4	PA; LA; QL
EPCLUSA ORAL TABLET	4	PA; LA; QL
EPIVIR HBV ORAL SOLUTION	2	
EPIVIR HBV ORAL TABLET	3	
EPIVIR ORAL SOLUTION	3	
EPIVIR ORAL TABLET	3	
EPZICOM ORAL TABLET	3	
<i>etravirine oral tablet</i>	1	
EVOTAZ ORAL TABLET	3	
<i>famciclovir oral tablet</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
FLUMADINE ORAL TABLET	3	
<i>fosamprenavir oral tablet</i>	1	
<i>foscarnet intravenous solution</i>	1	
FOSCAVIR INTRAVENOUS SOLUTION	3	
FUZEON SUBCUTANEOUS RECON SOLN	2	QL
GANCICLOVIR INTRAVENOUS SOLUTION	3	
<i>ganciclovir sodium intravenous recon soln</i>	1	
<i>ganciclovir sodium intravenous solution</i>	1	
GENVOYA ORAL TABLET	2	
HARVONI ORAL PELLETS IN PACKET	4	PA; LA; QL
HARVONI ORAL TABLET	4	PA; LA; QL
HEPSERA ORAL TABLET	3	
INTELENCE ORAL TABLET 100 MG, 200 MG	3	
INTELENCE ORAL TABLET 25 MG	2	
ISENTRESS HD ORAL TABLET	2	
ISENTRESS ORAL POWDER IN PACKET	2	

Drug Name	Drug Tier	Requirements / Limits
ISENTRESS ORAL TABLET	2	
ISENTRESS ORAL TABLET,CHEWABLE	2	
JULUCA ORAL TABLET	2	
KALETRA ORAL SOLUTION	3	
KALETRA ORAL TABLET	3	
LAGEVRIO (EUA) ORAL CAPSULE	5	ACA; QL
<i>lamivudine oral solution</i>	1	
<i>lamivudine oral tablet</i>	1	
<i>lamivudine-zidovudine oral tablet</i>	1	
LEDIPASVIR-SOFOSBUVIR ORAL TABLET	4	PA; LA; QL
LEXIVA ORAL SUSPENSION	2	
LEXIVA ORAL TABLET	3	
LIVTENCITY ORAL TABLET	3	PA; LA; QL
<i>lopinavir-ritonavir oral solution</i>	1	
<i>lopinavir-ritonavir oral tablet</i>	1	
<i>maraviroc oral tablet</i>	1	
MAVYRET ORAL PELLETS IN PACKET	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 July 1, 2023.

Drug Name	Drug Tier	Requirements / Limits
MAVYRET ORAL TABLET	4	PA; LA; QL
<i>nevirapine oral suspension</i>	1	
<i>nevirapine oral tablet</i>	1	
<i>nevirapine oral tablet extended release 24 hr</i>	1	
NORVIR ORAL POWDER IN PACKET	2	
NORVIR ORAL TABLET	3	
ODEFSEY ORAL TABLET	2	
<i>oseltamivir oral capsule</i>	1	QL
<i>oseltamivir oral suspension for reconstitution</i>	1	QL
PAXLOVID ORAL TABLETS,DOSE PACK	5	ACA; QL
PIFELTRO ORAL TABLET	3	
PREVYMIS INTRAVENOUS SOLUTION	2	
PREVYMIS ORAL TABLET	2	QL
PREZCOBIX ORAL TABLET	3	
PREZISTA ORAL SUSPENSION	2	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	

Drug Name	Drug Tier	Requirements / Limits
RAPIVAB (PF) INTRAVENOUS SOLUTION	2	
REGEN-COV (EUA) INTRAVENOUS SOLUTION	3	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE	3	QL
RETROVIR INTRAVENOUS SOLUTION	2	
RETROVIR ORAL CAPSULE	3	
RETROVIR ORAL SYRUP	3	
REYATAZ ORAL CAPSULE 200 MG, 300 MG	3	
REYATAZ ORAL POWDER IN PACKET	2	
<i>ribavirin inhalation recon soln</i>	1	
<i>rimantadine oral tablet</i>	1	
<i>ritonavir oral tablet</i>	1	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR	3	
SELZENTRY ORAL SOLUTION	2	
SELZENTRY ORAL TABLET 150 MG, 300 MG	3	

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

Drug Name	Drug Tier	Requirements / Limits
SELZENTRY ORAL TABLET 25 MG, 75 MG	2	
SOFOSBUVIR-VELPATASVIR ORAL TABLET	4	PA; LA; QL
SOVALDI ORAL PELLETS IN PACKET	4	PA; LA; QL
SOVALDI ORAL TABLET	4	PA; LA; QL
<i>stavudine oral capsule 15 mg, 20 mg, 40 mg</i>	1	
STRIBILD ORAL TABLET	3	
SUNLENCA ORAL TABLET	4	PA; LA
SUNLENCA SUBCUTANEOUS SOLUTION	4	PA; LA
SUSTIVA ORAL TABLET	3	
SYMFI LO ORAL TABLET	2	
SYMFI ORAL TABLET	2	
SYMTUZA ORAL TABLET	2	
TAMIFLU ORAL CAPSULE	3	QL
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	3	QL
TEMBEXA ORAL SUSPENSION	3	
TEMBEXA ORAL TABLET	3	

Drug Name	Drug Tier	Requirements / Limits
<i>tenofovir disoproxil fumarate oral tablet</i>	1	
TIVICAY ORAL TABLET	2	
TIVICAY PD ORAL TABLET FOR SUSPENSION	2	
TRIUMEQ ORAL TABLET	2	
TRIUMEQ PD ORAL TABLET FOR SUSPENSION	2	
TRIZIVIR ORAL TABLET	3	
TYBOST ORAL TABLET	3	
<i>valacyclovir oral tablet</i>	1	QL
VALCYTE ORAL RECON SOLN	3	
VALCYTE ORAL TABLET	3	
<i>valganciclovir oral recon soln</i>	1	
<i>valganciclovir oral tablet</i>	1	
VALTREX ORAL TABLET	3	QL
VEMLIDY ORAL TABLET	2	
VIEKIRA PAK ORAL TABLETS,DOSE PACK	4	PA; LA; QL
VIRACEPT ORAL TABLET	2	
VIRAZOLE INHALATION RECON SOLN	3	

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

Drug Name	Drug Tier	Requirements / Limits
VIREAD ORAL POWDER	2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	3	
VOSEVI ORAL TABLET	4	PA; LA; QL
XOFLUZA ORAL TABLET 40 MG, 80 MG	3	QL
ZEPATIER ORAL TABLET	4	PA; LA; QL
ZIAGEN ORAL SOLUTION	3	
ZIAGEN ORAL TABLET	3	
<i>zidovudine oral capsule</i>	1	
<i>zidovudine oral syrup</i>	1	
<i>zidovudine oral tablet</i>	1	
CEPHALOSPORINS		
AVYCAZ INTRAVENOUS RECON SOLN	2	
<i>cefaclor oral capsule</i>	1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr</i>	1	
<i>cefadroxil oral capsule</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet</i>	1	
<i>cefazolin in 0.9% sod chloride intravenous piggyback</i>	1	
<i>cefazolin in 0.9% sod chloride intravenous solution</i>	1	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	
CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML	3	
<i>cefazolin in dextrose 5 % intravenous solution</i>	1	
CEFAZOLIN IN STERILE WATER INTRAVENOUS SYRINGE	3	
<i>cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 20 gram, 300 g, 500 mg</i>	1	
CEFAZOLIN INJECTION RECON SOLN 2 GRAM	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>cefazolin intravenous recon soln 1 gram</i>	1	
CEFAZOLIN INTRAVENOUS RECON SOLN 2 GRAM, 3 GRAM	3	
<i>cefdinir oral capsule</i>	1	
<i>cefdinir oral suspension for reconstitution</i>	1	
<i>cefditoren pivoxil oral tablet 400 mg</i>	1	
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK	3	
<i>cefepime in dextrose,iso-osm intravenous piggyback</i>	1	
<i>cefepime injection recon soln</i>	1	
CEFEPIME INTRAVENOUS RECON SOLN	3	
<i>cefixime oral capsule</i>	1	
<i>cefixime oral suspension for reconstitution</i>	1	
CEFOTAN INJECTION RECON SOLN	3	
<i>cefotaxime injection recon soln 1 gram, 2 gram</i>	1	
<i>cefotetan injection recon soln</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>cefotetan intravenous recon soln</i>	1	
<i>cefoxitin in dextrose, iso-osm intravenous piggyback</i>	1	
<i>cefoxitin intravenous recon soln</i>	1	
<i>cefpodoxime oral suspension for reconstitution</i>	1	
<i>cefpodoxime oral tablet</i>	1	
<i>cefprozil oral suspension for reconstitution</i>	1	
<i>cefprozil oral tablet</i>	1	
CEFTAZIDIME IN D5W INTRAVENOUS PIGGYBACK 2 GRAM/50 ML	2	
<i>ceftazidime injection recon soln</i>	1	
<i>ceftriaxone in dextrose,iso-os intravenous piggyback</i>	1	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	1	
CEFTRIAZONE INJECTION RECON SOLN 100 GRAM	3	
<i>ceftriaxone intravenous recon soln</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>cefuroxime axetil oral tablet</i>	1	
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	
<i>cefuroxime sodium intravenous recon soln</i>	1	
<i>cephalexin oral capsule</i>	1	
<i>cephalexin oral suspension for reconstitution</i>	1	
<i>cephalexin oral tablet</i>	1	
CLAFORAN INJECTION RECON SOLN 1 GRAM, 2 GRAM	3	
FETROJA INTRAVENOUS RECON SOLN	3	
SUPRAX ORAL CAPSULE	3	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION	3	
SUPRAX ORAL TABLET,CHEWABLE	3	
<i>tazicef injection recon soln</i>	1	
<i>tazicef intravenous recon soln</i>	1	
TEFLARO INTRAVENOUS RECON SOLN	2	

Drug Name	Drug Tier	Requirements / Limits
ZERBAXA INTRAVENOUS RECON SOLN	2	
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin intravenous recon soln</i>	1	
<i>azithromycin oral packet</i>	1	
<i>azithromycin oral suspension for reconstitution</i>	1	
<i>azithromycin oral tablet</i>	1	
<i>clarithromycin oral suspension for reconstitution</i>	1	
<i>clarithromycin oral tablet</i>	1	
<i>clarithromycin oral tablet extended release 24 hr</i>	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	3	QL
DIFICID ORAL TABLET	3	QL
<i>e.e.s. 400 oral tablet</i>	1	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION	3	
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION	3	

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Drug Name	Drug Tier	Requirements / Limits
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION	3	
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	1	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	3	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	1	
<i>erythromycin ethylsuccinate oral tablet</i>	1	
<i>erythromycin lactobionate intravenous recon soln</i>	1	
<i>erythromycin oral capsule, delayed release (dr/ec)</i>	1	
<i>erythromycin oral tablet</i>	1	
<i>erythromycin oral tablet, delayed release (dr/ec)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ZITHROMAX INTRAVENOUS RECON SOLN	3	
ZITHROMAX ORAL PACKET	3	
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	3	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	
ZITHROMAX TRI-PAK ORAL TABLET	3	
ZITHROMAX Z-PAK ORAL TABLET	3	
MISCELLANEOUS ANTIINFECTIVES		
AEMCOLO ORAL TABLET, DELAYED RELEASE (DR/EC)	3	QL
<i>albendazole oral tablet</i>	1	QL
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	2	QL
ALINIA ORAL TABLET	3	QL
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	
ARAKODA ORAL TABLET	3	QL

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Drug Name	Drug Tier	Requirements / Limits
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION	4	PA; LA
ARTESUNATE INTRAVENOUS RECON SOLN	3	
<i>atovaquone oral suspension</i>	1	
<i>atovaquone-proguanil oral tablet</i>	1	QL
AZACTAM INJECTION RECON SOLN	3	
<i>aztreonam injection recon soln</i>	1	
<i>bacitracin intramuscular recon soln</i>	1	
BENZNIDAZOLE ORAL TABLET	2	QL
BETHKIS INHALATION SOLUTION FOR NEBULIZATION	4	LA; QL
BILTRICIDE ORAL TABLET	3	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION	4	PA; LA; QL
<i>chloramphenicol sod succinate intravenous recon soln</i>	1	
<i>chloroquine phosphate oral tablet</i>	1	
CLEOCIN HCL ORAL CAPSULE	3	

Drug Name	Drug Tier	Requirements / Limits
CLEOCIN INJECTION SOLUTION	3	
CLEOCIN PEDIATRIC ORAL RECON SOLN	3	
<i>clindamycin hcl oral capsule</i>	1	
CLINDAMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK	3	
<i>clindamycin in 5 % dextrose intravenous piggyback</i>	1	
<i>clindamycin pediatric oral recon soln</i>	1	
<i>clindamycin phosphate injection solution</i>	1	
COARTEM ORAL TABLET	2	QL
<i>colistin (colistimethate na) injection recon soln</i>	1	
COLY-MYCIN M PARENTERAL INJECTION RECON SOLN	3	
CUBICIN RF INTRAVENOUS RECON SOLN	3	
CYCLOSERINE ORAL CAPSULE	3	
DALVANCE INTRAVENOUS SOLUTION	2	
<i>dapsone oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	3	
<i>daptomycin intravenous recon soln 500 mg</i>	1	
DARAPRIM ORAL TABLET	4	LA
EMVERM ORAL TABLET,CHEWABLE	2	QL
<i>ertapenem injection recon soln</i>	1	
<i>ethambutol oral tablet</i>	1	
FLAGYL ORAL CAPSULE	3	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	1	
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML	2	
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 120 MG/100 ML	3	
<i>gentamicin injection solution</i>	1	
<i>gentamicin sulfate (ped) (pf) injection solution</i>	1	

Drug Name	Drug Tier	Requirements / Limits
HUMATIN ORAL CAPSULE	4	LA
<i>hydroxychloroquine oral tablet</i>	1	
<i>imipenem-cilastatin intravenous recon soln</i>	1	
IMPAVIDO ORAL CAPSULE	2	QL
INVANZ INJECTION RECON SOLN	3	
<i>isoniazid injection solution</i>	1	
<i>isoniazid oral solution</i>	1	
<i>isoniazid oral tablet</i>	1	
<i>ivermectin oral tablet</i>	1	PA; QL
KIMYRSA INTRAVENOUS RECON SOLN	3	
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION	4	LA; QL
KRINTAFEL ORAL TABLET	3	QL
LAMPIT ORAL TABLET	3	QL
LINCOCIN INJECTION SOLUTION	3	
<i>lincomycin injection solution</i>	1	
<i>linezolid in dextrose 5% intravenous piggyback</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>linezolid oral suspension for reconstitution</i>	1	
<i>linezolid oral tablet</i>	1	
<i>linezolid-0.9% sodium chloride intravenous parenteral solution</i>	1	
MALARONE ORAL TABLET	3	QL
MALARONE PEDIATRIC ORAL TABLET	3	QL
<i>mefloquine oral tablet</i>	1	QL
MEPRON ORAL SUSPENSION	3	
<i>meropenem intravenous recon soln</i>	1	
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK	2	
<i>metro i.v. intravenous piggyback</i>	1	
<i>metronidazole in nacl (iso-os) intravenous piggyback</i>	1	
<i>metronidazole oral capsule</i>	1	
<i>metronidazole oral tablet</i>	1	
MYAMBUTOL ORAL TABLET 400 MG	3	

Drug Name	Drug Tier	Requirements / Limits
MYCOBUTIN ORAL CAPSULE	3	
NEBUPENT INHALATION RECON SOLN	3	QL
<i>neomycin oral tablet</i>	1	
<i>nitazoxanide oral tablet</i>	1	QL
ORBACTIV INTRAVENOUS RECON SOLN	2	
<i>paromomycin oral capsule</i>	1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET	3	
PENTAM INJECTION RECON SOLN	3	
<i>pentamidine inhalation recon soln</i>	1	QL
<i>pentamidine injection recon soln</i>	1	
PLAQUENIL ORAL TABLET	3	
<i>polymyxin b sulfate injection recon soln</i>	1	
<i>praziquantel oral tablet</i>	1	
PRETOMANID ORAL TABLET	3	
PRIFTIN ORAL TABLET	2	
<i>primaquine oral tablet</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
PRIMAXIN IV INTRAVENOUS RECON SOLN 500 MG	3	
<i>pyrazinamide oral tablet</i>	1	
<i>pyrimethamine oral tablet</i>	4	LA
QUALAQUIN ORAL CAPSULE	3	QL
<i>quinine sulfate oral capsule</i>	1	QL
RECARBRIO INTRAVENOUS RECON SOLN	3	
<i>rifabutin oral capsule</i>	1	
RIFADIN INTRAVENOUS RECON SOLN	3	
<i>rifampin intravenous recon soln</i>	1	
<i>rifampin oral capsule</i>	1	
SIRTURO ORAL TABLET	2	
SIVEXTRO INTRAVENOUS RECON SOLN	3	
SIVEXTRO ORAL TABLET	3	
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET	2	QL
STREPTOMYCIN INTRAMUSCULAR RECON SOLN	2	

Drug Name	Drug Tier	Requirements / Limits
STROMEKTOL ORAL TABLET	3	PA; QL
<i>tigecycline intravenous recon soln</i>	1	
<i>tinidazole oral tablet</i>	1	QL
TOBI INHALATION SOLUTION FOR NEBULIZATION	4	LA; QL
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	4	PA; LA; QL
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization</i>	4	LA; QL
<i>tobramycin inhalation solution for nebulization</i>	4	LA; QL
<i>tobramycin sulfate injection recon soln</i>	1	
<i>tobramycin sulfate injection solution</i>	1	
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION	4	LA; QL
TRECATOR ORAL TABLET	3	
TYGACIL INTRAVENOUS RECON SOLN	3	
VABOMERE INTRAVENOUS RECON SOLN	3	

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Drug Name	Drug Tier	Requirements / Limits
XENLETA INTRAVENOUS SOLUTION	3	
XENLETA ORAL TABLET	3	
XIFAXAN ORAL TABLET	2	QL
ZEMDRI INTRAVENOUS SOLUTION	3	
ZYVOX INTRAVENOUS PIGGYBACK	3	
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION	3	
ZYVOX ORAL TABLET	3	
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension for reconstitution</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	1	
<i>amoxicillin-pot clavulanate oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	1	
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium injection recon soln</i>	1	
<i>ampicillin sodium intravenous recon soln</i>	1	
<i>ampicillin-sulbactam injection recon soln</i>	1	
<i>ampicillin-sulbactam intravenous recon soln</i>	1	
AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION	3	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR	3	
BICILLIN C-R INTRAMUSCULAR SYRINGE	2	
BICILLIN L-A INTRAMUSCULAR SYRINGE	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>dicloxacillin oral capsule</i>	1	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR	3	
<i>nafcillin in dextrose iso-osm intravenous piggyback</i>	1	
<i>nafcillin injection recon soln</i>	1	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback</i>	1	
<i>oxacillin injection recon soln</i>	1	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK	2	
<i>penicillin g potassium injection recon soln</i>	1	
<i>penicillin g sodium injection recon soln</i>	1	
<i>penicillin v potassium oral recon soln</i>	1	
<i>penicillin v potassium oral tablet</i>	1	
<i>pfizerpen-g injection recon soln</i>	1	
<i>piperacillin-tazobactam intravenous recon soln</i>	1	

Drug Name	Drug Tier	Requirements / Limits
UNASYN INJECTION RECON SOLN	3	
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK	2	
QUINOLONES		
AVELOX IN NACL (ISO-OSMOTIC) INTRAVENOUS PIGGYBACK	3	
BAXDELA INTRAVENOUS RECON SOLN	2	
BAXDELA ORAL TABLET	2	QL
CIPRO ORAL SUSPENSION,MIC ROCAPSULE RECON	3	
CIPRO ORAL TABLET 250 MG, 500 MG	3	
<i>ciprofloxacin hcl oral tablet</i>	1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback</i>	1	
<i>ciprofloxacin oral suspension,microcapsule recon</i>	1	
FACTIVE ORAL TABLET	3	
<i>levofloxacin in d5w intravenous piggyback</i>	1	
<i>levofloxacin intravenous solution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>levofloxacin oral solution</i>	1	
<i>levofloxacin oral tablet</i>	1	
<i>moxifloxacin oral tablet</i>	1	
MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK	2	
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
SULFA'S & RELATED AGENTS		
BACTRIM DS ORAL TABLET	3	
BACTRIM ORAL TABLET	3	
<i>sulfadiazine oral tablet</i>	1	
<i>sulfamethoxazole-trimethoprim intravenous solution</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
<i>sulfatrim oral suspension</i>	1	
TETRACYCLINES		
ACTICLATE ORAL TABLET	3	ST

Drug Name	Drug Tier	Requirements / Limits
AVIDOXY DK KIT	3	ST
<i>avidoxy oral tablet</i>	1	
<i>demeclocycline oral tablet</i>	1	
DORYX ORAL TABLET,DELAYE D RELEASE (DR/EC) 200 MG, 50 MG, 80 MG	3	ST
<i>doxy-100 intravenous recon soln</i>	1	
<i>doxycycline hyclate intravenous recon soln</i>	1	
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>	1	ST
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	ST
DOXYCYCLINE HYCLATE ORAL TABLET,DELAYE D RELEASE (DR/EC) 80 MG	3	ST
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral capsule 150 mg</i>	1	ST

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Drug Name	Drug Tier	Requirements / Limits
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE,IR - DELAY REL,BIPHASE	3	ST
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	
<i>doxycycline monohydrate oral tablet</i>	1	
LYMEPAK ORAL TABLET	3	
MINOCIN INTRAVENOUS RECON SOLN	2	
<i>minocycline oral capsule</i>	1	
MINOCYCLINE ORAL CAPSULE,EXTENDED RELEASE 24HR	3	ST
<i>minocycline oral tablet</i>	1	
<i>minocycline oral tablet extended release 24 hr</i>	1	ST
MINOCYCLINE ORAL TABLET, IR - ER, BIPHASIC 24HR	3	ST
MINOLIRA ER ORAL TABLET, IR - ER, BIPHASIC 24HR	3	ST
<i>mondoxylene nl oral capsule</i>	1	

Drug Name	Drug Tier	Requirements / Limits
MONODOX ORAL CAPSULE	3	ST
MORGIDOX 1X 50 KIT	3	ST
MORGIDOX 1X100 KIT	3	ST
<i>morgidox oral capsule 100 mg</i>	1	
NUZYRA INTRAVENOUS RECON SOLN	3	
NUZYRA ORAL TABLET	3	QL
ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE	3	ST
SEYSARA ORAL TABLET	3	ST
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	ST
TARGADOX ORAL TABLET	3	ST
<i>tetracycline oral capsule</i>	1	
VIBRAMYCIN (CALCIUM) ORAL SYRUP	3	ST
VIBRAMYCIN ORAL CAPSULE 100 MG	3	ST
XERAVA INTRAVENOUS RECON SOLN	3	

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Drug Name	Drug Tier	Requirements / Limits
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine oral packet</i>	1	
FURADANTIN ORAL SUSPENSION	3	
HIPREX ORAL TABLET	3	
MACROBID ORAL CAPSULE	3	
MACRODANTIN ORAL CAPSULE	3	
<i>methenamine hippurate oral tablet</i>	1	
<i>methenamine mandelate oral tablet</i>	1	
MONUROL ORAL PACKET	3	
<i>nitrofurantoin macrocrystal oral capsule</i>	1	
<i>nitrofurantoin monohyd/m-cryst oral capsule</i>	1	
<i>nitrofurantoin oral suspension</i>	1	
PRIMSOL ORAL SOLUTION	3	
<i>trimethoprim oral tablet</i>	1	
VANCOMYCIN		
FIRVANQ ORAL RECON SOLN	3	QL
VANCOCIN ORAL CAPSULE	3	QL

Drug Name	Drug Tier	Requirements / Limits
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK	2	
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	
<i>vancomycin in 0.9 % sodium chl intravenous solution 1.5 gram/500 ml</i>	1	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK	2	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS SOLUTION 1.25 GRAM/250 ML, 1.5 GRAM/250 ML	2	
VANCOMYCIN INJECTION RECON SOLN	3	
<i>vancomycin intravenous recon soln 1,000 mg, 1.5 gram, 10 gram, 5 gram, 500 mg, 750 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM	3	
<i>vancomycin oral capsule</i>	1	QL
VANCOMYCIN ORAL RECON SOLN 25 MG/ML	3	QL
<i>vancomycin oral recon soln 50 mg/ml</i>	1	QL
VANCOMYCIN-DILUENT COMBO NO.1 INTRAVENOUS PIGGYBACK	3	
VIBATIV INTRAVENOUS RECON SOLN 750 MG	2	

ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS

ADJUNCTIVE AGENTS

<i>dexrazoxane hcl intravenous recon soln</i>	1	
ETHYOL INTRAVENOUS RECON SOLN	3	
KEPIVANCE INTRAVENOUS RECON SOLN	4	LA
KHAPZORY INTRAVENOUS RECON SOLN	3	
<i>leucovorin calcium injection recon soln</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>leucovorin calcium injection solution</i>	1	
<i>leucovorin calcium oral tablet</i>	1	
<i>levoleucovorin calcium intravenous recon soln</i>	1	
<i>levoleucovorin calcium intravenous solution</i>	1	
<i>mesna intravenous solution</i>	1	
MESNEX INTRAVENOUS SOLUTION	3	
MESNEX ORAL TABLET	2	
TOTECT INTRAVENOUS RECON SOLN	3	
VISTOGARD ORAL GRANULES IN PACKET	4	LA; QL
VORAXAZE INTRAVENOUS RECON SOLN	2	
XGEVA SUBCUTANEOUS SOLUTION	4	PA; LA; QL
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet</i>	4	PA; LA; QL
ADAKVEO INTRAVENOUS SOLUTION	4	PA; LA
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION	4	PA; LA; QL
AFINITOR ORAL TABLET	4	PA; LA; QL
ALECENSA ORAL CAPSULE	4	PA; LA; QL
ALIQOPA INTRAVENOUS RECON SOLN	4	LA
ALKERAN (AS HCL) INTRAVENOUS RECON SOLN	3	
ALKERAN ORAL TABLET	3	
ALUNBRIG ORAL TABLET	4	PA; LA; QL
ALUNBRIG ORAL TABLETS,DOSE PACK	4	PA; LA; QL
<i>anastrozole oral tablet</i>	5	ACA
ARIMIDEX ORAL TABLET	3	
AROMASIN ORAL TABLET	3	
ASPARLAS INTRAVENOUS SOLUTION	4	LA
ASTAGRAF XL ORAL CAPSULE,EXTEN DED RELEASE 24HR	3	PA
AYVAKIT ORAL TABLET	4	PA; LA; QL
AZASAN ORAL TABLET	3	ST

Drug Name	Drug Tier	Requirements / Limits
<i>azathioprine oral tablet</i>	1	
<i>azathioprine sodium injection recon soln</i>	1	
BALVERSA ORAL TABLET	4	PA; LA
BELEODAQ INTRAVENOUS RECON SOLN	4	LA
<i>bexarotene oral capsule</i>	4	PA; LA
<i>bexarotene topical gel</i>	4	PA; LA
<i>bicalutamide oral tablet</i>	1	
BICNU INTRAVENOUS RECON SOLN	3	
<i>bleomycin injection recon soln</i>	1	
BOSULIF ORAL TABLET	4	PA; LA; QL
BRAFTOVI ORAL CAPSULE 75 MG	4	PA; LA; QL
BRUKINSA ORAL CAPSULE	4	PA; LA
<i>busulfan intravenous solution</i>	1	
BUSULFEX INTRAVENOUS SOLUTION	3	
CABOMETYX ORAL TABLET	4	PA; LA; QL
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET	4	PA; LA; QL
CALQUENCE ORAL CAPSULE	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
CAMCEVI (6 MONTH) SUBCUTANEOUS SYRINGE	4	PA; LA
CAMPTOSAR INTRAVENOUS SOLUTION	3	
<i>capecitabine oral tablet</i>	4	LA; QL
CAPRELSA ORAL TABLET	4	PA; LA; QL
<i>carboplatin intravenous recon soln</i>	1	
<i>carboplatin intravenous solution</i>	1	
<i>carmustine intravenous recon soln 100 mg</i>	1	
CARMUSTINE INTRAVENOUS RECON SOLN 300 MG, 50 MG	3	
CASODEX ORAL TABLET	3	
CELLCEPT INTRAVENOUS INTRAVENOUS RECON SOLN	3	
CELLCEPT ORAL CAPSULE	3	ST
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	3	ST
CELLCEPT ORAL TABLET	3	ST
CISPLATIN INTRAVENOUS RECON SOLN	3	

Drug Name	Drug Tier	Requirements / Limits
<i>cisplatin intravenous solution</i>	1	
<i>cladribine intravenous solution</i>	1	
<i>clofarabine intravenous solution</i>	1	
CLOLAR INTRAVENOUS SOLUTION	3	
COMETRIQ ORAL CAPSULE	4	PA; LA; QL
COPIKTRA ORAL CAPSULE	4	PA; LA; QL
COSMEGEN INTRAVENOUS RECON SOLN	3	
COTELLIC ORAL TABLET	4	PA; LA; QL
<i>cyclophosphamide oral capsule</i>	1	
CYCLOPHOSPHAMIDE ORAL TABLET	3	
<i>cyclosporine intravenous solution</i>	1	
<i>cyclosporine modified oral capsule</i>	1	
<i>cyclosporine modified oral solution</i>	1	
<i>cyclosporine oral capsule</i>	1	
<i>cytarabine (pf) injection solution</i>	1	
<i>cytarabine injection solution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>dacarbazine intravenous recon soln</i>	1	
<i>dactinomycin intravenous recon soln</i>	1	
DARZALEX FASPRO SUBCUTANEOUS SOLUTION	4	PA; LA
<i>daunorubicin intravenous solution</i>	1	
DAURISMO ORAL TABLET	4	PA; LA; QL
DROXIA ORAL CAPSULE	2	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE	4	PA; LA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE	4	PA; LA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE	4	PA; LA
ELIGARD SUBCUTANEOUS SYRINGE	4	PA; LA
ELLENCEN INTRAVENOUS SOLUTION	3	
ELZONRIS INTRAVENOUS SOLUTION	4	LA
EMCYT ORAL CAPSULE	2	

Drug Name	Drug Tier	Requirements / Limits
ENHERTU INTRAVENOUS RECON SOLN	4	LA
ENSPRYNG SUBCUTANEOUS SYRINGE	4	PA; LA
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR	3	PA
<i>epirubicin intravenous solution 200 mg/100 ml</i>	1	
ERIVEDGE ORAL CAPSULE	4	PA; LA; QL
ERLEADA ORAL TABLET 240 MG	4	PA; LA
ERLEADA ORAL TABLET 60 MG	4	PA; LA; QL
<i>erlotinib oral tablet</i>	4	PA; LA; QL
ETOPOPHOS INTRAVENOUS RECON SOLN	2	
<i>etoposide intravenous solution</i>	1	
<i>etoposide oral capsule</i>	1	
EULEXIN ORAL CAPSULE	3	
<i>everolimus (antineoplastic) oral tablet</i>	4	PA; LA; QL
<i>everolimus (antineoplastic) oral tablet for suspension</i>	4	PA; LA; QL
<i>everolimus (immunosuppressive) oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
EVOMELA INTRAVENOUS RECON SOLN	4	LA
<i>exemestane oral tablet</i>	5	ACA
EXKIVITY ORAL CAPSULE	4	PA; LA; QL
FARESTON ORAL TABLET	3	
FEMARA ORAL TABLET	3	
FENSOLVI SUBCUTANEOUS SYRINGE	4	PA; LA
<i>fludarabine intravenous recon soln</i>	1	
<i>fludarabine intravenous solution</i>	1	
<i>fluorouracil intravenous solution</i>	1	
FOLOTYN INTRAVENOUS SOLUTION	4	LA
FOTIVDA ORAL CAPSULE	4	PA; LA; QL
GAMIFANT INTRAVENOUS SOLUTION	4	PA; LA
GAVRETO ORAL CAPSULE	4	PA; LA; QL
<i>gefitinib oral tablet</i>	4	PA; LA; QL
<i>gengraf oral capsule</i>	1	
<i>gengraf oral solution</i>	1	
GILOTRIF ORAL TABLET	4	PA; LA; QL
GLEEVEC ORAL TABLET	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
GLEOSTINE ORAL CAPSULE	2	
GLIADEL WAFER IMPLANT WAFER	3	
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION	4	LA
HYCAMTIN INTRAVENOUS RECON SOLN	4	LA
HYCAMTIN ORAL CAPSULE	4	LA
HYDREA ORAL CAPSULE	3	
<i>hydroxyurea oral capsule</i>	1	
IBRANCE ORAL CAPSULE	4	PA; LA; QL
IBRANCE ORAL TABLET	4	PA; LA; QL
ICLUSIG ORAL TABLET	4	PA; LA; QL
IDAMYCIN PFS INTRAVENOUS SOLUTION	3	
<i>idarubicin intravenous solution</i>	1	
IDHIFA ORAL TABLET	4	PA; LA; QL
IFEX INTRAVENOUS RECON SOLN	3	
<i>ifosfamide intravenous recon soln</i>	1	
<i>ifosfamide intravenous solution</i>	1	
<i>imatinib oral tablet</i>	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
IMBRUVICA ORAL CAPSULE	4	PA; LA; QL
IMBRUVICA ORAL SUSPENSION	4	PA; LA; QL
IMBRUVICA ORAL TABLET 420 MG, 560 MG	4	PA; LA; QL
IMURAN ORAL TABLET	3	ST
INLYTA ORAL TABLET	4	PA; LA; QL
INQOVI ORAL TABLET	4	PA; LA; QL
INREBIC ORAL CAPSULE	4	PA; LA; QL
IODOPEN INTRAVENOUS SOLUTION	2	
IRESSA ORAL TABLET	4	PA; LA; QL
<i>irinotecan intravenous solution</i>	1	
JAKAFI ORAL TABLET	4	PA; LA; QL
JAYPIRCA ORAL TABLET	4	PA; LA; QL
JELMYTO INTRA-PYELOCALYCEAL KIT	4	LA
KISQALI FEMARA CO-PACK ORAL TABLET	4	PA; LA; QL
KISQALI ORAL TABLET	4	PA; LA; QL
KLISYRI TOPICAL OINTMENT IN PACKET	3	ST

Drug Name	Drug Tier	Requirements / Limits
KOSELUGO ORAL CAPSULE	4	PA; LA
KRAZATI ORAL TABLET	4	PA; LA; QL
LANREOTIDE SUBCUTANEOUS SYRINGE	4	PA; LA; QL
<i>lapatinib oral tablet</i>	4	PA; LA; QL
<i>lenalidomide oral capsule</i>	4	PA; LA; QL
LENVIMA ORAL CAPSULE	4	PA; LA; QL
<i>letrozole oral tablet</i>	1	
LEUKERAN ORAL TABLET	2	
LEUPROLIDE (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	PA
<i>leuprolide subcutaneous kit</i>	4	PA; LA
LIBTAYO INTRAVENOUS SOLUTION	4	PA; LA
LONSURF ORAL TABLET	4	PA; LA
LORBRENA ORAL TABLET	4	PA; LA; QL
LUMAKRAS ORAL TABLET	4	PA; LA
LUMOXITI INTRAVENOUS RECON SOLN	4	LA
LUPKYNIS ORAL CAPSULE	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT	4	PA; LA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT	4	PA; LA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT	4	PA; LA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT	4	PA; LA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT	4	PA; LA
LUPRON DEPOT-PED INTRAMUSCULAR KIT	4	PA; LA
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT	4	PA; LA
LYNPARZA ORAL TABLET	4	PA; LA; QL
LYSODREN ORAL TABLET	4	LA
LYTGOBI ORAL TABLET	4	PA; LA
MATULANE ORAL CAPSULE	4	LA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>megestrol oral tablet</i>	1	
MEKINIST ORAL RECON SOLN	3	PA; LA
MEKINIST ORAL TABLET	4	PA; LA; QL
MEKTOVI ORAL TABLET	4	PA; LA; QL
<i>melphalan hcl intravenous recon soln</i>	1	
<i>melphalan oral tablet</i>	1	
<i>mercaptopurine oral tablet</i>	1	
<i>methotrexate sodium (pf) injection recon soln</i>	1	
<i>methotrexate sodium (pf) injection solution</i>	1	
<i>methotrexate sodium injection solution</i>	1	
<i>methotrexate sodium oral tablet</i>	1	
<i>mitomycin intravenous recon soln</i>	1	
<i>mitoxantrone intravenous concentrate</i>	4	LA
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC)	4	PA; LA; QL
<i>mycophenolate mofetil (hcl) intravenous recon soln</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>mycophenolate mofetil oral capsule</i>	1	
<i>mycophenolate mofetil oral suspension for reconstitution</i>	1	
<i>mycophenolate mofetil oral tablet</i>	1	
<i>mycophenolate sodium oral tablet, delayed release (dr/ec)</i>	1	
MYFORTIC ORAL TABLET, DELAYED RELEASE (DR/EC)	3	ST
MYLERAN ORAL TABLET	2	
NEORAL ORAL CAPSULE	3	ST
NEORAL ORAL SOLUTION	3	ST
NERLYNX ORAL TABLET	4	PA; LA
NEXAVAR ORAL TABLET	4	PA; LA; QL
NILANDRON ORAL TABLET	3	
<i>nilutamide oral tablet</i>	1	
NINLARO ORAL CAPSULE	4	PA; LA; QL
NIPENT INTRAVENOUS RECON SOLN	3	
NUBEQA ORAL TABLET	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
NULOJIX INTRAVENOUS RECON SOLN	2	
ODOMZO ORAL CAPSULE	4	PA; LA; QL
ONCASPARG INJECTION SOLUTION	2	
ONUREG ORAL TABLET	4	PA; LA; QL
ORGOVYX ORAL TABLET	4	PA; LA; QL
ORSERDU ORAL TABLET	4	PA; LA; QL
<i>paclitaxel intravenous concentrate</i>	1	
<i>paraplatin intravenous solution</i>	1	
PEMAZYRE ORAL TABLET	4	PA; LA; QL
PHESGO SUBCUTANEOUS SOLUTION	4	PA; LA
PHOTOFRIN INTRAVENOUS RECON SOLN	2	
PIQRAY ORAL TABLET	4	PA; LA
POLIVY INTRAVENOUS RECON SOLN	4	LA
POMALYST ORAL CAPSULE	4	PA; LA
POTELIGEO INTRAVENOUS SOLUTION	4	LA

