

# 2026 Prescription Drug Formulary

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ACA Advantage



**PLEASE READ:**

This document contains information about the drugs we cover in your plan.

This formulary was updated on \_\_\_\_\_ 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.

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- Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>
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# Introduction

## What is the ACA Advantage formulary?

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

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

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

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

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

## How do I use the ACA Advantage formulary?

Covered medications are organized two ways in the ACA Advantage formulary:

1. By condition
2. By name

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

When you visit your doctor or health provider, ask him or her to review this formulary at [MedMutual.com/2026Drugs](http://MedMutual.com/2026Drugs) so he or she can see what medications are covered by your plan.

## What if my doctor prescribes a medication that is not on the ACA Advantage formulary?

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

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

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

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

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

If you cannot find your current medication on the ACA Advantage formulary, you can find covered alternatives in two ways:

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

## Does the ACA Advantage formulary include generics?

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

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

## Does the ACA Advantage formulary include brand names?

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

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

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

## Does the ACA Advantage formulary include contraceptives?

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

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

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

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

You may be required to use mail order for your maintenance medications (those you take for three months or more), depending on your plan. Please check your Certificate or Benefit Book for details.

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

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

1. Complete the home delivery form you received in the mail from Express Scripts, and return it with your payment in the envelope provided. If you need another form, visit [MedMutual.com](http://MedMutual.com) and click "Member Forms" at the bottom of the page. Download and print the Prescription Drug Mail Order Form.
2. Ask your provider to call Express Scripts at 1-888-327-9791 for instructions on how to fax the prescription or use the e-prescribing system. Your provider must have your member ID number (which is on your Medical Mutual member ID card).
3. Call the Rx Information number on your Medical Mutual ID card. A Member Services representative can help you transfer your prescriptions to mail order.

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



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## List of Abbreviations

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

**1B:** Generic

**2:** Preferred Brand

**3:** Non-Preferred Brand

**4:** Specialty

**5:** ACA. These medications may be available at \$0 cost-share when used preventively.

**ACA:** ACA. These medications may be available at \$0 cost-share when used for primary prevention.

**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 |
|--|-----------|-----------------------|
| <b>ANTI - INFECTIVES</b>   |           |                       |
| <b>ANTIFUNGAL AGENTS</b>   |           |                       |
| <i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i> | 1B        |                       |
| <i>clotrimazole mucous membrane troche 10 mg</i>                               | 1B        |                       |
| ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG, 50 MG                     | 2         |                       |
| <i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>       | 1B        |                       |
| <i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>                           | 1B        |                       |
| <i>fluconazole oral tablet 150 mg</i>  | 1B        | QL                    |
| <i>flucytosine oral capsule 250 mg, 500 mg</i>                                 | 1B        |                       |
| <i>griseofulvin microsize oral suspension 125 mg/5 ml</i>                      | 1B        |                       |
| <i>griseofulvin microsize oral tablet 500 mg</i>                               | 1B        |                       |
| <i>griseofulvin ultramicrosize oral tablet 125 mg, 165 mg, 250 mg</i>          | 1B        |                       |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>itraconazole oral capsule 100 mg</i>                                       | 1B        | QL                    |
| <i>itraconazole oral solution 10 mg/ml</i>                                    | 1B        | QL                    |
| <i>ketoconazole oral tablet 200 mg</i>  | 1B        |                       |
| <i>nystatin oral suspension 100,000 unit/ml</i>                               | 1B        |                       |
| <i>nystatin oral tablet 500,000 unit</i>                                      | 1B        |                       |
| ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG                               | 3         |                       |
| <i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>               | 1B        |                       |
| TOLSURA ORAL CAPSULE, SOLID DISPERSION 65 MG                                  | 3         | QL                    |
| <i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> | 1B        |                       |
| <i>voriconazole oral tablet 200 mg, 50 mg</i>                                 | 1B        |                       |
| <b>ANTIVIRALS</b>   |           |                       |
| <i>abacavir oral solution 20 mg/ml</i>  | 1B        |                       |
| <i>abacavir oral tablet 300 mg</i>  | 1B        |                       |
| <i>abacavir-lamivudine oral tablet 600-300 mg</i>                             | 1B        |                       |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated April 1, 2026.

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>acyclovir oral capsule 200 mg</i>  | 1B        |                       |
| <i>acyclovir oral suspension 200 mg/5 ml</i>                                | 1B        |                       |
| <i>acyclovir oral tablet 400 mg, 800 mg</i>                                 | 1B        |                       |
| <i>adefovir oral tablet 10 mg</i>   | 1B        |                       |
| <i>amantadine hcl oral capsule 100 mg</i>                                   | 1B        |                       |
| <i>amantadine hcl oral solution 50 mg/5 ml</i>                              | 1B        |                       |
| <i>amantadine hcl oral tablet 100 mg</i>                                    | 1B        |                       |
| APRETUDE INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 600 MG/3 ML (200 MG/ML) | 5         | ACA                   |
| APTIVUS ORAL CAPSULE 250 MG   | 2         |                       |
| <i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>                       | 1B        |                       |
| BARACLUDE ORAL SOLUTION 0.05 MG/ML  | 2         |                       |
| BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML                     | 5         | ACA                   |
| BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG                             | 2         |                       |

| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| CABENUVA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML | 4         | PA; QL                |
| CIMDUO ORAL TABLET 300-300 MG  | 2         |                       |
| COMPLERA ORAL TABLET 200-25-300 MG   | 3         |                       |
| <i>darunavir oral tablet 600 mg, 800 mg</i>  | 1B        |                       |
| DELSTRIGO ORAL TABLET 100-300-300 MG   | 2         |                       |
| DESCOVY ORAL TABLET 120-15 MG  | 2         |                       |
| DESCOVY ORAL TABLET 200-25 MG  | 5         | ACA                   |
| DOVATO ORAL TABLET 50-300 MG   | 2         |                       |
| EDURANT ORAL TABLET 25 MG  | 2         |                       |
| EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG  | 2         |                       |
| <i>efavirenz oral tablet 600 mg</i>  | 1B        |                       |
| <i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>                                     | 1B        |                       |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated April 1, 2026.

| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg, 600-300-300 mg</i> | 1B        |                       |
| <i>emtricitabine oral capsule 200 mg</i>   | 1B        |                       |
| <i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>                  | 1B        |                       |
| <i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>  | 5         | ACA                   |
| <i>emtricitabine-tenofovir (tdf) oral tablet 200-25-300 mg</i>                                       | 1B        |                       |
| EMTRIVA ORAL SOLUTION 10 MG/ML   | 2         |                       |
| ENFLONIA INTRAMUSCULAR SYRINGE 105 MG/0.7 ML   | 5         | ACA                   |
| <i>entecavir oral tablet 0.5 mg, 1 mg</i>  | 1B        |                       |
| EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG  | 3         | PA; LA; QL            |
| EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG  | 3         | PA; LA; QL            |
| <i>etravirine oral tablet 100 mg, 200 mg</i>   | 1B        |                       |
| EVOTAZ ORAL TABLET 300-150 MG  | 3         |                       |

| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>  | 1B        | QL                    |
| <i>fosamprenavir oral tablet 700 mg</i>                | 1B        |                       |
| GENVOYA ORAL TABLET 150-150-200-10 MG                  | 2         |                       |
| HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG | 3         | PA; LA; QL            |
| HARVONI ORAL TABLET 45-200 MG, 90-400 MG               | 3         | PA; LA; QL            |
| INTELENCE ORAL TABLET 25 MG                            | 2         |                       |
| ISENTRESS HD ORAL TABLET 600 MG                        | 2         |                       |
| ISENTRESS ORAL POWDER IN PACKET 100 MG                 | 2         |                       |
| ISENTRESS ORAL TABLET 400 MG                           | 2         |                       |
| ISENTRESS ORAL TABLET, CHEWABLE 100 MG, 25 MG          | 2         |                       |
| JULUCA ORAL TABLET 50-25 MG                            | 2         |                       |
| KALETRA ORAL SOLUTION 400-100 MG/5 ML                  | 3         |                       |
| LAGEVRIO (EUA) ORAL CAPSULE 200 MG                     | 2         | QL                    |
| <i>lamivudine oral solution 10 mg/ml</i>               | 1B        |                       |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated April 1, 2026.

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>                | 1B        |                       |
| <i>lamivudine-zidovudine oral tablet 150-300 mg</i>                 | 1B        |                       |
| LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG                         | 4         | PA; LA; QL            |
| <i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>         | 1B        |                       |
| <i>maraviroc oral tablet 150 mg, 300 mg</i>                         | 1B        |                       |
| <i>nevirapine oral suspension 50 mg/5 ml</i>                        | 1B        |                       |
| <i>nevirapine oral tablet 200 mg</i>                                | 1B        |                       |
| <i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i> | 1B        |                       |
| NORVIR ORAL POWDER IN PACKET 100 MG                                 | 2         |                       |
| ODEFSEY ORAL TABLET 200-25-25 MG                                    | 2         |                       |
| <i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>                 | 1B        | QL                    |
| <i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>       | 1B        | QL                    |

| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10), 150 MG (6)- 100 MG (5), 300 MG (150 MG X 2)-100 MG | 2         | QL                    |
| PIFELTRO ORAL TABLET 100 MG  | 2         |                       |
| PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG-MG  | 3         |                       |
| PREZISTA ORAL SUSPENSION 100 MG/ML   | 2         |                       |
| PREZISTA ORAL TABLET 150 MG, 75 MG   | 2         |                       |
| RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION  | 3         | QL                    |
| RETROVIR INTRAVENOUS SOLUTION 10 MG/ML   | 2         |                       |
| REYATAZ ORAL POWDER IN PACKET 50 MG  | 2         |                       |
| <i>ribavirin inhalation recon soln 6 gram</i>  | 1B        |                       |
| <i>ribavirin oral capsule 200 mg</i>   | 4         | LA                    |
| <i>ribavirin oral tablet 200 mg</i>  | 4         | LA                    |
| <i>rimantadine oral tablet 100 mg</i>  | 1B        |                       |

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| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>ritonavir oral tablet 100 mg</i>                     | 1B        |                       |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG       | 3         |                       |
| SELZENTRY ORAL SOLUTION 20 MG/ML                        | 2         |                       |
| SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG           | 4         | PA; LA; QL            |
| SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG           | 4         | PA; LA; QL            |
| SOVALDI ORAL TABLET 200 MG, 400 MG                      | 4         | PA; LA; QL            |
| STRIBILD ORAL TABLET 150-150-200-300 MG                 | 3         |                       |
| SUNLENCA ORAL TABLET 300 MG                             | 4         | PA; LA                |
| SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML                | 4         | PA; LA                |
| SYMTUZA ORAL TABLET 800-150-200-10 MG                   | 2         |                       |
| <i>tenofovir disoproxil fumarate oral tablet 300 mg</i> | 1B        |                       |
| TIVICAY ORAL TABLET 50 MG                               | 2         |                       |

| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG       | 2         |                       |
| TRIUMEQ ORAL TABLET 600-50-300 MG                | 2         |                       |
| TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG | 2         |                       |
| TYBOST ORAL TABLET 150 MG                        | 3         |                       |
| <i>valacyclovir oral tablet 1 gram, 500 mg</i>   | 1B        | QL                    |
| <i>valganciclovir oral recon soln 50 mg/ml</i>   | 1B        |                       |
| <i>valganciclovir oral tablet 450 mg</i>         | 1B        |                       |
| VEMLIDY ORAL TABLET 25 MG                        | 2         |                       |
| VIRACEPT ORAL TABLET 250 MG, 625 MG              | 2         |                       |
| VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)      | 2         |                       |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG        | 2         |                       |
| VOSEVI ORAL TABLET 400-100-100 MG                | 4         | PA; LA; QL            |
| XOFLUZA ORAL TABLET 40 MG, 80 MG                 | 3         | QL                    |
| YEZTUGO ORAL TABLET 300 MG                       | 5         | ACA                   |

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| YEZTUGO SUBCUTANEOUS SOLUTION 309 MG/ML  | 5         | ACA                   |
| ZEPATIER ORAL TABLET 50-100 MG   | 3         | PA; LA; QL            |
| <i>zidovudine oral capsule 100 mg</i>  | 1B        |                       |
| <i>zidovudine oral syrup 10 mg/ml</i>  | 1B        |                       |
| <i>zidovudine oral tablet 300 mg</i>   | 1B        |                       |
| <b>CEPHALOSPORINS</b>  |           |                       |
| <i>cefaclor oral capsule 250 mg, 500 mg</i>  | 1B        |                       |
| <i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i> | 1B        |                       |
| <i>cefaclor oral tablet extended release 12 hr 500 mg</i>                                | 1B        |                       |
| <i>cefadroxil oral capsule 500 mg</i>  | 1B        |                       |
| <i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>            | 1B        |                       |
| <i>cefadroxil oral tablet 1 gram</i>   | 1B        |                       |
| <i>cefazolin in 0.9% sod chloride intravenous piggyback 3 gram/100 ml</i>                | 1B        |                       |

| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>cefazolin in 0.9% sod chloride intravenous solution 2 gram/100 ml</i>         | 1B        |                       |
| <i>cefazolin in dextrose 5 % intravenous solution 2 gram/100 ml</i>              | 1B        |                       |
| <i>cefazolin in sterile water intravenous syringe 1 gram/10 ml, 2 gram/20 ml</i> | 1B        |                       |
| CEFAZOLIN IN STERILE WATER INTRAVENOUS SYRINGE 2 GRAM/10 ML                      | 3         |                       |
| <i>cefdinir oral capsule 300 mg</i>  | 1B        |                       |
| <i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>      | 1B        |                       |
| <i>cefixime oral capsule 400 mg</i>  | 1B        |                       |
| <i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>      | 1B        |                       |
| <i>cefixime oral tablet 400 mg</i>   | 1B        |                       |
| <i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>    | 1B        |                       |
| <i>cefpodoxime oral tablet 100 mg, 200 mg</i>                                    | 1B        |                       |

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| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>    | 1B        |                       |
| <i>cefprozil oral tablet 250 mg, 500 mg</i>                                     | 1B        |                       |
| <i>ceftaroline fosamil intravenous recon soln 400 mg, 600 mg</i>                | 1B        |                       |
| <i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>                             | 1B        |                       |
| <i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>                           | 1B        |                       |
| <i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>   | 1B        |                       |
| <i>cephalexin oral tablet 250 mg, 500 mg</i>                                    | 1B        |                       |
| TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG                                   | 2         |                       |
| ZEVTERA INTRAVENOUS RECON SOLN 667 MG   | 3         |                       |
| <b>ERYTHROMYCINS &amp; OTHER MACROLIDES</b>                                     |           |                       |
| <i>azithromycin oral packet 1 gram</i>  | 1B        |                       |
| <i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> | 1B        |                       |

| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>   | 1B        |                       |
| <i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>              | 1B        |                       |
| <i>clarithromycin oral tablet 250 mg, 500 mg</i>   | 1B        |                       |
| <i>clarithromycin oral tablet extended release 24 hr 500 mg</i>                                | 1B        |                       |
| DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML  | 3         | QL                    |
| DIFICID ORAL TABLET 200 MG   | 3         | QL                    |
| <i>e.e.s. 400 oral tablet 400 mg</i>   | 1B        |                       |
| <i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>                             | 1B        |                       |
| ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG  | 3         |                       |
| <i>erythrocin (as stearate) oral tablet 250 mg</i>   | 1B        |                       |
| <i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i> | 1B        |                       |

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| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>erythromycin ethylsuccinate oral tablet 400 mg</i>                           | 1B        |                       |
| <i>erythromycin oral capsule, delayed release(dr/ec) 250 mg</i>                 | 1B        |                       |
| <i>erythromycin oral tablet 250 mg, 500 mg</i>                                  | 1B        |                       |
| <i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i> | 1B        |                       |
| <i>fidaxomicin oral tablet 200 mg</i>   | 1B        | QL                    |
| <b>MISCELLANEOUS ANTIINFECTIVES</b>   |           |                       |
| <i>albendazole oral tablet 200 mg</i>   | 1B        | QL                    |
| ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML                           | 2         | QL                    |
| <i>atovaquone oral suspension 750 mg/5 ml</i>                                   | 1B        |                       |
| <i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>                  | 1A        | QL                    |
| BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG  | 2         | QL                    |
| CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML                           | 4         | PA; LA; QL            |

| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>              | 1A        |                       |
| CLEOCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML                         | 3         |                       |
| <i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>            | 1B        |                       |
| <i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>              | 1B        |                       |
| COARTEM ORAL TABLET 20-120 MG  | 2         | QL                    |
| <i>cycloserine oral capsule 250 mg</i>                               | 1B        |                       |
| <i>dapsone oral tablet 100 mg, 25 mg</i>                             | 1B        |                       |
| EMVERM ORAL TABLET,CHEWABLE 100 MG                                   | 2         | QL                    |
| <i>ethambutol oral tablet 100 mg, 400 mg</i>                         | 1B        |                       |
| HUMATIN ORAL CAPSULE 250 MG  | 4         | LA                    |
| <i>hydroxychloroquine oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i> | 1B        |                       |
| <i>isoniazid injection solution 100 mg/ml</i>                        | 1B        |                       |
| <i>isoniazid oral solution 50 mg/5 ml</i>                            | 1B        |                       |
| <i>isoniazid oral tablet 100 mg, 300 mg</i>                          | 1B        |                       |

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| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>ivermectin oral tablet 3 mg</i>  | 1B        | PA; QL                |
| KRINTAFEL ORAL TABLET 150 MG  | 3         | QL                    |
| LIKMEZ ORAL SUSPENSION 500 MG/5 ML  | 3         |                       |
| <i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>                     | 1B        |                       |
| <i>linezolid oral tablet 600 mg</i>   | 1B        |                       |
| <i>linezolid-0.9% sodium chloride intravenous parenteral solution 600 mg/300 ml</i> | 1B        |                       |
| <i>mefloquine oral tablet 250 mg</i>  | 1A        | QL                    |
| <i>metronidazole oral capsule 375 mg</i>  | 1B        |                       |
| <i>metronidazole oral tablet 250 mg, 500 mg</i>                                     | 1B        |                       |
| <i>neomycin oral tablet 500 mg</i>  | 1B        |                       |
| <i>nitazoxanide oral tablet 500 mg</i>  | 1B        | QL                    |
| ORLYNVAH ORAL TABLET 500-500 MG   | 4         | LA                    |
| <i>pentamidine inhalation recon soln 300 mg</i>                                     | 1B        | QL                    |
| <i>praziquantel oral tablet 600 mg</i>  | 1B        |                       |

| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| PRETOMANID ORAL TABLET 200 MG                      | 3         |                       |
| PRIFTIN ORAL TABLET 150 MG                         | 2         |                       |
| <i>primaquine oral tablet 26.3 mg (15 mg base)</i> | 1A        | QL                    |
| <i>pyrazinamide oral tablet 500 mg</i>             | 1B        |                       |
| <i>pyrimethamine oral tablet 25 mg</i>             | 1B        |                       |
| <i>quinine sulfate oral capsule 324 mg</i>         | 1B        | QL                    |
| <i>rifabutin oral capsule 150 mg</i>               | 1B        |                       |
| <i>rifampin intravenous recon soln 600 mg</i>      | 1B        |                       |
| <i>rifampin oral capsule 150 mg, 300 mg</i>        | 1B        |                       |
| SIRTURO ORAL TABLET 100 MG, 20 MG                  | 2         |                       |
| SIVEXTRO INTRAVENOUS RECON SOLN 200 MG             | 3         |                       |
| SIVEXTRO ORAL TABLET 200 MG                        | 3         |                       |
| SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM | 2         | QL                    |
| STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM       | 2         |                       |
| <i>tinidazole oral tablet 250 mg, 500 mg</i>       | 1B        | QL                    |

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> | 4         | LA; QL                |
| <i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>                 | 4         | LA; QL                |
| TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML         | 4         | LA; QL                |
| XIFAXAN ORAL TABLET 200 MG, 550 MG   | 2         | QL                    |

| <b>PENICILLINS</b>   |    |  |
|--|----|--|
| <i>amoxicillin oral capsule 250 mg, 500 mg</i>   | 1B |  |
| <i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i> | 1B |  |
| <i>amoxicillin oral tablet 500 mg, 875 mg</i>  | 1B |  |
| <i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>  | 1B |  |

| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i> | 1B        |                       |
| <i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>  | 1B        |                       |
| <i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>  | 1B        |                       |
| <i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>  | 1B        |                       |
| <i>ampicillin oral capsule 500 mg</i>  | 1B        |                       |
| AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML   | 2         |                       |
| BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML   | 2         |                       |
| <i>dicloxacillin oral capsule 250 mg, 500 mg</i>   | 1B        |                       |