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Drug Name	Drug Tier	Requirements / Limits
PRALATREXATE INTRAVENOUS SOLUTION	4	LA
PROGRAF INTRAVENOUS SOLUTION	2	
PROGRAF ORAL CAPSULE	3	ST
PROGRAF ORAL GRANULES IN PACKET	2	ST
PURIXAN ORAL SUSPENSION	4	LA
QINLOCK ORAL TABLET	4	PA; LA; QL
RAPAMUNE ORAL SOLUTION	3	ST
RAPAMUNE ORAL TABLET	3	ST
RETEVMO ORAL CAPSULE	4	PA; LA; QL
REVLIMID ORAL CAPSULE	4	PA; LA; QL
REZLIDHIA ORAL CAPSULE	4	PA; LA; QL
REZUROCK ORAL TABLET	3	PA; LA; QL
RIABNI INTRAVENOUS SOLUTION	4	PA; LA
RITUXAN INTRAVENOUS CONCENTRATE	4	PA; LA
ROZLYTREK ORAL CAPSULE	4	PA; LA; QL
RUBRACA ORAL TABLET	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
RUXIENCE INTRAVENOUS SOLUTION	4	PA; LA
RYDAPT ORAL CAPSULE	4	PA; LA; QL
SANDIMMUNE INTRAVENOUS SOLUTION	3	
SANDIMMUNE ORAL CAPSULE	3	ST
SANDIMMUNE ORAL SOLUTION	2	ST
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	4	PA; LA; QL
SCEMBLIX ORAL TABLET	4	PA; LA; QL
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	PA; LA; QL
SIGNIFOR SUBCUTANEOUS SOLUTION	4	LA
SIKLOS ORAL TABLET	3	PA
SIMULECT INTRAVENOUS RECON SOLN	2	
<i>sirolimus oral solution</i>	1	
<i>sirolimus oral tablet</i>	1	
SOLTAMOX ORAL SOLUTION	3	ACA

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Drug Name	Drug Tier	Requirements / Limits
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE	4	PA; LA; QL
<i>sorafenib oral tablet</i>	4	PA; LA; QL
SPRYCEL ORAL TABLET	4	PA; LA; QL
STIVARGA ORAL TABLET	4	PA; LA; QL
<i>sunitinib malate oral capsule</i>	4	PA; LA; QL
SUPPRELIN LA IMPLANT KIT	4	PA; LA
SUTENT ORAL CAPSULE	4	PA; LA; QL
SYLVANT INTRAVENOUS RECON SOLN	4	LA
SYNRIBO SUBCUTANEOUS RECON SOLN	4	LA
TABLOID ORAL TABLET	3	
TABRECTA ORAL TABLET	4	PA; LA
<i>tacrolimus oral capsule</i>	1	
TAFINLAR ORAL CAPSULE	4	PA; LA; QL
TAFINLAR ORAL TABLET FOR SUSPENSION	3	PA; LA
TAGRISSO ORAL TABLET	4	PA; LA; QL
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	4	PA; LA; QL
<i>tamoxifen oral tablet</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
TARCEVA ORAL TABLET	4	PA; LA; QL
TARGRETIN ORAL CAPSULE	4	PA; LA
TARGRETIN TOPICAL GEL	4	PA; LA
TASIGNA ORAL CAPSULE	4	PA; LA; QL
TAZVERIK ORAL TABLET	4	PA; LA
TEMODAR INTRAVENOUS RECON SOLN	4	PA; LA
<i>temozolomide oral capsule</i>	4	PA; LA
<i>temsirolimus intravenous recon soln</i>	4	LA
TENIPOSIDE INTRAVENOUS SOLUTION	2	
TEPADINA INJECTION RECON SOLN	3	
TEPMETKO ORAL TABLET	4	PA; LA
THALOMID ORAL CAPSULE	4	PA; LA; QL
<i>thiotepa injection recon soln</i>	1	
TIBSOVO ORAL TABLET	4	PA; LA
<i>toposar intravenous solution</i>	1	
<i>topotecan intravenous recon soln</i>	4	LA

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Drug Name	Drug Tier	Requirements / Limits
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	4	LA
<i>toremifene oral tablet</i>	1	
TORISEL INTRAVENOUS RECON SOLN	4	LA
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	PA
<i>tretinoin (antineoplastic) oral capsule</i>	1	
TREXALL ORAL TABLET	3	
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	PA; LA
TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1), 125 MG/DAY(100 MG X1-25MG X1)	4	PA; LA; QL
TRUXIMA INTRAVENOUS SOLUTION	4	PA; LA
TUKYSA ORAL TABLET	4	PA; LA; QL
TURALIO ORAL CAPSULE	4	PA; LA; QL
TYKERB ORAL TABLET	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
UNITUXIN INTRAVENOUS SOLUTION	4	LA
VENCLEXTA ORAL TABLET	4	PA; LA; QL
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK	4	PA; LA; QL
VERZENIO ORAL TABLET	4	PA; LA; QL
VIJOICE ORAL TABLET	4	PA; LA; QL
<i>vinblastine intravenous solution</i>	1	
<i>vincasar pfs intravenous solution</i>	1	
<i>vincristine intravenous solution</i>	1	
<i>vinorelbine intravenous solution</i>	1	
VITRAKVI ORAL CAPSULE	4	PA; LA; QL
VITRAKVI ORAL SOLUTION	4	PA; LA; QL
VIZIMPRO ORAL TABLET	4	PA; LA; QL
VONJO ORAL CAPSULE	4	PA; LA; QL
VOTRIENT ORAL TABLET	4	PA; LA; QL
WELIREG ORAL TABLET	4	PA; LA
XALKORI ORAL CAPSULE	4	PA; LA; QL
XATMEP ORAL SOLUTION	3	PA

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Drug Name	Drug Tier	Requirements / Limits
XELODA ORAL TABLET	4	ST; LA; QL
XERMELO ORAL TABLET	4	PA; LA; QL
XOSPATA ORAL TABLET	4	PA; LA; QL
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	4	PA; LA
XTANDI ORAL CAPSULE	4	PA; LA; QL
XTANDI ORAL TABLET	4	PA; LA; QL
YONSA ORAL TABLET	4	PA; LA; QL
ZANOSAR INTRAVENOUS RECON SOLN	2	
ZEJULA ORAL CAPSULE	4	PA; LA; QL
ZELBORAF ORAL TABLET	4	PA; LA; QL
ZEVALIN (Y-90) INTRAVENOUS KIT	2	
ZOLADEX SUBCUTANEOUS IMPLANT	4	LA

Drug Name	Drug Tier	Requirements / Limits
ZOLINZA ORAL CAPSULE	4	PA; LA; QL
ZORTRESS ORAL TABLET	3	ST
ZYDELIG ORAL TABLET	4	PA; LA; QL
ZYKADIA ORAL TABLET	4	PA; LA; QL
ZYTIGA ORAL TABLET	4	PA; LA; QL

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APTOM ORAL TABLET	3	
BANZEL ORAL SUSPENSION	3	PA
BANZEL ORAL TABLET	3	PA
BRIVIACT INTRAVENOUS SOLUTION	3	
BRIVIACT ORAL SOLUTION	3	ST
BRIVIACT ORAL TABLET	3	ST
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>	1	
<i>carbamazepine oral tablet</i>	1	
<i>carbamazepine oral tablet extended release 12 hr</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>carbamazepine oral tablet,chewable</i>	1	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR	3	
CELONTIN ORAL CAPSULE 300 MG	2	
CEREBYX INJECTION SOLUTION	3	
<i>clobazam oral suspension</i>	1	
<i>clobazam oral tablet</i>	1	
<i>clonazepam oral tablet</i>	1	
<i>clonazepam oral tablet,disintegrating</i>	1	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR	3	
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC)	3	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE	3	
DIACOMIT ORAL CAPSULE	4	PA; LA
DIACOMIT ORAL POWDER IN PACKET	4	PA; LA
DIASTAT ACUDIAL RECTAL KIT	3	

Drug Name	Drug Tier	Requirements / Limits
DIASTAT RECTAL KIT	3	
<i>diazepam rectal kit</i>	1	
DILANTIN EXTENDED ORAL CAPSULE	3	
DILANTIN INFATABS ORAL TABLET,CHEWABLE	3	
DILANTIN ORAL CAPSULE	2	
DILANTIN-125 ORAL SUSPENSION	3	
<i>divalproex oral capsule, delayed rel sprinkle</i>	1	
<i>divalproex oral tablet extended release 24 hr</i>	1	
<i>divalproex oral tablet,delayed release (dr/ec)</i>	1	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR	3	ST
EPIDIOLEX ORAL SOLUTION	4	PA; LA
<i>epitol oral tablet</i>	1	
EPRONTIA ORAL SOLUTION	3	ST
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR	3	
<i>ethosuximide oral capsule</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>ethosuximide oral solution</i>	1	
<i>felbamate oral suspension</i>	1	
<i>felbamate oral tablet</i>	1	
FELBATOL ORAL SUSPENSION	3	
FELBATOL ORAL TABLET	3	
FINTEPLA ORAL SOLUTION	4	PA; LA; QL
<i>fosphenytoin injection solution</i>	1	
FYCOMPA ORAL SUSPENSION	2	
FYCOMPA ORAL TABLET	2	
<i>gabapentin oral capsule</i>	1	
<i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
GABITRIL ORAL TABLET	3	
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR	3	ST
KEPPRA INTRAVENOUS SOLUTION	3	ST
KEPPRA ORAL SOLUTION	3	ST
KEPPRA ORAL TABLET	3	ST

Drug Name	Drug Tier	Requirements / Limits
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR	3	ST
KLONOPIN ORAL TABLET	3	
<i>lacosamide intravenous solution</i>	1	
<i>lacosamide oral solution</i>	1	
<i>lacosamide oral tablet</i>	1	
LAMICTAL ODT ORAL TABLET, DISINTEGRATING	3	
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK	3	
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK	3	
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK	3	
LAMICTAL ORAL TABLET	3	
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	3	

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

Drug Name	Drug Tier	Requirements / Limits
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK	3	
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK	3	
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR	3	
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK	3	
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK	3	
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK	3	
<i>lamotrigine oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>lamotrigine oral tablet disintegrating, dose pk</i>	1	
<i>lamotrigine oral tablet extended release 24hr</i>	1	
<i>lamotrigine oral tablet, chewable dispersible</i>	1	
<i>lamotrigine oral tablet,disintegrating</i>	1	
<i>lamotrigine oral tablets,dose pack</i>	1	
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml</i>	1	
LEVETIRACETAM IN NACL (ISO-OS) INTRAVENOUS PIGGYBACK 250 MG/50 ML	3	
<i>levetiracetam intravenous solution</i>	1	
<i>levetiracetam oral solution</i>	1	
<i>levetiracetam oral tablet</i>	1	
<i>levetiracetam oral tablet extended release 24 hr</i>	1	
<i>methsuximide oral capsule</i>	1	
MYSOLINE ORAL TABLET	3	

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Drug Name	Drug Tier	Requirements / Limits
NAYZILAM NASAL SPRAY, NON-AEROSOL	2	PA; QL
ONFI ORAL SUSPENSION	3	
ONFI ORAL TABLET	3	
oxcarbazepine oral suspension	1	
oxcarbazepine oral tablet	1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR	3	ST
phenobarbital oral elixir	1	
phenobarbital oral tablet	1	
PHENYTEK ORAL CAPSULE	3	
phenytoin oral suspension	1	
phenytoin oral tablet, chewable	1	
phenytoin sodium extended oral capsule	1	
phenytoin sodium intravenous solution	1	
phenytoin sodium intravenous syringe	1	
pregabalin oral capsule	1	ST
pregabalin oral solution	1	ST

Drug Name	Drug Tier	Requirements / Limits
pregabalin oral tablet extended release 24 hr	1	PA
PRIMIDONE ORAL TABLET 125 MG	3	
primidone oral tablet 250 mg, 50 mg	1	
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR	3	ST
roweepra oral tablet 500 mg	1	
rufinamide oral suspension	1	PA
rufinamide oral tablet	1	PA
SABRIL ORAL POWDER IN PACKET	4	LA; QL
SABRIL ORAL TABLET	4	LA; QL
SPRITAM ORAL TABLET FOR SUSPENSION	3	ST
subvenite oral tablet	1	
subvenite starter (blue) kit oral tablets, dose pack	1	
subvenite starter (green) kit oral tablets, dose pack	1	
subvenite starter (orange) kit oral tablets, dose pack	1	
SYMPAZAN ORAL FILM	3	

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Drug Name	Drug Tier	Requirements / Limits
TEGRETOL ORAL SUSPENSION	3	
TEGRETOL ORAL TABLET	3	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR	3	
<i>tiagabine oral tablet</i>	1	
TOPAMAX ORAL CAPSULE, SPRINKLE	3	ST
TOPAMAX ORAL TABLET	3	ST
<i>topiramate oral capsule, sprinkle</i>	1	
<i>topiramate oral capsule, extended release 24hr</i>	1	ST
<i>topiramate oral capsule, sprinkle, er 24hr</i>	1	ST
<i>topiramate oral tablet</i>	1	
TRILEPTAL ORAL SUSPENSION	3	ST
TRILEPTAL ORAL TABLET	3	ST
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR	3	ST
<i>valproate sodium intravenous solution</i>	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>valproic acid oral capsule</i>	1	
VALTOCO NASAL SPRAY, NON-AEROSOL	3	PA; QL
<i>vigabatrin oral powder in packet</i>	4	LA; QL
<i>vigabatrin oral tablet</i>	4	LA; QL
<i>vigadrone oral powder in packet</i>	4	LA; QL
VIMPAT INTRAVENOUS SOLUTION	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	3	PA; QL
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK	3	PA; QL
ZARONTIN ORAL CAPSULE	3	
ZARONTIN ORAL SOLUTION	3	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	3	
ZONISADE ORAL SUSPENSION	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>zonisamide oral capsule</i>	1	
ZTALMY ORAL SUSPENSION	4	PA; LA
ANTIPARKINSONISM AGENTS		
APOKYN SUBCUTANEOUS CARTRIDGE	4	PA; LA; QL
<i>apomorphine subcutaneous cartridge</i>	4	PA; LA; QL
AZILECT ORAL TABLET	3	
<i>benztropine injection solution</i>	1	
<i>benztropine oral tablet</i>	1	
<i>bromocriptine oral capsule</i>	1	
<i>bromocriptine oral tablet</i>	1	
<i>carbidopa oral tablet</i>	1	
<i>carbidopa-levodopa oral tablet</i>	1	
<i>carbidopa-levodopa oral tablet extended release</i>	1	
<i>carbidopa-levodopa oral tablet, disintegrating</i>	1	
<i>carbidopa-levodopa-entacapone oral tablet</i>	1	
COMTAN ORAL TABLET	3	
DHIVY ORAL TABLET	3	

Drug Name	Drug Tier	Requirements / Limits
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION	4	LA
<i>entacapone oral tablet</i>	1	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	4	PA; LA; QL
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	2	PA; QL
LODOSYN ORAL TABLET	3	
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR	3	
NEUPRO TRANSDERMAL PATCH 24 HOUR	3	
NOURIANZ ORAL TABLET	4	PA; LA; QL
ONGENTYS ORAL CAPSULE	3	PA; QL
PARLODEL ORAL CAPSULE	3	
PARLODEL ORAL TABLET	3	
<i>pramipexole oral tablet</i>	1	
<i>pramipexole oral tablet extended release 24 hr</i>	1	
<i>rasagiline oral tablet</i>	1	
<i>ropinirole oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>ropinirole oral tablet extended release 24 hr</i>	1	
RYTARY ORAL CAPSULE, EXTENDED RELEASE	3	
<i>selegiline hcl oral capsule</i>	1	
<i>selegiline hcl oral tablet</i>	1	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	
STALEVO 100 ORAL TABLET	3	
STALEVO 125 ORAL TABLET	3	
STALEVO 150 ORAL TABLET	3	
STALEVO 200 ORAL TABLET	3	
STALEVO 50 ORAL TABLET	3	
STALEVO 75 ORAL TABLET	3	
TASMAR ORAL TABLET 100 MG	3	
<i>tolcapone oral tablet</i>	1	
<i>trihexyphenidyl oral elixir</i>	1	
<i>trihexyphenidyl oral tablet</i>	1	
XADAGO ORAL TABLET	3	
ZELAPAR ORAL TABLET, DISINTEGRATING	3	

Drug Name	Drug Tier	Requirements / Limits
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	2	PA; QL
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	2	PA; QL
AJOVY SYRINGE SUBCUTANEOUS SYRINGE	2	PA; QL
<i>almotriptan malate oral tablet</i>	1	QL
<i>dihydroergotamine injection solution</i>	1	
<i>dihydroergotamine nasal spray, non-aerosol</i>	1	PA; QL
<i>eletriptan oral tablet</i>	1	QL
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR	2	PA; QL
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE	2	PA; QL
ERGOMAR SUBLINGUAL TABLET	3	
<i>ergotamine-caffeine oral tablet</i>	1	
FROVA ORAL TABLET	3	PA; QL
<i>frovatriptan oral tablet</i>	1	QL
IMITREX ORAL TABLET	3	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
IMITREX STATDOSE PEN SUBCUTANEOUS PEN INJECTOR	3	PA; QL
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE	3	PA; QL
MAXALT ORAL TABLET 10 MG	3	PA; QL
MAXALT-MLT ORAL TABLET,DISINTE GRATING 10 MG	3	PA; QL
<i>migergot rectal suppository</i>	1	
MIGRANAL NASAL SPRAY,NON- AEROSOL	3	PA; QL
<i>naratriptan oral tablet</i>	1	QL
NURTEC ODT ORAL TABLET,DISINTE GRATING	2	PA; QL
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED	3	PA; QL
QULIPTA ORAL TABLET	2	PA; QL
RELPAK ORAL TABLET	3	PA; QL
REYVOW ORAL TABLET	3	PA; QL
<i>rizatriptan oral tablet</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>rizatriptan oral tablet,disintegrating</i>	1	QL
<i>sumatriptan nasal spray,non-aerosol</i>	1	QL
<i>sumatriptan succinate oral tablet</i>	1	QL
<i>sumatriptan succinate subcutaneous cartridge</i>	1	QL
<i>sumatriptan succinate subcutaneous pen injector</i>	1	QL
<i>sumatriptan succinate subcutaneous solution</i>	1	QL
<i>sumatriptan- naproxen oral tablet</i>	1	PA; QL
TOSYMRA NASAL SPRAY,NON- AEROSOL	3	PA; QL
TREXIMET ORAL TABLET	3	PA; QL
TRUDHESA NASAL SPRAY,NON- AEROSOL	3	PA; QL
UBRELVY ORAL TABLET	2	PA; QL
ZAVZPRET NASAL SPRAY,NON- AEROSOL	3	PA
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR	3	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>zolmitriptan nasal spray,non-aerosol 5 mg</i>	1	PA; QL
<i>zolmitriptan oral tablet</i>	1	QL
<i>zolmitriptan oral tablet,disintegrating</i>	1	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	3	PA; QL
MISCELLANEOUS NEUROLOGICAL THERAPY		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR	4	PA; LA; QL
AMVUTTRA SUBCUTANEOUS SYRINGE	4	PA; LA
ARICEPT ORAL TABLET	3	
AUSTEDO ORAL TABLET	4	PA; LA; QL
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR	4	PA; LA; QL
<i>dalfampridine oral tablet extended release 12 hr</i>	4	PA; LA; QL
DAYBUE ORAL SOLUTION	4	PA; LA
<i>dichlorphenamide oral tablet</i>	4	LA

Drug Name	Drug Tier	Requirements / Limits
<i>donepezil oral tablet</i>	1	
<i>donepezil oral tablet,disintegrating</i>	1	
EVRYSDI ORAL RECON SOLN	4	PA; LA; QL
EXELON PATCH TRANSDERMAL PATCH 24 HOUR	3	
FIRDAPSE ORAL TABLET	4	PA; LA
<i>galantamine oral capsule,ext rel. pellets 24 hr</i>	1	
<i>galantamine oral solution</i>	1	
<i>galantamine oral tablet</i>	1	
HORIZANT ORAL TABLET EXTENDED RELEASE	3	ST
INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK	4	PA; LA; QL
INGREZZA ORAL CAPSULE	4	PA; LA; QL
KEVEYIS ORAL TABLET	4	LA
<i>memantine oral capsule,sprinkle,er 24hr</i>	1	
<i>memantine oral solution</i>	1	
<i>memantine oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
MEMANTINE ORAL TABLETS,DOSE PACK	3	
NAMENDA ORAL TABLET	3	
NAMENDA TITRATION PAK ORAL TABLETS,DOSE PACK	3	
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	3	
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR	3	
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	2	
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR	2	
NUEDEXTA ORAL CAPSULE	2	PA
NULIBRY INTRAVENOUS RECON SOLN	4	PA; LA
ONPATTRO INTRAVENOUS SOLUTION	4	PA; LA; QL
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION	4	PA; LA
<i>rivastigmine tartrate oral capsule</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>rivastigmine transdermal patch 24 hour</i>	1	
TEGSEDI SUBCUTANEOUS SYRINGE	4	PA; LA; QL
<i>tetrabenazine oral tablet</i>	4	PA; LA; QL
XENAZINE ORAL TABLET	4	PA; LA; QL
ZEPOSIA ORAL CAPSULE	4	PA; LA; QL
ZEPOSIA STARTER KIT (37-DAY) ORAL CAPSULE,DOSE PACK	4	PA; LA; QL
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK	4	PA; LA; QL
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
<i>atracurium intravenous solution</i>	1	
BACLOFEN ORAL SOLUTION	3	PA
BACLOFEN ORAL SUSPENSION	3	PA
<i>baclofen oral tablet</i>	1	
BLOXIVERZ INTRAVENOUS SOLUTION	3	
BRIDION INTRAVENOUS SOLUTION	3	
<i>carisoprodol oral tablet</i>	1	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>carisoprodol-aspirin oral tablet</i>	1	PA
<i>carisoprodol-aspirin-codeine oral tablet</i>	1	PA; QL
<i>chlorzoxazone oral tablet 500 mg</i>	1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	
DANTRIUM INTRAVENOUS RECON SOLN	3	
DANTRIUM ORAL CAPSULE 25 MG	3	
<i>dantrolene intravenous recon soln</i>	1	
<i>dantrolene oral capsule</i>	1	
FLEQSUVY ORAL SUSPENSION	3	PA
<i>meprobamate oral tablet</i>	1	
MESTINON ORAL SYRUP	3	
MESTINON ORAL TABLET	3	
MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE	3	
<i>metaxalone oral tablet</i>	1	
<i>methocarbamol injection solution</i>	1	
METHOCARBAMOL ORAL TABLET 1,000 MG	3	

Drug Name	Drug Tier	Requirements / Limits
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
<i>neostigmine methylsulfate intravenous solution</i>	1	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SYRINGE 2 MG/2 ML (1 MG/ML), 4 MG/4 ML (1 MG/ML)	3	
<i>neostigmine methylsulfate intravenous syringe 3 mg/3 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml)</i>	1	
NIMBEX INTRAVENOUS SOLUTION 2 MG/ML	3	
<i>orphenadrine citrate injection solution</i>	1	
<i>orphenadrine citrate oral tablet extended release</i>	1	
<i>orphenadrine-asa-caffeine oral tablet</i>	1	
<i>orphengesic forte oral tablet</i>	1	
OZOBAX ORAL SOLUTION	3	PA
PREVDUO INTRAVENOUS SYRINGE	3	
<i>pyridostigmine bromide oral syrup</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	3	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>pyridostigmine bromide oral tablet extended release</i>	1	
<i>regonol injection solution</i>	1	
<i>revonto intravenous recon soln</i>	1	
ROBAXIN INJECTION SOLUTION	3	
RYANODEX INTRAVENOUS SUSPENSION FOR RECONSTITUTION	3	
SOMA ORAL TABLET	3	PA
<i>tizanidine oral tablet</i>	1	
<i>vanadom oral tablet</i>	1	PA
ZANAFLEX ORAL CAPSULE	3	
ZANAFLEX ORAL TABLET	3	
NARCOTIC ANALGESICS		
<i>acetaminophen-caff-dihydrocod oral capsule</i>	1	PA; QL
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	1	PA; QL
<i>acetaminophen-codeine oral tablet</i>	1	PA; QL

Drug Name	Drug Tier	Requirements / Limits
ACTIQ BUCCAL LOZENGE ON A HANDLE	3	PA; QL
ALLZITAL ORAL TABLET	3	PA
APADAZ ORAL TABLET 4.08-325 MG, 8.16-325 MG	3	PA; QL
<i>ascomp with codeine oral capsule</i>	1	PA; QL
BELBUCA BUCCAL FILM	2	PA; QL
BENZHYDROCODONE-ACETAMINOPHEN ORAL TABLET 4.08-325 MG, 8.16-325 MG	3	PA; QL
BUPAP ORAL TABLET	3	PA
BUPRENEX INJECTION SOLUTION	3	PA; QL
<i>buprenorphine hcl injection solution</i>	1	PA; QL
<i>buprenorphine hcl injection syringe</i>	1	PA; QL
<i>buprenorphine hcl sublingual tablet</i>	1	
<i>buprenorphine transdermal patch weekly</i>	1	PA; QL
<i>butalbital compound w/codeine oral capsule</i>	1	PA; QL
<i>butalbital-acetaminop-caf-cod oral capsule</i>	1	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>butalbital-acetaminophen oral capsule</i>	1	
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	1	
<i>butalbital-acetaminophen-caff oral capsule</i>	1	
<i>butalbital-acetaminophen-caff oral tablet</i>	1	
<i>butalbital-aspirin-caffeine oral capsule</i>	1	
<i>butalbital-aspirin-caffeine oral tablet</i>	1	
BUTRANS TRANSDERMAL PATCH WEEKLY	3	PA; QL
<i>codeine sulfate oral tablet</i>	1	PA; QL
<i>codeine-bitalbital-asa-caff oral capsule</i>	1	PA; QL
DEMEROL (PF) INJECTION SYRINGE	3	PA; QL
DEMEROL INJECTION SOLUTION 50 MG/ML	3	PA; QL
DILAUDID (PF) INJECTION SYRINGE	3	PA; QL
DILAUDID ORAL LIQUID	3	PA; QL
DILAUDID ORAL TABLET	3	PA; QL
<i>diskets oral tablet, soluble</i>	1	PA; QL

Drug Name	Drug Tier	Requirements / Limits
DSUVIA SUBLINGUAL TABLET IN APPLICATOR	3	
<i>duramorph (pf) injection solution</i>	1	PA; QL
<i>endocet oral tablet</i>	1	PA; QL
ESGIC ORAL CAPSULE	3	PA
ESGIC ORAL TABLET	3	PA
FENTANYL (PF)-BUPIVACAINE-NACL INJECTION PREFILLED PUMP RESERVOIR	3	PA; QL
FENTANYL (PF)-BUPIVACAINE-NACL INJECTION SOLUTION	3	PA; QL
FENTANYL CITRATE (PF) INTRAVENOUS PATIENT CONTROL ANALGESIA SOLN	3	PA; QL
FENTANYL CITRATE (PF) INTRAVENOUS PREFILLED PUMP RESERVOIR	3	PA; QL
<i>fentanyl citrate (pf) intravenous pt controlled analgesia syring 1,000 mcg/20 ml (50 mcg/ml)</i>	1	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
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
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	1	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	3	PA; QL
<i>fentanyl citrate (pf)-0.9%nacl injection pt controlled analgesia syringe 1,250 mcg/25 ml</i>	1	PA; QL
FENTANYL CITRATE (PF)-0.9%NACL INJECTION PT CONTROLLED ANALGESIA SYRING 550 MCG/55 ML	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
FENTANYL CITRATE (PF)-0.9%NACL INJECTION SOLUTION	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
<i>fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syringe 2,500 mcg/50 ml (50 mcg/ml)</i>	1	PA; QL
FENTANYL CITRATE (PF)-0.9%NACL INTRAVENOUS SOLUTION 10 MCG/ML, 20 MCG/ML, 50 MCG/ML	3	PA; QL
<i>fentanyl citrate (pf)-0.9%nacl intravenous solution 5 mcg/ml</i>	1	PA; QL
<i>fentanyl citrate (pf)-0.9%nacl intravenous syringe 10 mcg/ml</i>	1	PA; QL

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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
<i>fentanyl citrate buccal lozenge on a handle</i>	1	PA; QL
FENTANYL CITRATE BUCCAL TABLET, EFFERVESCENT 100 MCG	3	PA; QL
<i>fentanyl transdermal patch 72 hour</i>	1	PA; QL
FENTANYL-ROPIVACAINE-NACL (PF) INJECTION PREFILLED PUMP RESERVOIR	3	PA; QL
FENTANYL-ROPIVACAINE-NACL (PF) INJECTION SOLUTION	3	PA; QL
FENTORA BUCCAL TABLET, EFFERVESCENT	3	PA; QL
FIORICET ORAL CAPSULE	3	PA
FIORICET WITH CODEINE ORAL CAPSULE	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr</i>	1	PA; QL
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr</i>	1	PA; QL
<i>hydrocodone-acetaminophen oral solution</i>	1	PA; QL
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	PA; QL
<i>hydrocodone-ibuprofen oral tablet</i>	1	PA; QL
HYDROMORPHONE (PF) IN WATER INJECTION SYRINGE	3	PA; QL
HYDROMORPHONE (PF) IN WATER INTRAVENOUS PT CONTROLLED ANALGESIA SYRING	3	PA; QL
HYDROMORPHONE (PF) INJECTION SOLUTION 1 MG/ML, 4 MG/ML	3	PA; QL
<i>hydromorphone (pf) injection solution 10 mg/ml, 2 mg/ml</i>	1	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PATIENT CONTROL.ANALGESIA SOLN	3	PA; QL
<i>hydromorphone (pf)-0.9 % nacl intravenous prefilled pump reservoir 10 mg/50 ml (0.2 mg/ml)</i>	1	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
<i>hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syringe 10 mg/50 ml (0.2 mg/ml), 15 mg/30 ml (0.5 mg/ml)</i>	1	PA; 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

Drug Name	Drug Tier	Requirements / Limits
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS SOLUTION	3	PA; QL
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS SYRINGE 1 MG/5 ML (0.2 MG/ML), 1 MG/ML, 2 MG/ML	3	PA; QL
<i>hydromorphone injection solution 1 mg/ml, 2 mg/ml</i>	1	PA; QL
HYDROMORPHONE INJECTION SYRINGE 0.5 MG/0.5 ML	3	PA; QL
<i>hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	PA; QL
<i>hydromorphone oral liquid</i>	1	PA; QL
<i>hydromorphone oral tablet</i>	1	PA; QL
<i>hydromorphone oral tablet extended release 24 hr</i>	1	PA; QL
<i>hydromorphone rectal suppository</i>	1	PA; QL
HYDROMORPHONE(PF)-NACL,ISO-OSM INTRAVENOUS PT CONTROLLED ANALGESIA SYRING	3	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR	2	PA; QL
INFUMORPH P/F INJECTION SOLUTION	2	PA; QL
LORTAB ELIXIR ORAL SOLUTION	3	PA; QL
<i>meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	1	PA; QL
<i>meperidine oral solution</i>	1	PA; QL
<i>meperidine oral tablet 50 mg</i>	1	PA; QL
<i>methadone intravenous syringe</i>	1	PA; QL
<i>methadone oral tablet</i>	1	PA; QL
<i>methadone oral tablet,soluble</i>	1	PA; QL
<i>methadose oral tablet,soluble</i>	1	PA; QL
MITIGO (PF) INJECTION SOLUTION	3	PA; QL
MORPHINE (PF) IN 0.9 % SOD CHL INJECTION SYRINGE	3	PA; QL
MORPHINE (PF) IN 0.9 % SOD CHL INTRAVENOUS PATIENT CONTROL.ANALGESIA SOLN	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
MORPHINE (PF) IN 0.9 % SOD CHL INTRAVENOUS PREFILLED PUMP RESERVOIR	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
<i>morphine (pf) in 0.9 % sod chl intravenous pt controlled analgesia syringe 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml)</i>	1	PA; QL
<i>morphine (pf) in 0.9 % sod chl intravenous solution 1 mg/ml</i>	1	PA; QL
<i>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)</i>	1	PA; QL
MORPHINE (PF) IN 0.9 % SOD CHL INTRAVENOUS SYRINGE 2 MG/ML, 4 MG/ML	3	PA; QL
<i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	1	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>morphine (pf) intravenous patient control.analgesia soln</i>	1	PA; QL
MORPHINE (PF) INTRAVENOUS SYRINGE	3	PA; QL
<i>morphine concentrate oral solution</i>	1	PA; QL
MORPHINE IN 0.9 % SODIUM CHLOR INJECTION PT CONTROLLED ANALGESIA SYRING 55 MG/55 ML (1 MG/ML)	3	PA; QL
<i>morphine in 0.9 % sodium chlor intravenous prefilled pump reservoir</i>	1	PA; QL
<i>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)</i>	1	PA; QL
MORPHINE IN 0.9 % SODIUM CHLOR INTRAVENOUS SOLUTION	3	PA; QL
MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
MORPHINE INJECTION SYRINGE 2 MG/ML	3	PA; QL
<i>morphine injection syringe 4 mg/ml, 8 mg/ml</i>	1	PA; QL
MORPHINE INTRAMUSCULAR PEN INJECTOR	3	PA; QL
<i>morphine intravenous pt controlled analgesia syring</i>	1	PA; QL
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml, 50 mg/ml</i>	1	PA; QL
MORPHINE INTRAVENOUS SOLUTION 8 MG/ML	3	PA; QL
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	PA; QL
MORPHINE INTRAVENOUS SYRINGE 8 MG/ML	3	PA; QL
<i>morphine oral capsule, er multiphase 24 hr</i>	1	PA; QL
<i>morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	1	PA; QL
<i>morphine oral solution</i>	1	PA; QL
<i>morphine oral tablet</i>	1	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>morphine oral tablet extended release</i>	1	PA; QL
<i>morphine rectal suppository</i>	1	PA; QL
MS CONTIN ORAL TABLET EXTENDED RELEASE	3	PA; QL
OXAYDO ORAL TABLET, ORAL ONLY	3	PA; QL
<i>oxycodone oral capsule</i>	1	PA; QL
<i>oxycodone oral concentrate</i>	1	PA; QL
<i>oxycodone oral solution</i>	1	PA; QL
<i>oxycodone oral tablet</i>	1	PA; QL
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	1	PA; QL
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	PA; QL
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR	2	PA; QL
<i>oxymorphone oral tablet</i>	1	PA; QL
<i>oxymorphone oral tablet extended release 12 hr</i>	1	PA; QL
PERCOCET ORAL TABLET	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	PA; QL
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE	4	LA
SUBSYS SUBLINGUAL SPRAY, NON-AEROSOL	3	PA; QL
<i>tencon oral tablet</i>	1	
TREZIX ORAL CAPSULE	3	PA; QL
<i>vtol lq oral solution</i>	1	
XTAMPZA ER ORAL CAP, SPRINKL, ER 12HR (DONT CRUSH)	3	PA; QL
<i>zebutal oral capsule</i>	1	
NON-NARCOTIC ANALGESICS		
<i>adult aspirin regimen oral tablet, delayed release (dr/ec)</i>	5	ACA; OTC
ANAPROX DS ORAL TABLET	3	ST
ANJESO INTRAVENOUS SUSPENSION	3	
ARTHROTEC 50 ORAL TABLET, IR, DELAYED REL, BIPHASIC	3	ST

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Drug Name	Drug Tier	Requirements / Limits
ARTHROTEC 75 ORAL TABLET,IR,DELAYED REL,BIPHASIC	3	ST
<i>aspirin childrens oral tablet,chewable</i>	5	ACA; OTC
<i>aspirin oral tablet</i>	5	ACA; OTC
<i>aspirin oral tablet,chewable</i>	5	ACA; OTC
<i>aspirin oral tablet,delayed release (dr/ec) 81 mg</i>	5	ACA; OTC
<i>aspirin,buffd-calcium carb-mag oral tablet</i>	5	ACA; OTC
<i>aspir-trin oral tablet,delayed release (dr/ec)</i>	5	ACA; OTC
BAYER ASPIRIN ORAL TABLET	5	ACA; OTC
<i>bayer aspirin oral tablet,delayed release (dr/ec)</i>	5	ACA; OTC
<i>bayer low dose aspirin oral tablet,delayed release (dr/ec)</i>	5	ACA; OTC
<i>bufferin oral tablet</i>	5	ACA; OTC
<i>buprenorphine-naloxone sublingual film</i>	1	
<i>buprenorphine-naloxone sublingual tablet</i>	1	
<i>butorphanol injection solution</i>	1	PA; QL
<i>butorphanol nasal spray,non-aerosol</i>	1	PA; QL