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| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML | 2         |                       |
| <i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>                        | 1B        |                       |
| <i>penicillin v potassium oral tablet 250 mg, 500 mg</i>                                      | 1B        |                       |
| PIVYA ORAL TABLET 185 MG  | 3         |                       |
| <b>QUINOLONONES</b>   |           |                       |
| BAXDELA INTRAVENOUS RECON SOLN 300 MG   | 2         |                       |
| BAXDELA ORAL TABLET 450 MG  | 2         | QL                    |
| <i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>                                   | 1B        |                       |
| <i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>             | 1B        |                       |
| <i>levofloxacin oral solution 250 mg/10 ml</i>  | 1B        |                       |
| <i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>  | 1B        |                       |
| <i>moxifloxacin oral tablet 400 mg</i>  | 1B        |                       |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>ofloxacin oral tablet 300 mg, 400 mg</i>   | 1B        |                       |
| <b>SULFA'S &amp; RELATED AGENTS</b>   |           |                       |
| <i>sulfadiazine oral tablet 500 mg</i>  | 1B        |                       |
| <i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>                   | 1B        |                       |
| <i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>                | 1B        |                       |
| <i>sulfatrim oral suspension 200-40 mg/5 ml</i>                                       | 1B        |                       |
| <b>TETRACYCLINES</b>  |           |                       |
| AVIDOXY DK KIT 100 MG-2 % -SPF 30   | 3         | ST                    |
| <i>avidoxy oral tablet 100 mg</i>   | 1B        |                       |
| <i>demeclocycline oral tablet 150 mg, 300 mg</i>                                      | 1B        |                       |
| <i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>                                 | 1B        |                       |
| <i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>                                  | 1B        |                       |
| <i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>                           | 1B        | ST                    |
| <i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 75 mg</i> | 1B        | ST                    |

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| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>   | 1B        |                       |
| <i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>   | 1B        | ST                    |
| <i>doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg</i>  | 1B        | ST                    |
| <i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>                                    | 1B        |                       |
| <i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>   | 1B        |                       |
| <i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>  | 1B        |                       |
| <i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>   | 1B        | ST                    |
| <i>minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i> | 1B        | ST                    |
| <i>mondoxyne nl oral capsule 100 mg</i>   | 1B        |                       |
| <i>mondoxyne nl oral capsule 75 mg</i>  | 1B        | ST                    |
| SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG   | 3         | ST                    |

| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>tetracycline oral capsule 250 mg, 500 mg</i>                      | 1B        |                       |
| <i>tetracycline oral tablet 250 mg, 500 mg</i>                       | 1B        | ST                    |
| <b>URINARY TRACT AGENTS</b>  |           |                       |
| BLUJEPAL ORAL TABLET 750 MG  | 3         |                       |
| <i>fosfomycin tromethamine oral packet 3 gram</i>                    | 1B        |                       |
| <i>methenamine hippurate oral tablet 1 gram</i>                      | 1B        |                       |
| <i>methenamine mandelate oral tablet 0.5 gram, 1 gram</i>            | 1B        |                       |
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i> | 1B        |                       |
| <i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>            | 1B        |                       |
| <i>nitrofurantoin oral suspension 25 mg/5 ml</i>                     | 1B        |                       |
| PRIMSOL ORAL SOLUTION 50 MG/5 ML                                     | 3         |                       |
| <i>trimethoprim oral tablet 100 mg</i>                               | 1B        |                       |
| <b>VANCOMYCIN</b>  |           |                       |
| FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML                           | 3         | QL                    |

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| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| TYZAVAN INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 1.25 GRAM/250 ML, 1.5 GRAM/300 ML, 1.75 GRAM/350 ML, 2 GRAM/400 ML, 500 MG/100 ML, 750 MG/150 ML | 3         |                       |
| <i>vancomycin oral capsule 125 mg, 250 mg</i>   | 1B        | QL                    |
| <i>vancomycin oral recon soln 25 mg/ml, 50 mg/ml</i>  | 1B        | QL                    |
| <b>ANTINEOPLASTIC &amp; IMMUNOSUPPRESSANT DRUGS</b>   |           |                       |
| <b>ADJUNCTIVE AGENTS</b>  |           |                       |
| BILPREVDA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)  | 4         | LA                    |
| BOMYNTRA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)   | 4         | LA                    |
| BOMYNTRA SUBCUTANEOUS SYRINGE 120 MG/1.7 ML (70 MG/ML)  | 4         | LA                    |
| <i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>  | 1B        |                       |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>leucovorin calcium injection solution 10 mg/ml</i>           | 1B        |                       |
| <i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i> | 1B        |                       |
| MESNEX ORAL TABLET 400 MG                                       | 3         |                       |
| OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)         | 4         | LA; QL                |
| VISTOGARD ORAL GRANULES IN PACKET 10 GRAM                       | 4         | LA; QL                |
| VORAXAZE INTRAVENOUS RECON SOLN 1,000 UNIT                      | 2         |                       |
| VYKOURA INJECTION SOLUTION 10 MG/ML                             | 3         |                       |
| WYOST SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)            | 4         | LA                    |
| XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)            | 4         | LA; QL                |
| XTRENBO SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)          | 4         |                       |

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <b>ANTINEOPLASTIC &amp; IMMUNOSUPPRESSANT DRUGS</b>                |           |                       |
| <i>abiraterone oral tablet 250 mg</i>                              | 4         | LA; QL                |
| <i>abiraterone oral tablet 500 mg</i>                              | 4         | PA; LA; QL            |
| <i>abirtega oral tablet 250 mg</i>                                 | 4         | LA; QL                |
| ALECENSA ORAL CAPSULE 150 MG                                       | 4         | PA; LA; QL            |
| <i>anastrozole oral tablet 1 mg</i>                                | 5         | ACA                   |
| ASTAGRAF XL ORAL CAPSULE, EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG | 3         | PA                    |
| AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG                        | 4         | PA; LA                |
| AXTLE INTRAVENOUS RECON SOLN 100 MG, 500 MG                        | 3         |                       |
| AZASAN ORAL TABLET 100 MG, 75 MG                                   | 3         | ST                    |
| <i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>               | 1B        |                       |
| <i>bexarotene oral capsule 75 mg</i>                               | 4         | PA; LA                |
| <i>bexarotene topical gel 1 %</i>                                  | 4         | PA; LA                |
| <i>bicalutamide oral tablet 50 mg</i>                              | 1B        |                       |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| BOSULIF ORAL CAPSULE 100 MG, 50 MG  | 4         | PA; LA; QL            |
| BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG  | 4         | PA; LA; QL            |
| BYNFEZIA SUBCUTANEOUS PEN INJECTOR 7,000 MCG/2.8ML (2,500 MCG/ML)   | 4         | LA                    |
| CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG   | 4         | PA; LA; QL            |
| CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG  | 4         | PA; LA; QL            |
| <i>capecitabine oral tablet 150 mg, 500 mg</i>  | 4         | LA; QL                |
| CAPRELSA ORAL TABLET 100 MG, 300 MG   | 4         | PA; LA; QL            |
| COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY) | 4         | PA; LA; QL            |
| COTELLIC ORAL TABLET 20 MG  | 4         | PA; LA; QL            |
| <i>cyclophosphamide oral capsule 25 mg, 50 mg</i>   | 1B        |                       |
| CYCLOPHOSPHAMIDE ORAL TABLET 50 MG  | 3         |                       |

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| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>          | 1B        |                       |
| <i>cyclosporine modified oral solution 100 mg/ml</i>                    | 1B        |                       |
| <i>cyclosporine oral capsule 100 mg, 25 mg</i>                          | 1B        |                       |
| DANZITEN ORAL TABLET 71 MG, 95 MG                                       | 4         | PA; LA                |
| <i>dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg</i> | 4         | PA; LA; QL            |
| DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG                              | 2         |                       |
| ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG                          | 4         | PA; LA                |
| ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG                            | 4         | PA; LA                |
| ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG                            | 4         | PA; LA                |
| ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)                           | 4         | PA; LA                |
| ENSACOVE ORAL CAPSULE 100 MG, 25 MG                                     | 4         | PA; LA                |
| ERIVEDGE ORAL CAPSULE 150 MG  | 4         | PA; LA; QL            |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>                                | 4         | PA; LA; QL            |
| <i>etoposide oral capsule 50 mg</i>   | 1B        |                       |
| <i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>        | 4         | PA; LA; QL            |
| <i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i>    | 4         | PA; LA; QL            |
| <i>everolimus (immunosuppressive ) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i> | 1B        |                       |
| <i>exemestane oral tablet 25 mg</i>   | 5         | ACA                   |
| FENSOLVI SUBCUTANEOUS SYRINGE 45 MG   | 4         | PA; LA                |
| <i>gefitinib oral tablet 250 mg</i>   | 4         | PA; LA; QL            |
| <i>gengraf oral capsule 100 mg, 25 mg</i>   | 1B        |                       |
| <i>gengraf oral solution 100 mg/ml</i>  | 1B        |                       |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG  | 4         | PA; LA; QL            |
| GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG                                       | 3         |                       |
| GLIADEL WAFER IMPLANT WAFER 7.7 MG  | 3         |                       |

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| Drug Name                                  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| GOMEKLI ORAL CAPSULE 1 MG, 2 MG            | 4         | PA; LA                |
| GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG    | 4         | PA; LA                |
| HERNEXEOS ORAL TABLET 60 MG                | 4         | PA                    |
| <i>hydroxyurea oral capsule 500 mg</i>     | 1B        |                       |
| HYRNUO ORAL TABLET 10 MG                   | 4         | PA; LA                |
| IBTROZI ORAL CAPSULE 200 MG                | 4         | PA; LA                |
| IDHIFA ORAL TABLET 100 MG, 50 MG           | 4         | PA; LA; QL            |
| <i>imatinib oral tablet 100 mg, 400 mg</i> | 4         | LA; QL                |
| IMBRUVICA ORAL CAPSULE 140 MG, 70 MG       | 4         | PA; LA; QL            |
| IMBRUVICA ORAL SUSPENSION 70 MG/ML         | 4         | PA; LA; QL            |
| IMBRUVICA ORAL TABLET 420 MG               | 4         | PA; LA; QL            |
| IMKELDI ORAL SOLUTION 80 MG/ML             | 4         | PA; LA                |
| INLURIYO ORAL TABLET 200 MG                | 4         | PA; LA                |
| INLYTA ORAL TABLET 1 MG, 5 MG              | 4         | PA; LA; QL            |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3) | 4         | PA; LA; QL            |
| KOMZIFTI ORAL CAPSULE 200 MG  | 4         | PA; LA                |
| KOSELUGO ORAL CAPSULE 10 MG, 25 MG  | 4         | PA; LA                |
| KOSELUGO ORAL CAPSULE, SPRINKLE 5 MG, 7.5 MG  | 4         | PA; LA                |
| <i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>  | 4         | QL                    |
| <i>lapatinib oral tablet 250 mg</i>   | 4         | PA; LA; QL            |
| <i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>                     | 4         | PA; LA; QL            |
| <i>letrozole oral tablet 2.5 mg</i>   | 1B        |                       |
| LEUKERAN ORAL TABLET 2 MG   | 2         |                       |
| <i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>  | 4         | PA; LA                |
| <i>lomustine oral capsule 10 mg, 100 mg, 40 mg</i>  | 1B        |                       |
| LUNSUMIO VELO SUBCUTANEOUS SOLUTION 45 MG/ML, 5 MG/0.5 ML                                     | 4         | PA; LA                |

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| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG          | 4         | PA; LA                |
| LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG                      | 4         | PA; LA                |
| LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG                      | 4         | PA; LA                |
| LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG                      | 4         | PA; LA                |
| LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG        | 4         | PA; LA                |
| LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)            | 4         | PA; LA                |
| LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG                            | 4         | PA; LA                |
| LUTRATE DEPOT (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG | 4         | PA; LA                |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| LYNPARZA ORAL TABLET 100 MG, 150 MG   | 4         | PA; LA; QL            |
| LYSODREN ORAL TABLET 500 MG   | 4         | LA                    |
| MATULANE ORAL CAPSULE 50 MG   | 4         | LA                    |
| <i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i> | 1B        |                       |
| <i>megestrol oral tablet 20 mg, 40 mg</i>   | 1B        |                       |
| MEKINIST ORAL RECON SOLN 0.05 MG/ML   | 4         | PA; LA; QL            |
| MEKINIST ORAL TABLET 0.5 MG, 2 MG   | 4         | PA; LA; QL            |
| <i>mercaptopurine oral suspension 20 mg/ml</i>                                    | 4         | LA                    |
| <i>mercaptopurine oral tablet 50 mg</i>   | 1B        |                       |
| METHOTREXATE (PF) IN NA CL, ISO INTRAMUSCULAR SYRINGE 125 MG/5 ML (25 MG/ML)      | 3         |                       |
| <i>methotrexate sodium (pf) injection recon soln 1 gram</i>                       | 1B        |                       |
| <i>methotrexate sodium (pf) injection solution 25 mg/ml</i>                       | 1B        |                       |
| <i>methotrexate sodium injection solution 25 mg/ml</i>                            | 1B        |                       |

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| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>methotrexate sodium oral tablet 2.5 mg</i>                                   | 1B        |                       |
| MODEYSO ORAL CAPSULE 125 MG   | 4         | PA; LA                |
| <i>mycophenolate mofetil oral capsule 250 mg</i>                                | 1B        |                       |
| <i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>       | 1B        |                       |
| <i>mycophenolate mofetil oral tablet 500 mg</i>                                 | 1B        |                       |
| <i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i> | 1B        |                       |
| MYLERAN ORAL TABLET 2 MG  | 2         |                       |
| NEMLUVIO SUBCUTANEOUS PEN INJECTOR 30 MG  | 4         | PA; LA; QL            |
| NILOTINIB D-TARTRATE ORAL CAPSULE 150 MG, 200 MG, 50 MG                         | 4         | PA; LA                |
| <i>nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg</i>                         | 4         | PA; LA; QL            |
| <i>nilutamide oral tablet 150 mg</i>  | 1B        |                       |
| NIPENT INTRAVENOUS RECON SOLN 10 MG   | 3         |                       |

| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> | 4         | LA                    |
| <i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>       | 4         | LA                    |
| <i>octreotide, microspheres intramuscular suspension, extended rel recon 10 mg, 20 mg, 30 mg</i>         | 4         | LA; QL                |
| ODOMZO ORAL CAPSULE 200 MG   | 4         | PA; LA; QL            |
| OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG  | 4         | PA; LA                |
| <i>pazopanib oral tablet 200 mg</i>  | 4         | PA; LA; QL            |
| PHYRAGO ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG   | 4         | PA; LA; QL            |
| <i>pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg</i>  | 4         | PA; LA                |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG   | 4         | PA; LA                |
| PROGRAF INTRAVENOUS SOLUTION 5 MG/ML   | 2         |                       |
| PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG   | 2         | ST                    |

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG   | 4         | PA; LA                |
| ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG  | 4         | PA; LA; QL            |
| ROZLYTREK ORAL PELLETS IN PACKET 50 MG   | 4         | PA; LA; QL            |
| RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG   | 4         | PA; LA; QL            |
| RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML   | 4         | PA; LA                |
| SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON 10 MG, 20 MG, 30 MG | 4         | LA; QL                |
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)        | 4         | LA                    |
| <i>sirolimus oral solution 1 mg/ml</i>   | 1B        |                       |
| <i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>  | 1B        |                       |
| SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML            | 4         | LA; QL                |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>sorafenib oral tablet 200 mg</i>                                   | 4         | PA; LA; QL            |
| STIVARGA ORAL TABLET 40 MG  | 4         | PA; LA; QL            |
| <i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>   | 4         | PA; LA; QL            |
| TABLOID ORAL TABLET 40 MG   | 3         |                       |
| TACROLIMUS INTRAVENOUS SOLUTION 5 MG/ML                               | 3         | LA                    |
| <i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>                     | 1B        |                       |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG                                    | 4         | PA; LA; QL            |
| TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG                             | 4         | PA; LA; QL            |
| TAGRISO ORAL TABLET 40 MG, 80 MG                                      | 4         | PA; LA; QL            |
| TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG | 4         | PA; LA; QL            |
| <i>tamoxifen oral tablet 10 mg, 20 mg</i>                             | 5         | ACA                   |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG                            | 4         | PA; LA; QL            |
| TAZVERIK ORAL TABLET 200 MG   | 4         | PA; LA                |

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| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>    | 4         | LA                    |
| THALOMID ORAL CAPSULE 100 MG, 50 MG   | 4         | PA; LA; QL            |
| <i>toremifene oral tablet 60 mg</i>   | 1B        |                       |
| <i>torpenz oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>                          | 4         | PA; LA; QL            |
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG | 3         | PA                    |
| <i>tretinoin (antineoplastic) oral capsule 10 mg</i>                            | 1B        |                       |
| TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG                                  | 3         |                       |
| TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML   | 4         | PA; LA                |
| TURALIO ORAL CAPSULE 125 MG   | 4         | PA; LA; QL            |
| <i>valrubicin intravesical solution 40 mg/ml</i>                                | 4         | LA                    |
| VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG                                      | 4         | PA; LA; QL            |

| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG | 4         | PA; LA; QL            |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG                 | 4         | PA; LA; QL            |
| VITRAKVI ORAL CAPSULE 100 MG, 25 MG                                | 4         | PA; LA; QL            |
| VITRAKVI ORAL SOLUTION 20 MG/ML                                    | 4         | PA; LA; QL            |
| XALKORI ORAL CAPSULE 200 MG, 250 MG                                | 4         | PA; LA; QL            |
| XALKORI ORAL PELLET 150 MG, 20 MG, 50 MG                           | 4         | PA; LA; QL            |
| XROMI ORAL SOLUTION 100 MG/ML                                      | 3         | PA                    |
| XTANDI ORAL CAPSULE 40 MG  | 4         | PA; LA; QL            |
| XTANDI ORAL TABLET 40 MG, 80 MG                                    | 4         | PA; LA; QL            |
| ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG                          | 4         | PA; LA; QL            |
| ZELBORAF ORAL TABLET 240 MG  | 4         | PA; LA; QL            |
| ZOLINZA ORAL CAPSULE 100 MG  | 4         | PA; LA; QL            |
| ZYDELIG ORAL TABLET 100 MG, 150 MG                                 | 4         | PA; LA; QL            |

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| ZYKADIA ORAL TABLET 150 MG   | 4         | PA; LA; QL            |
| <b>AUTONOMIC &amp; CNS DRUGS, NEUROLOGY &amp; PSYCH</b>                        |           |                       |
| <b>ANTICONVULSANTS</b>   |           |                       |
| APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG                              | 3         |                       |
| BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML                                       | 3         |                       |
| BRIVIACT ORAL SOLUTION 10 MG/ML  | 3         | ST                    |
| BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG                        | 3         | ST                    |
| <i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>  | 1B        |                       |
| <i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>                 | 1B        |                       |
| <i>carbamazepine oral tablet 200 mg</i>  | 1B        |                       |
| <i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> | 1B        |                       |
| <i>clobazam oral suspension 2.5 mg/ml</i>                                      | 1B        |                       |
| <i>clobazam oral tablet 10 mg, 20 mg</i>                                       | 1B        |                       |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>                                    | 1B        |                       |
| <i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> | 1B        |                       |
| DIACOMIT ORAL CAPSULE 250 MG, 500 MG  | 4         | PA; LA                |
| DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG                                       | 4         | PA; LA                |
| <i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>                  | 1B        |                       |
| DILANTIN EXTENDED ORAL CAPSULE 100 MG   | 3         |                       |
| DILANTIN INFATABS ORAL TABLET, CHEWABLE 50 MG                                       | 3         |                       |
| DILANTIN ORAL CAPSULE 30 MG   | 2         |                       |
| DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML  | 3         |                       |
| <i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>                         | 1B        |                       |
| <i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>                 | 1B        |                       |
| <i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>       | 1B        |                       |

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| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| EPIDIOLEX ORAL SOLUTION 100 MG/ML                                 | 4         | PA; LA                |
| <i>epitol oral tablet 200 mg</i>                                  | 1B        |                       |
| EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG  | 3         |                       |
| <i>eslicarbazepine oral tablet 200 mg, 400 mg, 600 mg, 800 mg</i> | 1B        |                       |
| <i>ethosuximide oral capsule 250 mg</i>                           | 1B        |                       |
| <i>ethosuximide oral solution 250 mg/5 ml</i>                     | 1B        |                       |
| <i>felbamate oral suspension 600 mg/5 ml</i>                      | 1B        |                       |
| <i>felbamate oral tablet 400 mg, 600 mg</i>                       | 1B        |                       |
| FYCOMPA ORAL SUSPENSION 0.5 MG/ML                                 | 2         |                       |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG          | 2         |                       |
| <i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>             | 1B        |                       |
| <i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i>   | 1B        |                       |
| <i>gabapentin oral tablet 600 mg, 800 mg</i>                      | 1B        |                       |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>gabapentin oral tablet extended release 24 hr 300 mg, 450 mg, 600 mg, 750 mg, 900 mg</i>   | 1B        | ST                    |
| GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 450 MG, 600 MG, 750 MG, 900 MG   | 3         | ST                    |
| <i>lacosamide intravenous solution 200 mg/20 ml</i>   | 1B        |                       |
| <i>lacosamide oral solution 10 mg/ml</i>  | 1B        |                       |
| <i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>   | 1B        |                       |
| <i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>  | 1B        |                       |
| <i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) - 50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)</i> | 1B        |                       |
| <i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>                                       | 1B        |                       |
| <i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>  | 1B        |                       |

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>                            | 1B        |                       |
| <i>lamotrigine oral tablets, dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i> | 1B        |                       |
| <i>levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)</i>                                       | 1B        |                       |
| <i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>                                      | 1B        |                       |
| <i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>                                 | 1B        |                       |
| LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG  | 3         | PA                    |
| <i>methsuximide oral capsule 300 mg</i>  | 1B        |                       |
| MIDAZOLAM INTRAMUSCULAR AUTO-INJECTOR 10 MG/0.7 ML   | 3         |                       |
| <i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>  | 1B        |                       |
| <i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>  | 1B        |                       |
| <i>oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg, 600 mg</i>                         | 1B        | ST                    |

| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG                            | 3         | ST                    |
| <i>perampanel oral suspension 0.5 mg/ml</i>  | 1B        |                       |
| <i>perampanel oral tablet 10 mg, 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>                               | 1B        |                       |
| <i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>  | 1B        |                       |
| <i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i> | 1B        |                       |
| PHENYTEK ORAL CAPSULE 200 MG, 300 MG   | 3         |                       |
| <i>phenytoin oral suspension 125 mg/5 ml</i>   | 1B        |                       |
| <i>phenytoin oral tablet, chewable 50 mg</i>   | 1B        |                       |
| <i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>                             | 1B        |                       |
| <i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>       | 1B        | ST                    |
| <i>pregabalin oral solution 20 mg/ml</i>   | 1B        | ST                    |