Drug Name	Drug Tier	Requirements / Limits
CALDOLOR INTRAVENOUS PIGGYBACK	3	
CALDOLOR INTRAVENOUS RECON SOLN	2	
<i>celecoxib oral capsule</i>	1	ST
CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 17-83	3	PA; QL
CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 25-75	3	PA; QL
DAYPRO ORAL TABLET	3	ST
DICLOFENAC EPOLAMINE TRANSDERMAL PATCH 12 HOUR	3	ST; QL
<i>diclofenac potassium oral capsule</i>	1	
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium oral tablet extended release 24 hr</i>	1	
<i>diclofenac sodium oral tablet,delayed release (dr/ec)</i>	1	
<i>diclofenac sodium topical drops</i>	1	QL
<i>diclofenac sodium topical solution in metered-dose pump</i>	1	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic</i>	1	
<i>diflunisal oral tablet</i>	1	
DISALCID ORAL TABLET	3	
EC-NAPROSYN ORAL TABLET,DELAYED RELEASE (DR/EC)	3	ST
<i>ecotrin low strength oral tablet,delayed release (dr/ec)</i>	5	ACA; OTC
<i>ecotrin oral tablet,delayed release (dr/ec)</i>	5	ACA; OTC
<i>etodolac oral capsule</i>	1	
<i>etodolac oral tablet</i>	1	
<i>etodolac oral tablet extended release 24 hr</i>	1	
FELDENE ORAL CAPSULE	3	ST
FLECTOR TRANSDERMAL PATCH 12 HOUR	2	ST; QL
<i>flurbiprofen oral tablet 100 mg</i>	1	
<i>ibu oral tablet</i>	1	
<i>ibuprofen oral suspension</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin oral capsule</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>indomethacin oral capsule, extended release</i>	1	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	1	ST
<i>ketorolac injection cartridge 15 mg/ml</i>	1	
<i>ketorolac injection solution</i>	1	
<i>ketorolac injection syringe</i>	1	
<i>ketorolac intramuscular solution</i>	1	
<i>ketorolac intramuscular syringe</i>	1	
KETOROLAC NASAL SPRAY, NON-AEROSOL	3	ST; QL
<i>ketorolac oral tablet</i>	1	QL
KLOXXADO NASAL SPRAY, NON-AEROSOL	2	QL
LICART TRANSDERMAL PATCH 24 HOUR	2	ST; QL
LODINE ORAL TABLET	3	ST
LUCEMYRA ORAL TABLET	2	QL
<i>meclofenamate oral capsule</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>mefenamic acid oral capsule</i>	1	
MELOXICAM ORAL SUSPENSION	3	ST; QL
<i>meloxicam oral tablet</i>	1	QL
<i>nabumetone oral tablet</i>	1	
<i>nalbuphine injection solution</i>	1	PA; QL
NALMEFENE INJECTION SOLUTION	3	
<i>naloxone injection solution</i>	1	
<i>naloxone injection syringe</i>	1	
<i>naloxone nasal spray,non-aerosol</i>	1	QL
NALTREX ORAL CAPSULE	3	
<i>naltrexone oral tablet</i>	1	
NAPROSYN ORAL SUSPENSION	3	ST
NAPROSYN ORAL TABLET 500 MG	3	ST
<i>naproxen oral suspension</i>	1	ST
<i>naproxen oral tablet</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec)</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	1	ST
NARCAN NASAL SPRAY, NON-AEROSOL	2	QL
NUCYNTA ORAL TABLET	3	PA; QL
OLINVYK INTRAVENOUS PATIENT CONTROL ANALGESIA SOLN	3	
OLINVYK INTRAVENOUS SOLUTION	3	
<i>oxaprozin oral tablet</i>	1	
<i>pentazocine-naloxone oral tablet</i>	1	PA; QL
<i>piroxicam oral capsule</i>	1	
QDOLO ORAL SOLUTION	3	PA; QL
RELAFEN DS ORAL TABLET	3	ST
<i>salsalate oral tablet</i>	1	
<i>st joseph aspirin oral tablet, chewable</i>	5	ACA; OTC
<i>st. joseph aspirin oral tablet, delayed release (dr/ec)</i>	5	ACA; OTC
SUBOXONE SUBLINGUAL FILM	3	
<i>sulindac oral tablet</i>	1	
<i>tolmetin oral tablet 600 mg</i>	1	ST

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Drug Name	Drug Tier	Requirements / Limits
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83	3	PA; QL
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	3	PA; QL
TRAMADOL ORAL SOLUTION	3	PA; QL
TRAMADOL ORAL TABLET 100 MG	3	PA; QL
<i>tramadol oral tablet 50 mg</i>	1	PA; QL
<i>tramadol oral tablet extended release 24 hr</i>	1	PA; QL
<i>tramadol oral tablet, er multiphase 24 hr</i>	1	PA; QL
<i>tramadol-acetaminophen oral tablet</i>	1	PA; QL
<i>tri-buffered aspirin oral tablet</i>	5	ACA; OTC
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	4	LA
ZIMHI INJECTION SYRINGE	3	
ZUBSOLV SUBLINGUAL TABLET	2	

PSYCHOTHERAPEUTIC DRUGS

Drug Name	Drug Tier	Requirements / Limits
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	3	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	2	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	2	
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET WITH SENSOR AND STRIP	3	QL
ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD	3	QL
ABILIFY ORAL TABLET	3	QL
ADDERALL ORAL TABLET	3	
ADDYI ORAL TABLET	3	PA

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Drug Name	Drug Tier	Requirements / Limits
ADHANSIA XR ORAL CAPSULE, ER BIPHASIC 20-80 35 MG, 45 MG, 55 MG, 70 MG	3	ST
ADZENYS XR-ODT ORAL TABLET,DISINTEGR ER BIPHASE 24H	3	ST
<i>alprazolam intensol oral concentrate</i>	1	
<i>alprazolam oral tablet</i>	1	
<i>alprazolam oral tablet extended release 24 hr</i>	1	
<i>alprazolam oral tablet,disintegrating</i>	1	
<i>amitriptyline oral tablet</i>	1	
<i>amitriptyline-chlordiazepoxide oral tablet</i>	1	
<i>amoxapine oral tablet</i>	1	
<i>amphetamine sulfate oral tablet</i>	1	
ANAFRANIL ORAL CAPSULE	3	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; QL
APTENSIO XR ORAL CAP,ER SPRINKLE,BIPHASIC 40-60	3	ST
<i>aripiprazole oral solution</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>aripiprazole oral tablet</i>	1	QL
<i>aripiprazole oral tablet,disintegrating</i>	1	QL
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	2	
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	2	
<i>armodafinil oral tablet</i>	1	PA; QL
<i>asenapine maleate sublingual tablet</i>	1	QL
ATIVAN INJECTION SOLUTION	3	
ATIVAN ORAL TABLET	3	
<i>atomoxetine oral capsule</i>	1	
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC	3	ST; QL
AZSTARYS ORAL CAPSULE	3	ST
BELSOMRA ORAL TABLET	3	ST; QL
<i>bupropion hcl oral tablet</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	3	ST; QL
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	QL
<i>buspirone oral tablet</i>	1	
CAPLYTA ORAL CAPSULE	3	ST; QL
<i>chlordiazepoxide hcl oral capsule</i>	1	
<i>chlorpromazine injection solution</i>	1	
<i>chlorpromazine oral concentrate</i>	1	
<i>chlorpromazine oral tablet</i>	1	
CITALOPRAM ORAL CAPSULE	3	ST; QL
<i>citalopram oral solution</i>	1	
<i>citalopram oral tablet</i>	1	QL
<i>clomipramine oral capsule</i>	1	
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	
<i>clorazepate dipotassium oral tablet</i>	1	
<i>clozapine oral tablet</i>	1	
<i>clozapine oral tablet, disintegrating</i>	1	
CLOZARIL ORAL TABLET	3	

Drug Name	Drug Tier	Requirements / Limits
COTEMPLA XR-ODT ORAL TABLET, DISINTEGRATING BIPHASE 24H	3	ST
DAYTRANA TRANSDERMAL PATCH 24 HOUR	2	ST
DAYVIGO ORAL TABLET	3	ST
<i>desipramine oral tablet</i>	1	
DESOXYN ORAL TABLET	3	
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; QL
<i>desvenlafaxine succinate oral tablet extended release 24 hr</i>	1	ST; QL
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG, 15 MG	3	ST
<i>dexmethylphenidate oral capsule, er biphasic 50-50</i>	1	
<i>dexmethylphenidate oral tablet</i>	1	
<i>dextroamphetamine sulfate oral capsule, extended release</i>	1	
<i>dextroamphetamine sulfate oral solution</i>	1	
<i>dextroamphetamine sulfate oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr</i>	1	
<i>dextroamphetamine-amphetamine oral tablet</i>	1	
<i>diazepam injection solution</i>	1	
<i>diazepam injection syringe</i>	1	
<i>diazepam intensol oral concentrate</i>	1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	
<i>diazepam oral tablet</i>	1	
<i>doxepin oral capsule</i>	1	
<i>doxepin oral concentrate</i>	1	
<i>doxepin oral tablet</i>	1	ST; QL
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	QL
<i>duloxetine oral capsule,delayed release(dr/ec) 40 mg</i>	1	ST; QL
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR	2	ST
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR	2	ST
EDLUAR SUBLINGUAL TABLET	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
EMSAM TRANSDERMAL PATCH 24 HOUR	3	
<i>ergoloid oral tablet</i>	1	
<i>escitalopram oxalate oral solution</i>	1	ST
<i>escitalopram oxalate oral tablet</i>	1	QL
<i>estazolam oral tablet</i>	1	
<i>eszopiclone oral tablet</i>	1	QL
EVEKEO ODT ORAL TABLET,DISINTEGRATING	3	
EVEKEO ORAL TABLET	3	
FANAPT ORAL TABLET	3	QL
FANAPT ORAL TABLETS,DOSE PACK	3	QL
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	2	ST; QL
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	2	ST; QL
<i>fluoxetine oral capsule 10 mg, 40 mg</i>	1	QL
<i>fluoxetine oral capsule 20 mg</i>	1	
<i>fluoxetine oral capsule,delayed release(dr/ec)</i>	1	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>fluoxetine oral solution</i>	1	
<i>fluoxetine oral tablet 60 mg</i>	1	ST
<i>fluphenazine decanoate injection solution</i>	1	
<i>fluphenazine hcl injection solution</i>	1	
<i>fluphenazine hcl oral concentrate</i>	1	
<i>fluphenazine hcl oral elixir</i>	1	
<i>fluphenazine hcl oral tablet</i>	1	
<i>fluvoxamine oral capsule, extended release 24hr</i>	1	ST; QL
<i>fluvoxamine oral tablet</i>	1	QL
FOCALIN ORAL TABLET	3	
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; QL
GEODON INTRAMUSCULAR RECON SOLN	3	
GEODON ORAL CAPSULE	3	QL
<i>guanfacine oral tablet extended release 24 hr</i>	1	
HALCION ORAL TABLET 0.25 MG	3	

Drug Name	Drug Tier	Requirements / Limits
HALDOL DECANOATE INTRAMUSCULAR SOLUTION	3	
<i>haloperidol decanoate intramuscular solution</i>	1	
<i>haloperidol lactate injection solution</i>	1	
<i>haloperidol lactate intramuscular syringe</i>	1	
<i>haloperidol lactate oral concentrate</i>	1	
<i>haloperidol oral tablet</i>	1	
HETLIOZ LQ ORAL SUSPENSION	4	PA; LA; QL
HETLIOZ ORAL CAPSULE	4	PA; LA; QL
IGALMI SUBLINGUAL FILM	3	
<i>imipramine hcl oral tablet</i>	1	
<i>imipramine pamoate oral capsule</i>	1	
INTUNIVER ORAL TABLET EXTENDED RELEASE 24 HR	3	PA
INVEGA HAFYERA INTRAMUSCULAR SYRINGE	3	

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

Drug Name	Drug Tier	Requirements / Limits
INVEGA ORAL TABLET EXTENDED RELEASE 24HR	3	QL
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE	3	
INVEGA TRINZA INTRAMUSCULAR SYRINGE	3	
JORNAY PM ORAL CAPSULE, DEL REL, EXT REL SPRINK	3	ST
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HR	3	PA
KETAMINE SUBLINGUAL TROCHE	3	
LATUDA ORAL TABLET	3	QL
<i>lithium carbonate oral capsule</i>	1	
<i>lithium carbonate oral tablet</i>	1	
<i>lithium carbonate oral tablet extended release</i>	1	
LITHOBID ORAL TABLET EXTENDED RELEASE	3	
<i>lorazepam injection solution</i>	1	
<i>lorazepam injection syringe 2 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>lorazepam intensol oral concentrate</i>	1	
<i>lorazepam oral concentrate</i>	1	
<i>lorazepam oral tablet</i>	1	
LOREEV XR ORAL CAPSULE, EXTENDED RELEASE 24HR	3	
<i>loxapine succinate oral capsule</i>	1	
LUMRYZ ORAL EXTEND RELEASE GRANULES, PACKET	4	PA
<i>lurasidone oral tablet</i>	1	QL
LYBALVI ORAL TABLET	3	PA; QL
MARPLAN ORAL TABLET	3	
<i>methamphetamine oral tablet</i>	1	
METHYLIN ORAL SOLUTION	3	
<i>methylphenidate hcl oral cap, er sprinkle, biphasic 40-60</i>	1	ST
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	1	
<i>methylphenidate hcl oral capsule, er biphasic 50-50</i>	1	
<i>methylphenidate hcl oral solution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>methylphenidate hcl oral tablet</i>	1	
<i>methylphenidate hcl oral tablet extended release</i>	1	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	1	
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG, 72 MG	3	ST
<i>methylphenidate hcl oral tablet, chewable</i>	1	
<i>methylphenidate transdermal patch 24 hour</i>	1	ST
MIDAZOLAM ORAL SYRUP 10 MG/5 ML (2 MG/ML)	3	
<i>midazolam oral syrup 2 mg/ml</i>	1	
<i>mirtazapine oral tablet</i>	1	
<i>mirtazapine oral tablet, disintegrating</i>	1	
<i>modafinil oral tablet</i>	1	PA; QL
<i>molindone oral tablet</i>	1	
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR	2	ST
NARDIL ORAL TABLET	3	
<i>nefazodone oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	
<i>nortriptyline oral capsule</i>	1	
<i>nortriptyline oral solution</i>	1	
NUPLAZID ORAL CAPSULE	4	PA; LA; QL
NUPLAZID ORAL TABLET	4	PA; LA; QL
NUVIGIL ORAL TABLET	3	PA; QL
<i>olanzapine intramuscular recon soln</i>	1	
<i>olanzapine oral tablet</i>	1	QL
<i>olanzapine oral tablet, disintegrating</i>	1	QL
<i>olanzapine-fluoxetine oral capsule</i>	1	
<i>oxazepam oral capsule</i>	1	
<i>paliperidone oral tablet extended release 24hr</i>	1	QL
PAMELOR ORAL CAPSULE	3	
PARNATE ORAL TABLET	3	
<i>paroxetine hcl oral suspension</i>	1	ST
<i>paroxetine hcl oral tablet</i>	1	QL
<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>paroxetine mesylate(menop.sym) oral capsule</i>	1	ST; QL
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; QL
PAXIL ORAL SUSPENSION	3	ST
PAXIL ORAL TABLET	3	ST; QL
<i>perphenazine oral tablet</i>	1	
<i>perphenazine-amitriptyline oral tablet</i>	1	
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING	3	
<i>phenelzine oral tablet</i>	1	
<i>pimozide oral tablet</i>	1	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; QL
<i>procentra oral solution</i>	1	
<i>protriptyline oral tablet</i>	1	
PROVIGIL ORAL TABLET	3	PA; QL
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR	3	PA

Drug Name	Drug Tier	Requirements / Limits
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	QL
QUETIAPINE ORAL TABLET 150 MG	3	QL
<i>quetiapine oral tablet extended release 24 hr</i>	1	QL
QUILLICHEW ER ORAL TABLET,CHEW,IR - ER.BIPHASIC24HR	2	ST
QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON	2	ST
QUVIVIQ ORAL TABLET	3	ST
<i>ramelteon oral tablet</i>	1	QL
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR	3	ST
REMERON ORAL TABLET 15 MG, 30 MG	3	
REMERON SOLTAB ORAL TABLET,DISINTEGRATING	3	
RESTORIL ORAL CAPSULE	3	
REXULTI ORAL TABLET	3	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON	2	
RISPERDAL ORAL SOLUTION	3	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	QL
<i>risperidone oral solution</i>	1	
<i>risperidone oral tablet</i>	1	QL
<i>risperidone oral tablet, disintegrating</i>	1	QL
RITALIN LA ORAL CAPSULE, ER BIPHASIC 50-50	3	ST
RITALIN ORAL TABLET	3	
ROZEREM ORAL TABLET	3	ST; QL
SAPHRIS SUBLINGUAL TABLET	3	QL
SECUADO TRANSDERMAL PATCH 24 HOUR	3	QL
SEROQUEL ORAL TABLET	3	QL
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR	3	QL

Drug Name	Drug Tier	Requirements / Limits
SERTRALINE ORAL CAPSULE	3	ST; QL
<i>sertraline oral concentrate</i>	1	
<i>sertraline oral tablet</i>	1	QL
SILENOR ORAL TABLET	3	ST; QL
SODIUM OXYBATE ORAL SOLUTION	4	PA; QL
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	4	PA; LA
STRATTERA ORAL CAPSULE	3	PA
SUNOSI ORAL TABLET	2	PA; QL
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	3	
<i>tasimelteon oral capsule</i>	4	PA; LA; QL
<i>temazepam oral capsule</i>	1	
<i>thioridazine oral tablet</i>	1	
<i>thiothixene oral capsule</i>	1	
TRANXENE T-TAB ORAL TABLET	3	
<i>tranylcypromine oral tablet</i>	1	
<i>trazodone oral tablet</i>	1	
<i>triazolam oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>trifluoperazine oral tablet</i>	1	
<i>trimipramine oral capsule</i>	1	
TRINTELLIX ORAL TABLET	3	ST; QL
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING	3	
VALIUM ORAL TABLET	3	
VENLAFAXINE BESYLATE ORAL TABLET EXTENDED RELEASE 24HR	3	ST; QL
<i>venlafaxine oral capsule, extended release 24hr</i>	1	QL
<i>venlafaxine oral tablet</i>	1	QL
VERSACLOZ ORAL SUSPENSION	3	
VIIBRYD ORAL TABLET	3	ST; QL
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)-20 MG (23)	2	ST; QL
<i>vilazodone oral tablet</i>	1	ST; QL
VRAYLAR ORAL CAPSULE	3	QL
VRAYLAR ORAL CAPSULE, DOSE PACK	3	QL

Drug Name	Drug Tier	Requirements / Limits
VYLEESI SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL
VYVANSE ORAL CAPSULE	2	ST; QL
VYVANSE ORAL TABLET, CHEWABLE	2	ST
WAKIX ORAL TABLET	4	PA; LA; QL
XANAX ORAL TABLET	3	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR	3	
XELSTRYM TRANSDERMAL PATCH 24 HOUR	3	ST
XYREM ORAL SOLUTION	4	PA; QL
XYWAV ORAL SOLUTION	4	PA; QL
<i>zaleplon oral capsule</i>	1	QL
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	
<i>ziprasidone hcl oral capsule</i>	1	QL
<i>ziprasidone mesylate intramuscular reconstituted soln</i>	1	
ZOLPIDEM ORAL CAPSULE	3	ST
<i>zolpidem oral tablet</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>zolpidem oral tablet,ext release multiphase</i>	1	QL
<i>zolpidem sublingual tablet</i>	1	QL
ZOLPIMIST ORAL SPRAY,NON-AEROSOL	3	ST; QL
ZULRESSO INTRAVENOUS SOLUTION	4	LA
ZYPREXA INTRAMUSCULAR RECON SOLN	3	
ZYPREXA ORAL TABLET	3	QL
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING	3	QL

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ANTIARRHYTHMIC AGENTS

<i>adenosine intravenous solution</i>	1	
<i>amiodarone intravenous solution</i>	1	
<i>amiodarone oral tablet</i>	1	
BETAPACE AF ORAL TABLET	3	ST

Drug Name	Drug Tier	Requirements / Limits
BETAPACE ORAL TABLET	3	ST
<i>bretylium tosylate injection solution</i>	1	
<i>disopyramide phosphate oral capsule</i>	1	
<i>dofetilide oral capsule</i>	1	
<i>flecainide oral tablet</i>	1	
<i>lidocaine (pf) intravenous solution</i>	1	
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	1	
<i>mexiletine oral capsule</i>	1	
MULTAQ ORAL TABLET	3	
NEXTERONE INTRAVENOUS SOLUTION	3	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE	3	
NORPACE ORAL CAPSULE	3	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>procainamide injection solution</i>	1	
<i>propafenone oral capsule,extended release 12 hr</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>propafenone oral tablet</i>	1	
<i>quinidine gluconate oral tablet extended release</i>	1	
<i>quinidine sulfate oral tablet</i>	1	
RYTHMOL SR ORAL CAPSULE, EXTENDED RELEASE 12 HR	3	
<i>sorine oral tablet</i>	1	
<i>sotalol af oral tablet</i>	1	
SOTALOL INTRAVENOUS SOLUTION	3	
<i>sotalol oral tablet</i>	1	
SOTYLIZE ORAL SOLUTION	2	
TIKOSYN ORAL CAPSULE	3	
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL ORAL TABLET	3	
ACCURETIC ORAL TABLET	3	
<i>acebutolol oral capsule</i>	1	
ALDACTAZIDE ORAL TABLET	3	
ALDACTONE ORAL TABLET	3	
<i>aliskiren oral tablet</i>	1	
ALTACE ORAL CAPSULE	3	
<i>amiloride oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>amiloride-hydrochlorothiazide oral tablet</i>	1	
<i>amlodipine oral tablet</i>	1	
<i>amlodipine-benazepril oral capsule</i>	1	
<i>amlodipine-olmesartan oral tablet</i>	1	
<i>amlodipine-valsartan oral tablet</i>	1	
<i>amlodipine-valsartan-hcthiiazid oral tablet</i>	1	
<i>atenolol oral tablet</i>	1	
<i>atenolol-chlorthalidone oral tablet</i>	1	
<i>benazepril oral tablet</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet</i>	1	
<i>betaxolol oral tablet</i>	1	
BIDIL ORAL TABLET	3	
<i>bisoprolol fumarate oral tablet</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	1	
BREVIBLOC IN NACL (ISO-OSM) INTRAVENOUS PARENTERAL SOLUTION	3	

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Drug Name	Drug Tier	Requirements / Limits
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10 ML (10 MG/ML)	3	
<i>bumetanide injection solution</i>	1	
<i>bumetanide oral tablet</i>	1	
CALAN SR ORAL TABLET EXTENDED RELEASE	3	
<i>candesartan oral tablet</i>	1	
<i>candesartan-hydrochlorothiazid oral tablet</i>	1	
<i>captopril oral tablet</i>	1	
<i>captopril-hydrochlorothiazide oral tablet</i>	1	
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR	3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR	3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	
CARDURA ORAL TABLET	3	QL
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR	3	QL

Drug Name	Drug Tier	Requirements / Limits
CAROSPIR ORAL SUSPENSION	3	PA
<i>cartia xt oral capsule,extended release 24hr</i>	1	
<i>carvedilol oral tablet</i>	1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr</i>	1	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY	3	QL
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY	3	QL
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY	3	QL
<i>chlorothiazide sodium intravenous recon soln</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>clonidine hcl oral tablet</i>	1	
<i>clonidine transdermal patch weekly</i>	1	QL
CONJUPRI ORAL TABLET	3	ST
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR	3	ST
CORGARD ORAL TABLET 20 MG, 40 MG	3	ST
DEMSER ORAL CAPSULE	3	PA

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Drug Name	Drug Tier	Requirements / Limits
DIBENZYLINE ORAL CAPSULE	3	PA
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	1	
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	1	
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24hr</i>	1	
<i>diltiazem hcl oral tablet</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr</i>	1	
<i>dilt-xr oral capsule,ext.rel 24h degradable</i>	1	
DIURIL ORAL SUSPENSION	3	
<i>doxazosin oral tablet</i>	1	QL
DYRENIUM ORAL CAPSULE	3	
EDECRIN ORAL TABLET	3	
<i>enalapril maleate oral solution</i>	1	
<i>enalapril maleate oral tablet</i>	1	
<i>enalaprilat intravenous solution</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>enalapril-hydrochlorothiazide oral tablet</i>	1	
<i>eplerenone oral tablet</i>	1	
<i>epoprostenol (glycine) intravenous recon soln</i>	4	PA; LA
<i>epoprostenol intravenous recon soln</i>	4	PA; LA
<i>eprosartan oral tablet</i>	1	
<i>esmolol in nacl (iso-osm) intravenous parenteral solution</i>	1	
ESMOLOL IN STERILE WATER INTRAVENOUS PARENTERAL SOLUTION	3	
<i>esmolol intravenous solution</i>	1	
<i>ethacrynate sodium intravenous recon soln</i>	1	
<i>ethacrynic acid oral tablet</i>	1	
<i>felodipine oral tablet extended release 24 hr</i>	1	
FLOLAN INTRAVENOUS RECON SOLN	4	PA; LA
<i>fosinopril oral tablet</i>	1	
<i>fosinopril-hydrochlorothiazide oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
FUROSCIX SUBCUTANEOUS KIT	3	
FUROSEMIDE IN 0.9 % NACL INTRAVENOUS PIGGYBACK	3	
<i>furosemide injection solution</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet</i>	1	
<i>guanfacine oral tablet</i>	1	
<i>hydralazine injection solution</i>	1	
<i>hydralazine oral tablet</i>	1	
<i>hydrochlorothiazide oral capsule</i>	1	
<i>hydrochlorothiazide oral tablet</i>	1	
<i>indapamide oral tablet</i>	1	
INDERAL XL ORAL CAPSULE,EXTENDED RELEASE 24HR	3	ST
INNOPRAN XL ORAL CAPSULE,EXTENDED RELEASE 24HR	3	ST
INSPIRA ORAL TABLET	3	

Drug Name	Drug Tier	Requirements / Limits
<i>irbesartan oral tablet</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet</i>	1	
<i>isosorbide-hydralazine oral tablet</i>	1	
<i>isradipine oral capsule</i>	1	
KERENDIA ORAL TABLET	2	PA; QL
LABETALOL IN NACL (ISO-OSMOT) INTRAVENOUS SOLUTION	3	
<i>labetalol intravenous solution</i>	1	
<i>labetalol oral tablet</i>	1	
LASIX ORAL TABLET	3	
LEVAMLODIPINE ORAL TABLET	3	ST
<i>lisinopril oral tablet</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet</i>	1	
LOPRESSOR ORAL TABLET	3	ST
<i>losartan oral tablet</i>	1	
<i>losartan-hydrochlorothiazide oral tablet</i>	1	
LOTENSIN HCT ORAL TABLET	3	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	3	
<i>matzim la oral tablet extended release 24 hr</i>	1	
MAXZIDE ORAL TABLET	3	
MAXZIDE-25MG ORAL TABLET	3	
<i>methyldopa oral tablet</i>	1	
<i>methyldopa-hydrochlorothiazide oral tablet</i>	1	
<i>methyldopate intravenous solution</i>	1	
<i>metolazone oral tablet</i>	1	
<i>metoprolol succinate oral tablet extended release 24 hr</i>	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet</i>	1	
<i>metoprolol tartrate intravenous solution</i>	1	
<i>metoprolol tartrate oral tablet</i>	1	
<i>metirosine oral capsule</i>	1	PA
MINIPRESS ORAL CAPSULE	3	
<i>minoxidil oral tablet</i>	1	
<i>moexipril oral tablet</i>	1	
<i>nadolol oral tablet</i>	1	
<i>nebivolol oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>nicardipine oral capsule</i>	1	
<i>nifedipine oral capsule</i>	1	
<i>nifedipine oral tablet extended release</i>	1	
<i>nifedipine oral tablet extended release 24hr</i>	1	
<i>nimodipine oral capsule</i>	1	
<i>nisoldipine oral tablet extended release 24 hr</i>	1	
NORLIQVA ORAL SOLUTION	3	ST
NYMALIZE ORAL SOLUTION	3	
NYMALIZE ORAL SYRINGE	3	
<i>olmesartan oral tablet</i>	1	
<i>olmesartan-amlodipin-hcthiiazid oral tablet</i>	1	
<i>olmesartan-hydrochlorothiazide oral tablet</i>	1	
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK	4	LA; QL
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK	4	LA; QL

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Drug Name	Drug Tier	Requirements / Limits
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK	4	LA; QL
ORENITRAM ORAL TABLET EXTENDED RELEASE	4	PA; LA; QL
<i>papaverine injection solution</i>	1	
<i>perindopril erbumine oral tablet</i>	1	
<i>phenoxybenzamine oral capsule</i>	1	PA
<i>pindolol oral tablet</i>	1	
<i>prazosin oral capsule</i>	1	
PRESTALIA ORAL TABLET	3	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR	3	
<i>propranolol intravenous solution</i>	1	
<i>propranolol oral capsule,extended release 24 hr</i>	1	
<i>propranolol oral solution</i>	1	
<i>propranolol oral tablet</i>	1	
<i>propranolol- hydrochlorothiazid oral tablet</i>	1	
QBRELIS ORAL SOLUTION	3	PA

Drug Name	Drug Tier	Requirements / Limits
<i>quinapril oral tablet</i>	1	
<i>quinapril- hydrochlorothiazide oral tablet</i>	1	
<i>ramipril oral capsule</i>	1	
SODIUM EDECRIN INTRAVENOUS RECON SOLN	3	
<i>spironolactone oral tablet</i>	1	
<i>spironolacton- hydrochlorothiaz oral tablet</i>	1	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	
<i>taztia xt oral capsule,extended release 24 hr</i>	1	
TEKTURNA HCT ORAL TABLET	2	
TEKTURNA ORAL TABLET	3	
<i>telmisartan oral tablet</i>	1	
<i>telmisartan- amlodipine oral tablet</i>	1	
<i>telmisartan- hydrochlorothiazid oral tablet</i>	1	
TENORETIC 100 ORAL TABLET	3	ST
TENORETIC 50 ORAL TABLET	3	ST

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Drug Name	Drug Tier	Requirements / Limits
TENORMIN ORAL TABLET	3	ST
<i>terazosin oral capsule</i>	1	QL
THALITONE ORAL TABLET	3	
<i>tiadylt er oral capsule,extended release 24 hr</i>	1	
TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR	3	
<i>timolol maleate oral tablet</i>	1	
<i>torsemide oral tablet</i>	1	
<i>trandolapril oral tablet</i>	1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr</i>	1	
<i>triamterene oral capsule</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	
UPTRAVI INTRAVENOUS RECON SOLN	4	PA; LA
UPTRAVI ORAL TABLET	4	PA; LA; QL
UPTRAVI ORAL TABLETS,DOSE PACK	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
VALSARTAN ORAL SOLUTION	3	ST
<i>valsartan oral tablet</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet</i>	1	
VASERETIC ORAL TABLET	3	
VASOTEC ORAL TABLET	3	
<i>velettri intravenous recon soln</i>	4	PA; LA
<i>verapamil oral capsule, 24 hr er pellet ct</i>	1	
<i>verapamil oral capsule,ext rel. pellets 24 hr</i>	1	
<i>verapamil oral tablet</i>	1	
<i>verapamil oral tablet extended release</i>	1	
VERELAN PM ORAL CAPSULE, 24 HR ER PELLETT CT	3	
ZESTORETIC ORAL TABLET	3	
ZESTRIL ORAL TABLET	3	
ZIAC ORAL TABLET	3	ST
CARDIAC GLYCOSIDES		
<i>digox oral tablet</i>	1	
<i>digoxin oral solution</i>	1	
<i>digoxin oral tablet</i>	1	
LANOXIN ORAL TABLET	3	

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Drug Name	Drug Tier	Requirements / Limits
COAGULATION THERAPY		
ADVATE INTRAVENOUS RECON SOLN	4	LA
ADYNOVATE INTRAVENOUS SOLUTION	4	LA
AFSTYLA INTRAVENOUS RECON SOLN	4	LA
AGGRASTAT CONCENTRATE INTRAVENOUS CONCENTRATE	3	
AGGRASTAT IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 5 MG/100 ML (50 MCG/ML)	3	
ALPHANATE INTRAVENOUS RECON SOLN	4	LA
ALPHANINE SD INTRAVENOUS RECON SOLN	4	LA
ALPROLIX INTRAVENOUS RECON SOLN	4	LA
ALTUVIIIO INTRAVENOUS RECON SOLN	4	LA
AMICAR ORAL SOLUTION	3	
AMICAR ORAL TABLET	3	
<i>aminocaproic acid intravenous solution</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>aminocaproic acid oral solution</i>	1	
<i>aminocaproic acid oral tablet</i>	1	
ANDEXXA INTRAVENOUS RECON SOLN	3	
ANGIOMAX INTRAVENOUS RECON SOLN	3	
<i>argatroban in 0.9 % sod chlor intravenous solution</i>	1	
ARGATROBAN IN NACL (ISO-OS) INTRAVENOUS SOLUTION	3	
ARGATROBAN INTRAVENOUS SOLUTION	3	
ARIXTRA SUBCUTANEOUS SYRINGE	4	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr</i>	1	
ASPIRIN- OMEPRAZOLE ORAL TABLET,IR,DELA YED REL,BIPHASIC 81-40 MG	3	PA
BENEFIX INTRAVENOUS RECON SOLN	4	LA
<i>bivalirudin intravenous recon soln</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
BIVALIRUDIN INTRAVENOUS SOLUTION	3	
BRILINTA ORAL TABLET	2	
CABLIVI INJECTION KIT	4	PA; LA
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN	4	LA
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN	4	LA
<i>cilostazol oral tablet</i>	1	
<i>clopidogrel oral tablet</i>	1	
COAGADEX INTRAVENOUS RECON SOLN	4	LA
CYKLOKAPRON INTRAVENOUS SOLUTION	3	
<i>dabigatran etexilate oral capsule</i>	1	PA
DEFITELIO INTRAVENOUS SOLUTION	3	
<i>dipyridamole oral tablet</i>	1	
DOPTELET (15 TAB PACK) ORAL TABLET	4	PA; LA; QL
EFFIENT ORAL TABLET	3	

Drug Name	Drug Tier	Requirements / Limits
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	2	PA
ELIQUIS ORAL TABLET	2	PA
ELOCTATE INTRAVENOUS RECON SOLN	4	LA
<i>enoxaparin subcutaneous solution</i>	4	
<i>enoxaparin subcutaneous syringe</i>	4	
<i>eptifibatide intravenous solution 2 mg/ml</i>	1	
ESPEROCT INTRAVENOUS RECON SOLN	4	LA
FEIBA NF INTRAVENOUS RECON SOLN	4	LA
FIBRYGA INTRAVENOUS RECON SOLN	4	LA
<i>fondaparinux subcutaneous syringe</i>	4	
FRAGMIN SUBCUTANEOUS SOLUTION	4	
FRAGMIN SUBCUTANEOUS SYRINGE	4	
HEMLIBRA SUBCUTANEOUS SOLUTION	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
HEMOFIL M HIGH INTRAVENOUS RECON SOLN	4	LA
HEMOFIL M LOW INTRAVENOUS RECON SOLN	4	LA
HEMOFIL M MID INTRAVENOUS RECON SOLN	4	LA
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN	4	LA
HEPARIN (PORCINE) IN 0.9% NACL INTRAVENOUS PARENTERAL SOLUTION 30,000 UNIT/1,000 ML	3	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	1	
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml</i>	1	
<i>heparin (porcine) injection solution 1,000 unit/ml</i>	1	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/500 ml</i>	1	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
HEPARIN, PORCINE (PF) SUBCUTANEOUS SYRINGE	3	
HUMATE-P INTRAVENOUS RECON SOLN	4	LA
IDELVION INTRAVENOUS RECON SOLN	4	LA
IXINITY INTRAVENOUS RECON SOLN	4	LA
<i>jantoven oral tablet</i>	1	
JIVI INTRAVENOUS RECON SOLN	4	LA
KCENTRA INTRAVENOUS RECON SOLN	3	
KENGREAL INTRAVENOUS RECON SOLN	3	
KOATE INTRAVENOUS RECON SOLN	4	LA
KOGENATE FS INTRAVENOUS RECON SOLN	4	LA
KOVALTRY INTRAVENOUS RECON SOLN	4	LA
LOVENOX SUBCUTANEOUS SOLUTION	4	
LOVENOX SUBCUTANEOUS SYRINGE	4	
MEPHYTON ORAL TABLET	3	QL

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Drug Name	Drug Tier	Requirements / Limits
MULPLETA ORAL TABLET	4	PA; LA; QL
NOVOEIGHT INTRAVENOUS RECON SOLN	4	LA
NOVOSEVEN RT INTRAVENOUS RECON SOLN	4	LA
NUWIQ INTRAVENOUS RECON SOLN	4	LA
OBIZUR INTRAVENOUS RECON SOLN	4	LA
<i>pentoxifylline oral tablet extended release</i>	1	
PHYTONADIONE (VITAMIN K1) INJECTION SOLUTION 1 MG/0.5 ML	2	
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>	1	
PHYTONADIONE (VITAMIN K1) INJECTION SYRINGE	2	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	QL
PLAVIX ORAL TABLET 75 MG	3	
PRADAXA ORAL PELLETS IN PACKET	4	PA; LA
<i>prasugrel oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
PRAXBIND INTRAVENOUS SOLUTION	3	
PROFILNINE INTRAVENOUS RECON SOLN	4	LA
PROMACTA ORAL POWDER IN PACKET	4	PA; LA
PROMACTA ORAL TABLET	4	PA; LA
<i>protamine intravenous solution</i>	1	
REBINYN INTRAVENOUS RECON SOLN	4	LA
RECOMBINATE INTRAVENOUS RECON SOLN	4	LA
RIASTAP INTRAVENOUS RECON SOLN	4	LA
RIXUBIS INTRAVENOUS RECON SOLN	4	LA
SEVENFACT INTRAVENOUS RECON SOLN	4	LA
TAVALISSE ORAL TABLET	4	PA; LA; QL
TRANEXAMIC ACID IN NACL,ISO-OS INTRAVENOUS PIGGYBACK	3	
<i>tranexamic acid intravenous solution</i>	1	
<i>vitamin k injection solution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>vitamin k1 injection solution</i>	1	
<i>warfarin oral tablet</i>	1	
WILATE INTRAVENOUS RECON SOLN	4	LA
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	2	PA
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	2	PA
XARELTO ORAL TABLET	2	PA
XYNTHA INTRAVENOUS SOLUTION	4	LA
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE	4	LA
YOSPRALA ORAL TABLET,IR,DELAYED REL,BIPHASIC	3	PA
ZONTIVITY ORAL TABLET	3	
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin oral tablet</i>	1	QL
ANTARA ORAL CAPSULE 30 MG, 90 MG	3	ST

Drug Name	Drug Tier	Requirements / Limits
ATORVALIQ ORAL SUSPENSION	3	ST; QL
<i>atorvastatin oral tablet</i>	1	QL
CADUET ORAL TABLET	3	ST; QL
<i>cholestyramine (with sugar) oral powder</i>	1	
<i>cholestyramine (with sugar) oral powder in packet</i>	1	
<i>cholestyramine light oral powder</i>	1	
<i>cholestyramine light oral powder in packet</i>	1	
<i>colesevelam oral powder in packet</i>	1	
<i>colesevelam oral tablet</i>	1	
COLESTID FLAVORED ORAL PACKET	3	ST
COLESTID ORAL GRANULES	3	ST
COLESTID ORAL PACKET	3	ST
COLESTID ORAL TABLET	3	ST
<i>colestipol oral granules</i>	1	
<i>colestipol oral packet</i>	1	
<i>colestipol oral tablet</i>	1	
EVKEEZA INTRAVENOUS SOLUTION	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
<i>ezetimibe oral tablet</i>	1	
<i>ezetimibe-simvastatin oral tablet</i>	1	QL
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG	3	ST
<i>fenofibrate nanocrystallized oral tablet</i>	1	
FENOFIBRATE ORAL CAPSULE	3	ST
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fenofibrate oral tablet 40 mg</i>	1	ST
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec)</i>	1	
<i>fenofibric acid oral tablet</i>	1	
FENOGLIDE ORAL TABLET	3	ST
FIBRICOR ORAL TABLET	3	ST
FLOLIPID ORAL SUSPENSION	3	ST; QL
<i>fluvastatin oral capsule</i>	1	QL
<i>fluvastatin oral tablet extended release 24 hr</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>gemfibrozil oral tablet</i>	1	
<i>icosapent ethyl oral capsule</i>	1	PA
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	4	PA; LA
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; QL
LIPOFEN ORAL CAPSULE	3	ST
LIVALO ORAL TABLET	2	ST; QL
LOPID ORAL TABLET	3	
<i>lovastatin oral tablet</i>	1	QL
LOVAZA ORAL CAPSULE	3	PA
NEXLETOL ORAL TABLET	2	PA
NEXLIZET ORAL TABLET	2	PA
<i>niacin oral tablet 500 mg</i>	1	
<i>niacin oral tablet extended release 24 hr</i>	1	
NIACOR ORAL TABLET	3	
<i>omega-3 acid ethyl esters oral capsule</i>	1	PA
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR	3	PA; QL
<i>pravastatin oral tablet</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>prevalite oral powder</i>	1	
<i>prevalite oral powder in packet</i>	1	
QUESTRAN LIGHT ORAL POWDER	3	ST
QUESTRAN ORAL POWDER	3	ST
QUESTRAN ORAL POWDER IN PACKET	3	ST
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR	2	PA; QL
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR	2	PA; QL
REPATHA SYRINGE SUBCUTANEOUS SYRINGE	2	PA; QL
<i>rosuvastatin oral tablet</i>	1	QL
<i>simvastatin oral tablet</i>	1	QL
TRICOR ORAL TABLET	3	ST
TRILIPIX ORAL CAPSULE,DELAY ED RELEASE(DR/EC)	3	ST
VASCEPA ORAL CAPSULE	2	PA
ZYPITAMAG ORAL TABLET	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ASPRUZYO SPRINKLE ORAL EXTEND RELEASE GRANULES,PACK ET	3	
CAMZYOS ORAL CAPSULE	4	PA; LA; QL
CORLANOR ORAL SOLUTION	2	PA
CORLANOR ORAL TABLET	2	PA
ENTRESTO ORAL TABLET	2	PA; QL
FILSPARI ORAL TABLET	4	PA; LA; QL
GIAPREZA INTRAVENOUS SOLUTION	3	
<i>isoproterenol hcl injection solution</i>	1	
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR	3	
<i>ranolazine oral tablet extended release 12 hr</i>	1	
VECAMEYL ORAL TABLET	3	
VERQUVO ORAL TABLET	2	PA; QL
VYNDAMAX ORAL CAPSULE	4	PA; LA
VYNDAQEL ORAL CAPSULE	4	PA; LA
NITRATES		

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Drug Name	Drug Tier	Requirements / Limits
GONITRO SUBLINGUAL POWDER IN PACKET	3	
ISORDIL ORAL TABLET	3	
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	
<i>isosorbide dinitrate oral tablet</i>	1	
<i>isosorbide mononitrate oral tablet</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	1	
<i>nitro-bid transdermal ointment</i>	1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR	3	
<i>nitroglycerin sublingual tablet</i>	1	
<i>nitroglycerin transdermal patch 24 hour</i>	1	
<i>nitroglycerin translingual spray,non-aerosol</i>	1	
NITROLINGUAL TRANSLINGUAL SPRAY, NON-AEROSOL	3	
NITROMIST TRANSLINGUAL AEROSOL, SPRAY	3	

Drug Name	Drug Tier	Requirements / Limits
NITROSTAT SUBLINGUAL TABLET	3	
<i>nitro-time oral capsule, extended release</i>	1	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin oral capsule</i>	1	
<i>calcipotriene scalp solution</i>	1	QL
<i>calcipotriene topical cream</i>	1	QL
CALCIPOTRIENE TOPICAL FOAM	3	ST; QL
<i>calcipotriene topical ointment</i>	1	QL
<i>calcipotriene-betamethasone topical ointment</i>	1	ST; QL
<i>calcipotriene-betamethasone topical suspension</i>	1	QL
<i>calcitriol topical ointment</i>	1	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE	4	PA; LA; QL
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
COSENTYX SUBCUTANEOUS SYRINGE	4	PA; LA; QL
ENSTILAR TOPICAL FOAM	2	ST; QL
EPIFOAM TOPICAL FOAM	3	ST
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	1	ST
ILUMYA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
OVACE PLUS SHAMPOO TOPICAL SHAMPOO	3	
OVACE PLUS TOPICAL CLEANSER	3	
OVACE PLUS TOPICAL CREAM	3	
OVACE PLUS TOPICAL LOTION	3	
OVACE PLUS WASH TOPICAL CLEANSER, GEL	3	
OVACE TOPICAL CLEANSER	3	
PLEXION NS TOPICAL SHAMPOO	3	
PRAMOSONE TOPICAL CREAM	3	ST
PRAMOSONE TOPICAL LOTION	3	ST
PRAMOSONE TOPICAL OINTMENT	3	ST

Drug Name	Drug Tier	Requirements / Limits
<i>selenium sulfide topical lotion</i>	1	
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	1	
SELRX TOPICAL SHAMPOO	3	
SILIQ SUBCUTANEOUS SYRINGE	4	PA; LA; QL
SKYRIZI SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; LA; QL
SOTYKTU ORAL TABLET	4	PA; LA; QL
STELARA SUBCUTANEOUS SOLUTION	4	PA; LA; QL
STELARA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
<i>sulfacetamide sodium topical cleanser</i>	1	
<i>sulfacetamide sodium topical cleanser, gel</i>	1	
<i>sulfacetamide sodium topical shampoo</i>	1	
TACLONEX TOPICAL OINTMENT	3	ST; QL
TACLONEX TOPICAL SUSPENSION	3	QL

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Drug Name	Drug Tier	Requirements / Limits
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL
TALTZ SYRINGE SUBCUTANEOUS SYRINGE	4	PA; LA; QL
TERSI FOAM TOPICAL FOAM	3	
TREMFYA SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL
TREMFYA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
VECTICAL TOPICAL OINTMENT	3	
WYNZORA TOPICAL CREAM	3	ST; QL
BURN THERAPY		
SILVADENE TOPICAL CREAM	3	
<i>silver sulfadiazine topical cream</i>	1	
<i>ssd topical cream</i>	1	
KERATOLYTICS		

Drug Name	Drug Tier	Requirements / Limits
INOVA 4-1 TOPICAL COMBO PACK	3	ST
INOVA 8-2 TOPICAL COMBO PACK	3	ST
MISCELLANEOUS DERMATOLOGICALS		
ADBRY SUBCUTANEOUS SYRINGE	4	PA; LA; QL
AMELUZ TOPICAL GEL	3	
<i>ammonium lactate topical cream</i>	1	
<i>ammonium lactate topical lotion</i>	1	
CANTHARIDIN IN ACETONE TOPICAL SOLUTION	3	
CIBINQO ORAL TABLET	4	PA; LA; QL
CONDYLOX TOPICAL GEL	3	ST; QL
CORTANE-B TOPICAL LOTION	3	
<i>diclofenac sodium topical gel 3 %</i>	1	PA; QL
<i>doxepin topical cream</i>	1	QL
DRYSOL DAB-O-MATIC TOPICAL SOLUTION	3	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE	4	PA; LA; QL
EFUDEX TOPICAL CREAM	3	ST
ELIDEL TOPICAL CREAM	3	ST; QL
EUCRISA TOPICAL OINTMENT	3	ST; QL
FLUOROPLEX TOPICAL CREAM	3	
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution</i>	1	
HYFTOR TOPICAL GEL	4	PA; LA
<i>iodine-sodium iodide topical tincture 2 %</i>	1	
IODOFLEX TOPICAL PADS, MEDICATED	3	
IODOSORB TOPICAL GEL	3	
LEVULAN TOPICAL SOLUTION	3	
<i>methoxsalen oral capsule, liqd-filled, rapid rel</i>	1	
<i>methyl salicylate oil</i>	1	
<i>methyl salicylate topical liquid</i>	1	
OPZELURA TOPICAL CREAM	3	PA; QL
PANRETIN TOPICAL GEL	3	PA

Drug Name	Drug Tier	Requirements / Limits
<i>pimecrolimus topical cream</i>	1	ST; QL
<i>podofilox topical solution</i>	1	
PROTOPIC TOPICAL OINTMENT	3	ST; QL
<i>prudoxin topical cream</i>	1	QL
QBREXZA TOPICAL TOWELETTE	3	PA
REGRANEX TOPICAL GEL	2	QL
<i>tacrolimus topical ointment</i>	1	ST; QL
UVADEX INJECTION SOLUTION	2	
VALCHLOR TOPICAL GEL	4	LA
VEREGEN TOPICAL OINTMENT	3	PA; QL
<i>wintergreen oil oil</i>	1	
ZONALON TOPICAL CREAM	3	QL
THERAPY FOR ACNE		
ABSORICA LD ORAL CAPSULE	3	ST
ABSORICA ORAL CAPSULE	3	ST
<i>acutane oral capsule</i>	1	
ACZONE TOPICAL GEL	3	ST

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Drug Name	Drug Tier	Requirements / Limits
ACZONE TOPICAL GEL WITH PUMP	3	ST
<i>adapalene topical cream</i>	1	PA
<i>adapalene topical gel 0.3 %</i>	1	PA
<i>adapalene topical gel with pump</i>	1	PA
ADAPALENE TOPICAL LOTION	3	PA
<i>adapalene topical solution</i>	1	PA
<i>adapalene topical swab</i>	1	PA
<i>adapalene-benzoyl peroxide topical gel with pump</i>	1	PA
AKLIEF TOPICAL CREAM	3	PA
ALTRENO TOPICAL LOTION	3	PA
<i>amnesteam oral capsule</i>	1	
AMZEEQ TOPICAL FOAM	3	ST
ARAZLO TOPICAL LOTION	3	PA
ATRALIN TOPICAL GEL	3	PA
AVAR LS TOPICAL CLEANSER	3	ST
<i>avar topical cleanser</i>	1	
AVAR-E GREEN TOPICAL CREAM	3	ST
AVAR-E LS TOPICAL CREAM	3	ST

Drug Name	Drug Tier	Requirements / Limits
<i>avita topical cream</i>	1	PA
AVITA TOPICAL GEL	3	PA
<i>azelaic acid topical gel</i>	1	
AZELEX TOPICAL CREAM	3	ST
BENZAMYCIN TOPICAL GEL	3	ST
BENZEPRO (MICROSPHERES) TOPICAL CLEANSER	3	ST
<i>benzoyl peroxide topical cleanser 7 %</i>	1	
<i>benzoyl peroxide topical foam</i>	1	
<i>brimonidine topical gel with pump</i>	1	PA
<i>claravis oral capsule</i>	1	
CLEOCIN T TOPICAL LOTION	3	ST; QL
CLINDACIN ETZ TOPICAL KIT	3	ST
<i>clindacin etz topical swab</i>	1	
<i>clindacin p topical swab</i>	1	
CLINDACIN PAC TOPICAL KIT	3	ST
<i>clindacin topical foam</i>	1	QL
CLINDAGEL TOPICAL GEL, ONCE DAILY	3	ST; QL
<i>clindamycin phosphate topical foam</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>clindamycin phosphate topical gel</i>	1	QL
<i>clindamycin phosphate topical gel, once daily</i>	1	QL
<i>clindamycin phosphate topical lotion</i>	1	QL
<i>clindamycin phosphate topical solution</i>	1	QL
<i>clindamycin phosphate topical swab</i>	1	
<i>clindamycin-benzoyl peroxide topical gel</i>	1	
<i>clindamycin-benzoyl peroxide topical gel with pump</i>	1	
<i>clindamycin-tretinoin topical gel</i>	1	PA
<i>dapsone topical gel</i>	1	
<i>dapsone topical gel with pump</i>	1	
DIFFERIN TOPICAL CREAM	3	PA
DIFFERIN TOPICAL GEL WITH PUMP	3	PA
DIFFERIN TOPICAL LOTION	3	PA
EPIDUO FORTE TOPICAL GEL WITH PUMP	3	PA
<i>ery pads topical swab</i>	1	
<i>erygel topical gel</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>erythromycin with ethanol topical gel</i>	1	
<i>erythromycin with ethanol topical solution</i>	1	
<i>erythromycin-benzoyl peroxide topical gel</i>	1	
EVOCLIN TOPICAL FOAM	3	ST; QL
FABIOR TOPICAL FOAM	3	PA
FINACEA TOPICAL FOAM	2	ST
FINACEA TOPICAL GEL	3	ST
INOVA TOPICAL COMBO PACK	3	ST
<i>isotretinoin oral capsule</i>	1	
<i>ivermectin topical cream</i>	1	QL
METROCREAM TOPICAL CREAM	3	ST
METROGEL TOPICAL GEL 1 %	3	ST
<i>metronidazole topical cream</i>	1	
<i>metronidazole topical gel</i>	1	
<i>metronidazole topical gel with pump</i>	1	
<i>metronidazole topical lotion</i>	1	
MIRVASO TOPICAL GEL WITH PUMP	2	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>myorisan oral capsule</i>	1	
NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL	3	ST
<i>neuac topical gel</i>	1	
NORITATE TOPICAL CREAM	3	ST
ONEXTON TOPICAL GEL WITH PUMP	2	ST
PACNEX TOPICAL CLEANSER	3	ST
PLEXION CLEANSING CLOTHS TOPICAL PADS, MEDICATED	3	ST
PLEXION TOPICAL CLEANSER	3	ST
PLEXION TOPICAL CREAM	3	ST
PLEXION TOPICAL LOTION	3	ST
PR BENZOYL PEROXIDE TOPICAL CLEANSER	3	ST
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP	3	PA
RETIN-A MICRO TOPICAL GEL	3	PA
RETIN-A TOPICAL CREAM	3	PA
RETIN-A TOPICAL GEL	3	PA

Drug Name	Drug Tier	Requirements / Limits
RHOFADE TOPICAL CREAM	3	PA
<i>rosadan topical cream</i>	1	
<i>rosadan topical gel</i>	1	
ROSADAN TOPICAL KIT, CLEANSER AND GEL	3	ST
ROSADAN TOPICAL KIT, CLEANSER AND CREAM	3	ST
<i>rosula cleansing cloths topical pads, medicated</i>	1	
ROSULA TOPICAL CLEANSER	3	ST
SOOLANTRA TOPICAL CREAM	3	ST; QL
<i>sss 10-5 topical cream</i>	1	
<i>sss 10-5 topical foam</i>	1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 10-5 % (w/w), 9-4 %, 9-4.5 %, 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur topical cream</i>	1	
<i>sulfacetamide sodium-sulfur topical lotion</i>	1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %</i>	1	
SUMADAN TOPICAL CLEANSER	3	ST
SUMADAN TOPICAL KIT	3	ST
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM	3	ST
SUMAXIN CP TOPICAL KIT	3	ST
SUMAXIN TOPICAL CLEANSER	3	ST
SUMAXIN TOPICAL PADS, MEDICATED	3	ST
<i>tazarotene topical cream</i>	1	PA
TAZAROTENE TOPICAL FOAM	3	PA
<i>tazarotene topical gel</i>	1	PA
TAZORAC TOPICAL CREAM	3	PA
TAZORAC TOPICAL GEL	3	PA
<i>tretinoin microspheres topical gel</i>	1	PA
<i>tretinoin microspheres topical gel with pump</i>	1	PA
<i>tretinoin topical cream</i>	1	PA

Drug Name	Drug Tier	Requirements / Limits
<i>tretinoin topical gel</i>	1	PA
WINLEVI TOPICAL CREAM	3	PA
<i>zenatane oral capsule</i>	1	
ZIANA TOPICAL GEL	3	PA
TOPICAL ANESTHETICS		
<i>bupivacaine (pf) injection solution</i>	1	
<i>bupivacaine-epinephrine (pf) injection solution</i>	1	
BUPIVACAINE-EPINEPHRINE BITART INJECTION CARTRIDGE	3	
<i>chloroprocaine (pf) injection solution 20 mg/ml (2 %)</i>	1	
COCAINE NASAL SOLUTION	3	
EXPAREL (PF) LOCAL INFILTRATION SUSPENSION	3	
GOPRELTO NASAL SOLUTION	3	
<i>lidocaine (pf) injection solution</i>	1	
<i>lidocaine hcl injection solution</i>	1	
<i>lidocaine hcl laryngotracheal solution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
<i>lidocaine hcl-hydrocortison ac topical cream</i>	1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1	PA
<i>lidocaine topical ointment</i>	1	QL
<i>lidocaine viscous mucous membrane solution</i>	1	
<i>lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000</i>	1	
<i>lidocaine-prilocaine topical cream</i>	1	QL
<i>lidocaine-prilocaine topical kit</i>	1	
<i>lidocort topical cream</i>	1	
<i>lta pre-attached laryngotracheal solution</i>	1	
NUMBRINO NASAL SOLUTION	3	
<i>polocaine-mpf injection solution 10 mg/ml (1 %), 20 mg/ml (2 %)</i>	1	
<i>ropivacaine (pf) injection solution</i>	1	
XARACOLL IMPLANT IMPLANT	3	

Drug Name	Drug Tier	Requirements / Limits
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 1 %-1:200,000, 2 %-1:200,000	3	
TOPICAL ANTIBACTERIALS		
ALTABAX TOPICAL OINTMENT	3	ST; QL
CENTANY AT TOPICAL OINTMENT KIT	3	ST; QL
CENTANY TOPICAL OINTMENT	3	ST; QL
<i>gentamicin topical cream</i>	1	QL
<i>gentamicin topical ointment</i>	1	QL
KLARON TOPICAL SUSPENSION	3	ST
<i>lugols topical solution</i>	1	
<i>mafenide acetate topical packet</i>	1	
<i>mupirocin calcium topical cream</i>	1	ST; QL
<i>mupirocin topical ointment</i>	1	QL
NEO-SYNALAR KIT TOPICAL CREAM	3	
NEO-SYNALAR TOPICAL CREAM	3	
<i>strong iodine topical solution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>sulfacetamide sodium (acne) topical suspension</i>	1	
SULFAMYLON TOPICAL CREAM	2	
XEPI TOPICAL CREAM	3	ST; QL
TOPICAL ANTIFUNGALS		
CICLODAN KIT TOPICAL COMBO PACK	3	
<i>ciclodan topical cream</i>	1	QL
<i>ciclodan topical solution</i>	1	
<i>ciclopirox topical cream</i>	1	QL
<i>ciclopirox topical gel</i>	1	QL
<i>ciclopirox topical shampoo</i>	1	QL
<i>ciclopirox topical solution</i>	1	
<i>ciclopirox topical suspension</i>	1	QL
<i>clotrimazole topical cream</i>	1	QL
<i>clotrimazole topical solution</i>	1	QL
<i>clotrimazole-betamethasone topical cream</i>	1	QL
<i>clotrimazole-betamethasone topical lotion</i>	1	QL
<i>econazole topical cream</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
ECOZA TOPICAL FOAM	3	QL
ERTACZO TOPICAL CREAM	3	QL
EXELDERM TOPICAL CREAM	3	QL
EXELDERM TOPICAL SOLUTION	3	QL
EXTINA TOPICAL FOAM	3	QL
KERYDIN TOPICAL SOLUTION WITH APPLICATOR	3	ST
<i>ketoconazole topical cream</i>	1	QL
<i>ketoconazole topical foam</i>	1	QL
<i>ketoconazole topical shampoo</i>	1	QL
<i>ketodan kit topical combo pack</i>	1	
<i>ketodan topical foam</i>	1	QL
LOPROX (AS OLAMINE) TOPICAL CREAM	3	QL
LOPROX (AS OLAMINE) TOPICAL SUSPENSION	3	QL
LOPROX KIT TOPICAL COMBO PACK	3	QL
LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER	3	QL

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Drug Name	Drug Tier	Requirements / Limits
LOPROX TOPICAL SHAMPOO	3	QL
LULICONAZOLE TOPICAL CREAM	3	PA; QL
LUZU TOPICAL CREAM	3	PA; QL
MENTAX TOPICAL CREAM	3	QL
MICONAZOLE NITRATE-ZINC OX-PET TOPICAL OINTMENT	3	QL
<i>naftifine topical cream</i>	1	QL
<i>naftifine topical gel 2 %</i>	1	QL
NAFTIN TOPICAL GEL	3	QL
<i>nyamyc topical powder</i>	1	QL
<i>nystatin topical cream</i>	1	QL
<i>nystatin topical ointment</i>	1	QL
<i>nystatin topical powder</i>	1	QL
<i>nystatin-triamcinolone topical cream</i>	1	QL
<i>nystatin-triamcinolone topical ointment</i>	1	QL
<i>nystop topical powder</i>	1	QL
<i>oxiconazole topical cream</i>	1	QL
OXISTAT TOPICAL LOTION	3	QL

Drug Name	Drug Tier	Requirements / Limits
SULCONAZOLE TOPICAL CREAM	3	QL
SULCONAZOLE TOPICAL SOLUTION	3	QL
<i>tavaborole topical solution with applicator</i>	1	ST
VUSION TOPICAL OINTMENT	3	QL
XOLEGEL TOPICAL GEL	3	QL
TOPICAL ANTIVIRALS		
<i>acyclovir topical cream</i>	1	PA; QL
<i>acyclovir topical ointment</i>	1	PA; QL
DENAVIR TOPICAL CREAM	3	
<i>penciclovir topical cream</i>	1	
XERESE TOPICAL CREAM	3	
ZOVIRAX TOPICAL CREAM	3	PA; QL
ZOVIRAX TOPICAL OINTMENT	3	PA; QL
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	1	
ALA-SCALP TOPICAL LOTION	3	ST
<i>alclometasone topical cream</i>	1	
<i>alclometasone topical ointment</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>amcinonide topical cream</i>	1	ST
<i>beseer topical lotion</i>	1	ST
<i>betamethasone dipropionate topical cream</i>	1	
<i>betamethasone dipropionate topical lotion</i>	1	
<i>betamethasone dipropionate topical ointment</i>	1	
<i>betamethasone valerate topical cream</i>	1	
<i>betamethasone valerate topical foam</i>	1	ST
<i>betamethasone valerate topical lotion</i>	1	
<i>betamethasone valerate topical ointment</i>	1	
<i>betamethasone, augmented topical cream</i>	1	
<i>betamethasone, augmented topical gel</i>	1	
<i>betamethasone, augmented topical lotion</i>	1	
<i>betamethasone, augmented topical ointment</i>	1	
CAPEX TOPICAL SHAMPOO	3	ST
<i>clobetasol scalp solution</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>clobetasol topical cream</i>	1	QL
<i>clobetasol topical foam</i>	1	ST; QL
<i>clobetasol topical gel</i>	1	QL
<i>clobetasol topical lotion</i>	1	ST; QL
<i>clobetasol topical ointment</i>	1	QL
<i>clobetasol topical shampoo</i>	1	ST; QL
<i>clobetasol topical spray,non-aerosol</i>	1	ST; QL
<i>clobetasol-emollient topical cream</i>	1	QL
<i>clobetasol-emollient topical foam</i>	1	ST; QL
CLOBEX TOPICAL SHAMPOO	3	ST; QL
CLOBEX TOPICAL SPRAY, NON-AEROSOL	3	ST; QL
<i>clocortolone pivalate topical cream</i>	1	
CLODAN KIT TOPICAL KIT, SHAMPOO AND CLEANSER	3	ST; QL
<i>clodan topical shampoo</i>	1	ST; QL
CLODERM TOPICAL CREAM	3	ST
CORDRAN TAPE LARGE ROLL TOPICAL TAPE	3	ST
CORDRAN TOPICAL CREAM	3	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
CORDRAN TOPICAL LOTION	3	ST; QL
CORDRAN TOPICAL OINTMENT	3	ST; QL
DERMA-SMOOTHIE/FS BODY OIL TOPICAL OIL	3	ST
DERMA-SMOOTHIE/FS SCALP OIL SCALP OIL	3	ST
<i>desonide topical cream</i>	1	
<i>desonide topical gel</i>	1	ST
<i>desonide topical lotion</i>	1	ST
<i>desonide topical ointment</i>	1	
<i>desoximetasone topical cream</i>	1	ST
<i>desoximetasone topical gel</i>	1	ST
<i>desoximetasone topical ointment</i>	1	ST
<i>desoximetasone topical spray, non-aerosol</i>	1	ST
<i>desrx topical gel</i>	1	ST
<i>diflorasone topical cream</i>	1	ST; QL
<i>diflorasone topical ointment</i>	1	ST; QL
DIPROLENE (AUGMENTED) TOPICAL OINTMENT	3	ST

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

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Drug Name	Drug Tier	Requirements / Limits
<i>halcinonide topical cream</i>	1	ST
<i>halobetasol propionate topical cream</i>	1	
HALOBETASOL PROPIONATE TOPICAL FOAM	3	ST
<i>halobetasol propionate topical ointment</i>	1	
HALOG TOPICAL CREAM	3	ST
HALOG TOPICAL OINTMENT	3	ST
HALOG TOPICAL SOLUTION	3	ST
<i>hydrocortisone butyrate topical cream</i>	1	QL
<i>hydrocortisone butyrate topical lotion</i>	1	ST; QL
<i>hydrocortisone butyrate topical ointment</i>	1	ST; QL
<i>hydrocortisone butyrate topical solution</i>	1	ST; QL
<i>hydrocortisone butyr-emollient topical cream</i>	1	QL
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone valerate topical cream</i>	1	
<i>hydrocortisone valerate topical ointment</i>	1	
IMPEKLO TOPICAL LOTION IN METERED-DOSE PUMP	3	ST; QL
IMPOYZ TOPICAL CREAM	3	ST; QL
KENALOG TOPICAL AEROSOL	3	ST; QL
LEXETTE TOPICAL FOAM	3	ST
LOCOID LIPOCREAM TOPICAL CREAM	3	ST; QL
LOCOID TOPICAL LOTION	3	ST; QL
LUXIQ TOPICAL FOAM	3	ST
<i>mometasone topical cream</i>	1	
<i>mometasone topical ointment</i>	1	
<i>mometasone topical solution</i>	1	
<i>nolix topical cream</i>	1	ST; QL
<i>nolix topical lotion</i>	1	ST; QL
NUCORT TOPICAL LOTION	3	ST
OLUX TOPICAL FOAM	3	ST; QL
OLUX-E TOPICAL FOAM	3	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
PANDEL TOPICAL CREAM	3	ST
<i>prednicarbate topical cream</i>	1	
<i>prednicarbate topical ointment</i>	1	
PROCTOCORT TOPICAL CREAM	3	ST
SCALACORT DK TOPICAL COMBO PACK	3	ST
<i>scalacort topical lotion</i>	1	
SERNIVO TOPICAL SPRAY WITH PUMP	3	ST
SYNALAR CREAM KIT TOPICAL CREAM	3	ST
SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM	3	ST
SYNALAR TOPICAL CREAM	3	ST
SYNALAR TOPICAL OINTMENT	3	ST
SYNALAR TOPICAL SOLUTION	3	ST
SYNALAR TS TOPICAL KIT	3	ST
TEMOVATE TOPICAL OINTMENT	3	ST; QL
TEXACORT TOPICAL SOLUTION	3	ST

Drug Name	Drug Tier	Requirements / Limits
TOPICORT TOPICAL CREAM	3	ST
TOPICORT TOPICAL GEL	3	ST
TOPICORT TOPICAL OINTMENT	3	ST
TOPICORT TOPICAL SPRAY,NON-AEROSOL	3	ST
<i>tovet emollient topical foam</i>	1	ST; QL
<i>triamcinolone acetonide topical aerosol</i>	1	ST; QL
<i>triamcinolone acetonide topical cream</i>	1	
<i>triamcinolone acetonide topical lotion</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.05 %</i>	1	ST
<i>triderm topical cream 0.1 %</i>	1	
<i>triderm topical cream 0.5 %</i>	1	ST
<i>tritocin topical ointment</i>	1	ST
ULTRAVATE TOPICAL LOTION	3	ST
VANOS TOPICAL CREAM	3	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
VERDESO TOPICAL FOAM	3	ST
TOPICAL ENZYMES		
NEXOBRID TOPICAL GEL	3	
SANTYL TOPICAL OINTMENT	2	QL
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan topical lotion</i>	1	
ELIMITE TOPICAL CREAM	3	
EURAX TOPICAL CREAM	3	
EURAX TOPICAL LOTION	3	
<i>lindane topical shampoo</i>	1	
<i>malathion topical lotion</i>	1	
NATROBA TOPICAL SUSPENSION	3	
OVIDE TOPICAL LOTION	3	
<i>permethrin topical cream</i>	1	
<i>spinosad topical suspension</i>	1	
ULESFIA TOPICAL LOTION	3	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
ANTIDOTES		
PROVAYBLUE INTRAVENOUS SOLUTION	3	

Drug Name	Drug Tier	Requirements / Limits
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation solution</i>	1	
<i>neomycin-polymyxin b gu irrigation solution</i>	1	
PHYSIOLYTE IRRIGATION SOLUTION	3	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION	3	
<i>ringer's irrigation solution</i>	1	
SORBITOL IRRIGATION SOLUTION 3 %	3	
SORBITOL-MANNITOL TRANSURETHRAL SOLUTION	3	
<i>tis-u-sol pentalyte irrigation irrigation solution</i>	1	
MISCELLANEOUS AGENTS		
<i>acamprosate oral tablet,delayed release (dr/ec)</i>	1	
<i>acetic acid irrigation solution</i>	1	
AGRYLIN ORAL CAPSULE	3	
AMMONUL INTRAVENOUS SOLUTION	3	
AMPHADASE INJECTION SOLUTION	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>anagrelide oral capsule</i>	1	
<i>aqua care sodium chloride irrigation solution</i>	1	
<i>aqua care sterile water irrigation solution</i>	1	
BUPHENYL ORAL POWDER	3	PA
BUPHENYL ORAL TABLET	3	PA
<i>caffeine citrate oral solution</i>	1	
CARBAGLU ORAL TABLET, DISPERSIBLE	4	LA
<i>carglumic acid oral tablet, dispersible</i>	4	LA
CARNITOR (SUGAR-FREE) ORAL SOLUTION	3	
CARNITOR INTRAVENOUS SOLUTION	3	
CARNITOR ORAL SOLUTION	3	
CARNITOR ORAL TABLET	3	
<i>cevimeline oral capsule</i>	1	
CHEMET ORAL CAPSULE	2	
<i>deferasirox oral granules in packet</i>	4	PA; LA
<i>deferasirox oral tablet</i>	4	PA; LA
<i>deferasirox oral tablet, dispersible</i>	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
<i>deferiprone oral tablet</i>	4	PA; LA
<i>disulfiram oral tablet</i>	1	
<i>droxidopa oral capsule</i>	4	PA; LA
EMPAVELI SUBCUTANEOUS SOLUTION	4	PA; LA
ENDARI ORAL POWDER IN PACKET	4	PA; LA
EVOXAC ORAL CAPSULE	3	
EXJADE ORAL TABLET, DISPERSIBLE	4	PA; LA
EXSERVAN ORAL FILM	4	PA; LA
FERRIPROX (2 TIMES A DAY) ORAL TABLET	4	PA; LA
FERRIPROX ORAL SOLUTION	4	PA; LA
FERRIPROX ORAL TABLET	4	PA; LA
FERRLECIT INTRAVENOUS SOLUTION	3	
GIVLAARI SUBCUTANEOUS SOLUTION	4	PA; LA
HYLENEX INJECTION SOLUTION	3	
INCRELEX SUBCUTANEOUS SOLUTION	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
JADENU ORAL TABLET	4	PA; LA
JADENU SPRINKLE ORAL GRANULES IN PACKET	4	PA; LA
JOENJA ORAL TABLET	4	PA; LA; QL
KORSUVA INTRAVENOUS SOLUTION	4	LA
<i>levocarnitine (with sugar) oral solution</i>	1	
<i>levocarnitine oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral tablet</i>	1	
LITHOSTAT ORAL TABLET	3	
METOPIRONE ORAL CAPSULE	3	
<i>midodrine oral tablet</i>	1	
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	4	PA; LA
<i>nitisinone oral capsule 20 mg</i>	4	PA
NITYR ORAL TABLET	4	PA; LA
NORTHERA ORAL CAPSULE	4	PA; LA
ORFADIN ORAL CAPSULE	4	PA; LA
ORFADIN ORAL SUSPENSION	4	PA; LA
OXBRYTA ORAL TABLET	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
OXBRYTA ORAL TABLET FOR SUSPENSION	4	PA; LA; QL
PHEBURANE ORAL GRANULES	4	PA; LA
<i>pilocarpine hcl oral tablet 5 mg</i>	1	
PYRUKYND ORAL TABLET	4	PA; LA; QL
PYRUKYND ORAL TABLETS,DOSE PACK	4	PA; LA; QL
RADIOGARDASE ORAL CAPSULE	3	
RAVICTI ORAL LIQUID	4	PA; LA
RECLAST INTRAVENOUS PIGGYBACK	4	LA
REVCIVI INTRAMUSCULAR SOLUTION	4	PA; LA
RILUTEK ORAL TABLET	3	PA
<i>riluzole oral tablet</i>	1	
<i>risedronate oral tablet 30 mg</i>	1	QL
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG	3	
<i>sodium benzoate-sodium phenylacetate intravenous solution</i>	1	
<i>sodium chlor 0.9% bacteriostat injection solution</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
sodium chloride 0.9 % (flush) injection syringe	1	
sodium chloride 0.9 % injection solution	1	
sodium chloride 0.9 % intravenous parenteral solution	1	
sodium chloride 0.9 % intravenous piggyback	1	
sodium chloride injection syringe	1	
sodium chloride irrigation solution	1	
sodium ferric gluconat-sucrose intravenous solution	1	
sodium phenylbutyrate oral powder	1	PA
sodium phenylbutyrate oral tablet	1	PA
SOLIRIS INTRAVENOUS SOLUTION	4	PA; LA
SYPRINE ORAL CAPSULE	3	PA
TAVNEOS ORAL CAPSULE	4	PA; LA; QL
THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC)	4	PA; LA
THIOLA ORAL TABLET	4	PA; LA
TIGLUTIK ORAL SUSPENSION	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
tiopronin oral tablet	4	PA; LA
trientine oral capsule	1	PA
ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML	4	PA; LA
water for irrigation, sterile irrigation solution	1	
XURIDEN ORAL GRANULES IN PACKET	4	PA; LA
ZOKINVY ORAL CAPSULE	4	PA; LA; QL
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	4	LA
ZYNRELEF SURGICAL SITE INSTILLATION SOLUTION, EXTENDED RELEASE	3	
SMOKING DETERRENTS		
bupropion hcl (smoking deter) oral tablet extended release 12 hr	5	ACA
CHANTIX CONTINUING MONTH BOX ORAL TABLET	5	ACA
CHANTIX ORAL TABLET 1 MG	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK	5	ACA
NICODERM CQ TRANSDERMAL PATCH 24 HOUR	2	OTC; QL
NICORETTE BUCCAL GUM 2 MG	2	OTC; QL
<i>nicorette buccal gum 4 mg</i>	5	ACA; OTC; QL
NICORETTE BUCCAL LOZENGE	2	OTC; QL
NICORETTE BUCCAL MINI LOZENGE	2	OTC; QL
<i>nicotine (polacrilex) buccal gum</i>	5	ACA; OTC; QL
<i>nicotine (polacrilex) buccal lozenge</i>	5	ACA; OTC; QL
<i>nicotine (polacrilex) buccal mini lozenge</i>	5	ACA; OTC; QL
<i>nicotine transdermal patch 24 hour</i>	5	ACA; OTC; QL
<i>nicotine transdermal patch, td daily, sequential</i>	5	ACA; OTC; QL
NICOTROL INHALATION CARTRIDGE	5	ACA
NICOTROL NS NASAL SPRAY, NON-AEROSOL	5	ACA
<i>quit 2 buccal gum</i>	5	ACA; OTC; QL

Drug Name	Drug Tier	Requirements / Limits
<i>quit 2 buccal lozenge</i>	5	ACA; OTC; QL
<i>quit 4 buccal gum</i>	5	ACA; OTC; QL
<i>quit 4 buccal lozenge</i>	5	ACA; OTC; QL
<i>stop smoking aid buccal lozenge</i>	5	ACA; OTC; QL
<i>varenicline oral tablet</i>	5	ACA
<i>varenicline oral tablets,dose pack</i>	5	ACA

EAR, NOSE & THROAT MEDICATIONS

MISCELLANEOUS AGENTS

<i>azelastine nasal aerosol,spray</i>	1	QL
<i>azelastine nasal spray,non-aerosol</i>	1	
<i>chlorhexidine gluconate mucous membrane mouthwash</i>	1	
CLINPRO 5000 DENTAL PASTE	3	
<i>denta 5000 plus dental cream</i>	1	
<i>dentagel dental gel</i>	1	
<i>fluoride (sodium) dental cream</i>	1	
<i>fluoride (sodium) dental gel</i>	1	
<i>fluoride (sodium) dental paste</i>	1	
<i>fluoride (sodium) dental solution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
FLUORIDEX DAILY DEFENSE DENTAL PASTE	3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	3	
GELX MUCOUS MEMBRANE GEL	3	
<i>ipratropium bromide nasal spray, non-aerosol</i>	1	QL
JUSTRIGHT 5000 DENTAL PASTE	3	
<i>olopatadine nasal spray, non-aerosol</i>	1	QL
<i>oralone dental paste</i>	1	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	3	
<i>paroex oral rinse mucous membrane mouthwash</i>	1	
PATANASE NASAL SPRAY, NON-AEROSOL	3	QL
PERIDEX MUCOUS MEMBRANE MOUTHWASH	3	
<i>periogard mucous membrane mouthwash</i>	1	
<i>pilocarpine hcl oral tablet 7.5 mg</i>	1	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE	3	