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| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg</i>        | 1B        | ST                    |
| PRIMIDONE ORAL TABLET 125 MG  | 3         |                       |
| <i>primidone oral tablet 250 mg, 50 mg</i>  | 1B        |                       |
| <i>rowepra oral tablet 500 mg</i>   | 1B        |                       |
| <i>rufinamide oral suspension 40 mg/ml</i>  | 1B        |                       |
| <i>rufinamide oral tablet 200 mg, 400 mg</i>  | 1B        |                       |
| <i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>                          | 1B        |                       |
| <i>subvenite starter (blue) kit oral tablets,dose pack 25 mg (35)</i>               | 1B        |                       |
| <i>subvenite starter (green) kit oral tablets,dose pack 25 mg (84) -100 mg (14)</i> | 1B        |                       |
| <i>subvenite starter (orange) kit oral tablets,dose pack 25 mg (42) -100 mg (7)</i> | 1B        |                       |
| TEGRETOL ORAL SUSPENSION 100 MG/5 ML  | 3         |                       |
| TEGRETOL ORAL TABLET 200 MG   | 3         |                       |
| <i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>                               | 1B        |                       |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>                                 | 1B        |                       |
| <i>topiramate oral capsule,extended release 24hr 100 mg, 200 mg, 25 mg, 50 mg</i>     | 1B        | ST                    |
| <i>topiramate oral capsule,sprinkle,er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>  | 1B        | ST                    |
| <i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>                            | 1B        |                       |
| TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 50 MG           | 3         | ST                    |
| <i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>                  | 1B        |                       |
| <i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i> | 1B        |                       |
| <i>valproic acid oral capsule 250 mg</i>  | 1B        |                       |

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) | 2         | PA; QL                |
| <i>vigabatrin oral powder in packet 500 mg</i>   | 4         | LA; QL                |
| <i>vigabatrin oral tablet 500 mg</i>   | 4         | LA; QL                |
| <i>vigadrone oral powder in packet 500 mg</i>  | 4         | LA; QL                |
| <i>vigadrone oral tablet 500 mg</i>  | 4         | LA; QL                |
| XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)                                       | 3         | PA; QL                |
| XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG  | 3         | PA; QL                |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) | 3         | PA; QL                |
| <i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>   | 1B        |                       |
| <b>ANTIPARKINSONISM AGENTS</b>  |           |                       |
| APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML  | 4         | PA; LA; QL            |
| <i>apomorphine subcutaneous cartridge 10 mg/ml</i>  | 4         | PA; LA; QL            |
| <i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>   | 1B        |                       |
| <i>bromocriptine oral capsule 5 mg</i>  | 1B        |                       |
| <i>bromocriptine oral tablet 2.5 mg</i>   | 1B        |                       |
| <i>carbidopa oral tablet 25 mg</i>  | 1B        |                       |
| <i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>   | 1B        |                       |
| <i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>   | 1B        |                       |

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| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>   | 1B        |                       |
| <i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i> | 1B        |                       |
| CREXONT ORAL CAPSULE, IR - EXTEND REL, BIPHASE 35-140 MG, 52.5-210 MG, 70-280 MG, 87.5-350 MG   | 3         | ST                    |
| DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML   | 4         | LA                    |
| <i>entacapone oral tablet 200 mg</i>  | 1B        |                       |
| INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG   | 4         | PA; LA; QL            |
| NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR                               | 3         |                       |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML  | 4         | PA; LA                |
| ONGENTYS ORAL CAPSULE 25 MG, 50 MG  | 3         | PA; QL                |
| <i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>                                 | 1B        |                       |
| <i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i> | 1B        |                       |
| <i>rasagiline oral tablet 0.5 mg, 1 mg</i>  | 1B        |                       |
| <i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>                                     | 1B        |                       |
| <i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>                              | 1B        |                       |
| <i>selegiline hcl oral capsule 5 mg</i>   | 1B        |                       |
| <i>selegiline hcl oral tablet 5 mg</i>  | 1B        |                       |
| <i>tolcapone oral tablet 100 mg</i>   | 1B        |                       |
| <i>trihexyphenidyl oral elixir 0.4 mg/ml</i>  | 1B        |                       |
| <i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>   | 1B        |                       |

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML                   | 4         | PA; LA                |
| <b>MIGRAINE &amp; CLUSTER HEADACHE THERAPY</b>                               |           |                       |
| AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML          | 2         | PA; QL                |
| AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML                  | 2         | PA; QL                |
| AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML                             | 2         | PA; QL                |
| <i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>                       | 1B        | ST; QL                |
| <i>dihydroergotamine injection solution 1 mg/ml</i>                          | 1B        |                       |
| <i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> | 1B        | ST; QL                |
| <i>eletriptan oral tablet 20 mg, 40 mg</i>                                   | 1B        | ST; QL                |
| EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML                             | 2         | PA; QL                |

| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML, 300 MG/3 ML (100 MG/ML X 3) | 2         | PA; QL                |
| ERGOMAR SUBLINGUAL TABLET 2 MG   | 3         |                       |
| <i>ergotamine-caffeine oral tablet 1-100 mg</i>                              | 1B        |                       |
| <i>frovatriptan oral tablet 2.5 mg</i>                                       | 1B        | ST; QL                |
| <i>migergot rectal suppository 2-100 mg</i>                                  | 1B        |                       |
| <i>naratriptan oral tablet 1 mg, 2.5 mg</i>                                  | 1B        | ST; QL                |
| NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG                                 | 2         | PA; QL                |
| QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG                                      | 2         | PA; QL                |
| REYVOW ORAL TABLET 100 MG, 50 MG   | 3         | PA; QL                |
| <i>rizatriptan oral tablet 10 mg, 5 mg</i>                                   | 1B        | QL                    |
| <i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i>                   | 1B        | QL                    |
| <i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i>  | 1B        | QL                    |

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>      | 1B        | QL                    |
| <i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i> | 1B        | QL                    |
| <i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>     | 1B        | QL                    |
| <i>sumatriptan-naproxen oral tablet 85-500 mg</i>                  | 1B        | ST; QL                |
| UBRELVY ORAL TABLET 100 MG, 50 MG                                  | 2         | PA; QL                |
| <i>zolmitriptan nasal spray,non-aerosol 5 mg</i>                   | 1B        | ST; QL                |
| <i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>                       | 1B        | ST; QL                |
| <i>zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg</i>        | 1B        | ST; QL                |
| ZOMIG NASAL SPRAY,NON-AEROSOL 2.5 MG                               | 2         | ST; QL                |
| ZOMIG NASAL SPRAY,NON-AEROSOL 5 MG                                 | 3         | ST; QL                |
| <b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>                          |           |                       |
| ANTICHOLIUM INTRAVENOUS SOLUTION 0.4 MG/ML                         | 3         |                       |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG                                     | 4         | PA; LA; QL            |
| <i>dalfampridine oral tablet extended release 12 hr 10 mg</i>             | 4         | PA; LA; QL            |
| <i>dichlorphenamide oral tablet 50 mg</i>                                 | 4         | PA; LA                |
| <i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i>                           | 1B        |                       |
| <i>donepezil oral tablet,disintegrating 10 mg, 5 mg</i>                   | 1B        |                       |
| EVRYSDI ORAL TABLET 5 MG  | 4         | PA; LA; QL            |
| FIRDAPSE ORAL TABLET 10 MG  | 4         | PA; LA                |
| <i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i> | 1B        |                       |
| <i>galantamine oral solution 4 mg/ml</i>                                  | 1B        |                       |
| <i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>                          | 1B        |                       |
| HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG                      | 3         | ST                    |
| LEQEMBI IQLIK SUBCUTANEOUS AUTO-INJECTOR 360 MG/1.8 ML                    | 4         | PA; LA                |
| <i>memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>  | 1B        |                       |

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| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>memantine oral solution 2 mg/ml</i>  | 1B        |                       |
| <i>memantine oral tablet 10 mg, 5 mg</i>  | 1B        |                       |
| MEMANTINE ORAL TABLETS,DOSE PACK 5-10 MG  | 3         |                       |
| MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG   | 4         | PA; LA                |
| NUEDEXTA ORAL CAPSULE 20-10 MG  | 2         | PA                    |
| <i>ormalvi oral tablet 50 mg</i>  | 4         | PA; LA                |
| <i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>                          | 1B        |                       |
| <i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i> | 1B        |                       |
| SKYCLARYS ORAL CAPSULE 50 MG  | 4         | PA; LA                |
| <i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>   | 4         | PA; LA; QL            |
| ZEPOSIA ORAL CAPSULE 0.92 MG  | 4         | PA; LA; QL            |
| ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21)             | 4         | PA; LA; QL            |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)-0.46 MG (3) | 4         | PA; LA; QL            |
| ZUNVEYL ORAL TABLET,DELAYE D RELEASE (DR/EC) 10 MG, 15 MG, 5 MG             | 3         | PA; QL                |
| <b>MUSCLE RELAXANTS &amp; ANTISPASMODIC THERAPY</b>                         |           |                       |
| <i>baclofen oral solution 10 mg/5 ml (2 mg/ml), 5 mg/5 ml</i>               | 1B        | PA                    |
| <i>baclofen oral suspension 25 mg/5 ml (5 mg/ml)</i>                        | 1B        |                       |
| <i>baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i>                       | 1B        |                       |
| <i>carisoprodol oral tablet 250 mg, 350 mg</i>                              | 1B        | PA                    |
| <i>carisoprodol-aspirin oral tablet 200-325 mg</i>                          | 1B        | PA                    |
| <i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>               | 1B        | PA; QL                |
| <i>chlorzoxazone oral tablet 500 mg</i>                                     | 1B        |                       |
| <i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>                              | 1B        |                       |
| <i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>                         | 1B        |                       |