Drug Name	Drug Tier	Requirements / Limits
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE	3	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE	3	
PREVIDENT 5000 PLUS DENTAL CREAM	3	
PREVIDENT 5000 SENSITIVE DENTAL PASTE	3	
PREVIDENT DENTAL GEL	3	
PREVIDENT DENTAL SOLUTION	3	
SALAGEN (PILOCARPINE) ORAL TABLET 7.5 MG	3	
<i>sf 5000 plus dental cream</i>	1	
<i>sf dental gel</i>	1	
<i>sodium fluoride 5000 plus dental cream</i>	1	
<i>sodium fluoride-pot nitrate dental paste</i>	1	
<i>triamcinolone acetonide dental paste</i>	1	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear) solution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
CETRAXAL OTIC (EAR) DROPPERETTE	3	ST
<i>ciprofloxacin hcl otic (ear) dropperette</i>	1	
DERMOTIC OIL OTIC (EAR) DROPS	3	
<i>flac otic oil otic (ear) drops</i>	1	
<i>fluocinolone acetonide oil otic (ear) drops</i>	1	
<i>hydrocortisone-acetic acid otic (ear) drops</i>	1	
<i>ofloxacin otic (ear) drops</i>	1	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION	3	ST
CIPRODEX OTIC (EAR) DROPS,SUSPENSION	3	ST
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension</i>	1	
CIPROFLOXACIN-FLUOCINOLONE OTIC (EAR) SOLUTION	3	ST
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION	3	

Drug Name	Drug Tier	Requirements / Limits
<i>neomycin-polymyxin-hc otic (ear) drops,suspension</i>	1	
<i>neomycin-polymyxin-hc otic (ear) solution</i>	1	
OTOVEL OTIC (EAR) SOLUTION	3	ST
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR INJECTION GEL	4	PA; LA; QL
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE	3	PA
<i>betamethasone acet,sod phos injection suspension</i>	1	
CELESTONE SOLUSPAN INJECTION SUSPENSION	3	
CORTEF ORAL TABLET	3	
<i>cortisone oral tablet</i>	1	
CORTROPHIN GEL INJECTION GEL	4	PA; LA
CORTROSYN INJECTION RECON SOLN	3	
<i>cosyntropin injection recon soln</i>	1	
DEPO-MEDROL INJECTION SUSPENSION	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>dexabliss oral tablets,dose pack</i>	1	PA
<i>dexamethasone intensol oral drops</i>	1	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet</i>	1	
<i>dexamethasone oral tablets,dose pack</i>	1	PA
<i>dexamethasone sodium phos (pf) injection solution</i>	1	
<i>dexamethasone sodium phosphate injection solution</i>	1	
<i>dexamethasone sodium phosphate injection syringe</i>	1	
EMFLAZA ORAL SUSPENSION	4	PA; LA
EMFLAZA ORAL TABLET	4	PA; LA
<i>fludrocortisone oral tablet</i>	1	
HEMADY ORAL TABLET	3	PA
<i>hydrocortisone oral tablet</i>	1	
KENALOG INJECTION SUSPENSION	3	
KENALOG-80 INJECTION SUSPENSION	3	

Drug Name	Drug Tier	Requirements / Limits
MEDROL (PAK) ORAL TABLETS,DOSE PACK	3	
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG	3	
<i>methylprednisolone acetate injection suspension</i>	1	
<i>methylprednisolone oral tablet</i>	1	
<i>methylprednisolone oral tablets,dose pack</i>	1	
<i>millipred dp oral tablets,dose pack</i>	1	
<i>millipred oral tablet</i>	1	
ORAPRED ODT ORAL TABLET,DISINTEGRATING	3	
<i>prednisolone oral solution</i>	1	
<i>prednisolone oral tablet</i>	1	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisolone sodium phosphate oral tablet,disintegrating</i>	1	
<i>prednisone intensol oral concentrate</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>prednisone oral solution</i>	1	
<i>prednisone oral tablet</i>	1	
<i>prednisone oral tablets,dose pack</i>	1	
RAYOS ORAL TABLET,DELAYED RELEASE (DR/EC)	3	PA
TAPERDEX ORAL TABLETS,DOSE PACK	3	PA
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC)	4	PA; LA; QL
<i>triamcinolone acetonide injection suspension</i>	1	
ZCORT ORAL TABLETS,DOSE PACK	3	PA
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>potassium iodide oral solution</i>	1	
<i>propylthiouracil oral tablet</i>	1	
SSKI ORAL SOLUTION	3	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
ACCU-CHEK AVIVA PLUS TEST STRP STRIP	3	ST; OTC; QL

Drug Name	Drug Tier	Requirements / Limits
ACCU-CHEK COMPACT PLUS TEST STRIP	3	ST; OTC; QL
ACCU-CHEK GUIDE TEST STRIPS STRIP	3	ST; OTC; QL
ACCU-CHEK SMARTVIEW TEST STRIP STRIP	3	ST; OTC; QL
ACCUTREND GLUCOSE TEST STRIPS STRIP	3	ST; OTC; QL
ADVANCED GLUC METER TEST STRIP STRIP	3	ST; OTC; QL
ADVOCATE REDI-CODE STRIP	3	ST; OTC; QL
ADVOCATE TEST STRIPS STRIP	3	ST; OTC; QL
AGAMATRIX AMP TEST STRIPS STRIP	3	ST; OTC; QL
ASSURE 4 STRIPS STRIP	3	ST; OTC; QL
ASSURE PLATINUM TEST STRIP STRIP	3	ST; OTC; QL
ASSURE PRISM MULTI STRIP STRIP	3	ST; OTC; QL
BIONIME RIGHTEST TEST STRIPS STRIP	3	ST; OTC; QL
BLOOD GLUCOSE TEST STRIP	3	ST; OTC; QL
CARESENS N TEST STRIPS STRIP	3	ST; OTC; QL
CARETOUCH TEST STRIP STRIP	3	ST; OTC; QL

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Drug Name	Drug Tier	Requirements / Limits
CLEVER CHOICE MICRO TEST STRIP STRIP	3	ST; OTC; QL
CLEVER CHOICE PRO STRIP	3	ST; OTC; QL
CLEVER CHOICE TALK TEST STRIP	3	ST; OTC; QL
CLEVER CHOICE TEST STRIPS STRIP	3	ST; OTC; QL
CLEVER CHOICE VOICE PLUS TEST STRIP	3	ST; OTC; QL
CONTOUR NEXT TEST STRIPS STRIP	3	ST; OTC; QL
CONTOUR TEST STRIPS STRIP	3	ST; OTC; QL
COOL GLUCOSE TEST STRIP STRIP	3	ST; OTC; QL
DIATRUE PLUS TEST STRIP STRIP	3	ST; OTC; QL
EASY PLUS II TEST STRIP	3	ST; OTC; QL
EASY STEP STRIP	3	ST; OTC; QL
EASY TALK GLUCOSE TEST STRIP	3	ST; OTC; QL
EASY TALK PLUS II TEST STRIP STRIP	3	ST; OTC; QL
EASY TOUCH BLU LINK TEST STRIP STRIP	3	ST; OTC; QL
EASY TOUCH TEST STRIP STRIP	3	ST; OTC; QL
EASY TRAK GLUCOSE TEST STRIP	3	ST; OTC; QL

Drug Name	Drug Tier	Requirements / Limits
EASY TRAK II TEST STRIP STRIP	3	ST; OTC; QL
EASYGLUCO TEST STRIP	3	ST; OTC; QL
EASYMAX STRIP	3	ST; OTC; QL
ELEMENT COMPACT TEST STRIPS STRIP	3	ST; OTC; QL
ELEMENT TEST STRIPS STRIP	3	ST; OTC; QL
EMBRACE BLOOD GLUCOSE SYSTEM STRIP	3	ST; OTC; QL
EMBRACE EVO TEST STRIPS STRIP	3	ST; OTC; QL
EMBRACE PRO TEST STRIPS STRIP	3	ST; OTC; QL
EMBRACE TALK TEST STRIPS STRIP	3	ST; OTC; QL
EVENCARE G2 STRIP	3	ST; OTC; QL
EVENCARE G3 TEST STRIP	3	ST; OTC; QL
EVENCARE MINI GLUCOSE TEST STR STRIP	3	ST; OTC; QL
EVENCARE PROVIEW TEST STRIP STRIP	3	ST; OTC; QL
EVOLUTION TEST STRIPS STRIP	3	ST; OTC; QL
EZ SMART PLUS TEST STRIP	3	ST; OTC; QL
EZ SMART TEST STRIP	3	ST; OTC; QL

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Drug Name	Drug Tier	Requirements / Limits
FIFTY50 TEST STRIP STRIP	3	ST; OTC; QL
FORA 6 CONNECT GLUCOSE STRIP STRIP	3	ST; OTC; QL
FORA D15G STRIPS STRIP	3	ST; OTC; QL
FORA D20 STRIP	3	ST; OTC; QL
FORA D40-G31 TEST STRIPS STRIP	3	ST; OTC; QL
FORA G20 STRIP	3	ST; OTC; QL
FORA G30-PREMIUM V10 TEST STRP STRIP	3	ST; OTC; QL
FORA GD50 TEST STRIPS STRIP	3	ST; OTC; QL
FORA GTEL GLUCOSE TEST STRIP STRIP	3	ST; OTC; QL
FORA TEST STRIP STRIP	3	ST; OTC; QL
FORA TN'G ADVAN PRO TEST STRIP STRIP	3	ST; OTC; QL
FORA TN'G VOICE TEST STRIPS STRIP	3	ST; OTC; QL
FORA V10 STRIP	3	ST; OTC; QL
FORA V10-V12-D10-D20 STRIPS STRIP	3	ST; OTC; QL
FORA V12 GLUCOSE STRIP	3	ST; OTC; QL
FORA V20 STRIP	3	ST; OTC; QL
FORACARE GD20 STRIP	3	ST; OTC; QL

Drug Name	Drug Tier	Requirements / Limits
FORACARE GD40 TEST STRIPS STRIP	3	ST; OTC; QL
FORTISCARE G1 TEST STRIP STRIP	3	ST; OTC; QL
FORTISCARE GLUCOSE TEST STRIPS STRIP	3	ST; OTC; QL
FREESTYLE INSULINX STRIP	2	OTC; QL
FREESTYLE INSULINX TEST STRIPS STRIP	2	OTC; QL
FREESTYLE LITE STRIPS STRIP	2	OTC; QL
FREESTYLE PRECISION NEO STRIPS STRIP	3	OTC; QL
FREESTYLE TEST STRIP	2	OTC; QL
GE100 BLOOD GLUCOSE TEST STRIP STRIP	3	ST; OTC; QL
GE333 BLOOD GLUCOSE TEST STRIP STRIP	3	ST; OTC; QL
GENSTRIP TEST STRIP STRIP	3	ST; OTC; QL
GLUCO NAVII TEST STRIP STRIP	3	ST; OTC; QL
GLUCOCARD 01 SENSOR PLUS STRIP	3	ST; OTC; QL
GLUCOCARD EXPRESSION STRIP	3	ST; OTC; QL
GLUCOCARD SHINE TEST STRIPS STRIP	3	ST; OTC; QL

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Drug Name	Drug Tier	Requirements / Limits
GLUCOCARD VITAL SENSOR STRIP	3	ST; OTC; QL
GLUCOCARD VITAL TEST STRIPS STRIP	3	ST; OTC; QL
GLUCOCOM GLUCOSE STRIP	3	ST; OTC; QL
GM100 STRIP	3	ST; OTC; QL
GOJJI BLOOD GLUCOSE TEST STRIP STRIP	3	ST; OTC; QL
HARMONY GLUCOSE TEST STRIP STRIP	3	ST; OTC; QL
HEALTHPRO TEST STRIPS STRIP	3	ST; OTC; QL
IGLUCOSE TEST STRIP STRIP	3	ST; OTC; QL
INFINITY TEST STRIPS STRIP	3	ST; OTC; QL
INFINITY VOICE TEST STRIP STRIP	3	ST; OTC; QL
MICRO BLOOD GLUCOSE STRIP	3	ST; OTC; QL
MICRODOT BLOOD GLUCOSE SYSTEM STRIP	3	ST; OTC; QL
MICRODOT XTRA BLOOD GLUCOSE STRIP	3	ST; OTC; QL
MYGLUCOHEALTH STRIP	3	ST; OTC; QL
NEUTEK 2TEK TEST STRIPS STRIP	3	ST; OTC; QL

Drug Name	Drug Tier	Requirements / Limits
NOVA MAX GLUCOSE TEST STRIP	3	ST; OTC; QL
ON CALL EXPRESS TEST STRIP STRIP	3	ST; OTC; QL
ON CALL PLUS TEST STRIP STRIP	3	ST; OTC; QL
ON CALL VIVID TEST STRIP STRIP	3	ST; OTC; QL
ONETOUCH ULTRA TEST STRIP	2	OTC; QL
ONETOUCH VERIO TEST STRIPS STRIP	2	OTC; QL
OPTIUM EZ STRIP	3	OTC; QL
OPTIUM TEST STRIP	3	OTC; QL
OPTUMRX STRIP	3	ST; OTC; QL
PHARMACIST CHOICE STRIP	3	ST; OTC; QL
PIP BLOOD GLUCOSE TEST STRIP STRIP	3	ST; OTC; QL
PRECISION PCX PLUS TEST STRIP	3	OTC; QL
PRECISION PCX TEST STRIP	3	OTC; QL
PRECISION POINT OF CARE TEST STRIP	3	OTC; QL
PRECISION Q-I-D TEST STRIP	3	OTC; QL
PRECISION XTRA TEST STRIP	2	OTC; QL
PREMIER TEST STRIP STRIP	3	ST; OTC; QL

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Drug Name	Drug Tier	Requirements / Limits
PREMIUM V10 STRIP	3	ST; OTC; QL
PRO VOICE V8-V9 TEST STRIP STRIP	3	ST; OTC; QL
PRODIGY NO CODING STRIP	3	ST; OTC; QL
QUINTET AC STRIP	3	ST; OTC; QL
REFUAH PLUS STRIP	3	ST; OTC; QL
RELION CONFIRM-MICRO STRIP	3	ST; OTC; QL
RELION PRIME TEST STRIPS STRIP	3	ST; OTC; QL
RELION ULTIMA STRIP	3	ST; OTC; QL
REVEAL TEST STRIP STRIP	3	ST; OTC; QL
RIGHTEST GS550 TEST STRIPS STRIP	3	ST; OTC; QL
RIGHTEST GT333 TEST STRIP STRIP	3	ST; OTC; QL
SMART SENSE TEST STRIPS STRIP	3	ST; OTC; QL
SMARTTEST TEST STRIP	3	ST; OTC; QL
SOLUS V2 TEST STRIPS STRIP	3	ST; OTC; QL
SURE-TEST EASYPLUS MINI STRIP	3	ST; OTC; QL
TELCARE TEST STRIPS STRIP	3	ST; OTC; QL
TEST N'GO TEST STRIP	3	ST; OTC; QL

Drug Name	Drug Tier	Requirements / Limits
TRUE METRIX GLUCOSE TEST STRIP STRIP	3	ST; OTC; QL
TRUETEST TEST STRIPS STRIP	3	ST; OTC; QL
TRUETRACK TEST STRIP	3	ST; OTC; QL
ULTRATRAK STRIP	3	ST; OTC; QL
ULTRATRAK ULTIMATE STRIP	3	ST; OTC; QL
UNISTRIPI TEST STRIP STRIP	3	ST; OTC; QL
VIVAGUARD INO TEST STRIP STRIP	3	ST; OTC; QL
WAVESENSE JAZZ STRIP	3	ST; OTC; QL
WAVESENSE PRESTO STRIP	3	ST; OTC; QL
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
ACE AEROSOL CLOUD ENHANCER SPACER	2	
AEROCHAMBER MINI SPACER	2	
AEROCHAMBER PLUS FLOW-VU SPACER	2	
AEROCHAMBER PLUS Z STAT SPACER	2	
AEROTRACH PLUS SPACER	2	
AEROVENT PLUS SPACER	2	

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

Drug Name	Drug Tier	Requirements / Limits
BREATHERITE MDI SPACER SPACER	2	
COMPACT SPACE CHAMBER SPACER	2	
EASIVENT HOLDING CHAMBER SPACER	2	
EUA PATIENT ASSESSMENT	5	ACA
FLEXICHAMBER SPACER	2	
GLUCAGEN DIAGNOSTIC KIT INJECTION RECON SOLN	2	
GLUCAGON HCL INJECTION RECON SOLN 1 MG/ML	3	
INSPIRACHAMBER SPACER	2	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	3	
LITEAIRE MDI CHAMBER SPACER	2	
MICROCHAMBER SPACER	2	
MICROSPACER SPACER	2	
OPTICHAMBER DIAMOND VHC SPACER	2	

Drug Name	Drug Tier	Requirements / Limits
POCKET CHAMBER SPACER	2	
PRIMEAIRE SPACER	2	
PROCHAMBER SPACER	2	
RITEFLO AEROCHAMBER SPACER	2	
SPACE CHAMBER SPACER	2	
VORTEX HOLDING CHAMBER SPACER	2	
GLUCOSE ELEVATING AGENTS		
BAQSIMI NASAL SPRAY, NON-AEROSOL	2	QL
<i>diazoxide oral suspension</i>	1	
GLUCAGEN HYPOKIT INJECTION RECON SOLN	3	QL
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN	3	QL
<i>glucagon emergency kit (human) injection recon soln</i>	1	QL
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR	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 July 1, 2023.

Drug Name	Drug Tier	Requirements / Limits
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE	2	QL
GVOKE SUBCUTANEOUS SOLUTION	2	QL
PROGLYCEM ORAL SUSPENSION	3	
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	3	QL
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE	3	QL
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
2TEK GLUCOSE/BLOOD PRESSURE KIT	3	OTC
ACCU-CHEK GUIDE GLUCOSE METER	3	OTC
ACCU-CHEK GUIDE L1-L2 CTRL SOL SOLUTION	3	OTC
ACCU-CHEK GUIDE ME GLUCOSE MTR	3	OTC
ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION	3	OTC

Drug Name	Drug Tier	Requirements / Limits
ACCUTREND GLUCOSE CONTROL SOLUTION	3	OTC
ADVANCED GLUCOSE METER	3	OTC
ADVOCATE BLOOD GLUCOSE MONITOR	3	OTC
ADVOCATE DUO DEVICE	3	OTC
ADVOCATE LOW CONTROL SOLUTION	3	OTC
ADVOCATE REDI-CODE DUO METER DEVICE	3	OTC
ADVOCATE REDI-CODE GLU MONITOR	3	OTC
ADVOCATE REDI-CODE PLUS CTRL L SOLUTION	3	OTC
AGAMATRIX AMP GLUC MONITOR SYS	3	OTC
AGAMATRIX CONTROL HIGH SOLUTION	3	OTC
ASSURE 4 CONTROL SOLUTION COMBO PACK	3	OTC
ASSURE DOSE NORMAL CONTROL SOLUTION	3	OTC
ASSURE PLATINUM GLUCOSE METER	3	OTC

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Drug Name	Drug Tier	Requirements / Limits
ASSURE PRISM CONTROL 1-2 SOLN SOLUTION	3	OTC
ASSURE PRISM MULTI METER	3	OTC
AT HOME A1C DEVICE	3	OTC
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN	2	OTC
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN	2	OTC
AUTOSOFT 30 INFUSION SET	2	
AUTOSOFT 90 INFUSION SET	2	
AUTOSOFT XC INFUSION SET 23" INFUSION SET	2	
BD INTEGRA NEEDLE NEEDLE	2	
BD MICROTAINER LANCET 30 GAUGE	2	OTC; QL
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	2	
BD ULTRA FINE LANCETS	2	OTC; QL
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE	2	OTC
BIGFOOT UNITY KIT	3	

Drug Name	Drug Tier	Requirements / Limits
BIONIME RIGHTEST GM300 SYSTEM KIT	3	OTC
BIOTEL CARE BGM-4 METER	3	OTC
BLOOD GLUCOSE CONTROL, NORMAL SOLUTION	3	OTC
BLOOD-GLUCOSE METER	3	OTC
BREEZE 2 CONTROL SOLUTION,HIGH SOLUTION	3	OTC
CARESENS CONTROL A NORMAL SOLUTION	3	OTC
CARESENS N	3	OTC
CARESENS N VOICE	3	OTC
CARETOUCH CONTROL SOLN L2-L3 SOLUTION	3	OTC
CARETOUCH GLUCOSE MONITORING KIT	3	OTC
CEQR SIMPLICITY DEVICE	2	
CLEVER CHEK BLOOD GLUCOSE	3	OTC
CLEVER CHOICE GLUCOSE MONITOR	3	OTC
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION	3	OTC

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

Drug Name	Drug Tier	Requirements / Limits
CLEVER CHOICE MICRO	3	OTC
CLEVER CHOICE PRO	3	OTC
CLEVER CHOICE TALK GLUCOSE SYS	3	OTC
CONTOUR CONTROL SOLUTION, NML SOLUTION	3	OTC
CONTOUR NEXT EZ METER	3	OTC
CONTOUR NEXT GEN METER KIT	3	OTC
CONTOUR NEXT LEV 2 CONTROL SOL SOLUTION	3	OTC
CONTOUR NEXT LINK 2.4 KIT	3	OTC
CONTOUR NEXT LINK KIT	3	OTC
CONTOUR NEXT METER	3	OTC
CONTOUR NEXT ONE METER	3	OTC
COOL BLOOD GLUCOSE METER	3	OTC
COOL CONTROL A SOLUTION SOLUTION	3	OTC
DEXCOM G6 RECEIVER	2	PA; QL
DEXCOM G6 SENSOR DEVICE	2	PA; QL
DEXCOM G6 TRANSMITTER DEVICE	2	PA; QL

Drug Name	Drug Tier	Requirements / Limits
DEXCOM G7 RECEIVER	2	PA
DEXCOM G7 SENSOR DEVICE	2	PA
DIATRUE CONTROL SOLN NORMAL SOLUTION	3	OTC
DIATRUE PLUS BLOOD GLUCOSE MET	3	OTC
EASY PLUS II HIGH CONTROL SOLUTION	3	OTC
EASY STEP BLOOD GLUCOSE METER	3	OTC
EASY STEP HIGH CONTROL SOLN SOLUTION	3	OTC
EASY TALK HIGH CONTROL SOLUTION	3	OTC
EASY TALK PLUS II LOW CONTROL SOLUTION	3	OTC
EASY TOUCH BLU CTRL SOLN-L1,L3 SOLUTION	3	OTC
EASY TOUCH BLU LINK GLUC SYST	3	OTC
EASY TOUCH GLUCOSE MONITOR	3	OTC
EASY TRAK II BLOOD GLUCOSE MTR	3	OTC

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

Drug Name	Drug Tier	Requirements / Limits
EASY TRAK II CTRL SOLN-NORMAL SOLUTION	3	OTC
EASY TRAK LOW CONTROL SOLUTION	3	OTC
EASYGLUCO MONITORING SYSTEM KIT	3	OTC
EASYMAX 15 LEVEL 2 SOLUTION	3	OTC
EASYMAX NG KIT	3	OTC
EASYMAX NORMAL CONTROL SOLUTION	3	OTC
EASYMAX V SPEAKING GLUCOSE SYS	3	OTC
ECLIPSE NEEDLE NEEDLE 27 GAUGE X 1/2"	3	
ELEMENT COMPACT GLUCOSE METER	3	OTC
ELEMENT COMPACT NORMAL CONTROL SOLUTION	3	OTC
ELEMENT COMPACT V GLUCOSE MTR	3	OTC
ELEMENT NORMAL CONTROL SOLUTION	3	OTC

Drug Name	Drug Tier	Requirements / Limits
ELEMENT PLUS BLOOD GLUCOSE KIT KIT	3	OTC
EMBRACE BLOOD GLUCOSE SYSTEM	3	OTC
EMBRACE EVO LEVEL 1 SOLUTION	3	OTC
EMBRACE GLUCOSE CONTROL LOW SOLUTION	3	OTC
EMBRACE PRO GLUCOSE METER	3	OTC
EMBRACE TALK BLOOD GLUCOSE SYS KIT	3	OTC
EMBRACE TALK CONTROL-LOW (L1) SOLUTION	3	OTC
ENLITE GLUCOSE SENSOR DEVICE	3	PA
ENLITE SYSTEM	3	PA; QL
EVENCARE G2	3	OTC
EVENCARE G3 GLUCOSE METER KIT	3	OTC
EVENCARE MINI MONITOR SYSTEM	3	OTC
EVERSENSE SENSOR-HOLDER SUBCUTANEOUS DEVICE	3	
EVERSENSE SMART TRANSMITTER DEVICE	3	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 July 1, 2023.

Drug Name	Drug Tier	Requirements / Limits
EVOLUTION BLOOD GLUCOSE METER KIT	3	OTC
EVOLUTION NORMAL CONTROL SOLUTION	3	OTC
EZ SMART PLUS SYSTEM KIT	3	OTC
EZ SMART SYSTEM KIT	3	OTC
FORA D10 KIT	3	OTC
FORA D15 GLUCOSE-BP MONITOR DEVICE	3	OTC
FORA D20 KIT	3	OTC
FORA D40D GLUCOSE-BP MONITOR DEVICE	3	OTC
FORA G20 KIT	3	OTC
FORA G30A	3	OTC
FORA GD50 BLOOD GLUCOSE SYSTEM	3	OTC
FORA GTEL MULTI-FUNCTN MONITOR DEVICE	3	OTC
FORA KETONE CONTROL SOLN-L1 SOLUTION	3	OTC
FORA NORMAL CONTROL SOLUTION	3	OTC
FORA PREMIUM V10 GLUCOSE METER	3	OTC

Drug Name	Drug Tier	Requirements / Limits
FORA TEST N'GO VOICE METER	3	OTC
FORA TN'G ADVANCE PRO MONITOR DEVICE	3	OTC
FORA TN'G VOICE METER	3	OTC
FORA TN'GO ADVANCE MONITOR DEVICE	3	OTC
FORA V10 KIT	3	OTC
FORA V12 BLOOD GLUCOSE SYSTEM	3	OTC
FORA V20 KIT	3	OTC
FORA V30A KIT	3	OTC
FORACARE GD20 GLUCOSE METER	3	OTC
FORACARE GD40A GLUCOSE METER	3	OTC
FORACARE GD40B GLUCOSE METER	3	OTC
FORACARE GDH LOW CONTROL SOLUTION	3	OTC
FORTISCARE NORMAL SOLUTION	3	OTC
FORTISCARE T1 BLOOD GLUC SYS	3	OTC
FREESTYLE CONTROL SOLUTION	2	OTC

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Drug Name	Drug Tier	Requirements / Limits
FREESTYLE FLASH SYSTEM KIT	2	OTC
FREESTYLE FREEDOM KIT	2	OTC
FREESTYLE FREEDOM LITE KIT	2	OTC
FREESTYLE INSULINX	2	OTC
FREESTYLE LIBRE 14 DAY READER	2	PA; QL
FREESTYLE LIBRE 14 DAY SENSOR KIT	2	PA; QL
FREESTYLE LIBRE 2 READER	2	PA; QL
FREESTYLE LIBRE 2 SENSOR KIT	2	PA; QL
FREESTYLE LIBRE 3 SENSOR DEVICE	2	PA; QL
FREESTYLE LITE METER KIT	2	OTC
FREESTYLE PRECISION NEO METER	3	OTC
FREESTYLE SIDEKICK II KIT	2	OTC
FREESTYLE SYSTEM KIT KIT	2	OTC
GE100 BLOOD GLUCOSE SYSTEM KIT	3	OTC
GE100 CONTROL SOLUTION NORMAL SOLUTION	3	OTC

Drug Name	Drug Tier	Requirements / Limits
GE333 BLOOD GLUCOSE SYSTEM	3	OTC
GENTEEL VACUUM LANCING DEVICE COMBO PACK	3	OTC
GLUCO NAVII GLUCOSE MONITOR KIT	3	OTC
GLUCOCARD 01 METER KIT	3	OTC
GLUCOCARD 01 NORMAL CONTROL SOLUTION	3	OTC
GLUCOCARD EXPRESSION	3	OTC
GLUCOCARD SHINE CONNEX METER	3	OTC
GLUCOCARD SHINE EXPRESS METER	3	OTC
GLUCOCARD SHINE METER	3	OTC
GLUCOCARD SHINE XL METER	3	OTC
GLUCOCARD VITAL KIT	3	OTC
GLUCOCOM BLOOD GLUCOSE KIT	3	OTC
GLUCOCOM CONTROL NORMAL SOLUTION	3	OTC
GLUCOSE CONTROL SOLUTION	3	OTC

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Drug Name	Drug Tier	Requirements / Limits
GM100 KIT	3	OTC
GOJJI GLUCOSE CNTRL SOL-NORMAL SOLUTION	3	OTC
GOJJI KETONE CONTROL SOLN-L1 SOLUTION	3	OTC
GOJJI MULTI-FUNCTIONAL METER KIT	3	OTC
GUARDIAN 4 GLUCOSE SENSOR DEVICE	3	PA
GUARDIAN 4 TRANSMITTER DEVICE	3	PA
GUARDIAN CONNECT TRANSMITTER DEVICE	3	PA; QL
GUARDIAN LINK 3 TRANSMITTER DEVICE	3	PA; QL
GUARDIAN SENSOR 3 DEVICE	3	PA; QL
HEALTHPRO GLUCOSE MONITOR	3	OTC
HEALTHPRO HIGH-LOW CONTROL SOLUTION	3	OTC
IGLUCOSE BLOOD GLUCOSE MONITOR KIT	3	OTC
INFINITY CONTROL SOLUTION NORM SOLUTION	3	OTC

Drug Name	Drug Tier	Requirements / Limits
INFINITY STARTER KIT KIT	3	OTC
INFINITY VOICE CTRL SOLN-LVL 2 SOLUTION	3	OTC
INFINITY VOICE GLUCOSE MONITOR	3	OTC
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN	3	PA
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN	3	PA
JAZZ WIRELESS 2 METER KIT KIT	3	OTC
LANCETS 33 GAUGE	2	OTC; QL
LANCING DEVICE	2	OTC
MEDISENSE COMBO PACK	2	OTC
MEDISENSE GLUCOSE KETONE COMBO PACK	2	OTC
MEDTRONIC EXT INFUSION SET 23" INFUSION SET	2	
MICRODOT BLOOD GLUCOSE SYSTEM	3	OTC
MINIMED MIO ADVANCE INF SET23" INFUSION SET	2	
MINIMED QUICK SET 43" INFUSION SET	2	

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Drug Name	Drug Tier	Requirements / Limits
MINIMED SILHOUETTE 23" INFUSION SET	2	
MINIMED SURE T 32" INFUSION SET	2	
MYGLUCOHEALTH CONTROL SOLUTION	3	OTC
MYGLUCOHEALTH KIT	3	OTC
NOVA MAX GLUCOSE CONTROL SOLUTION	3	OTC
NOVA MAX PLUS GLUC-KETON METER DEVICE	3	OTC
NOVA MAX PLUS GLUC-KETON METER KIT	3	OTC
NOVAMAX PLUS GLU-KET SOLUTION	3	OTC
NOVOPEN 3 SUBCUTANEOUS INSULIN PEN	2	OTC
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN	3	
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE	2	QL
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	2	QL

Drug Name	Drug Tier	Requirements / Limits
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	2	QL
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	2	QL
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	2	QL
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE	3	
ON CALL EXPRESS CONTROL SOLUTION	3	OTC
ON CALL EXPRESS METER KIT	3	OTC
ON CALL PLUS CONTROL SOLUTION	3	OTC
ON CALL PLUS METER KIT	3	OTC
ON CALL VIVID CONTROL SOLUTION	3	OTC
ON CALL VIVID METER KIT	3	OTC
ON CALL VIVID PAL METER KIT	3	OTC
ONETOUCH ULTRA CONTROL SOLUTION	2	OTC

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Drug Name	Drug Tier	Requirements / Limits
ONETOUGH ULTRA2 METER	2	OTC
ONETOUGH VERIO FLEX METER	2	OTC
ONETOUGH VERIO MID CONTROL SOLUTION	2	OTC
ONETOUGH VERIO REFLECT METER	2	OTC
OPTUMRX KIT	3	OTC
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	3	ST; OTC
PHARMACIST CHOICE GLUCOSE SYS	3	OTC
PIP BLOOD GLUCOSE MONITOR	3	OTC
PIP GLUCOSE CONTROL SOLN L1-L2 SOLUTION	3	OTC
POGO AUTOMATIC BLOOD GLUC SYS	3	OTC
PRECISION XTRA KETONE-GLUCOSE KIT	2	OTC
PRECISION XTRA MONITOR	2	OTC
PREMIER BLU GLUCOSE METER	3	OTC
PREMIER CLASSIC GLUCOSE METER	3	OTC

Drug Name	Drug Tier	Requirements / Limits
PREMIER COMPACT GLUCOSE METER KIT	3	OTC
PREMIER VOICE GLUCOSE METER	3	OTC
PREMIUM BLOOD GLUCOSE MONITOR	3	OTC
PREMIUM V10	3	OTC
PRESTO PRO BLOOD GLUCOSE METER	3	OTC
PRO VOICE V8 GLUCOSE MONITOR	3	OTC
PRO VOICE V9 GLUCOSE MONITOR	3	OTC
PRODIGY AUTOCODE METER KIT	3	OTC
PRODIGY AUTOCODE MONITOR SYST	3	OTC
PRODIGY CONTROL SOLUTION, LOW SOLUTION	3	OTC
PRODIGY CONTROL SOLUTION,HIGH SOLUTION	3	OTC
PRODIGY POCKET METER KIT	3	OTC
PRODIGY VOICE GLUCOSE METER KIT	3	OTC

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Drug Name	Drug Tier	Requirements / Limits
QUINTET BLOOD GLUCOSE METER	3	OTC
REFUAH PLUS GLUCOSE CONTROL SOLUTION	3	OTC
REFUAH PLUS GLUCOSE MONITOR KIT	3	OTC
RELION ALL-IN-ONE METER KIT	3	OTC
RELION CONFIRM KIT	3	OTC
RELION MICRO GLUCOSE MONITOR KIT	3	OTC
RELION PRIME METER	3	OTC
REVEAL BLOOD GLUCOSE METER KIT	3	OTC
RIGHTEST CONTROL SOLUTION HIGH SOLUTION	3	OTC
RIGHTEST GM550 SYSTEM KIT	3	OTC
RIGHTEST GT333 GLUCOSE METER	3	OTC
SAFE-CLIP NEEDLE STORAGE DEV DEVICE	2	OTC
SMART SENSE MONITORING SYSTEM	3	OTC
SMARTEST CONTROL SOLUTION	3	OTC

Drug Name	Drug Tier	Requirements / Limits
SMARTEST EJECT KIT	3	OTC
SMARTEST PERSONA STARTER KIT	3	OTC
SMARTEST PRONTO STARTER KIT	3	OTC
SMARTEST PROTEGE KIT	3	OTC
SOLUS V2 AUDIBLE METER	3	OTC
SOLUS V2 AUDIBLE METER KIT	3	OTC
SOLUS V2 CONTROL SOLUTION,HIGH SOLUTION	3	OTC
SURE-TEST EASYPLUS MINI METER	3	OTC
T:FLEX SUBCUTANEOUS CARTRIDGE	2	
T:SLIM X2 SUBCUTANEOUS CARTRIDGE	2	
TELCARE CONTROL SOLUTION	3	OTC
TEMPO SMART BUTTON DEVICE	3	
TEMPO WELCOME KIT KIT	3	
TEST N'GO BLOOD GLUCOSE SYSTEM	3	OTC

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Drug Name	Drug Tier	Requirements / Limits
TRUE METRIX AIR GLUCOSE METER	3	OTC
TRUE METRIX GLUCOSE METER	3	OTC
TRUE METRIX GO GLUCOSE METER	3	OTC
TRUE METRIX LEVEL 1 SOLUTION	3	OTC
TRUECONTROL LEVEL 0 SOLUTION	3	OTC
TRUERESULT BLOOD GLUCOSE SYSTM KIT	3	OTC
TRUETRACK BLOOD GLUCOSE SYSTEM KIT	3	OTC
TRUETRACK SMART SYSTEM KIT	3	OTC
TRUSTEEL INFUSION SET 23" INFUSION SET	2	
ULTIMA MONITOR	3	OTC
ULTRATRAK GLUCOSE METER	3	OTC
ULTRATRAK ULTIMATE	3	OTC
UNISTrip LOW CONTROL SOLUTION	3	OTC
VARISOFT INFUSION SET 23" INFUSION SET	2	
V-GO 20 DEVICE	2	PA
V-GO 30 DEVICE	2	PA

Drug Name	Drug Tier	Requirements / Limits
V-GO 40 DEVICE	2	PA
VIVAGUARD INO CTRL SOLN-L1,2,3 SOLUTION	3	OTC
VIVAGUARD INO GLUCOSE METER	3	OTC
VIVAGUARD INO SMART GLUC METER	3	OTC
WAVESENSE AMP KIT	3	OTC
WAVESENSE CONTROL SOLUTION SOLUTION	3	OTC
WAVESENSE PRESTO	3	OTC
INSULIN THERAPY		
AFREZZA INHALATION CARTRIDGE WITH INHALER	3	
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN	3	
BASAGLAR TEMPO PEN(U-100)INSLN SUBCUTANEOUS INSULIN PEN	3	
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT	2	

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Drug Name	Drug Tier	Requirements / Limits
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN	2	
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION	2	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN	2	
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN	2	
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION	2	
HUMALOG TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN	3	ST
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION	2	
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION	2	

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

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Drug Name	Drug Tier	Requirements / Limits
INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN	3	
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION	3	
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN	2	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION	2	
LEVEMIR FLEXPEN SUBCUTANEOUS INSULIN PEN	2	
LEVEMIR FLEXTOUCH U100 INSULIN SUBCUTANEOUS INSULIN PEN	2	
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION	2	
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN	2	
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN	2	

Drug Name	Drug Tier	Requirements / Limits
LYUMJEV TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN	3	ST
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION	2	
MYXREDLIN INTRAVENOUS SOLUTION	3	
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN	3	
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN	3	
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN	3	
RELION NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION	3	
RELION NOVOLIN N SUBCUTANEOUS SUSPENSION	3	
RELION NOVOLIN R INJECTION SOLUTION	3	
REZVOGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN	3	

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Drug Name	Drug Tier	Requirements / Limits
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION	3	
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN	3	
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN	2	QL
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN	2	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN	2	
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN	2	
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN	2	
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION	2	
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN	2	QL
MISCELLANEOUS HORMONES		

Drug Name	Drug Tier	Requirements / Limits
ANDRODERM TRANSDERMAL PATCH 24 HOUR	2	PA; QL
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP	3	PA; QL
ANDROGEL TRANSDERMAL GEL IN PACKET	3	PA; QL
AVEED INTRAMUSCULAR SOLUTION	4	PA; LA
<i>cabergoline oral tablet</i>	1	QL
<i>calcitonin (salmon) injection solution</i>	1	
<i>calcitonin (salmon) nasal spray,non-aerosol</i>	1	
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	
<i>calcitriol oral capsule</i>	1	
<i>calcitriol oral solution</i>	1	
CERDELGA ORAL CAPSULE	4	PA; LA; QL
<i>cetorelix subcutaneous kit</i>	4	LA
CETROTIDE SUBCUTANEOUS KIT	4	LA
CHORIONIC GONADOTROPIN, HUMAN INJECTION RECON SOLN	3	

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Drug Name	Drug Tier	Requirements / Limits
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR RECON SOLN	4	LA; QL
<i>cinacalcet oral tablet</i>	1	PA
<i>clomid oral tablet</i>	1	
<i>clomiphene citrate oral tablet</i>	1	
CRYSVITA SUBCUTANEOUS SOLUTION	4	PA; LA; QL
<i>danazol oral capsule</i>	1	PA
DDAVP ORAL TABLET	3	
DEPO-TESTOSTERONE INTRAMUSCULAR OIL	3	PA
<i>desmopressin injection solution</i>	4	LA
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	1	ST
DESMOPRESSIN NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	2	
<i>desmopressin oral tablet</i>	1	
<i>doxercalciferol intravenous solution</i>	1	
<i>doxercalciferol oral capsule</i>	1	

Drug Name	Drug Tier	Requirements / Limits
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE	4	ST; LA
FORTESTA TRANSDERMAL GEL IN METERED-DOSE PUMP	3	PA; QL
<i>fyremadel subcutaneous syringe</i>	4	ST; LA
GALAFOLD ORAL CAPSULE	4	PA; LA; QL
<i>ganirelix subcutaneous syringe</i>	4	ST; LA
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR	4	ST; LA
GONAL-F RFF SUBCUTANEOUS RECON SOLN	4	ST; LA
GONAL-F SUBCUTANEOUS RECON SOLN	4	ST; LA
HECTOROL INTRAVENOUS SOLUTION 4 MCG/2 ML	3	
ISTURISA ORAL TABLET	4	PA; LA; QL
JATENZO ORAL CAPSULE	3	PA; QL
<i>javygtor oral powder in packet</i>	4	PA; LA
<i>javygtor oral tablet, soluble</i>	4	PA; LA
JYNARQUE ORAL TABLET	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
JYNARQUE ORAL TABLETS, SEQUENTIAL	4	PA; LA; QL
KORLYM ORAL TABLET	4	PA; LA
KUVAN ORAL POWDER IN PACKET	4	PA; LA
KUVAN ORAL TABLET,SOLUBLE	4	PA; LA
KYZATREX ORAL CAPSULE	3	PA; LA; QL
MENOPUR SUBCUTANEOUS RECON SOLN	4	LA
METHITEST ORAL TABLET	2	PA
<i>methyltestosterone oral capsule</i>	1	PA
MIACALCIN INJECTION SOLUTION	3	
<i>miglustat oral capsule</i>	4	PA; LA; QL
MYALEPT SUBCUTANEOUS RECON SOLN	4	PA; LA
NATESTO NASAL GEL IN METERED-DOSE PUMP	2	PA; QL
NOC DURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
NOC DURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING	3	ST; QL
NOCTIVA NASAL SPRAY,NON-AEROSOL	3	QL
NOVAREL INTRAMUSCULAR RECON SOLN	4	LA; QL
ORILISSA ORAL TABLET	2	PA; QL
OVIDREL SUBCUTANEOUS SYRINGE	4	LA
PALYNZIQ SUBCUTANEOUS SYRINGE	4	PA; LA; QL
<i>pamidronate intravenous solution</i>	1	
PARICALCITOL HEMODIALYSIS PORT INJECTION SOLUTION	3	
<i>paricalcitol intravenous solution</i>	1	
<i>paricalcitol oral capsule</i>	1	
PREGNYL INTRAMUSCULAR RECON SOLN	4	LA; QL
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR	3	
RECORLEV ORAL TABLET	4	PA; LA
ROCALTROL ORAL CAPSULE	3	

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

Drug Name	Drug Tier	Requirements / Limits
ROCALTROL ORAL SOLUTION	3	
SAMSCA ORAL TABLET	4	PA; LA; QL
<i>sapropterin oral powder in packet</i>	4	PA; LA
<i>sapropterin oral tablet, soluble</i>	4	PA; LA
SENSIPAR ORAL TABLET	3	PA
SOMAVERT SUBCUTANEOUS RECON SOLN	4	PA; LA
STRENSIQ SUBCUTANEOUS SOLUTION	4	PA; LA
SYNAREL NASAL SPRAY, NON-AEROSOL	2	PA
TESTIM TRANSDERMAL GEL	3	PA; QL
TESTOPEL IMPLANT PELLETT	4	PA; LA
<i>testosterone cypionate intramuscular oil</i>	1	PA
<i>testosterone enanthate intramuscular oil</i>	1	PA
TESTOSTERONE IMPLANT PELLETT	3	PA
<i>testosterone transdermal gel</i>	1	PA; QL
<i>testosterone transdermal gel in metered-dose pump</i>	1	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>testosterone transdermal gel in packet</i>	1	PA; QL
<i>testosterone transdermal solution in metered pump w/app</i>	1	PA; QL
TLANDO ORAL CAPSULE	3	PA; QL
<i>tolvaptan oral tablet</i>	4	PA; LA; QL
VAPRISOL IN 5 % DEXTROSE INTRAVENOUS SOLUTION	3	
VASOPRESSIN IN 0.9 % SOD CHLOR INTRAVENOUS SYRINGE	3	
VASOPRESSIN IN DEXTROSE 5 % INTRAVENOUS SOLUTION 20 UNIT/100 ML (0.2 UNIT/ML)	3	
<i>vasopressin intravenous solution</i>	1	
VOGELXO TRANSDERMAL GEL	3	PA; QL
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP	3	PA; QL
VOGELXO TRANSDERMAL GEL IN PACKET	3	PA; QL
VOXZOGO SUBCUTANEOUS RECON SOLN	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
XYOSTED SUBCUTANEOUS AUTO-INJECTOR	3	PA; QL
ZAVESCA ORAL CAPSULE	4	PA; LA; QL
ZEMPLAR INTRAVENOUS SOLUTION	3	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose oral tablet</i>	1	
ACTOPLUS MET ORAL TABLET 15-850 MG	3	QL
ACTOS ORAL TABLET	3	QL
ADLYXIN SUBCUTANEOUS PEN INJECTOR 20 MCG/0.2 ML	3	PA; QL
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	QL
AMARYL ORAL TABLET	3	
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	2	PA; QL
BYETTA SUBCUTANEOUS PEN INJECTOR	2	PA; QL
CYCLOSET ORAL TABLET	3	

Drug Name	Drug Tier	Requirements / Limits
DUETACT ORAL TABLET	3	QL
FARXIGA ORAL TABLET	2	ST; QL
<i>glimepiride oral tablet</i>	1	
<i>glipizide oral tablet</i>	1	
<i>glipizide oral tablet extended release 24hr</i>	1	
<i>glipizide-metformin oral tablet</i>	1	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR	3	
<i>glyburide micronized oral tablet</i>	1	
<i>glyburide oral tablet</i>	1	
<i>glyburide-metformin oral tablet</i>	1	
GLYNASE ORAL TABLET	3	
GLYXAMBI ORAL TABLET	2	ST; QL
JANUMET ORAL TABLET	2	QL
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR	2	QL
JANUVIA ORAL TABLET	2	QL
JARDIANCE ORAL TABLET	2	ST; QL
KAZANO ORAL TABLET	3	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>metformin oral solution</i>	1	PA
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
METFORMIN ORAL TABLET 625 MG	3	
<i>metformin oral tablet extended release 24 hr</i>	1	QL
<i>miglitol oral tablet</i>	1	
MOUNJARO SUBCUTANEOUS PEN INJECTOR	2	PA; QL
<i>nateglinide oral tablet</i>	1	
NESINA ORAL TABLET	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
<i>pioglitazone oral tablet</i>	1	QL
<i>pioglitazone-glimepiride oral tablet</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>pioglitazone-metformin oral tablet</i>	1	QL
PRECOSE ORAL TABLET	3	
<i>repaglinide oral tablet</i>	1	
RIOMET ER ORAL SUSPENSION,EXTENDED REL RECON	3	PA
RIOMET ORAL SOLUTION	3	PA
RYBELSUS ORAL TABLET	2	PA; QL
SEGLUROMET ORAL TABLET	2	ST; QL
STEGLATRO ORAL TABLET	2	ST; QL
STEGLUJAN ORAL TABLET	2	ST; QL
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR	2	QL
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR	2	QL
SYNJARDY ORAL TABLET	2	ST; QL
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR	2	ST; QL
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR	2	ST
TRULICITY SUBCUTANEOUS PEN INJECTOR	2	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR	2	ST; QL
THYROID HORMONES		
ADTHYZA ORAL TABLET	3	
ARMOUR THYROID ORAL TABLET	2	
CYTOMEL ORAL TABLET	3	
ERMEZA ORAL SOLUTION	3	
<i>euthyrox oral tablet</i>	1	
<i>levo-t oral tablet</i>	1	
LEVOTHYROXINE INTRAVENOUS SOLUTION	3	
LEVOTHYROXINE ORAL CAPSULE	3	
<i>levothyroxine oral tablet</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>liothyronine intravenous solution</i>	1	
<i>liothyronine oral tablet</i>	1	
<i>np thyroid oral tablet</i>	1	
SYNTHROID ORAL TABLET	3	
THYQUIDITY ORAL SOLUTION	3	

Drug Name	Drug Tier	Requirements / Limits
TIROSINT ORAL CAPSULE	3	
TIROSINT-SOL ORAL SOLUTION	3	
<i>unithroid oral tablet</i>	1	
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
<i>anaspaz oral tablet, disintegrating</i>	1	
ATROPINE IN 0.9 % SOD CHLORIDE INTRAVENOUS SYRINGE 0.25 MG/5 ML (0.05 MG/ML), 1 MG/2.5 ML (0.4 MG/ML), 1.2 MG/3 ML (0.4 MG/ML)	3	
<i>atropine injection solution</i>	1	
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	1	
ATROPINE INTRAVENOUS SOLUTION	3	
<i>atropine intravenous syringe 0.8 mg/2 ml (0.4 mg/ml)</i>	1	
<i>belladonna alkaloids-opium rectal suppository</i>	1	PA
BENTYL INTRAMUSCULAR SOLUTION	3	
<i>chlordiazepoxide-clidinium oral capsule</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
CUVPOSA ORAL SOLUTION	3	
<i>dicyclomine intramuscular solution</i>	1	
<i>dicyclomine oral capsule</i>	1	
<i>dicyclomine oral solution</i>	1	
<i>dicyclomine oral tablet</i>	1	
<i>diphenoxylate-atropine oral liquid</i>	1	
<i>diphenoxylate-atropine oral tablet</i>	1	
DONNATAL ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML	3	
DONNATAL ORAL TABLET	3	
<i>ed-spaz oral tablet,disintegrating</i>	1	
GLYCATE ORAL TABLET	3	
GLYCOPYRROLATE (PF) IN WATER INJECTION SYRINGE	3	
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml), 1 mg/5 ml (0.2 mg/ml)</i>	1	
GLYCOPYRROLATE (PF) IN WATER INTRAVENOUS SYRINGE 0.6 MG/3 ML (0.2 MG/ML)	3	

Drug Name	Drug Tier	Requirements / Limits
<i>glycopyrrolate (pf) injection syringe</i>	1	
<i>glycopyrrolate injection solution</i>	1	
GLYCOPYRROLATE INTRAVENOUS SYRINGE 0.6 MG/3 ML (0.2 MG/ML), 1 MG/5 ML (0.2 MG/ML)	3	
<i>glycopyrrolate oral solution</i>	1	
<i>glycopyrrolate oral tablet</i>	1	
GLYRX-PF INJECTION SOLUTION	3	
GLYRX-PF INJECTION SYRINGE	3	
HYOSCYAMINE SULFATE INJECTION SOLUTION	3	
<i>hyoscyamine sulfate oral drops</i>	1	
<i>hyoscyamine sulfate oral elixir</i>	1	
<i>hyoscyamine sulfate oral tablet</i>	1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr</i>	1	
<i>hyoscyamine sulfate oral tablet,disintegrating</i>	1	
<i>hyoscyamine sulfate sublingual tablet</i>	1	
<i>hyosyne oral drops</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>hyosyne oral elixir</i>	1	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HR	3	
LEVSIN ORAL TABLET	3	
LEVSIN/SL SUBLINGUAL TABLET	3	
LIBRAX (WITH CLIDINIUM) ORAL CAPSULE	3	
LOMOTIL ORAL TABLET	3	
<i>loperamide oral capsule</i>	1	
<i>methscopolamine oral tablet</i>	1	
MOTOFEN ORAL TABLET	3	
MYTESI ORAL TABLET, DELAYED RELEASE (DR/EC)	4	
NULEV ORAL TABLET, DISINTEGRATING	3	
<i>opium tincture oral tincture</i>	1	
<i>oscimin oral tablet</i>	1	
<i>oscimin sl sublingual tablet</i>	1	
<i>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 - 0.0194 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>phenobarb-hyoscy-atropine-scop oral tablet</i>	1	
<i>phenohydro oral elixir 16.2-0.1037 - 0.0194 mg/5 ml</i>	1	
<i>phenohydro oral tablet</i>	1	
ROBINUL FORTE ORAL TABLET	3	
ROBINUL ORAL TABLET	3	
SYMAX DUOTAB ORAL TABLET, EXTENDED RELEASE MULTIPHASE	3	
<i>symax fastabs oral tablet, disintegrating</i>	1	
<i>symax-sl sublingual tablet</i>	1	
<i>symax-sr oral tablet extended release 12 hr</i>	1	
MISCELLANEOUS AGENTS		
AURYXIA ORAL TABLET	3	PA
FOSRENOL ORAL POWDER IN PACKET	3	QL
FOSRENOL ORAL TABLET, CHEWABLE	3	QL
<i>lanthanum oral tablet, chewable</i>	1	QL
LOKELMA ORAL POWDER IN PACKET	2	QL

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Drug Name	Drug Tier	Requirements / Limits
RENAGEL ORAL TABLET 800 MG	3	QL
REVELA ORAL POWDER IN PACKET	3	QL
REVELA ORAL TABLET	3	QL
<i>sevelamer carbonate oral powder in packet</i>	1	QL
<i>sevelamer carbonate oral tablet</i>	1	QL
<i>sevelamer hcl oral tablet</i>	1	QL
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (with sorbitol) oral suspension</i>	1	
<i>sps (with sorbitol) rectal enema</i>	1	
VELPHORO ORAL TABLET,CHEWABLE	2	QL
VELTASSA ORAL POWDER IN PACKET	2	QL
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN	3	
AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION	3	

Drug Name	Drug Tier	Requirements / Limits
AKYNZEO (NETUPITANT) ORAL CAPSULE	3	QL
<i>alosetron oral tablet</i>	1	
<i>alvimopan oral capsule</i>	1	
ANA-LEX KIT RECTAL KIT	3	
ANTIVERT ORAL TABLET 50 MG	3	PA
ANTIVERT ORAL TABLET,CHEWABLE	3	
<i>anucort-hc rectal suppository</i>	1	
ANZEMET ORAL TABLET 50 MG	3	
<i>aprepitant oral capsule</i>	1	QL
<i>aprepitant oral capsule,dose pack</i>	1	QL
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR	3	ST
AZULFIDINE ENTABS ORAL TABLET,DELAYED RELEASE (DR/EC)	3	ST
AZULFIDINE ORAL TABLET	3	ST
<i>balsalazide oral capsule</i>	1	
BARHEMSYS INTRAVENOUS SOLUTION	3	
<i>betaine oral powder</i>	4	PA

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Drug Name	Drug Tier	Requirements / Limits
BONJESTA ORAL TABLET,IR,DELA YED REL,BIPHASIC	3	PA; QL
<i>budesonide oral capsule,delayed,exte nd.release</i>	1	
<i>budesonide oral tablet,delayed and ext.release</i>	1	
<i>budesonide rectal foam</i>	1	
BYLVAY ORAL CAPSULE	4	PA; LA; QL
BYLVAY ORAL PELLE T	4	PA; LA; QL
CHENODAL ORAL TABLET	4	LA
CHOLBAM ORAL CAPSULE 250 MG	4	PA; LA
CHOLBAM ORAL CAPSULE 50 MG	4	PA; LA; QL
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT	4	PA; LA; QL
CIMZIA SUBCUTANEOUS SYRINGE KIT	4	PA; LA; QL
CINVANTI INTRAVENOUS EMULSION	2	
<i>citrate of magnesia oral solution</i>	5	ACA; OTC
<i>citroma oral solution</i>	5	ACA; OTC
<i>clearlax oral powder</i>	5	ACA; OTC
CLENPIQ ORAL SOLUTION	5	ACA

Drug Name	Drug Tier	Requirements / Limits
COLAZAL ORAL CAPSULE	3	ST
COMPAZINE ORAL TABLET	3	
COMPAZINE RECTAL SUPPOSITORY	3	
<i>compro rectal suppository</i>	1	
<i>constulose oral solution</i>	1	
CORTENEMA RECTAL ENEMA	3	
CORTIFOAM RECTAL FOAM	3	
CREON ORAL CAPSULE,DELAY ED RELEASE(DR/EC)	2	
<i>cromolyn oral concentrate</i>	1	
CYSTADANE ORAL POWDER	4	PA; LA
DICLEGIS ORAL TABLET,DELAYE D RELEASE (DR/EC)	3	PA; QL
<i>dimenhydrinate injection solution</i>	1	
<i>doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec)</i>	1	PA; QL
<i>dronabinol oral capsule</i>	1	
<i>droperidol injection solution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>dulcolax (magnesium hydroxide) oral suspension</i>	5	ACA; OTC
EMEND (FOSAPREPITANT) INTRAVENOUS RECON SOLN	3	
EMEND ORAL CAPSULE 80 MG	3	QL
EMEND ORAL CAPSULE,DOSE PACK	3	QL
EMEND ORAL SUSPENSION FOR RECONSTITUTION	3	QL
ENTEREG ORAL CAPSULE	3	
ENTYVIO INTRAVENOUS RECON SOLN	4	PA; LA
<i>enulose oral solution</i>	1	
<i>fleet laxative (bisacodyl) oral tablet,delayed release (dr/ec)</i>	5	ACA; OTC
<i>fosaprepitant intravenous recon soln</i>	1	
GASTROCROM ORAL CONCENTRATE	3	
GATTEX 30-VIAL SUBCUTANEOUS KIT	4	PA; LA
<i>gavilax oral powder</i>	5	ACA; OTC
<i>gavilyte-c oral recon soln</i>	5	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>gavilyte-g oral recon soln</i>	5	ACA
<i>generlac oral solution</i>	1	
<i>gentle laxative (bisacodyl) oral tablet,delayed release (dr/ec)</i>	5	ACA; OTC
<i>gentlelax oral powder</i>	5	ACA; OTC
GOLYTELY ORAL RECON SOLN	3	
<i>granisetron (pf) intravenous solution</i>	1	
<i>granisetron hcl intravenous solution</i>	1	
<i>granisetron hcl oral tablet</i>	1	QL
<i>hemmorex-hc rectal suppository</i>	1	
<i>hydrocortisone acetate rectal suppository</i>	1	
<i>hydrocortisone rectal enema</i>	1	
<i>hydrocortisone topical cream with perineal applicator</i>	1	
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	1	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)</i>	1	ST
KINEVAC INJECTION RECON SOLN	2	

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Drug Name	Drug Tier	Requirements / Limits
KRISTALOSE ORAL PACKET	3	
<i>lactulose oral solution</i>	1	
<i>laxative (bisacodyl) oral tablet, delayed release (dr/ec)</i>	5	ACA; OTC
<i>laxative peg 3350 oral powder</i>	5	ACA; OTC
<i>lidocaine hcl-hydrocortison ac rectal cream</i>	1	
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL	3	
<i>lidocaine hcl-hydrocortison ac rectal kit</i>	1	
<i>lidocaine-hydrocortisone-aloe rectal gel</i>	1	
<i>lidocaine-hydrocortisone-aloe rectal kit</i>	1	
LINZESS ORAL CAPSULE	2	QL
LIVMARLI ORAL SOLUTION	4	PA; LA
LOTRONEX ORAL TABLET	3	
<i>lubiprostone oral capsule</i>	1	PA; QL
<i>magnesium citrate oral solution</i>	5	ACA; OTC
MARINOL ORAL CAPSULE	3	
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>mesalamine oral capsule (with del rel tablets)</i>	1	
<i>mesalamine oral capsule, extended release</i>	1	
<i>mesalamine oral capsule, extended release 24hr</i>	1	
<i>mesalamine oral tablet, delayed release (dr/ec)</i>	1	
<i>mesalamine rectal enema</i>	1	
<i>mesalamine rectal suppository</i>	1	
<i>mesalamine with cleansing wipe rectal enema kit</i>	1	
<i>metoclopramide hcl injection solution</i>	1	
<i>metoclopramide hcl oral solution</i>	1	ST
<i>metoclopramide hcl oral tablet</i>	1	
<i>milk of magnesia concentrated oral suspension</i>	5	ACA; OTC
<i>milk of magnesia oral suspension</i>	5	ACA; OTC
MOVANTIK ORAL TABLET	2	PA; QL
MOVIPREP ORAL POWDER IN PACKET	5	ACA
<i>natura-lax oral powder</i>	5	ACA; OTC
OICALIVA ORAL TABLET	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>ondansetron hcl (pf) injection solution</i>	1	
<i>ondansetron hcl (pf) injection syringe</i>	1	
<i>ondansetron hcl intravenous solution</i>	1	
<i>ondansetron hcl oral solution</i>	1	QL
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	QL
<i>ondansetron oral tablet,disintegrating</i>	1	QL
<i>oral saline laxative oral liquid</i>	5	ACA; OTC
ORTIKOS ORAL CAPSULE, EXTENDED RELEASE	3	
OSMOPREP ORAL TABLET	5	ACA
PALONOSETRON INTRAVENOUS SOLUTION 0.25 MG/2 ML	3	
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	1	
<i>palonosetron intravenous syringe</i>	1	

Drug Name	Drug Tier	Requirements / Limits
PANCREAZE ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800-98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700-83,900 UNIT, 37,000-97,300-149,900 UNIT, 4,200-14,200-24,600 UNIT	2	
<i>peg 3350-electrolytes oral recon soln</i>	5	ACA
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet</i>	5	ACA
<i>peg-electrolyte soln oral recon soln</i>	5	ACA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	2	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	3	
<i>phosphate laxative oral liquid</i>	5	ACA; OTC
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL	5	ACA
<i>polyethylene glycol 3350 oral powder</i>	5	ACA; OTC
<i>powderlax oral powder</i>	5	ACA; OTC

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Drug Name	Drug Tier	Requirements / Limits
<i>prochlorperazine edisylate injection solution</i>	1	
<i>prochlorperazine maleate oral tablet</i>	1	
<i>prochlorperazine rectal suppository</i>	1	
PROCORT RECTAL CREAM	3	
PROCTOCORT RECTAL SUPPOSITORY	3	
<i>procto-med hc topical cream with perineal applicator</i>	1	
<i>proctosol hc topical cream with perineal applicator</i>	1	
<i>proctozone-hc topical cream with perineal applicator</i>	1	
<i>purelax oral powder</i>	5	ACA; OTC
RECTIV RECTAL OINTMENT	2	
REGLAN ORAL TABLET	3	ST
RELISTOR ORAL TABLET	2	PA
RELISTOR SUBCUTANEOUS SOLUTION	2	PA
RELISTOR SUBCUTANEOUS SYRINGE	2	PA
RELTONE ORAL CAPSULE	3	
ROWASA RECTAL ENEMA KIT	3	

Drug Name	Drug Tier	Requirements / Limits
SANCUSO TRANSDERMAL PATCH WEEKLY	3	QL
<i>scopolamine base transdermal patch 3 day</i>	1	
SFROWASA RECTAL ENEMA	3	
SINCALIDE INJECTION RECON SOLN	3	
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR	4	PA; LA; QL
<i>smoothlax oral powder</i>	5	ACA; OTC
<i>sodium,potassium,mag sulfates oral recon soln</i>	5	ACA
SUCRAID ORAL SOLUTION	4	PA; LA
<i>sulfasalazine oral tablet</i>	1	
<i>sulfasalazine oral tablet,delayed release (dr/ec)</i>	1	
SUPREP BOWEL PREP KIT ORAL RECON SOLN	2	
SUSTOL SUBCUTANEOUS LIQUID,EXTENDED RELEASE SYRINGE	3	
SUTAB ORAL TABLET	5	ACA
SYMPROIC ORAL TABLET	2	PA

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

Drug Name	Drug Tier	Requirements / Limits
SYNDROS ORAL SOLUTION	3	
TIGAN INTRAMUSCULAR SOLUTION	3	
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY	3	
<i>trimethobenzamide oral capsule</i>	1	
TRULANCE ORAL TABLET	2	
UCERIS ORAL TABLET, DELAYED AND EXT.RELEASE	3	
UCERIS RECTAL FOAM	2	
URSO 250 ORAL TABLET	3	
URSO FORTE ORAL TABLET	3	
<i>ursodiol oral capsule</i>	1	
<i>ursodiol oral tablet</i>	1	
VARUBI ORAL TABLET	2	QL
VIBERZI ORAL TABLET	2	PA
VIOKACE ORAL TABLET	2	
<i>women's gentle laxative(bisac) oral tablet, delayed release (dr/ec)</i>	5	ACA; OTC
ZELNORM ORAL TABLET	3	PA

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	
ZUPLENZ ORAL FILM	3	QL
ULCER THERAPY		
<i>amoxicil-clarithromy-lansopraz oral combo pack</i>	1	QL
<i>bismuth subcit k-metronidz-tcn oral capsule</i>	1	
CARAFATE ORAL SUSPENSION	3	
CARAFATE ORAL TABLET	3	
<i>cimetidine hcl oral solution</i>	1	
<i>cimetidine oral tablet</i>	1	
CYTOTEC ORAL TABLET	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i>	1	ST; QL
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>	1	ST
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	1	ST; QL
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	1	ST
<i>esomeprazole sodium intravenous recon soln</i>	1	
<i>famotidine (pf) intravenous solution</i>	1	
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback</i>	1	
<i>famotidine intravenous solution</i>	1	
<i>famotidine oral suspension</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	1	ST; QL
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	1	ST
<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg</i>	1	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>lansoprazole oral tablet, disintegrat, delay rel 30 mg</i>	1	ST
<i>misoprostol oral tablet</i>	1	
NEXIUM IV INTRAVENOUS RECON SOLN 40 MG	3	
<i>nizatidine oral capsule</i>	1	
OMECLAMOX-PAK ORAL COMBO PACK	3	QL
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg</i>	1	QL
<i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>	1	
<i>pantoprazole intravenous recon soln</i>	1	
<i>pantoprazole oral granules dr for susp in packet</i>	1	ST
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	QL
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	
PEPCID ORAL TABLET	3	
PROTONIX INTRAVENOUS RECON SOLN	3	

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Drug Name	Drug Tier	Requirements / Limits
PYLERA ORAL CAPSULE	3	
RABEPRAZOLE ORAL CAPSULE, DELAYED REL SPRINKLE	3	ST; QL
<i>rabeprazole oral tablet, delayed release (dr/ec)</i>	1	ST
<i>sucralfate oral suspension</i>	1	
<i>sucralfate oral tablet</i>	1	
TALICIA ORAL CAPSULE, IR - DELAY REL, BIPHASE	2	QL
VOQUEZNA DUAL PAK ORAL COMBO PACK	3	
VOQUEZNA TRIPLE PAK ORAL COMBO PACK	3	

IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

ANTIVIRALS

<i>ribavirin oral capsule</i>	4	LA
<i>ribavirin oral tablet 200 mg</i>	4	LA

BIOTECHNOLOGY DRUGS

Drug Name	Drug Tier	Requirements / Limits
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA; LA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE	4	PA; LA
ARCALYST SUBCUTANEOUS RECON SOLN	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	4	PA; LA; QL
FYLNETRA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
GRANIX SUBCUTANEOUS SOLUTION	4	PA; LA
GRANIX SUBCUTANEOUS SYRINGE	4	PA; LA
ILARIS (PF) SUBCUTANEOUS SOLUTION	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
LEUKINE INJECTION RECON SOLN	4	PA; LA
MACRILEN ORAL RECON SOLN	4	PA; LA; QL
MIRCERA INJECTION SYRINGE	4	PA; LA
MOZOBIL SUBCUTANEOUS SOLUTION	4	LA
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR	4	PA; LA; QL
NEULASTA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
NEUPOGEN INJECTION SOLUTION	4	PA; LA
NEUPOGEN INJECTION SYRINGE	4	PA; LA
NIVESTYM INJECTION SOLUTION	4	PA; LA
NIVESTYM SUBCUTANEOUS SYRINGE	4	PA; LA
NYVEPRIA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
PROCRIT INJECTION SOLUTION	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
PROLEUKIN INTRAVENOUS RECON SOLN	4	LA
REBLOZYL SUBCUTANEOUS RECON SOLN	4	PA; LA
RELEUKO INJECTION SOLUTION	4	PA; LA
RELEUKO SUBCUTANEOUS SYRINGE	4	PA; LA
RETACRIT INJECTION SOLUTION	4	PA; LA
ROLVEDON SUBCUTANEOUS SYRINGE	4	PA; LA; QL
STIMUFEND SUBCUTANEOUS SYRINGE	4	PA; LA; QL
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	4	PA; QL
UDENYCA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
ZARXIO INJECTION SYRINGE	4	PA; LA
ZIEXTENZO SUBCUTANEOUS SYRINGE	4	PA; LA; QL
GROWTH HORMONES		
EGRIFTA SV SUBCUTANEOUS RECON SOLN	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE	4	PA; LA
GENOTROPIN SUBCUTANEOUS CARTRIDGE	4	PA; LA
HUMATROPE INJECTION CARTRIDGE	4	PA; LA
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR	4	PA; LA
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR	4	PA; LA
OMNITROPE SUBCUTANEOUS CARTRIDGE	4	PA; LA
OMNITROPE SUBCUTANEOUS RECON SOLN	4	PA; LA
SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE	4	PA
SAIZEN SUBCUTANEOUS RECON SOLN	4	PA; LA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	4	PA; LA
SKYTROFA SUBCUTANEOUS CARTRIDGE	4	PA; LA
SOGROYA SUBCUTANEOUS PEN INJECTOR	4	PA

Drug Name	Drug Tier	Requirements / Limits
ZOMACTON SUBCUTANEOUS RECON SOLN	4	PA; LA
INTERFERONS		
ACTIMMUNE SUBCUTANEOUS SOLUTION	4	PA; LA
ALFERON N INJECTION SOLUTION	2	
BESREMI SUBCUTANEOUS SYRINGE	4	PA; LA
PEGASYS SUBCUTANEOUS SOLUTION	4	LA; QL
PEGASYS SUBCUTANEOUS SYRINGE	4	LA; QL
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO ORAL TABLET	4	PA; LA; QL
AVONEX INTRAMUSCULA R PEN INJECTOR KIT	4	PA; LA; QL
AVONEX INTRAMUSCULA R SYRINGE KIT	4	PA; LA; QL
BAFIERTAM ORAL CAPSULE,DELAY ED RELEASE(DR/EC)	4	PA; LA; QL
BETASERON SUBCUTANEOUS KIT	4	PA; LA; QL
BRIUMVI INTRAVENOUS SOLUTION	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
COPAXONE SUBCUTANEOUS SYRINGE	4	PA; LA; QL
<i>dimethyl fumarate oral capsule, delayed release(dr/ec)</i>	4	PA; LA; QL
EXTAVIA SUBCUTANEOUS KIT	4	PA; LA; QL
EXTAVIA SUBCUTANEOUS RECON SOLN	4	PA; LA; QL
<i>fingolimod oral capsule</i>	4	PA; LA; QL
GILENYA ORAL CAPSULE 0.25 MG	4	PA; LA
GILENYA ORAL CAPSULE 0.5 MG	4	PA; LA; QL
<i>glatiramer subcutaneous syringe</i>	4	PA; LA; QL
<i>glatopa subcutaneous syringe</i>	4	PA; LA; QL
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
MAVENCLAD (10 TABLET PACK) ORAL TABLET	4	PA; LA; QL
MAVENCLAD (4 TABLET PACK) ORAL TABLET	4	PA; LA; QL
MAVENCLAD (5 TABLET PACK) ORAL TABLET	4	PA; LA; QL
MAVENCLAD (6 TABLET PACK) ORAL TABLET	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
MAVENCLAD (7 TABLET PACK) ORAL TABLET	4	PA; LA; QL
MAVENCLAD (8 TABLET PACK) ORAL TABLET	4	PA; LA; QL
MAVENCLAD (9 TABLET PACK) ORAL TABLET	4	PA; LA; QL
MAYZENT ORAL TABLET	4	PA; LA; QL
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK	4	PA; LA; QL
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK	4	PA; LA; QL
OCREVUS INTRAVENOUS SOLUTION	4	PA; LA; QL
PLEGRIDY INTRAMUSCULAR SYRINGE	4	PA; LA; QL
PLEGRIDY SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
PLEGRIDY SUBCUTANEOUS SYRINGE	4	PA; LA; QL
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
PONVORY ORAL TABLET	4	PA; LA; QL
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE	4	PA; LA; QL
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE	4	PA; LA; QL
TASCENSO ODT ORAL TABLET, DISINTEGRATING	4	PA; LA; QL
TECFIDERA ORAL CAPSULE, DELAYED RELEASE (DR/EC)	4	PA; LA; QL
<i>teriflunomide oral tablet</i>	4	PA; LA; QL
VUMERITY ORAL CAPSULE, DELAYED RELEASE (DR/EC)	4	PA; LA; QL
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ACAM2000 (NATIONAL STOCKPILE) PERCUTANEOUS RECON SOLN	5	ACA
ACTHIB (PF) INTRAMUSCULAR RECON SOLN	5	ACA

Drug Name	Drug Tier	Requirements / Limits
ADACEL (TDAP ADOLESCENT/ADULT) (PF) INTRAMUSCULAR SUSPENSION	5	ACA
ADACEL (TDAP ADOLESCENT/ADULT) (PF) INTRAMUSCULAR SYRINGE	5	ACA
AFLURIA QD 2021-22 (3YR UP) (PF) INTRAMUSCULAR SYRINGE	5	ACA
AFLURIA QD 2022-23 (3YR UP) (PF) INTRAMUSCULAR SYRINGE	5	ACA
AFLURIA QUAD 2022-2023 (6MO UP) INTRAMUSCULAR SUSPENSION	5	ACA
ASCENIV INTRAVENOUS SOLUTION	4	LA
ATGAM INTRAVENOUS SOLUTION	2	
BABYBIG INTRAVENOUS RECON SOLN	3	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	

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Drug Name	Drug Tier	Requirements / Limits
BEXSERO INTRAMUSCULAR SYRINGE	5	ACA
BIOTHRAX INTRAMUSCULAR SUSPENSION	2	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION	5	ACA
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	5	ACA
BOTOX INJECTION RECON SOLN	4	PA
COMIRNATY TRIS VACCINE(PF) INTRAMUSCULAR SUSPENSION	5	ACA
CUTAQUIG SUBCUTANEOUS SOLUTION	4	PA; LA
CUVITRU SUBCUTANEOUS SOLUTION	4	PA; LA
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION	5	ACA
DENG VAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	
DYSPORT INTRAMUSCULAR RECON SOLN	4	PA; LA
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION	5	ACA

Drug Name	Drug Tier	Requirements / Limits
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	5	ACA
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	5	ACA
FLUAD QUAD 2021-22(65Y UP)(PF) INTRAMUSCULAR SYRINGE	5	ACA
FLUAD QUAD 2022-23(65Y UP)(PF) INTRAMUSCULAR SYRINGE	5	ACA
FLUARIX QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE	5	ACA
FLUBLOK QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE	5	ACA
FLUBLOK QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE	5	ACA
FLUCELVAX QUAD 2021-2022 INTRAMUSCULAR SUSPENSION	5	ACA
FLUCELVAX QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE	5	ACA
FLUCELVAX QUAD 2022-2023 INTRAMUSCULAR SUSPENSION	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
FLULAVAL QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE	5	ACA
FLUMIST QUAD 2022-2023 NASAL NASAL SPRAY SYRINGE	5	ACA
FLUZONE HIGHDOSE QUAD 21-22 PF INTRAMUSCULAR SYRINGE	5	ACA
FLUZONE HIGHDOSE QUAD 22-23 PF INTRAMUSCULAR SYRINGE	5	ACA
FLUZONE QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE	5	ACA
FLUZONE QUAD 2022-2023 (PF) INTRAMUSCULAR SUSPENSION	5	ACA
FLUZONE QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE	5	ACA
FLUZONE QUAD 2022-2023 INTRAMUSCULAR SUSPENSION	5	ACA
GAMASTAN INTRAMUSCULAR SOLUTION	4	
GAMASTAN S/D INTRAMUSCULAR SOLUTION	4	