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| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>meprobamate oral tablet 200 mg, 400 mg</i>                     | 1B        |                       |
| <i>metaxalone oral tablet 400 mg, 800 mg</i>                      | 1B        |                       |
| <i>methocarbamol injection solution 100 mg/ml</i>                 | 1B        |                       |
| <i>methocarbamol oral tablet 500 mg, 750 mg</i>                   | 1B        |                       |
| ONTRALFY ORAL SOLUTION 2 MG/5 ML                                  | 3         |                       |
| <i>orphenadrine citrate injection solution 30 mg/ml</i>           | 1B        |                       |
| <i>orphenadrine citrate oral tablet extended release 100 mg</i>   | 1B        |                       |
| <i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i>         | 1B        |                       |
| <i>orphengesic forte oral tablet 50-770-60 mg</i>                 | 1B        |                       |
| <i>pyridostigmine bromide oral tablet 60 mg</i>                   | 1B        |                       |
| PYRIDOSTIGMINE BROMIDE ORAL TABLET EXTENDED RELEASE 105 MG        | 3         |                       |
| <i>pyridostigmine bromide oral tablet extended release 180 mg</i> | 1B        |                       |

| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| TIZANIDINE ORAL CAPSULE 8 MG   | 3         |                       |
| <i>tizanidine oral tablet 2 mg, 4 mg</i>   | 1B        |                       |
| <i>vanadom oral tablet 350 mg</i>  | 1B        | PA                    |
| VYVGART HYTRULO SUBCUTANEOUS SYRINGE 1,000 MG-10,000 UNIT/5 ML                   | 4         | PA; LA                |
| <b>NARCOTIC ANALGESICS</b>   |           |                       |
| <i>acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg</i>                 | 1B        | PA; QL                |
| <i>acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i> | 1B        | PA; QL                |
| <i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>         | 1B        | PA; QL                |
| <i>ascomp with codeine oral capsule 30-50-325-40 mg</i>                          | 1B        | PA; QL                |
| BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG | 2         | PA; QL                |
| <i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>                            | 1B        |                       |

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| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i> | 1B        | PA; QL                |
| <i>butalbital-acetaminop-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>                           | 1B        | PA; QL                |
| <i>butalbital-acetaminophen oral capsule 50-300 mg</i>  | 1B        |                       |
| <i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>  | 1B        |                       |
| <i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg</i>                                  | 1B        |                       |
| <i>butalbital-acetaminophen-caff oral solution 50-325-40 mg/15 ml</i>   | 1B        |                       |
| <i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>   | 1B        |                       |
| <i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>  | 1B        |                       |
| <i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>   | 1B        |                       |
| <i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>  | 1B        | PA; QL                |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i>   | 1B        | PA; QL                |
| DEMEROL (PF) INJECTION SYRINGE 25 MG/ML, 50 MG/ML, 75 MG/ML   | 3         | PA; QL                |
| DEMEROL INJECTION SOLUTION 50 MG/ML   | 3         | PA; QL                |
| <i>diskets oral tablet, soluble 40 mg</i>   | 1B        | PA; QL                |
| <i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>  | 1B        | PA; QL                |
| <i>fentanyl (pf)-bupivacaine-nacl injection prefilled pump reservoir 2-0.0625 mcg/ml-%</i>                      | 1B        | PA; QL                |
| <i>fentanyl (pf)-bupivacaine-nacl injection solution 2 mcg/ml- 0.0625 %, 2 mcg/ml- 0.1 %, 2 mcg/ml- 0.125 %</i> | 1B        | PA; QL                |
| FENTANYL (PF)-BUPIVACAINE-NACL INJECTION SOLUTION 4 MCG/ML- 0.125 %   | 3         | PA; QL                |
| <i>fentanyl citrate (pf) injection solution 50 mcg/ml</i>   | 1B        | PA; QL                |
| <i>fentanyl citrate (pf) injection syringe 100 mcg/2 ml (50 mcg/ml), 50 mcg/ml</i>                              | 1B        | PA; QL                |

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| FENTANYL CITRATE (PF) INJECTION SYRINGE 25 MCG/0.5 ML  | 3         | PA; QL                |
| FENTANYL CITRATE (PF)-0.9%NACL INJECTION PREFILLED PUMP RESERVOIR 10 MCG/ML                    | 3         | PA; QL                |
| <i>fentanyl citrate (pf)-0.9%nacl injection pt controlled analgesia syring 1,250 mcg/25 ml</i> | 1B        | PA; QL                |
| FENTANYL CITRATE (PF)-0.9%NACL INJECTION PT CONTROLLED ANALGESIA SYRING 550 MCG/55 ML          | 3         | PA; QL                |
| FENTANYL CITRATE (PF)-0.9%NACL INJECTION SOLUTION 25 MCG/ML                                    | 3         | PA; QL                |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| FENTANYL CITRATE (PF)-0.9%NACL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 1,000 MCG/20 ML (50 MCG/ML), 1,000 MCG/50 ML (20 MCG/ML), 500 MCG/50 ML (10 MCG/ML) | 3         | PA; QL                |
| <i>fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syring 1,500 mcg/30 ml (50 mcg/ml), 2,500 mcg/50 ml (50 mcg/ml)</i>                     | 1B        | PA; QL                |
| <i>fentanyl citrate (pf)-0.9%nacl intravenous solution 10 mcg/ml, 20 mcg/ml, 5 mcg/ml, 50 mcg/ml</i>  | 1B        | PA; QL                |
| <i>fentanyl citrate (pf)-0.9%nacl intravenous syringe 10 mcg/ml, 50 mcg/5 ml (10 mcg/ml)</i>  | 1B        | PA; QL                |
| 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/ML                    | 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 April 1, 2026.

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour</i> | 1B        | PA; QL                |
| FENTANYL-ROPIVACAINE-NACL (PF) INJECTION PREFILLED PUMP RESERVOIR 2 MCG/ML-0.1 %  | 3         | PA; QL                |
| <i>fentanyl-ropivacaine-nacl (pf) injection solution 2-0.2 mcg/ml-%</i>   | 1B        | PA; QL                |
| <i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>                                       | 1B        | PA; QL                |
| <i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>                           | 1B        | PA; QL                |
| <i>hydrocodone-acetaminophen oral solution 10-300 mg/15 ml, 10-325 mg/15 ml, 10-325 mg/15 ml(15 ml), 7.5-325 mg/15 ml</i>                     | 1B        | PA; QL                |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>                     | 1B        | PA; QL                |
| <i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>  | 1B        | PA; QL                |
| HYDROMORPHONE (PF) IN WATER INJECTION SYRINGE 1 MG/ML, 2 MG/2 ML (1 MG/ML)  | 3         | PA; QL                |
| HYDROMORPHONE (PF) IN WATER INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 10 MG/50 ML (0.2 MG/ML), 30 MG/30 ML (1 MG/ML), 6 MG/30 ML (0.2 MG/ML) | 3         | PA; QL                |
| HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PATIENT CONTROL.ANALGESIA SOLN 30 MG/30 ML (1 MG/ML), 6 MG/30 ML (0.2 MG/ML)                        | 3         | PA; QL                |
| <i>hydromorphone (pf)-0.9 % nacl intravenous prefilled pump reservoir 10 mg/50 ml (0.2 mg/ml)</i>   | 1B        | PA; QL                |

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| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| 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), 25 mg/50 ml (0.5 mg/ml), 30 mg/30 ml (1 mg/ml)</i> | 1B        | PA; QL                |
| HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 25 MG/25 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                |
| <i>hydromorphone (pf)-0.9 % nacl intravenous solution 0.2 mg/ml, 1 mg/ml</i>  | 1B        | PA; QL                |
| HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS SOLUTION 0.5 MG/ML  | 3         | PA; QL                |

| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS SYRINGE 1 MG/5 ML (0.2 MG/ML), 1 MG/ML, 2 MG/ML                        | 3         | PA; QL                |
| <i>hydromorphone in 0.9 % nacl injection prefilled pump reservoir 100 mg/100 ml (1 mg/ml)</i>                    | 1B        | PA; QL                |
| <i>hydromorphone in 0.9 % nacl intravenous prefilled pump reservoir 10 mg/50 ml (0.2 mg/ml)</i>                  | 1B        | PA; QL                |
| HYDROMORPHONE IN 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 in 0.9 % nacl intravenous pt controlled analgesia syringe 30 mg/30 ml (1 mg/ml)</i>             | 1B        | PA; QL                |
| <i>hydromorphone oral liquid 1 mg/ml</i>   | 1B        | PA; QL                |
| <i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>  | 1B        | PA; QL                |
| <i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>                                | 1B        | PA; QL                |

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| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>hydromorphone rectal suppository 3 mg</i>  | 1B        | PA; QL                |
| HYDROMORPHONE(PF)-NACL,ISO-OSM INJECTION SYRINGE 0.2 MG/ML, 0.5 MG/ML                                   | 3         | PA; QL                |
| <i>hydromorphone(pf)-nacl,iso-osm injection syringe 2 mg/10 ml (0.2 mg/ml)</i>                          | 1B        | PA; QL                |
| HYDROMORPHONE(PF)-NACL,ISO-OSM INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 10 MG/50 ML (0.2 MG/ML)       | 3         | PA; QL                |
| <i>hydromorphone(pf)-nacl,iso-osm intravenous pt controlled analgesia syring 6 mg/30 ml (0.2 mg/ml)</i> | 1B        | PA; QL                |
| HYDROMORPHONE(PF)-NACL,ISO-OSM INTRAVENOUS SOLUTION 0.5 MG/ML, 1 MG/ML                                  | 3         | PA; QL                |
| HYDROMORPHONE(PF)-NACL,ISO-OSM INTRAVENOUS SYRINGE 0.4 MG/2 ML (0.2 MG/ML)                              | 3         | PA; QL                |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>       | 1B        | PA; QL                |
| <i>meperidine oral solution 50 mg/5 ml</i>                                    | 1B        | PA; QL                |
| <i>meperidine oral tablet 50 mg</i>   | 1B        | PA; QL                |
| METHADONE IN 0.9 % SOD.CHLORID INTRAVENOUS SYRINGE 5 MG/5 ML                  | 3         | PA; QL                |
| METHADONE IN SOD CHLOR,ISO-OSM INTRAVENOUS SYRINGE 10 MG/ML                   | 3         | PA; QL                |
| <i>methadone intravenous syringe 10 mg/ml</i>                                 | 1B        | PA; QL                |
| <i>methadone oral tablet 10 mg, 5 mg</i>                                      | 1B        | PA; QL                |
| <i>methadone oral tablet,soluble 40 mg</i>                                    | 1B        | PA; QL                |
| <i>methadose oral tablet,soluble 40 mg</i>                                    | 1B        | PA; QL                |
| MORPHINE (PF) IN 0.9 % SOD CHL INJECTION SYRINGE 1 MG/ML, 2 MG/2 ML (1 MG/ML) | 3         | PA; QL                |
| <i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>              | 1B        | PA; QL                |

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| MORPHINE IN 0.9 % SODIUM CHLOR INJECTION PT CONTROLLED ANALGESIA SYRING 55 MG/55 ML (1 MG/ML)          | 3         | PA; QL                |
| <i>morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>            | 1B        | PA; QL                |
| <i>morphine oral capsule, extend. release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i> | 1B        | PA; QL                |
| <i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>   | 1B        | PA; QL                |
| <i>morphine oral tablet 15 mg, 30 mg</i>   | 1B        | PA; QL                |
| <i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>                       | 1B        | PA; QL                |
| <i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>   | 1B        | PA; QL                |
| <i>oxycodone oral capsule 5 mg</i>   | 1B        | PA; QL                |
| <i>oxycodone oral concentrate 20 mg/ml</i>   | 1B        | PA; QL                |
| <i>oxycodone oral solution 5 mg/5 ml</i>   | 1B        | PA; QL                |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>   | 1B        | PA; QL                |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>                | 1B        | PA; QL                |
| OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG     | 3         | PA; QL                |
| <i>oxymorphone oral tablet 10 mg, 5 mg</i>  | 1B        | PA; QL                |
| <i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i> | 1B        | PA; QL                |
| SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML                    | 4         | LA                    |
| <i>tencon oral tablet 50-325 mg</i>   | 1B        |                       |
| TREZIX ORAL CAPSULE 320.5-30-16 MG  | 3         | PA; QL                |
| XTAMPZA ER ORAL CAP, SPRINKL, ER 1 2HR (DONT CRUSH) 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG                | 3         | PA; QL                |

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| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <b>NON-NARCOTIC ANALGESICS</b>  |           |                       |
| <i>adult aspirin regimen oral tablet, delayed release (dr/ec) 81 mg</i>         | 5         | ACA; OTC              |
| <i>aspirin childrens oral tablet, chewable 81 mg</i>                            | 5         | ACA; OTC              |
| <i>aspirin oral tablet, chewable 81 mg</i>                                      | 5         | ACA; OTC              |
| <i>aspirin oral tablet, delayed release (dr/ec) 81 mg</i>                       | 5         | ACA; OTC              |
| <i>bayer low dose aspirin oral tablet, delayed release (dr/ec) 81 mg</i>        | 5         | ACA; OTC              |
| <i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i> | 1B        |                       |
| <i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>                | 1B        |                       |
| <i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>                            | 1B        | PA; QL                |
| <i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>                     | 1B        |                       |
| <i>diclofenac potassium oral tablet 50 mg</i>                                   | 1B        |                       |
| <i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>              | 1B        |                       |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>                 | 1B        |                       |
| <i>diclofenac sodium topical drops 1.5 %</i>  | 1B        | QL                    |
| <i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg, 75-200 mg-mcg</i> | 1B        |                       |
| <i>diflunisal oral tablet 500 mg</i>  | 1B        |                       |
| <i>ecotrin low strength oral tablet, delayed release (dr/ec) 81 mg</i>                            | 5         | ACA; OTC              |
| <i>etodolac oral capsule 200 mg, 300 mg</i>   | 1B        |                       |
| <i>etodolac oral tablet 400 mg, 500 mg</i>  | 1B        |                       |
| <i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>                         | 1B        |                       |
| <i>flurbiprofen oral tablet 100 mg</i>  | 1B        |                       |
| <i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>   | 1B        |                       |
| <i>ibuprofen oral suspension 100 mg/5 ml</i>  | 1B        |                       |
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>   | 1B        |                       |
| <i>indomethacin oral capsule 25 mg, 50 mg</i>   | 1B        |                       |

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| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>indomethacin oral capsule, extended release 75 mg</i>                | 1B        |                       |
| JOURNAVX ORAL TABLET 50 MG  | 3         | QL                    |
| <i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>           | 1B        | ST                    |
| <i>ketorolac injection solution 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml)</i> | 1B        |                       |
| <i>ketorolac injection syringe 15 mg/ml, 30 mg/ml</i>                   | 1B        |                       |
| <i>ketorolac intramuscular solution 60 mg/2 ml</i>                      | 1B        |                       |
| <i>ketorolac intramuscular syringe 60 mg/2 ml</i>                       | 1B        |                       |
| <i>ketorolac oral tablet 10 mg</i>                                      | 1B        | QL                    |
| KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION                        | 2         | QL                    |
| <i>lofexidine oral tablet 0.18 mg</i>                                   | 1B        | QL                    |
| LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG                                   | 3         |                       |
| LUCEMYRA ORAL TABLET 0.18 MG  | 2         | QL                    |
| MELOXICAM ORAL SUSPENSION 7.5 MG/5 ML                                   | 3         | ST; QL                |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>meloxicam oral tablet 15 mg, 7.5 mg</i>                          | 1B        | QL                    |
| <i>nabumetone oral tablet 500 mg, 750 mg</i>                        | 1B        |                       |
| NALMEFENE INJECTION SOLUTION 1 MG/ML                                | 3         |                       |
| <i>naloxone injection solution 0.4 mg/ml</i>                        | 1B        |                       |
| <i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>                | 1B        |                       |
| NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG                                 | 3         |                       |
| <i>naltrexone oral tablet 50 mg</i>                                 | 1B        |                       |
| <i>naproxen oral suspension 125 mg/5 ml</i>                         | 1B        | ST                    |
| <i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>                  | 1B        |                       |
| <i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i> | 1B        |                       |
| <i>naproxen sodium oral tablet 275 mg, 550 mg</i>                   | 1B        |                       |
| NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION                      | 3         | QL                    |

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| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG | 3         | PA; QL                |
| NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG  | 2         | PA; QL                |
| OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION                                     | 3         |                       |
| <i>oxaprozin oral tablet 600 mg</i>   | 1B        |                       |
| <i>pentazocine-naloxone oral tablet 50-0.5 mg</i>                                   | 1B        | PA; QL                |
| <i>piroxicam oral capsule 10 mg, 20 mg</i>  | 1B        |                       |
| REXTOVY NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION                                     | 2         | QL                    |
| <i>salsalate oral tablet 500 mg, 750 mg</i>   | 1B        |                       |
| <i>st joseph aspirin oral tablet, chewable 81 mg</i>                                | 5         | ACA; OTC              |
| <i>st. joseph aspirin oral tablet, delayed release (dr/ec) 81 mg</i>                | 5         | ACA; OTC              |
| <i>sulindac oral tablet 150 mg, 200 mg</i>  | 1B        |                       |
| <i>tolmetin oral capsule 400 mg</i>   | 1B        | ST                    |

| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>tolmetin oral tablet 600 mg</i>   | 1B        | ST                    |
| <i>tramadol oral tablet 100 mg, 50 mg</i>  | 1B        | PA; QL                |
| <i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>                            | 1B        | PA; QL                |
| <i>tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg</i>                              | 1B        | PA; QL                |
| <i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>  | 1B        | PA; QL                |
| VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON 380 MG                                     | 4         | LA                    |
| ZIMHI INJECTION SYRINGE 5 MG/0.5 ML  | 3         |                       |
| ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG | 2         |                       |
| ZYBIC ORAL SUSPENSION 7.5 MG/5 ML  | 3         | ST; QL                |

### PSYCHOTHERAPEUTIC DRUGS

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated April 1, 2026.

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| ADZENYS XR-ODT ORAL TABLET,DISINTEGRER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG    | 3         | ST                    |
| <i>alprazolam intensol oral concentrate 1 mg/ml</i>   | 1B        |                       |
| <i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>   | 1B        |                       |
| <i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>                           | 1B        |                       |
| <i>alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>                                | 1B        |                       |
| <i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>                             | 1B        |                       |
| <i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>                                   | 1B        |                       |
| <i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>   | 1B        |                       |
| <i>amphetamine oral tablet,disintegrer biphas 24h 12.5 mg, 15.7 mg, 18.8 mg, 3.1 mg, 6.3 mg, 9.4 mg</i> | 1B        | ST                    |
| <i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>  | 1B        |                       |

| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG               | 3         | ST; QL                |
| <i>aripiprazole oral solution 1 mg/ml</i>  | 1B        |                       |
| <i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>           | 1B        | QL                    |
| <i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>                      | 1B        | QL                    |
| <i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>                     | 1B        | QL                    |
| <i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>                   | 1B        | QL                    |
| <i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i> | 1B        |                       |
| AZSTARYS ORAL CAPSULE 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG         | 3         | ST                    |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG                                   | 3         | ST; QL                |
| <i>bupropion hcl oral tablet 100 mg, 75 mg</i>                                   | 1B        |                       |
| <i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>           | 1B        | 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 100 mg, 150 mg, 200 mg</i> | 1B        | QL                    |
| <i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>                   | 1B        |                       |
| CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG                                      | 3         | ST; QL                |
| <i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>                     | 1B        |                       |
| <i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>                      | 1B        |                       |
| <i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>           | 1B        |                       |
| <i>citalopram oral solution 10 mg/5 ml</i>                                      | 1A        |                       |
| <i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>                               | 1A        | QL                    |
| <i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>                            | 1B        |                       |
| <i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>                  | 1B        |                       |
| <i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>               | 1B        |                       |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>   | 1B        |                       |
| <i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>                             | 1B        |                       |
| COTEMPLA XR-ODT ORAL TABLET, DISINTEGR BIPHASE 24H 17.3 MG, 25.9 MG, 8.6 MG                                     | 3         | ST                    |
| DAYVIGO ORAL TABLET 10 MG, 5 MG   | 3         | ST; QL                |
| <i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>                                       | 1B        |                       |
| DESVENLAFAXIN E ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 50 MG  | 3         | ST; QL                |
| <i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>                         | 1B        | ST; QL                |
| <i>dexmethylphenidate oral capsule, er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i> | 1B        |                       |
| <i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>   | 1B        |                       |

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg</i>                               | 1B        |                       |
| <i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i>   | 1B        |                       |
| <i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>                    | 1B        |                       |
| <i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>             | 1B        |                       |
| <i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i> | 1B        |                       |
| <i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>               | 1B        |                       |
| <i>diazepam intensol oral concentrate 5 mg/ml</i>  | 1B        |                       |
| <i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>  | 1B        |                       |
| <i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>  | 1B        |                       |
| <i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>   | 1B        |                       |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>doxepin oral concentrate 10 mg/ml</i>  | 1B        |                       |
| <i>doxepin oral tablet 3 mg, 6 mg</i>   | 1B        | ST; QL                |
| <i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>  | 1B        | QL                    |
| <i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>  | 1B        | ST; QL                |
| DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML   | 2         | ST                    |
| DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG   | 2         | ST                    |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR   | 3         |                       |
| <i>ergoloid oral tablet 1 mg</i>  | 1B        |                       |
| ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 351 MG/2.25 ML, 39 MG/0.25 ML, 78 MG/0.5 ML | 2         |                       |
| ESCITALOPRAM OXALATE ORAL CAPSULE 15 MG   | 3         | ST                    |