Drug Name	Drug Tier	Requirements / Limits
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION	5	ACA
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE	5	ACA
GRASTEK SUBLINGUAL TABLET	2	PA
HAVRIX (PF) INTRAMUSCULAR SYRINGE	5	ACA
HEPAGAM B INJECTION SOLUTION	2	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE	5	ACA
HIBERIX (PF) INTRAMUSCULAR RECON SOLN	5	ACA
HIZENTRA SUBCUTANEOUS SOLUTION	4	PA; LA
HIZENTRA SUBCUTANEOUS SYRINGE	4	PA; LA
HYPERHEP B INTRAMUSCULAR SOLUTION	2	
HYPERHEP B NEONATAL INTRAMUSCULAR SYRINGE	2	
HYPERRAB (PF) INTRAMUSCULAR SOLUTION	2	
HYPERTET (PF) INTRAMUSCULAR SYRINGE	2	

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Drug Name	Drug Tier	Requirements / Limits
HYQVIA SUBCUTANEOUS SOLUTION	4	PA; LA
IMOGAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION	2	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN	2	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	5	ACA
IPOL INJECTION SUSPENSION	5	ACA
IXIARO (PF) INTRAMUSCULAR SYRINGE	2	
JANSSEN COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION	5	ACA
JYNNEOS (PF)(STOCKPILE) SUBCUTANEOUS SUSPENSION	5	ACA
KEDRAB (PF) INTRAMUSCULAR SOLUTION	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE	5	ACA
MENACTRA (PF) INTRAMUSCULAR SOLUTION	5	ACA
MENQUADFI (PF) INTRAMUSCULAR SOLUTION	5	ACA

Drug Name	Drug Tier	Requirements / Limits
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	5	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION	5	ACA
M-M-R II (PF) SUBCUTANEOUS RECON SOLN	5	ACA
MODERNA COVID BIVAL(6M UP)(PF) INTRAMUSCULAR SUSPENSION	5	ACA
MODERNA COVID BIVAL(6M-5Y)-PF INTRAMUSCULAR SUSPENSION	5	ACA
MODERNA COVID(6M-5Y) VACC(EUA) INTRAMUSCULAR SUSPENSION	5	ACA
MODERNA COVID-19 (6-11YR)(EUA) INTRAMUSCULAR SUSPENSION	5	ACA
MODERNA COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION	5	ACA
MYOBLOC INTRAMUSCULAR SOLUTION	4	PA; LA
NABI-HB INTRAMUSCULAR SOLUTION	3	

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Drug Name	Drug Tier	Requirements / Limits
NOVAVAX COVID-19 VACC,ADJ(EUA) INTRAMUSCULAR SUSPENSION	5	ACA
ODACTRA SUBLINGUAL TABLET	2	PA
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	4	PA; LA
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE	4	PA; LA; QL
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE	4	PA; LA; QL
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE	4	PA; LA; QL
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE	4	PA; LA; QL
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE	4	PA; LA; QL
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE	4	PA; LA; QL
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE	4	PA; LA; QL
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE	4	PA; LA; QL
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE	4	PA; LA; QL
PALFORZIA INITIAL DOSE ORAL CAPSULE, SPRINKLE	4	PA; LA; QL
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET	4	PA; LA; QL
PEDIARIX (PF) INTRAMUSCULAR SYRINGE	5	ACA
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION	5	ACA
PENTACEL (PF) INTRAMUSCULAR KIT	5	ACA
PFIZER COVID BIVAL(12Y UP)(PF) INTRAMUSCULAR SUSPENSION	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
PFIZER COVID BIVAL(5-11YR)(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	ACA
PFIZER COVID BIVAL(6MO-4Y)(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	ACA
PFIZER COVID-19 TRIS VACCIN(PF) INTRAMUSCULAR SUSPENSION	5	ACA
PFIZER COVID-19 TRIS VACCIN(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	ACA
PFIZER COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	ACA
PNEUMOVAX-23 INJECTION SOLUTION	5	ACA
PNEUMOVAX-23 INJECTION SYRINGE	5	ACA

Drug Name	Drug Tier	Requirements / Limits
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION	5	ACA
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE	5	ACA
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE	5	ACA
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	5	ACA
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	5	ACA
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION	5	ACA
QUADRACEL (PF) INTRAMUSCULAR SYRINGE	5	ACA
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	2	
RAGWITEK SUBLINGUAL TABLET	2	PA
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE	5	ACA
ROTARIX ORAL SUSPENSION	5	ACA
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION	5	ACA
ROTATEQ VACCINE ORAL SOLUTION	5	ACA
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	ACA; QL
SPIKEVAX (PF) INTRAMUSCULAR SUSPENSION	5	ACA
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	
TDVAX INTRAMUSCULAR SUSPENSION	5	ACA
TENIVAC (PF) INTRAMUSCULAR SUSPENSION	5	ACA
TENIVAC (PF) INTRAMUSCULAR SYRINGE	5	ACA
THYMOGLOBULIN INTRAVENOUS RECON SOLN	2	

Drug Name	Drug Tier	Requirements / Limits
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION	2	
TICOVAC INTRAMUSCULAR SYRINGE	2	
TRUMENBA INTRAMUSCULAR SYRINGE	5	ACA
TWINRIX (PF) INTRAMUSCULAR SYRINGE	5	ACA
TYPHIM VI INTRAMUSCULAR SOLUTION	2	
TYPHIM VI INTRAMUSCULAR SYRINGE	2	
VAQTA (PF) INTRAMUSCULAR SUSPENSION	5	ACA
VAQTA (PF) INTRAMUSCULAR SYRINGE	5	ACA
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	5	ACA
VARIZIG INTRAMUSCULAR SOLUTION	2	
VAXELIS (PF) INTRAMUSCULAR SUSPENSION	5	ACA
VAXELIS (PF) INTRAMUSCULAR SYRINGE	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE	5	ACA
VIVOTIF ORAL CAPSULE, DELAYED RELEASE (DR/EC)	2	
XEMBIFY SUBCUTANEOUS SOLUTION	4	PA; LA
XEOMIN INTRAMUSCULAR RECON SOLN	4	PA; LA
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	
ZINPLAVA INTRAVENOUS SOLUTION	3	

IMMUNOLOGY

INTERLEUKINS

<i>imiquimod topical cream in packet</i>	1	
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MUSCULOSKELETAL & RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
ALLOPURINOL ORAL TABLET 200 MG	3	
<i>allopurinol sodium intravenous recon soln</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>aloprim intravenous recon soln</i>	1	
COLCHICINE ORAL CAPSULE	3	
<i>colchicine oral tablet</i>	1	
COLCRYS ORAL TABLET	3	
<i>febuxostat oral tablet</i>	1	ST
MITIGARE ORAL CAPSULE	2	
<i>probenecid oral tablet</i>	1	
<i>probenecid-colchicine oral tablet</i>	1	
ZYLOPRIM ORAL TABLET 100 MG	3	

OSTEOPOROSIS THERAPY

ACTONEL ORAL TABLET 150 MG, 35 MG	3	ST; QL
<i>alendronate oral solution</i>	1	QL
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	QL
AELVIA ORAL TABLET, DELAYED RELEASE (DR/EC)	3	ST; QL
BINOSTO ORAL TABLET, EFFERVESCENT	3	ST; QL
BONIVA ORAL TABLET	3	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
EVENITY SUBCUTANEOUS SYRINGE	4	PA; LA; QL
EVISTA ORAL TABLET	3	
FORTEO SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
FOSAMAX ORAL TABLET 70 MG	3	ST; QL
FOSAMAX PLUS D ORAL TABLET	3	ST; QL
<i>ibandronate intravenous solution</i>	4	LA
<i>ibandronate intravenous syringe</i>	4	LA
<i>ibandronate oral tablet</i>	1	QL
PROLIA SUBCUTANEOUS SYRINGE	4	LA; QL
<i>raloxifene oral tablet</i>	1	ACA
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	1	QL
<i>risedronate oral tablet, delayed release (dr/ec)</i>	1	QL
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
TYMLOS SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
ACTEMRA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML	4	PA
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 20 MG/0.4 ML, 40 MG/0.8 ML	4	PA; LA; QL
ARAVA ORAL TABLET	3	QL
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL
BENLYSTA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
DEPEN TITRATABS ORAL TABLET	3	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE	4	PA; LA; QL
ENBREL SUBCUTANEOUS SOLUTION	4	PA; LA; QL
ENBREL SUBCUTANEOUS SYRINGE	4	PA; LA; QL
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT	4	PA; LA; QL
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT	4	PA; LA; QL
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT	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	4	PA; LA; QL
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT	4	PA; LA; QL
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT	4	PA; LA; QL
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT	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	4	PA; LA; QL
KEVZARA SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
KEVZARA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
KINERET SUBCUTANEOUS SYRINGE	4	PA; LA; QL
<i>leflunomide oral tablet</i>	1	QL
OLUMIANT ORAL TABLET	4	PA; LA; QL
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL
ORENCIA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
OTEZLA ORAL TABLET	4	PA; LA; QL
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	4	PA; LA; QL
<i>penicillamine oral tablet</i>	1	PA
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR	2	ST

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Drug Name	Drug Tier	Requirements / Limits
REDITREX (PF) SUBCUTANEOUS SYRINGE	3	ST
RIDAURA ORAL CAPSULE	2	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR	4	PA; LA; QL
SAVELLA ORAL TABLET	2	ST; QL
SAVELLA ORAL TABLETS,DOSE PACK	2	ST; QL
SIMPONI SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
SIMPONI SUBCUTANEOUS SYRINGE	4	PA; LA; QL
XELJANZ ORAL SOLUTION	4	PA; LA; QL
XELJANZ ORAL TABLET	4	PA; LA; QL
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR	4	PA; LA; QL
OBSTETRICS & GYNECOLOGY		
DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES		
CAYA CONTOURED VAGINAL DIAPHRAGM	5	ACA
CONDOMS-PREM LUBRICATED DEVICE	5	ACA; OTC

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	5	ACA; LA
LILETTA INTRAUTERINE INTRAUTERINE DEVICE	5	ACA; LA
MIRENA INTRAUTERINE INTRAUTERINE DEVICE	5	ACA; LA
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE	5	ACA; LA
SKYLA INTRAUTERINE INTRAUTERINE DEVICE	5	ACA; LA
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	5	ACA; OTC
WIDE-SEAL DIAPHRAGM	5	ACA
ESTROGENS & PROGESTINS		
ACTIVELLA ORAL TABLET 1-0.5 MG	3	
<i>amabelz oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
ANGELIQ ORAL TABLET	3	
AYGESTIN ORAL TABLET	3	
BIJUVA ORAL CAPSULE	3	
<i>camila oral tablet</i>	5	ACA
CLIMARA TRANSDERMAL PATCH WEEKLY	3	QL
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY	2	
<i>covaryx h.s. oral tablet</i>	1	
<i>covaryx oral tablet</i>	1	
CRINONE VAGINAL GEL 4 %	3	
CRINONE VAGINAL GEL 8 %	4	LA
<i>deblitane oral tablet</i>	5	ACA
DELESTROGEN INTRAMUSCULAR OIL	3	
DEPO-ESTRADIOL INTRAMUSCULAR OIL	2	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	QL
DEPO-PROVERA INTRAMUSCULAR SYRINGE	3	QL

Drug Name	Drug Tier	Requirements / Limits
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE	5	ACA; QL
DIVIGEL TRANSDERMAL GEL IN PACKET	2	ST; QL
<i>dotti transdermal patch semiweekly</i>	1	QL
DUAVEE ORAL TABLET	2	
<i>eemt hs oral tablet</i>	1	
<i>eemt oral tablet</i>	1	
ENDOMETRIN VAGINAL INSERT	4	LA
<i>errin oral tablet</i>	5	ACA
ESTRACE ORAL TABLET	3	
ESTRACE VAGINAL CREAM	3	
ESTRADIOL IMPLANT PELLETS 6 MG	3	
<i>estradiol oral tablet</i>	1	
<i>estradiol transdermal gel in packet</i>	1	ST; QL
<i>estradiol transdermal patch semiweekly</i>	1	QL
<i>estradiol transdermal patch weekly</i>	1	QL
<i>estradiol vaginal cream</i>	1	
<i>estradiol vaginal tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>estradiol valerate intramuscular oil</i>	1	
<i>estradiol-norethindrone acet oral tablet</i>	1	
ESTRING VAGINAL RING	2	
<i>estrogens-methyltestosterone oral tablet</i>	1	
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL	3	ST; QL
FEMRING VAGINAL RING	3	
<i>fyavolv oral tablet</i>	1	
<i>heather oral tablet</i>	5	ACA
<i>hydroxyprogest(pf)(p reg presv) intramuscular oil</i>	4	QL
<i>hydroxyprogesterone cap(ppres) intramuscular oil</i>	4	QL
<i>hydroxyprogesterone caproate intramuscular oil</i>	1	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT	3	PA; QL
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK	3	PA; QL
<i>incassia oral tablet</i>	5	ACA
<i>jencycla oral tablet</i>	5	ACA
<i>jinteli oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>lyleq oral tablet</i>	5	ACA
<i>lyllana transdermal patch semiweekly</i>	1	QL
<i>lyza oral tablet</i>	5	ACA
MAKENA (PF) SUBCUTANEOUS AUTO-INJECTOR	4	QL
<i>medroxyprogesterone intramuscular suspension</i>	5	ACA; QL
<i>medroxyprogesterone intramuscular syringe</i>	5	ACA; QL
<i>medroxyprogesterone oral tablet</i>	1	
MENEST ORAL TABLET	3	
MENOSTAR TRANSDERMAL PATCH WEEKLY	3	QL
<i>mimvey oral tablet</i>	1	
MINIVELLE TRANSDERMAL PATCH SEMIWEEKLY	3	QL
<i>nora-be oral tablet</i>	5	ACA
<i>norethindrone (contraceptive) oral tablet</i>	5	ACA
<i>norethindrone acetate oral tablet</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>norlyda oral tablet</i>	5	ACA
PREFEST ORAL TABLET	3	

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Drug Name	Drug Tier	Requirements / Limits
PREMARIN INJECTION RECON SOLN	2	
PREMARIN ORAL TABLET	2	
PREMARIN VAGINAL CREAM	2	
PREMPHASE ORAL TABLET	2	
PREMPRO ORAL TABLET	2	
<i>progesterone intramuscular oil</i>	4	LA
<i>progesterone micronized oral capsule</i>	1	
PROVERA ORAL TABLET	3	
<i>sharobel oral tablet</i>	5	ACA
<i>tulana oral tablet</i>	5	ACA
VAGIFEM VAGINAL TABLET	3	
VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY	3	QL
<i>yuvaferm vaginal tablet</i>	1	
MISCELLANEOUS OB/GYN		
ANNOVERA VAGINAL RING	5	ST; ACA; QL
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE	3	
CLEOCIN VAGINAL CREAM	3	

Drug Name	Drug Tier	Requirements / Limits
CLEOCIN VAGINAL SUPPOSITORY	3	
<i>clindamycin phosphate vaginal cream</i>	1	
CLINDESSE VAGINAL CREAM, EXTENDED RELEASE	3	
<i>eluryng vaginal ring</i>	5	ACA
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	5	ACA
GYNAZOLE-1 VAGINAL CREAM	3	
<i>haloette vaginal ring</i>	5	ACA
INTRAROSA VAGINAL INSERT	3	PA
<i>isoxsuprine oral tablet</i>	1	
<i>metronidazole vaginal gel</i>	1	
<i>miconazole-3 vaginal suppository</i>	1	
MYFEMBREE ORAL TABLET	2	PA
NEXPLANON SUBDERMAL IMPLANT	5	ACA; LA
NUVARING VAGINAL RING	3	ST
NUVESSA VAGINAL GEL	3	
ORIAHNN ORAL CAPSULE, SEQUENTIAL	2	PA
OSPHENA ORAL TABLET	3	PA

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Drug Name	Drug Tier	Requirements / Limits
PREPIDIL VAGINAL GEL	3	
RELAGARD VAGINAL GEL	3	
<i>terconazole vaginal cream</i>	1	
<i>terconazole vaginal suppository</i>	1	
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE	5	ACA; OTC
<i>tranexamic acid oral tablet</i>	1	
TRIMO-SAN JELLY VAGINAL GEL	2	
TWIRLA TRANSDERMAL PATCH WEEKLY	5	ST; ACA
<i>vandazole vaginal gel</i>	1	
VCF CONTRACEPTIVE FILM VAGINAL FILM	5	ACA; OTC
VCF CONTRACEPTIVE GEL VAGINAL GEL	5	ACA; OTC
<i>xulane transdermal patch weekly</i>	5	ACA
<i>zafemy transdermal patch weekly</i>	5	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle oral tablet</i>	5	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>after pill oral tablet</i>	5	ACA; OTC; QL
AFTERA ORAL TABLET	3	OTC; QL
<i>altavera (28) oral tablet</i>	5	ACA
<i>alyacen 1/35 (28) oral tablet</i>	5	ACA
<i>alyacen 7/7/7 (28) oral tablet</i>	5	ACA
<i>amethia oral tablets,dose pack,3 month</i>	5	ACA
<i>amethyst (28) oral tablet</i>	5	ACA
<i>apri oral tablet</i>	5	ACA
<i>aranelle (28) oral tablet</i>	5	ACA
<i>ashlyna oral tablets,dose pack,3 month</i>	5	ACA
<i>aubra eq oral tablet</i>	5	ACA
<i>aubra oral tablet</i>	5	ACA
<i>aurovela 1.5/30 (21) oral tablet</i>	5	ACA
<i>aurovela 1/20 (21) oral tablet</i>	5	ACA
<i>aurovela 24 fe oral tablet</i>	5	ACA
<i>aurovela fe 1.5/30 (28) oral tablet</i>	5	ACA
<i>aurovela fe 1-20 (28) oral tablet</i>	5	ACA
<i>aviane oral tablet</i>	5	ACA
<i>ayuna oral tablet</i>	5	ACA
<i>azurette (28) oral tablet</i>	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
BALCOLTRA ORAL TABLET	5	ST; ACA
<i>balziva (28) oral tablet</i>	5	ACA
BEYAZ ORAL TABLET	3	ST
<i>blisovi 24 fe oral tablet</i>	5	ACA
<i>blisovi fe 1.5/30 (28) oral tablet</i>	5	ACA
<i>blisovi fe 1/20 (28) oral tablet</i>	5	ACA
<i>briellyn oral tablet</i>	5	ACA
<i>camrese lo oral tablets,dose pack,3 month</i>	5	ACA
<i>camrese oral tablets,dose pack,3 month</i>	5	ACA
<i>caziant (28) oral tablet</i>	5	ACA
<i>charlotte 24 fe oral tablet,chewable</i>	5	ACA
<i>chateal (28) oral tablet</i>	5	ACA
<i>chateal eq (28) oral tablet</i>	5	ACA
<i>cryselle (28) oral tablet</i>	5	ACA
<i>curae oral tablet</i>	5	ACA; OTC; QL
<i>cyred eq oral tablet</i>	5	ACA
<i>cyred oral tablet</i>	5	ACA
<i>dasetta 1/35 (28) oral tablet</i>	5	ACA
<i>dasetta 7/7/7 (28) oral tablet</i>	5	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>daysee oral tablets,dose pack,3 month</i>	5	ACA
<i>desog-e.estradiol/e.estradiol oral tablet</i>	5	ACA
<i>desogestrel-ethinyl estradiol oral tablet</i>	5	ACA
<i>dolishale oral tablet</i>	5	ACA
<i>drospirenone-e.estradiol-lm.fa oral tablet</i>	5	ACA
<i>drospirenone-ethinyl estradiol oral tablet</i>	5	ACA
<i>econtra ez oral tablet</i>	5	ACA; OTC; QL
<i>econtra one-step oral tablet</i>	5	ACA; OTC; QL
<i>elinest oral tablet</i>	5	ACA
ELLA ORAL TABLET	5	ACA; QL
<i>enpresse oral tablet</i>	5	ACA
<i>enskyce oral tablet</i>	5	ACA
<i>estarylla oral tablet</i>	5	ACA
<i>ethynodiol diac-eth estradiol oral tablet</i>	5	ACA
<i>falmina (28) oral tablet</i>	5	ACA
<i>femynor oral tablet</i>	5	ACA
<i>finzala oral tablet,chewable</i>	5	ACA
<i>gemmily oral capsule</i>	5	ACA
GENERESS FE ORAL TABLET,CHEWABLE	3	ST

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Drug Name	Drug Tier	Requirements / Limits
hailey 24 fe oral tablet	5	ACA
hailey fe 1.5/30 (28) oral tablet	5	ACA
hailey fe 1/20 (28) oral tablet	5	ACA
hailey oral tablet	5	ACA
her style oral tablet	5	ACA; OTC; QL
iclevia oral tablets,dose pack,3 month	5	ACA
isibloom oral tablet	5	ACA
jaimiess oral tablets,dose pack,3 month	5	ACA
jasmiel (28) oral tablet	5	ACA
jolessa oral tablets,dose pack,3 month	5	ACA
juleber oral tablet	5	ACA
junal 1.5/30 (21) oral tablet	5	ACA
junal 1/20 (21) oral tablet	5	ACA
junal fe 1.5/30 (28) oral tablet	5	ACA
junal fe 1/20 (28) oral tablet	5	ACA
junal fe 24 oral tablet	5	ACA
kaitlib fe oral tablet,chewable	5	ACA
kalliga oral tablet	5	ACA
kariva (28) oral tablet	5	ACA

Drug Name	Drug Tier	Requirements / Limits
kelnor 1/35 (28) oral tablet	5	ACA
kelnor 1-50 (28) oral tablet	5	ACA
kurvelo (28) oral tablet	5	ACA
l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month	5	ACA
larin 1.5/30 (21) oral tablet	5	ACA
larin 1/20 (21) oral tablet	5	ACA
larin 24 fe oral tablet	5	ACA
larin fe 1.5/30 (28) oral tablet	5	ACA
larin fe 1/20 (28) oral tablet	5	ACA
larissia oral tablet	5	ACA
layolis fe oral tablet,chewable	5	ACA
leena 28 oral tablet	5	ACA
lessina oral tablet	5	ACA
levonest (28) oral tablet	5	ACA
levonorgestrel oral tablet	5	ACA; OTC; QL
levonorgestrel-ethinyl estradiol oral tablet	5	ACA
levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month	5	ACA
levonorg-eth estradiol triphasic oral tablet	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>levora-28 oral tablet</i>	5	ACA
<i>lillow (28) oral tablet</i>	5	ACA
LO LOESTRIN FE ORAL TABLET	5	ST; ACA
LOESTRIN 1.5/30 (21) ORAL TABLET	3	ST
LOESTRIN 1/20 (21) ORAL TABLET	3	ST
LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET	3	ST
LOESTRIN FE 1/20 (28-DAY) ORAL TABLET	3	ST
<i>lojaimiess oral tablets,dose pack,3 month</i>	5	ACA
<i>loryna (28) oral tablet</i>	5	ACA
LOSEASONIQUE ORAL TABLETS,DOSE PACK,3 MONTH	3	ST
<i>low-ogestrel (28) oral tablet</i>	5	ACA
<i>lo-zumandimine (28) oral tablet</i>	5	ACA
<i>lutra (28) oral tablet</i>	5	ACA
<i>marlissa (28) oral tablet</i>	5	ACA
<i>merzee oral capsule</i>	5	ACA
<i>mibelas 24 fe oral tablet,chewable</i>	5	ACA
<i>microgestin 1.5/30 (21) oral tablet</i>	5	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>microgestin 1/20 (21) oral tablet</i>	5	ACA
<i>microgestin 24 fe oral tablet</i>	5	ACA
<i>microgestin fe 1.5/30 (28) oral tablet</i>	5	ACA
<i>microgestin fe 1/20 (28) oral tablet</i>	5	ACA
<i>mili oral tablet</i>	5	ACA
MINASTRIN 24 FE ORAL TABLET,CHEWABLE	3	ST
MIRCETTE (28) ORAL TABLET	3	ST
<i>mono-lynyah oral tablet</i>	5	ACA
<i>my choice oral tablet</i>	5	ACA; OTC; QL
<i>my way oral tablet</i>	5	ACA; OTC; QL
NATAZIA ORAL TABLET	5	ST; ACA
<i>necon 0.5/35 (28) oral tablet</i>	5	ACA
<i>new day oral tablet</i>	5	ACA; OTC; QL
NEXTSTELLIS ORAL TABLET	5	ST; ACA
<i>nikki (28) oral tablet</i>	5	ACA
<i>noreth-ethinyl estradiol-iron oral tablet,chewable</i>	5	ACA
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>norethindrone-e.estradiol-iron oral capsule</i>	5	ACA
<i>norethindrone-e.estradiol-iron oral tablet</i>	5	ACA
<i>norethindrone-e.estradiol-iron oral tablet,chewable</i>	5	ACA
<i>norgestimate-ethinyl estradiol oral tablet</i>	5	ACA
<i>nortrel 0.5/35 (28) oral tablet</i>	5	ACA
<i>nortrel 1/35 (21) oral tablet</i>	5	ACA
<i>nortrel 1/35 (28) oral tablet</i>	5	ACA
<i>nortrel 7/7/7 (28) oral tablet</i>	5	ACA
<i>nylia 1/35 (28) oral tablet</i>	5	ACA
<i>nylia 7/7/7 (28) oral tablet</i>	5	ACA
<i>nymyo oral tablet</i>	5	ACA
<i>ocella oral tablet</i>	5	ACA
<i>opcicon one-step oral tablet</i>	5	ACA; OTC; QL
<i>option-2 oral tablet</i>	5	ACA; OTC; QL
<i>philith oral tablet</i>	5	ACA
<i>pimtrea (28) oral tablet</i>	5	ACA
<i>pirmella oral tablet</i>	5	ACA
PLAN B ONE-STEP ORAL TABLET	2	OTC; QL
<i>portia 28 oral tablet</i>	5	ACA
<i>previfem oral tablet</i>	5	ACA

Drug Name	Drug Tier	Requirements / Limits
QUARTETTE ORAL TABLETS,DOSE PACK,3 MONTH	3	ST
<i>reclipsen (28) oral tablet</i>	5	ACA
<i>rivelsa oral tablets,dose pack,3 month</i>	5	ACA
SAFYRAL ORAL TABLET	3	ST
SEASONIQUE ORAL TABLETS,DOSE PACK,3 MONTH	3	ST
<i>setlakin oral tablets,dose pack,3 month</i>	5	ACA
<i>simliya (28) oral tablet</i>	5	ACA
<i>simpesse oral tablets,dose pack,3 month</i>	5	ACA
SLYND ORAL TABLET	5	ST; ACA
<i>sprintec (28) oral tablet</i>	5	ACA
<i>sronyx oral tablet</i>	5	ACA
<i>syeda oral tablet</i>	5	ACA
TAKE ACTION ORAL TABLET	3	OTC; QL
<i>tarina 24 fe oral tablet</i>	5	ACA
<i>tarina fe 1/20 (28) oral tablet</i>	5	ACA
<i>taysofy oral capsule</i>	5	ACA
TAYTULLA ORAL CAPSULE	3	ST; ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>tilia fe oral tablet</i>	5	ACA
<i>tri femynor oral tablet</i>	5	ACA
<i>tri-estarylla oral tablet</i>	5	ACA
<i>tri-legest fe oral tablet</i>	5	ACA
<i>tri-linyah oral tablet</i>	5	ACA
<i>tri-lo-estarylla oral tablet</i>	5	ACA
<i>tri-lo-marzia oral tablet</i>	5	ACA
<i>tri-lo-mili oral tablet</i>	5	ACA
<i>tri-lo-sprintec oral tablet</i>	5	ACA
<i>tri-mili oral tablet</i>	5	ACA
<i>tri-nymyo oral tablet</i>	5	ACA
<i>tri-sprintec (28) oral tablet</i>	5	ACA
<i>trivora (28) oral tablet</i>	5	ACA
<i>tri-vylibra lo oral tablet</i>	5	ACA
<i>tri-vylibra oral tablet</i>	5	ACA
TYBLUME ORAL TABLET,CHEWABLE	5	ST; ACA
<i>tydemy oral tablet</i>	5	ACA
<i>velivet triphasic regimen (28) oral tablet</i>	5	ACA
<i>vestura (28) oral tablet</i>	5	ACA
<i>vienva oral tablet</i>	5	ACA
<i>violele (28) oral tablet</i>	5	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>volnea (28) oral tablet</i>	5	ACA
<i>vyfemla (28) oral tablet</i>	5	ACA
<i>vylibra oral tablet</i>	5	ACA
<i>wera (28) oral tablet</i>	5	ACA
<i>wymzya fe oral tablet,chewable</i>	5	ACA
YASMIN (28) ORAL TABLET	3	ST
YAZ (28) ORAL TABLET	3	ST
<i>zarah oral tablet</i>	5	ACA
<i>zovia 1-35 (28) oral tablet</i>	5	ACA
<i>zumandimine (28) oral tablet</i>	5	ACA
OXYTOCICS		
<i>methergine oral tablet</i>	1	QL
<i>methylergonovine oral tablet</i>	1	QL
<i>oxytocin injection solution</i>	1	
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>ak-poly-bac ophthalmic (eye) ointment</i>	1	
AZASITE OPHTHALMIC (EYE) DROPS	2	
<i>bacitracin ophthalmic (eye) ointment</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>bacitracin-polymyxin b ophthalmic (eye) ointment</i>	1	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION	3	
CILOXAN OPHTHALMIC (EYE) OINTMENT	3	
<i>ciprofloxacin hcl ophthalmic (eye) drops</i>	1	
<i>erythromycin ophthalmic (eye) ointment</i>	1	
<i>gatifloxacin ophthalmic (eye) drops</i>	1	
<i>gentak ophthalmic (eye) ointment</i>	1	
<i>gentamicin ophthalmic (eye) drops</i>	1	
<i>levofloxacin ophthalmic (eye) drops</i>	1	
MOXIFLOXACIN (PF)-BSS INTRACAMERAL SOLUTION	3	
<i>moxifloxacin ophthalmic (eye) drops</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	1	
MOXIFLOXACIN-SOD CHLOR,ISO(PF) INTRAOCULAR SOLUTION	3	
MOXIFLOXACIN-SOD CHLOR,ISO(PF) INTRAOCULAR SYRINGE	3	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION	2	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops</i>	1	
<i>neo-polycin ophthalmic (eye) ointment</i>	1	
OCUFLOX OPHTHALMIC (EYE) DROPS	3	
<i>ofloxacin ophthalmic (eye) drops</i>	1	
<i>polycin ophthalmic (eye) ointment</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops</i>	1	
POLYTRIM OPHTHALMIC (EYE) DROPS	3	
<i>tobramycin ophthalmic (eye) drops</i>	1	
TOBRAMYCIN-VANCOMYCIN OPHTHALMIC (EYE) DROPS	3	
TOBREX OPHTHALMIC (EYE) OINTMENT	3	
VIGAMOX OPHTHALMIC (EYE) DROPS	3	
ZYMAXID OPHTHALMIC (EYE) DROPS	3	
ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops</i>	1	
ZIRGAN OPHTHALMIC (EYE) GEL	3	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye) drops</i>	1	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>carteolol ophthalmic (eye) drops</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate (pf) ophthalmic (eye) dropperette</i>	1	
<i>timolol maleate ophthalmic (eye) drops</i>	1	
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	1	
TIMOPTIC OPHTHALMIC (EYE) DROPS	3	ST
TIMOPTIC-XE OPHTHALMIC (EYE) GEL FORMING SOLUTION	3	ST
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS	4	LA
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic (eye) drops</i>	1	
ATROPINE OPHTHALMIC (EYE) DROPS, EMULSION	3	
<i>atropine ophthalmic (eye) ointment</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
ATROPINE SULFATE (PF) OPHTHALMIC (EYE) DROPPERETTE	3	
CYCLOGYL OPHTHALMIC (EYE) DROPS	3	
<i>cyclopentolate ophthalmic (eye) drops 1 %, 2 %</i>	1	
<i>homatropaire ophthalmic (eye) drops</i>	1	
ISOPTO ATROPINE OPHTHALMIC (EYE) DROPS	3	
MYDRIACYL OPHTHALMIC (EYE) DROPS	3	
PHENYLEPH-TROPICAMIDE IN WATER OPHTHALMIC (EYE) DROPS	3	
<i>tropicamide ophthalmic (eye) drops</i>	1	
DIRECT ACTING MIOTICS		
MIOCHOL-E INTRAOCULAR KIT	3	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
MISCELLANEOUS OPHTHALMOLOGICS		

Drug Name	Drug Tier	Requirements / Limits
AKTEN (PF) OPHTHALMIC (EYE) GEL	3	
ALCAINE OPHTHALMIC (EYE) DROPS	3	
ALOCRIAL OPHTHALMIC (EYE) DROPS	3	
ALOMIDE OPHTHALMIC (EYE) DROPS	3	
<i>altacaine ophthalmic (eye) drops</i>	1	
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS	3	
<i>azelastine ophthalmic (eye) drops</i>	1	
<i>bepotastine besilate ophthalmic (eye) drops</i>	1	
BEPREVE OPHTHALMIC (EYE) DROPS	3	ST
CEQUA OPHTHALMIC (EYE) DROPPERETTE	3	PA
<i>cromolyn ophthalmic (eye) drops</i>	1	
<i>cyclosporine ophthalmic (eye) dropperette</i>	1	PA; QL
CYSTADROPS OPHTHALMIC (EYE) DROPS	4	LA

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Drug Name	Drug Tier	Requirements / Limits
CYSTARAN OPHTHALMIC (EYE) DROPS	4	LA
DEXAMET-MOXIFL-KETORO-NACL(PF) INTRAOCULAR SOLUTION	3	
<i>epinastine ophthalmic (eye) drops</i>	1	
FLUORESCEIN-BENOXINATE OPHTHALMIC (EYE) DROPS	3	
<i>fluorescein-proparacaine ophthalmic (eye) drops</i>	1	
IHEEZO (PF) OPHTHALMIC (EYE) DROPPERETTE, GEL	3	
KLARITY-A (AZITHRO-CHONDR)(PF) OPHTHALMIC (EYE) DROPS	3	
KLARITY-L (LOTEPRED-CHOND)(PF) OPHTHALMIC (EYE) DROPS 0.5-0.25 %	3	
LACRISERT OPHTHALMIC (EYE) INSERT	3	PA; QL
OMIDRIA INTRAOCULAR CONCENTRATE	3	

Drug Name	Drug Tier	Requirements / Limits
OXERVATE OPHTHALMIC (EYE) DROPS	4	PA; LA
PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS	3	
PHOTREXA VISCOUS OPHTHALMIC (EYE) DROPS, VISCOUS	3	
PREDNISOL ACE-GATIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS, SUSPENSION	3	
PREDNISOLN SP-GATIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS	3	
PREDNISOLN SP-MOXIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS	3	
PREDNISOLONE ACETATE-BROMFENAC OPHTHALMIC (EYE) DROPS, SUSPENSION	3	

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Drug Name	Drug Tier	Requirements / Limits
PREDNISOLONE ACETATE-NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
PREDNISOLONE-MOXIFLO-NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
PREDNISOLONE-MOXIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>proparacaine ophthalmic (eye) drops</i>	1	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS	2	PA; QL
RESTASIS OPHTHALMIC (EYE) DROPPERETTE	3	PA; QL
TETRACAINE HCL (PF) OPHTHALMIC (EYE) DROPS	3	
<i>tetracaine hcl ophthalmic (eye) drops</i>	1	

Drug Name	Drug Tier	Requirements / Limits
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL	3	PA
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE	3	PA; QL
VITRASE INJECTION SOLUTION	3	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE	2	PA; QL
ZERVIAE OPHTHALMIC (EYE) DROPPERETTE	3	ST
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR LS OPHTHALMIC (EYE) DROPS	3	ST
ACULAR OPHTHALMIC (EYE) DROPS	3	ST
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE	3	ST
<i>bromfenac ophthalmic (eye) drops</i>	1	ST
BROMSITE OPHTHALMIC (EYE) DROPS	3	ST
<i>diclofenac sodium ophthalmic (eye) drops</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>flurbiprofen sodium ophthalmic (eye) drops</i>	1	
ILEVRO OPTHALMIC (EYE) DROPS,SUSPENSION	3	ST
<i>ketorolac ophthalmic (eye) drops</i>	1	
NEVANAC OPTHALMIC (EYE) DROPS,SUSPENSION	3	ST
PROLENSA OPTHALMIC (EYE) DROPS	3	ST
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release</i>	1	
<i>acetazolamide oral tablet</i>	1	
<i>acetazolamide sodium injection recon soln</i>	1	
<i>methazolamide oral tablet</i>	1	
OTHER GLAUCOMA DRUGS		
AZOPT OPTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>bimatoprost ophthalmic (eye) drops</i>	1	

Drug Name	Drug Tier	Requirements / Limits
BRIMONIDINE-DORZOLAMIDE (PF) OPTHALMIC (EYE) DROPS	3	
<i>brimonidine-timolol ophthalmic (eye) drops</i>	1	
<i>brinzolamide ophthalmic (eye) drops,suspension</i>	1	
COMBIGAN OPTHALMIC (EYE) DROPS	3	ST
COSOPT (PF) OPTHALMIC (EYE) DROPPERETTE	3	ST
COSOPT OPTHALMIC (EYE) DROPS	3	ST
DORZOLAMIDE (PF) OPTHALMIC (EYE) DROPS	3	
<i>dorzolamide ophthalmic (eye) drops</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	1	
DORZOLAMIDE-TIMOLOL (PF) OPTHALMIC (EYE) DROPS	3	
<i>dorzolamide-timolol ophthalmic (eye) drops</i>	1	
<i>latanoprost ophthalmic (eye) drops</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	
<i>miostat intraocular solution</i>	1	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>tafluprost (pf) ophthalmic (eye) dropperette</i>	1	ST
TIMOLOL- BRIMONIDI- DORZOLAM(PF) OPHTHALMIC (EYE) DROPS	3	
<i>travoprost ophthalmic (eye) drops</i>	1	
VYZULTA OPHTHALMIC (EYE) DROPS	3	ST
XALATAN OPHTHALMIC (EYE) DROPS	3	ST
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION	3	ST
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE	3	ST
STEROID-ANTIBIOTIC COMBINATIONS		

Drug Name	Drug Tier	Requirements / Limits
DEXAMETH- MOXIFLOX(PF)- NACL,ISO INTRAOCULAR SOLUTION	3	
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
MAXITROL OPHTHALMIC (EYE) OINTMENT	3	
<i>neomycin- bacitracin-poly-hc ophthalmic (eye) ointment</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment</i>	1	
<i>neomycin- polymyxin-hc ophthalmic (eye) drops,suspension</i>	1	
<i>neo-polycin hc ophthalmic (eye) ointment</i>	1	
PREDNISOLONE SOD PH- MOXIFLOX OPHTHALMIC (EYE) DROPS	3	

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Drug Name	Drug Tier	Requirements / Limits
PREDNISOLONE-MOXIFLOXACIN HCL OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
TOBRADEX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	3	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension</i>	1	
TRIAMCINOLON-MOXIFLOX-WATR(PF) INTRAOCULAR SUSPENSION	3	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
STERIODS		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	ST

Drug Name	Drug Tier	Requirements / Limits
<i>dexamethasone sodium phosphate ophthalmic (eye) drops</i>	1	
DEXYCU (PF) INTRAOCULAR SUSPENSION	3	
<i>difluprednate ophthalmic (eye) drops</i>	1	ST
DUREZOL OPHTHALMIC (EYE) DROPS	3	ST
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION	3	PA; QL
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	ST
<i>fluorometholone ophthalmic (eye) drops,suspension</i>	1	
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION	3	ST
FML LIQUIFILM OPHTHALMIC (EYE) DROPS,SUSPENSION	3	ST
ILUVIEN INTRAVITREAL IMPLANT	4	LA

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Drug Name	Drug Tier	Requirements / Limits
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION	3	ST
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL	3	ST
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	ST
LOTEMAX OPHTHALMIC (EYE) OINTMENT	3	ST
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL	3	ST
<i>loteprednol etabonate ophthalmic (eye) drops,gel</i>	1	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension</i>	1	
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	ST
PRED FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION	3	ST

Drug Name	Drug Tier	Requirements / Limits
PREDNISOLONE ACETATE (PF) OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>prednisolone acetate ophthalmic (eye) drops,suspension</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops</i>	1	
RETISERT INTRAVITREAL IMPLANT	4	LA
YUTIQ INTRAVITREAL IMPLANT	4	LA
STEROID-SULFONAMIDE COMBINATIONS		
<i>sulfacetamide- prednisolone ophthalmic (eye) drops</i>	1	
SULFONAMIDES		
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	1	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS	3	ST
<i>apraclonidine ophthalmic (eye) drops</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>brimonidine ophthalmic (eye) drops</i>	1	
IOPIDINE OPTHALMIC (EYE) DROPPERETTE	3	ST
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL OPTHALMIC (EYE) DROPS	3	
<i>phenylephrine hcl ophthalmic (eye) drops</i>	1	
UPNEEQ (PF) OPTHALMIC (EYE) DROPPERETTE	3	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTIHIISTAMINE & ANTIALLERGENIC AGENTS		
<i>adrenalin injection solution</i>	1	
<i>carbinoxamine maleate oral liquid</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>cetirizine oral solution 1 mg/ml</i>	1	
CLARINEX ORAL TABLET	3	QL
<i>clemastine oral tablet 2.68 mg</i>	1	
<i>cyproheptadine oral syrup</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>cyproheptadine oral tablet</i>	1	
<i>desloratadine oral tablet</i>	1	QL
<i>desloratadine oral tablet, disintegrating</i>	1	QL
DIPHEN ORAL ELIXIR	3	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>diphenhydramine hcl injection syringe</i>	1	
EPINEPHRINE HCL (PF) INJECTION SOLUTION	3	
EPINEPHRINE INJECTION 0.15 MG AUTO-INJECTOR (IMPAX, LINEAGE GENERIC) 0.15 MG/0.15 ML	3	QL
<i>epinephrine injection auto-injector (mylan generic) 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	QL
<i>epinephrine injection syringe 0.1 mg/ml</i>	1	
EPIPEN INJECTION AUTO-INJECTOR	2	ST; QL
EPIPEN JR INJECTION AUTO-INJECTOR	2	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>hydroxyzine hcl intramuscular solution</i>	1	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	
<i>hydroxyzine pamoate oral capsule</i>	1	
KARBINAL ER ORAL SUSPENSION, EXTENDED REL 12 HR	3	
<i>levocetirizine oral solution</i>	1	
<i>levocetirizine oral tablet</i>	1	QL
PHENERGAN INJECTION SOLUTION	3	
<i>promethazine injection solution</i>	1	
<i>promethazine oral syrup</i>	1	
<i>promethazine oral tablet</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan rectal suppository</i>	1	
QUZYTIR INTRAVENOUS SOLUTION	3	
RYCLORA ORAL SOLUTION	3	

Drug Name	Drug Tier	Requirements / Limits
SYMJEPI INJECTION SYRINGE	2	QL
VISTARIL ORAL CAPSULE	3	
COUGH & COLD THERAPY		
<i>benzonatate oral capsule</i>	1	
BROMFED DM ORAL SYRUP	3	
<i>brompheniramine-pseudoeph-dm oral syrup</i>	1	
CAPCOF ORAL LIQUID	3	
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR	3	QL
<i>codeine-guaifenesin oral liquid</i>	1	
CODITUSSIN AC ORAL LIQUID	3	
CODITUSSIN DAC ORAL LIQUID	3	
<i>g tussin ac oral liquid</i>	1	
<i>guaiaitussin ac oral liquid</i>	1	
HISTEX-AC ORAL SYRUP	3	
HYCODAN (WITH HOMATROPINE) ORAL SYRUP	3	
HYCODAN (WITH HOMATROPINE) ORAL TABLET	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr</i>	1	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral tablet</i>	1	
<i>hydromet oral syrup</i>	1	
MAR-COF CG ORAL LIQUID	3	
<i>maxi-tuss ac oral liquid</i>	1	
MAXI-TUSS CD ORAL LIQUID	3	
<i>m-clear wc oral liquid</i>	1	
M-END PE ORAL LIQUID	3	
NINJACOF-XG ORAL LIQUID	3	
<i>pe-guai oral drops</i>	1	
POLY-TUSSIN AC ORAL LIQUID	3	
<i>promethazine vc oral syrup</i>	1	
<i>promethazine vc-codeine oral syrup</i>	1	
<i>promethazine-codeine oral syrup</i>	1	
<i>promethazine-dm oral syrup</i>	1	
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR	3	

Drug Name	Drug Tier	Requirements / Limits
<i>r-tanna oral tablet</i>	1	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR	3	
TUZISTRA XR ORAL SUSPENSION,EXTENDED REL 12 HR	3	PA
PULMONARY AGENTS		
ACCOLATE ORAL TABLET	3	
<i>acetylcysteine solution</i>	1	
ADCIRCA ORAL TABLET	4	PA; LA; QL
ADEMPAS ORAL TABLET	4	PA; LA; QL
ADRENALIN NASAL SOLUTION	3	
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE	3	QL
ADVAIR HFA INHALATION HFA AEROSOL INHALER	2	QL
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR	3	ST; QL
<i>albuterol sulfate inhalation hfa aerosol inhaler</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>albuterol sulfate inhalation solution for nebulization</i>	1	
<i>albuterol sulfate oral syrup</i>	1	
<i>albuterol sulfate oral tablet</i>	1	
<i>albuterol sulfate oral tablet extended release 12 hr</i>	1	
ALVESCO INHALATION HFA AEROSOL INHALER	3	ST; QL
<i>alyq oral tablet</i>	4	PA; LA; QL
<i>ambrisentan oral tablet</i>	4	PA; LA; QL
<i>aminophylline intravenous solution 250 mg/10 ml</i>	1	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE	2	QL
<i>arformoterol inhalation solution for nebulization</i>	1	QL
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE	2	QL
ASMANEX HFA INHALATION HFA AEROSOL INHALER	2	QL

Drug Name	Drug Tier	Requirements / Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	QL
ATROVENT HFA INHALATION HFA AEROSOL INHALER	3	QL
<i>azelastine-fluticasone nasal spray,non-aerosol</i>	1	ST; QL
BERINERT INTRAVENOUS KIT	4	PA; LA; QL
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER	2	QL
<i>bosentan oral tablet</i>	4	PA; LA; QL
BREO ELLIPTA INHALATION BLISTER WITH DEVICE	2	QL
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER	2	QL

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Drug Name	Drug Tier	Requirements / Limits
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE	4	PA; LA
BROVANA INHALATION SOLUTION FOR NEBULIZATION	3	ST; QL
<i>budesonide inhalation suspension for nebulization</i>	1	QL
CINRYZE INTRAVENOUS RECON SOLN	4	PA; LA; QL
COMBIVENT RESPIMAT INHALATION MIST	2	QL
<i>cromolyn inhalation solution for nebulization</i>	1	
DALIRESPI ORAL TABLET 250 MCG	2	PA; QL
DALIRESPI ORAL TABLET 500 MCG	2	PA
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED	3	QL
DULERA INHALATION HFA AEROSOL INHALER	2	QL
DYMISTA NASAL SPRAY, NON-AEROSOL	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
ELIXOPHYLLIN ORAL ELIXIR	3	
<i>epinephrine hcl nasal solution</i>	1	
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL
FASENRA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
FIRAZYR SUBCUTANEOUS SYRINGE	4	PA; LA; QL
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE	2	QL
FLOVENT HFA INHALATION HFA AEROSOL INHALER	2	QL
<i>flunisolide nasal spray, non-aerosol</i>	1	QL
<i>fluticasone propionate nasal spray, suspension</i>	1	QL
<i>fluticasone propion-salmeterol inhalation blister with device</i>	1	QL
<i>formoterol fumarate inhalation solution for nebulization</i>	1	ST; QL
HAEGARDA SUBCUTANEOUS RECON SOLN	4	PA; LA; QL
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>icatibant subcutaneous syringe</i>	4	PA; QL
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE	2	QL
<i>ipratropium bromide inhalation solution</i>	1	
<i>ipratropium-albuterol inhalation solution for nebulization</i>	1	QL
KALBITOR SUBCUTANEOUS SOLUTION	4	PA; LA; QL
KALYDECO ORAL GRANULES IN PACKET 13.4 MG	4	PA
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	4	PA; LA; QL
KALYDECO ORAL TABLET	4	PA; LA; QL
LETAIRIS ORAL TABLET	4	PA; LA; QL
<i>levalbuterol hcl inhalation solution for nebulization</i>	1	
LIQREV ORAL SUSPENSION	4	PA; QL
LONHALA MAGNAIR REFILL INHALATION SOLUTION FOR NEBULIZATION	3	QL

Drug Name	Drug Tier	Requirements / Limits
LONHALA MAGNAIR STARTER INHALATION SOLUTION FOR NEBULIZATION	3	QL
<i>mometasone nasal spray, non-aerosol</i>	1	ST; QL
<i>montelukast oral granules in packet</i>	1	
<i>montelukast oral tablet</i>	1	
<i>montelukast oral tablet, chewable</i>	1	
<i>nebusal inhalation solution for nebulization 3 %</i>	1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	3	
NUCALA SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL
NUCALA SUBCUTANEOUS RECON SOLN	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	4	PA; LA; QL
OPSUMIT ORAL TABLET	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
ORKAMBI ORAL GRANULES IN PACKET	4	PA; LA; QL
ORKAMBI ORAL TABLET	4	PA; LA; QL
ORLADEYO ORAL CAPSULE	4	PA; LA; QL
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION	3	ST; QL
<i>pirfenidone oral capsule</i>	4	PA; LA; QL
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	4	PA; LA; QL
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION	3	QL
<i>pulmosal inhalation solution for nebulization</i>	1	
PULMOZYME INHALATION SOLUTION	4	PA; LA
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED	2	QL
REVATIO INTRAVENOUS SOLUTION	4	LA
REVATIO ORAL SUSPENSION FOR RECONSTITUTION	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
REVATIO ORAL TABLET	4	PA; LA; QL
<i>roflumilast oral tablet 250 mcg</i>	1	PA; QL
<i>roflumilast oral tablet 500 mcg</i>	1	PA
RUCONEST INTRAVENOUS RECON SOLN	4	PA; LA; QL
<i>sajazir subcutaneous syringe</i>	4	PA; QL
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE	2	QL
<i>sildenafil (pulm.hypertension) intravenous solution</i>	4	LA
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution</i>	4	PA; LA; QL
<i>sildenafil (pulm.hypertension) oral tablet</i>	4	PA; LA; QL
SINGULAIR ORAL GRANULES IN PACKET	3	
SINGULAIR ORAL TABLET	3	
SINGULAIR ORAL TABLET,CHEWABLE	3	
SINUVA SINUS IMPLANT	4	PA; LA
<i>sodium chloride inhalation solution for nebulization</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
SPIRIVA RESPIMAT INHALATION MIST	2	QL
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE	2	QL
STIOLTO RESPIMAT INHALATION MIST	2	QL
STRIVERDI RESPIMAT INHALATION MIST	2	QL
SYMBICORT INHALATION HFA AEROSOL INHALER	2	QL
SYMDEKO ORAL TABLETS, SEQUENTIAL	4	PA; LA; QL
<i>tadalafil (pulm. hypertension) oral tablet</i>	4	PA; LA; QL
TADLIQ ORAL SUSPENSION	4	PA; LA
TAKHZYRO SUBCUTANEOUS SOLUTION	4	PA; LA; QL
TAKHZYRO SUBCUTANEOUS SYRINGE	4	PA; LA; QL
<i>terbutaline oral tablet</i>	1	
<i>terbutaline subcutaneous solution</i>	1	

Drug Name	Drug Tier	Requirements / Limits
TEZSPIRE SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
TEZSPIRE SUBCUTANEOUS SYRINGE	4	PA; LA; QL
THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR	3	
<i>theophylline oral elixir</i>	1	
<i>theophylline oral solution</i>	1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	
<i>theophylline oral tablet extended release 24 hr</i>	1	
TRACLEER ORAL TABLET	4	PA; LA; QL
TRACLEER ORAL TABLET FOR SUSPENSION	4	PA; LA; QL
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE	2	QL
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	4	PA; LA
TRIKAFTA ORAL TABLETS, SEQUENTIAL	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16 MCG (112)- 32 MCG (84), 16(112)-32(112) - 48(28) MCG, 32 MCG, 48 MCG, 64 MCG	4	PA; LA
TYVASO INHALATION SOLUTION FOR NEBULIZATION	4	PA; LA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION	4	PA; LA
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION	4	PA; LA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION	4	PA; LA
VENTOLIN HFA INHALATION HFA AEROSOL INHALER	2	QL
<i>wixela inhub inhalation blister with device</i>	1	QL
XOLAIR SUBCUTANEOUS RECON SOLN	4	PA; LA; QL
XOLAIR SUBCUTANEOUS SYRINGE	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
XOPENEX CONCENTRATE INHALATION SOLUTION FOR NEBULIZATION	3	
XOPENEX INHALATION SOLUTION FOR NEBULIZATION 0.63 MG/3 ML, 1.25 MG/3 ML	3	
YUPELRI INHALATION SOLUTION FOR NEBULIZATION	2	QL
<i>zafirlukast oral tablet</i>	1	
<i>zileuton oral tablet, er multiphase 12 hr</i>	1	PA
ZYFLO ORAL TABLET	3	PA

UROLOGICALS

ANTICHOLINERGICS & ANTISPASMODICS

<i>darifenacin oral tablet extended release 24 hr</i>	1	ST
DETROL ORAL TABLET	3	ST
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 5 MG	3	ST
<i>fesoterodine oral tablet extended release 24 hr</i>	1	
<i>flavoxate oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
GELNIQUE TRANSDERMAL GEL IN PACKET	2	QL
GEMTESA ORAL TABLET	3	
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	2	
<i>oxybutynin chloride oral syrup</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY	3	ST; QL
<i>solifenacin oral tablet</i>	1	ST
<i>tolterodine oral capsule, extended release 24hr</i>	1	ST
<i>tolterodine oral tablet</i>	1	ST
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR	3	ST
<i>tropium oral capsule, extended release 24hr</i>	1	ST
<i>tropium oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin oral tablet extended release 24 hr</i>	1	
AVODART ORAL CAPSULE	3	ST
CIALIS ORAL TABLET 2.5 MG, 5 MG	3	QL
<i>dutasteride oral capsule</i>	1	ST
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr</i>	1	ST
<i>finasteride oral tablet 5 mg</i>	1	
FLOMAX ORAL CAPSULE	3	
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR	3	ST
PROSCAR ORAL TABLET	3	ST
RAPAFLO ORAL CAPSULE	3	
<i>silodosin oral capsule</i>	1	
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	QL
<i>tamsulosin oral capsule</i>	1	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR	3	
CHOLINERGIC STIMULANTS		

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Drug Name	Drug Tier	Requirements / Limits
<i>bethanechol chloride oral tablet</i>	1	
MISCELLANEOUS UROLOGICALS		
<i>alprostadil injection solution</i>	1	
CAVERJECT IMPULSE INTRACavernosal KIT	2	QL
CAVERJECT INTRACavernosal RECON SOLN	2	QL
CAVERJECT INTRACavernosal SYRINGE	2	QL
CIALIS ORAL TABLET 10 MG, 20 MG	3	QL
CYSTAGON ORAL CAPSULE	4	LA
EDEX INTRACavernosal KIT	3	QL
ELMIRON ORAL CAPSULE	2	
<i>hyophen oral tablet</i>	1	
IFE-BIMIX 30/1 INTRACavernosal SOLUTION	3	QL
IFE-PG20 INTRACavernosal SOLUTION	3	QL
K-PHOS NO 2 ORAL TABLET	3	
K-PHOS ORIGINAL ORAL TABLET, SOLUBLE	2	

Drug Name	Drug Tier	Requirements / Limits
<i>methen-sod phos-meth blue-hyos oral tablet</i>	1	
MUSE INTRA-URETHRAL SUPPOSITORY 1,000 MCG, 250 MCG, 500 MCG	2	QL
ORACIT ORAL SOLUTION	3	
OXLUMO SUBCUTANEOUS SOLUTION	4	PA; LA
<i>phosphasal oral tablet</i>	1	
<i>potassium citrate oral tablet extended release</i>	1	
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE	4	PA; LA
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET	4	PA; LA
PROSTIN VR PEDIATRIC INJECTION SOLUTION	3	
RENACIDIN IRRIGATION SOLUTION	2	
<i>sildenafil oral tablet</i>	1	QL
STENDRA ORAL TABLET	3	ST; QL
<i>tadalafil oral tablet 10 mg, 20 mg</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
TRI-MIX (PAPAVRN-PHNTLMN-PGE1) INTRACAVERNOSAL RECON SOLN	3	QL
URELLE ORAL TABLET	3	
<i>uretron d-s oral tablet</i>	1	
URIBEL ORAL CAPSULE	3	
<i>urimar-t oral tablet</i>	1	
<i>uro-458 oral tablet</i>	1	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE	3	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE	3	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE	3	
<i>urogesic-blue oral tablet</i>	1	
<i>uro-mp oral capsule</i>	1	
UROQID-ACID NO.2 ORAL TABLET	3	
<i>uro-sp oral capsule</i>	1	
<i>uryl oral tablet</i>	1	
<i>ustell oral capsule</i>	1	
<i>utira-c oral tablet</i>	1	
<i>varденаfil oral tablet</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>varденаfil oral tablet,disintegrating</i>	1	QL
URINARY ANESTHETICS		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
PYRIDIUM ORAL TABLET	3	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
<i>calcium acetate(phosphat bind) oral capsule</i>	1	QL
<i>calcium acetate(phosphat bind) oral tablet</i>	1	QL
CALCIUM GLUC IN NACL, ISO-OSM INTRAVENOUS SOLUTION	3	
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	3	
<i>effer-k oral tablet, effervescent 25 meq</i>	1	
GALZIN ORAL CAPSULE	3	
<i>klor-con 10 oral tablet extended release</i>	1	
<i>klor-con 8 oral tablet extended release</i>	1	
<i>klor-con m10 oral tablet,er particles/crystals</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>klor-con m15 oral tablet,er particles/crystals</i>	1	
<i>klor-con m20 oral tablet,er particles/crystals</i>	1	
<i>klor-con oral packet</i>	1	
<i>klor-con/ef oral tablet, effervescent</i>	1	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	
<i>lugols oral solution</i>	1	
<i>magnesium chloride injection solution</i>	1	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	2	
<i>magnesium sulfate in water intravenous parenteral solution</i>	1	
<i>magnesium sulfate in water intravenous piggyback</i>	1	
<i>magnesium sulfate injection solution</i>	1	
<i>magnesium sulfate injection syringe</i>	1	
NORMOSOL-R INTRAVENOUS PARENTERAL SOLUTION	3	
PHOSLYRA ORAL SOLUTION	2	QL
POTABA ORAL CAPSULE	3	

Drug Name	Drug Tier	Requirements / Limits
<i>potassium chloride oral capsule, extended release</i>	1	
<i>potassium chloride oral liquid</i>	1	
<i>potassium chloride oral packet</i>	1	
<i>potassium chloride oral tablet extended release</i>	1	
<i>potassium chloride oral tablet,er particles/crystals</i>	1	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	1	
<i>sodium chloride 3 % hypertonic intravenous parenteral solution</i>	1	
<i>sodium chloride 5 % hypertonic intravenous parenteral solution</i>	1	
<i>sodium chloride intravenous parenteral solution</i>	1	
<i>strong iodine oral solution</i>	1	
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
DOJOLVI ORAL LIQUID	4	PA; LA
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	2	

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Drug Name	Drug Tier	Requirements / Limits
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	2	
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	2	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	2	
VITAMINS & HEMATINICS		
<i>ascorbic acid (vitamin c) injection solution</i>	1	
<i>b complex 100 injection solution</i>	1	
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP, DR	3	
<i>bal-care dha oral combo pack, tablet and cap, dr</i>	1	
CITRANATAL (DUAL-IRON) ORAL TABLET	3	
CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK	3	
CITRANATAL ASSURE ORAL COMBO PACK	3	
CITRANATAL B-CALM (FE GLUC) ORAL TABLETS, SEQUENTIAL	3	

Drug Name	Drug Tier	Requirements / Limits
CITRANATAL BLOOM ORAL TABLET	3	
CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK	3	
CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE	3	
CITRANATAL MEDLEY ORAL CAPSULE	3	
<i>c-nate dha oral capsule</i>	1	
<i>complete natal dha oral combo pack</i>	1	
CONCEPT DHA ORAL CAPSULE	3	
CONCEPT OB ORAL CAPSULE	3	
<i>cyanocobalamin (vitamin b-12) injection solution</i>	1	
<i>dodex injection solution</i>	1	
DRISDOL ORAL CAPSULE	3	
DUET DHA BALANCED ORAL COMBO PACK	3	
DUET DHA WITH OMEGA-3 ORAL COMBO PACK	3	
<i>elite-ob oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
ENBRACE HR ORAL CAPSULE,IR - DELAY REL,BIPHASE	3	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	
FERAHEME INTRAVENOUS SOLUTION	3	
<i>ferumoxytol intravenous solution</i>	1	
FLORIVA (FLUORIDE-VITAMIN D3) ORAL DROPS	3	OTC
<i>fluoride (sodium) oral drops</i>	5	ACA; OTC
<i>fluoride (sodium) oral tablet,chewable</i>	5	ACA; OTC
<i>folic acid injection solution</i>	1	
<i>folic acid oral tablet 1 mg</i>	1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	5	ACA; OTC
<i>folivane-ob oral capsule</i>	1	
<i>hydroxocobalamin intramuscular solution</i>	1	
INFED INJECTION SOLUTION	2	
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION	2	

Drug Name	Drug Tier	Requirements / Limits
INJECTAFER INTRAVENOUS SOLUTION	3	
KOSHER PRENATAL PLUS IRON ORAL TABLET	3	
<i>ludent fluoride oral tablet,chewable</i>	5	ACA; OTC
MARNATAL-F ORAL CAPSULE	3	
MECOBALAMIN (VITAMIN B12) INJECTION RECON SOLN	3	
<i>m-natal plus oral tablet</i>	1	
MONOFERRIC INTRAVENOUS SOLUTION	3	
<i>multi-vitamin with fluoride oral drops</i>	5	ACA; OTC
<i>multi-vitamin with fluoride oral tablet,chewable</i>	5	ACA; OTC
<i>mvc-fluoride oral tablet,chewable</i>	5	ACA; OTC
<i>mynatal oral capsule</i>	1	
<i>mynatal oral tablet</i>	1	
<i>mynatal plus oral tablet</i>	1	
<i>mynatal-z oral tablet</i>	1	
NASCOBAL NASAL SPRAY, NON-AEROSOL	2	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
NATACHEW (FE BIS-GLYCINATE) ORAL TABLET,CHEWABLE	3	
NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE	3	
NEONATAL PLUS VITAMIN ORAL TABLET	3	
NEONATAL-DHA ORAL COMBO PACK	3	
NESTABS ABC ORAL COMBO PACK	3	
NESTABS DHA ORAL COMBO PACK	3	
NESTABS ONE ORAL CAPSULE	3	
NESTABS ORAL TABLET	3	
<i>newgen oral tablet</i>	1	
OB COMPLETE ONE ORAL CAPSULE	3	
OB COMPLETE ORAL TABLET	3	
OB COMPLETE PETITE ORAL CAPSULE	3	
OB COMPLETE PREMIER ORAL TABLET	3	
OB COMPLETE WITH DHA ORAL CAPSULE	3	

Drug Name	Drug Tier	Requirements / Limits
<i>obstetrix dha oral combo pack,tablet and cap,dr</i>	1	
OBSTETRIX EC ORAL TABLET,DELAYED RELEASE (DR/EC)	3	
OBSTETRIX ONE ORAL CAPSULE	3	
OBTREX DHA ORAL COMBO PACK,TABLET AND CAP,DR	3	
<i>pnv-dha + docusate oral capsule</i>	1	
<i>pnv-dha oral capsule</i>	1	
<i>pnv-omega oral capsule</i>	1	
<i>pnv-select oral tablet</i>	1	
<i>pr natal 400 ec oral combo pack,tablet and cap,dr</i>	1	
<i>pr natal 400 oral combo pack</i>	1	
<i>pr natal 430 ec oral combo pack,tablet and cap,dr</i>	1	
<i>pr natal 430 oral combo pack</i>	1	
<i>prena1 chew oral tablet,chew,ir - dr,biphase</i>	1	
<i>prena1 pearl oral capsule,ir - delay rel,biphase</i>	1	
<i>prena1 true oral combo pack</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>prenaisance oral capsule</i>	1	
<i>prenaisance plus oral capsule</i>	1	
PRENATA ORAL TABLET,CHEWABLE	3	
<i>prenatabs fa oral tablet</i>	1	
<i>prenatabs rx oral tablet</i>	1	
PRENATAL 19 (WITH DOCUSATE) ORAL TABLET	3	
<i>prenatal plus (calcium carb) oral tablet</i>	1	
PRENATAL PLUS DHA ORAL COMBO PACK	3	
<i>prenatal plus oral tablet</i>	1	
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET	3	
<i>prenatal-u oral capsule</i>	1	
PRENATE AM ORAL TABLET	3	
PRENATE CHEWABLE ORAL TABLET,CHEWABLE	3	
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE	3	

Drug Name	Drug Tier	Requirements / Limits
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET	3	
PRENATE ENHANCE ORAL CAPSULE	3	
PRENATE ESSENTIAL(IRON-ASP-GL) ORAL CAPSULE	3	
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE	3	
PRENATE PIXIE ORAL CAPSULE	3	
PRENATE RESTORE ORAL CAPSULE	3	
PRENATE STAR ORAL TABLET	3	
PRIMACARE ORAL CAPSULE	3	
PROVIDA OB ORAL CAPSULE	3	
PUREFE OB PLUS ORAL CAPSULE	3	
R-NATAL OB ORAL CAPSULE	3	
SELECT-OB (FOLIC ACID) ORAL TABLET,CHEWABLE	3	
SELECT-OB + DHA ORAL COMBO PACK	3	
SELECT-OB ORAL TABLET,CHEWABLE	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>se-natal 19 chewable oral tablet,chewable</i>	1	
<i>se-natal-19 oral tablet</i>	1	
<i>taron-c dha oral capsule</i>	1	
<i>taron-prex prenatal-dha oral capsule</i>	1	
THRIVITE RX ORAL TABLET	3	
TRICARE ORAL TABLET	3	
TRIFERIC HEMODIALYSIS POWDER IN PACKET	3	
TRIFERIC HEMODIALYSIS SOLUTION	3	
<i>trinatal rx 1 oral tablet</i>	1	
<i>trinate oral tablet</i>	1	
TRISTART DHA ORAL CAPSULE	3	
<i>tri-vitamin with fluoride oral drops</i>	5	ACA; OTC
VENOFER INTRAVENOUS SOLUTION	2	
<i>virt-c dha oral capsule</i>	1	
<i>virt-nate dha oral capsule</i>	1	
<i>virt-pn dha oral capsule</i>	1	
VITAFOL FE PLUS ORAL CAPSULE	3	

Drug Name	Drug Tier	Requirements / Limits
VITAFOL GUMMIES ORAL TABLET,CHEWABLE	3	
VITAFOL NANO ORAL TABLET	3	
VITAFOL ULTRA ORAL CAPSULE	3	
VITAFOL-OB ORAL TABLET	3	
VITAFOL-OB+DHA ORAL COMBO PACK	3	
VITAFOL-ONE ORAL CAPSULE	3	
VITAMED MD ONE RX ORAL CAPSULE	3	
VITAMEDMD REDICHEW RX ORAL TABLET,CHEW,IR - DR,BIPHASE	3	
<i>vitamins a,c,d and fluoride oral drops</i>	5	ACA; OTC
VITAPEARL ORAL CAPSULE,IR - DELAY REL,BIPHASE	3	
VITATRUE ORAL COMBO PACK	3	
VP-PNV-DHA ORAL CAPSULE	3	
<i>wescap-c dha oral capsule</i>	1	
<i>wescap-pn dha oral capsule</i>	1	
<i>wesnate dha oral capsule</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>westab plus oral tablet</i>	1	
<i>westgel dha oral capsule</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>zatean-pn dha oral capsule</i>	1	
<i>zatean-pn plus oral capsule</i>	1	
<i>zingiber oral tablet</i>	1	

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RELION NOVOLIN R	122	rifampin	16	ROTATEQ VACCINE	150
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RELTONE	137	RIGHTEST GT333		RUBRACA	30
REMERON	63	GLUCOSE METER	119	RUCONEST	179
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RENACIDIN	183	STRIP	108	RUKOBIA	7
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REVELA	132	riluzole	98	RYANODEX	45
repaglinide	128	rimantadine	7	RYBELSUS	128
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REPATHA SURECLICK	80	RINVOQ	154	RYDAPT	30
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REZUROCK	30	ROLVEDON	141	SCALACORT DK	95
REZVOGLAR KWIKPEN	122	ropinirole	39, 40	SCEMBLIX	30
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selenium sulfide.....	sirolimus	30	VELPATASVIR.....
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GLARG-YFGN)PEN	MONITORING SYSTEM		SOLIRIS
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se-natal-19	SMARTEST CONTROL ...	119	SOLOSEC
190	SMARTEST EJECT.....	119	16
SENSIPAR	SMARTEST PERSONA		SOLTAMOX.....
126	STARTER	119	30
SEREVENT DISKUS	SMARTEST PRONTO		SOLUS V2 AUDIBLE
179	STARTER	119	METER.....
SERNIVO.....	SMARTEST PROTEGE	119	119
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SEROQUEL	smoothlax	137	SOLUTION,HIGH
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SEROQUEL XR	phenylacet.....	98	SOLUS V2 TEST STRIPS .
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SEROSTIM		98	SOMA.....
142	sodium chloride	99, 179, 185	45
sertraline	sodium chloride 0.45 %.....	185	SOMATULINE DEPOT
64	sodium chloride 0.9 %.....	99	31
SERTRALINE	sodium chloride 0.9 % (flush)	99	SOMAVERT
64		99	126
setlakin	sodium chloride 3 %		SOOLANTRA
162	hypertonic	185	87
sevelamer carbonate	sodium chloride 5 %	185	sorafenib
132	hypertonic	185	31
sevelamer hcl.....	SODIUM EDECRIN	72	SORBITOL.....
132		99	96
SEVENFACT.....	sodium ferric gluconat-sucrose	99	SORBITOL-MANNITOL ...
77		99	96
SEYSARA.....	sodium fluoride 5000 plus..	101	sorine
20	sodium fluoride-pot nitrate .	101	67
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sf 5000 plus	sodium phenylbutyrate	99	67
101	sodium polystyrene sulfonate	132	SOTALOL
SFROWASA		132	67
137			sotalol af
sharobel			67
157			SOTYKTU
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150			SOTYLIZE
SIGNIFOR			67
30			SOVALDI.....
SIGNIFOR LAR			8
30			SPACE CHAMBER.....
SIKLOS			109
30			SPIKEVAX (PF)
sildenafil			150
183			spinosad
sildenafil (pulm.hypertension)			96
.....			SPIRIVA RESPIMAT
179			180
SILENOR			SPIRIVA WITH
64			HANDIHALER.....
SILIQ.....			180
82			spironolactone.....
silodosin			72
182			spironolacton-hydrochlorothiaz
SILVADENE			
83			72
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83			4
SIMBRINZA			SPRAVATO
170			64
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STALEVO 100.....	40	sumatriptan	41	SYPRINE	99
STALEVO 125.....	40	sumatriptan succinate	41	T	
STALEVO 150.....	40	sumatriptan-naproxen	41	T	
STALEVO 200.....	40	SUMAXIN	88	FLEX	119
STALEVO 50.....	40	SUMAXIN CP	88	SLIM X2.....	119
STALEVO 75.....	40	sunitinib malate	31	TABLOID.....	31
STAMARIL (PF)	150	SUNLENCA.....	8	TABRECTA	31
stavudine.....	8	SUNOSI.....	64	TACLONEX.....	82
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STENDRA	183	SURE-TEST EASYPLUS	108	TADLIQ	180
STIMUFEND	141	MINI.....	108	TAFINLAR	31
STIOLTO RESPIMAT	180	SURE-TEST EASYPLUS	119	tafluprost (pf).....	170
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STRENSIQ.....	126	SUTAB.....	137	TALICIA	140
STREPTOMYCIN	16	SUTENT.....	31	TALTZ AUTOINJECTOR ..	83
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SUBOXONE	55	symax-sr	131	TALZENNA.....	31
SUBSYS.....	52	SYMBICORT.....	180	TAMIFLU	8
subvenite.....	37	SYMBYAX.....	64	tamoxifen.....	31
subvenite starter (blue) kit....	37	SYMDEKO	180	tamsulosin.....	182
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SUCRAID	137	SYMJEPI.....	174	TARGADOX.....	20
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sulfadiazine.....	19	SYNALAR OINTMENT KIT	95	TASIGNA.....	31
sulfamethoxazole-trimethoprim	19	SYNALAR TS	95	tasimelteon.....	64
SULFAMYLON.....	90	SYNAREL.....	126	TASMAR	40
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TAZAROTENE	88	TESTIM.....	126	tizanidine	45
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TAZORAC	88	testosterone	126	TOBI.....	16
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TAZVERIK.....	31	testosterone cypionate	126	TOBRADEX	171
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TEFLARO.....	11	tetracaine hcl.....	168	tobramycin in 0.225 % nacl..	16
TEGRETOL	38	TETRACAINE HCL (PF)..	168	tobramycin sulfate	16
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TEKTRUNA	72	TEZSPIRE.....	180	tobramycin-dexamethasone	171
TEKTRUNA HCT	72	THALITONE	73	TOBRAMYCIN-	
TELCARE CONTROL	119	THALOMID.....	31	VANCOMYCIN.....	165
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telmisartan-amlodipine.....	72	THIOLA	99	SPONGE.....	158
telmisartan-hydrochlorothiazid		THIOLA EC	99	tolcapone.....	40
.....	72	thioridazine.....	64	tolmetin.....	55
temazepam.....	64	thiotepa	31	TOLSURA.....	4
TEMBEXA.....	8	thiothixene	64	tolterodine.....	182
TEMODAR	31	THRIVITE RX.....	190	tolvaptan	126
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trazodone 64	trimethobenzamide 138	TRUSELTIQ 32
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TRESIBA FLEXTOUCH U- 200 123	trinatal rx 1 190	TURALIO 32
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tretinoin (antineoplastic) 32	tri-nymyo 163	TWINRIX (PF) 150
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TREXALL 32	tri-sprintec (28) 163	TYBLUME 163
TREXIMET 41	TRISTART DHA 190	TYBOST 8
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triamterene-hydrochlorothiazid 73	tri-vylibra 163	TYRVAYA 168
triazolam 64	tri-vylibra lo 163	TYVASO 181
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trientine 99	TRUDHESA 41	UBRELVY 41
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TRIFERIC 190	TRUE METRIX GLUCOSE METER 120	UDENYCA 141
trifluoperazine 65	TRUE METRIX GLUCOSE TEST STRIP 108	UDENYCA AUTOINJECTOR 141
trifluridine 165	TRUE METRIX GO GLUCOSE METER 120	ULESFIA 96
trihexyphenidyl 40	TRUE METRIX LEVEL 1 120	ULTIMA MONITOR 120
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unithroid	129	vancomycin in 0.9 % sodium chl	21	VENTAVIS	181
UNITUXIN	32	VANCOMYCIN IN 0.9 % SODIUM CHL	21	VENTOLIN HFA	181
UPNEEQ (PF)	173	VANCOMYCIN IN DEXTROSE 5 %.....	21	verapamil	73
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URIBEL	184	VAPRISOL IN 5 % DEXTROSE	126	VERKAZIA.....	168
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uro-mp	184	VARUBI.....	138	V-GO 20	120
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