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>escitalopram oxalate oral solution 5 mg/5 ml</i>                            | 1A        | ST                    |
| <i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>                     | 1A        | QL                    |
| <i>estazolam oral tablet 1 mg, 2 mg</i>  | 1B        | QL                    |
| <i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>                                | 1B        | QL                    |
| FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG                  | 3         | ST; QL                |
| FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)    | 3         | ST; QL                |
| FANAPT TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2) | 3         | ST; QL                |
| FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2)       | 3         | ST; QL                |
| FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26)               | 2         | ST; QL                |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG | 2         | ST; QL                |
| <i>fluoxetine oral capsule 10 mg, 40 mg</i>                             | 1A        | QL                    |
| <i>fluoxetine oral capsule 20 mg</i>                                    | 1A        |                       |
| <i>fluoxetine oral capsule,delayed release(dr/ec) 90 mg</i>             | 1A        | ST; QL                |
| <i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>                    | 1A        |                       |
| <i>fluoxetine oral tablet 10 mg</i>                                     | 1A        | ST; QL                |
| <i>fluoxetine oral tablet 20 mg, 60 mg</i>                              | 1A        | ST                    |
| <i>fluphenazine decanoate injection solution 25 mg/ml</i>               | 1B        |                       |
| <i>fluphenazine hcl injection solution 2.5 mg/ml</i>                    | 1B        |                       |
| <i>fluphenazine hcl oral concentrate 5 mg/ml</i>                        | 1B        |                       |
| <i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>                         | 1B        |                       |
| <i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>           | 1B        |                       |
| <i>flurazepam oral capsule 15 mg, 30 mg</i>                             | 1B        | QL                    |
| <i>fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg</i>    | 1A        | ST; QL                |

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| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>   | 1A        | QL                    |
| <i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>                                 | 1B        |                       |
| <i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>                                     | 1B        |                       |
| <i>haloperidol lactate oral concentrate 2 mg/ml</i>   | 1B        |                       |
| <i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>                                       | 1B        |                       |
| <i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>   | 1B        |                       |
| <i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>  | 1B        |                       |
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML, 1,560 MG/5 ML   | 2         |                       |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML | 2         |                       |

| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML, 410 MG/1.32 ML, 546 MG/1.75 ML, 819 MG/2.63 ML | 2         |                       |
| JORNAY PM ORAL CAPSULE, DEL REL, EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG                 | 3         | ST                    |
| <i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>               | 1B        | QL                    |
| <i>lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>             | 1B        | ST; QL                |
| <i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>                                       | 1B        |                       |
| <i>lithium carbonate oral tablet 300 mg</i>  | 1B        |                       |
| <i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>                               | 1B        |                       |
| <i>lithium citrate oral solution 8 meq/5 ml</i>  | 1B        |                       |
| <i>lorazepam intensol oral concentrate 2 mg/ml</i>   | 1B        |                       |
| <i>lorazepam oral concentrate 2 mg/ml</i>  | 1B        |                       |

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>  | 1B        |                       |
| LOREEV XR ORAL CAPSULE, EXTENDED RELEASE 24HR 1 MG, 1.5 MG, 2 MG, 3 MG   | 3         |                       |
| <i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>   | 1B        |                       |
| LUMRYZ ORAL EXTENDED RELEASE GRANULES, PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM                                 | 4         | PA; LA; QL            |
| LUMRYZ STARTER PACK ORAL GRANULES PER PACKET, DOSE PACK 4.5-6-7.5 GRAM   | 4         | PA; QL                |
| <i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>   | 1B        | QL                    |
| MARPLAN ORAL TABLET 10 MG  | 3         |                       |
| <i>methamphetamine oral tablet 5 mg</i>  | 1B        |                       |
| <i>methylphenidate hcl oral cap, er sprinkle, biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> | 1B        | ST                    |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> | 1B        |                       |
| <i>methylphenidate hcl oral capsule, er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>        | 1B        |                       |
| <i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>                                      | 1B        |                       |
| <i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>   | 1B        |                       |
| <i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>                                | 1B        |                       |
| <i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg, 72 mg</i>      | 1B        |                       |
| <i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>                                | 1B        |                       |
| <i>methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr</i>     | 1B        | ST                    |
| <i>midazolam (pf) injection solution 1 mg/ml, 5 mg/ml</i>   | 1B        |                       |
| <i>midazolam (pf) injection syringe 2 mg/2 ml (1 mg/ml), 5 mg/ml</i>                                | 1B        |                       |

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| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| MIDAZOLAM IN NACL,ISO-OSMO(PF) INTRAVENOUS SOLUTION 1 MG/ML             | 3         |                       |
| <i>midazolam injection solution 1 mg/ml, 5 mg/ml</i>                    | 1B        |                       |
| MIDAZOLAM INTRAVENOUS SYRINGE 150 MG/30 ML (5 MG/ML)                    | 3         |                       |
| <i>midazolam oral syrup 2 mg/ml</i>                                     | 1B        |                       |
| <i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>              | 1B        |                       |
| <i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i>       | 1B        |                       |
| <i>modafinil oral tablet 100 mg, 200 mg</i>                             | 1B        | QL                    |
| <i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>                         | 1B        |                       |
| <i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>     | 1B        |                       |
| <i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>            | 1B        |                       |
| <i>nortriptyline oral solution 10 mg/5 ml</i>                           | 1B        |                       |
| <i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> | 1B        | QL                    |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>                    | 1B        | QL                    |
| <i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>   | 1B        |                       |
| <i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>  | 1B        |                       |
| <i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg</i>            | 1B        | QL                    |
| <i>paroxetine hcl oral suspension 10 mg/5 ml</i>  | 1A        | ST                    |
| <i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>                              | 1A        | QL                    |
| <i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>          | 1A        | ST; QL                |
| <i>paroxetine mesylate(menop.sym ) oral capsule 7.5 mg</i>                                | 1B        | ST; QL                |
| <i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>                                   | 1B        |                       |
| <i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i> | 1B        |                       |

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG                         | 3         |                       |
| <i>phenelzine oral tablet 15 mg</i>  | 1B        |                       |
| <i>pimozide oral tablet 1 mg, 2 mg</i>   | 1B        |                       |
| <i>procentra oral solution 5 mg/5 ml</i>   | 1B        |                       |
| <i>protriptyline oral tablet 10 mg, 5 mg</i>   | 1B        |                       |
| QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG                          | 3         | PA                    |
| <i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>                 | 1B        | QL                    |
| QUETIAPINE ORAL TABLET 150 MG  | 3         | QL                    |
| <i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> | 1B        | QL                    |
| QUILLICHEW ER ORAL TABLET,CHEW,IR - ER.BIPHASIC24HR 20 MG, 30 MG, 40 MG                    | 2         | ST                    |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| QUILLIVANT XR ORAL SUSPENSION,EXTENDED REL 24HR,RECON 5 MG/ML (25 MG/5 ML)            | 2         | ST                    |
| QUVIVIQ ORAL TABLET 25 MG, 50 MG  | 3         | ST; QL                |
| <i>ramelteon oral tablet 8 mg</i>   | 1B        | QL                    |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG                           | 3         | ST; QL                |
| <i>risperidone oral solution 1 mg/ml</i>  | 1B        |                       |
| <i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>                | 1B        | QL                    |
| <i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> | 1B        | QL                    |
| SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR      | 3         | QL                    |
| <i>sertraline oral concentrate 20 mg/ml</i>   | 1A        |                       |
| <i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>                                    | 1A        | QL                    |

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| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)        | 4         | PA                    |
| SUNOSI ORAL TABLET 150 MG, 75 MG  | 2         | PA; QL                |
| <i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>                   | 1B        | QL                    |
| <i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>                   | 1B        |                       |
| <i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>                       | 1B        |                       |
| <i>tranlycypromine oral tablet 10 mg</i>                                      | 1B        |                       |
| <i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>                    | 1B        |                       |
| <i>triazolam oral tablet 0.125 mg, 0.25 mg</i>                                | 1B        | QL                    |
| <i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>                    | 1B        |                       |
| <i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>                         | 1B        |                       |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG                                     | 3         | ST; QL                |
| <i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i> | 1B        | QL                    |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>                         | 1B        | QL                    |
| <i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>   | 1B        | ST; QL                |
| VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG  | 3         | ST                    |
| VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG   | 3         | ST; QL                |
| WAKIX ORAL TABLET 17.8 MG, 4.45 MG  | 4         | PA; LA; QL            |
| XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR | 3         | ST                    |
| <i>zaleplon oral capsule 10 mg, 5 mg</i>  | 1B        | QL                    |
| <i>zenzedi oral tablet 10 mg, 5 mg</i>  | 1B        |                       |
| ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG                                     | 3         |                       |
| <i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>                              | 1B        | QL                    |
| <i>zolpidem oral tablet 10 mg, 5 mg</i>   | 1B        | QL                    |
| <i>zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg</i>                        | 1B        | QL                    |

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| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i>   | 1B        | ST; QL                |
| ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG   | 4         | PA; QL                |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG                   | 3         |                       |
| <b>AUTONOMIC &amp; CNS DRUGS, NEUROLOGY</b>   |           |                       |
| <b>MULTIPLE SCLEROSIS AGENTS</b>  |           |                       |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML   | 4         | PA; LA; QL            |
| AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML  | 4         | PA; LA; QL            |
| BETASERON SUBCUTANEOUS KIT 0.3 MG   | 4         | PA; LA; QL            |
| <i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)-240 mg (46), 240 mg</i> | 1B        | PA; LA; QL            |
| <i> fingolimod oral capsule 0.5 mg</i>  | 4         | PA; LA; QL            |
| <i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i>   | 4         | PA; LA; QL            |

| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>glatopa subcutaneous syringe 20 mg/ml, 40 mg/ml</i>   | 4         | PA; LA; QL            |
| KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML  | 4         | PA; LA; QL            |
| PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML  | 4         | PA; LA; QL            |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML                      | 4         | PA; LA; QL            |
| PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML                           | 4         | PA; LA; QL            |
| REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML                               | 4         | PA; LA; QL            |
| REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6) | 4         | PA; LA; QL            |

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| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| REBIF TITRATION PACK<br>SUBCUTANEOUS SYRINGE<br>8.8MCG/0.2ML-22 MCG/0.5ML (6) | 4         | PA; LA; QL            |
| <i>teriflunomide oral tablet 14 mg, 7 mg</i>                                  | 4         | PA; LA; QL            |
| VUMERITY ORAL CAPSULE,DELAY ED<br>RELEASE(DR/EC)<br>231 MG                    | 4         | PA; LA; QL            |

## CARDIOVASCULAR, HYPERTENSION & LIPIDS

### ANTIARRHYTHMIC AGENTS

|   |    |  |
|---|----|--|
| <i>amiodarone intravenous solution 50 mg/ml</i>           | 1B |  |
| <i>amiodarone intravenous syringe 150 mg/3 ml</i>         | 1B |  |
| <i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>      | 1B |  |
| <i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> | 1B |  |
| <i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>  | 1B |  |
| <i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>       | 1B |  |

| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i> | 1B        |                       |
| <i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>  | 1B        |                       |
| NORPACE CR<br>ORAL CAPSULE,<br>EXTENDED<br>RELEASE 100 MG,<br>150 MG                                   | 3         |                       |
| <i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>   | 1B        |                       |
| <i>propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg</i>                          | 1B        |                       |
| <i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>  | 1B        |                       |
| <i>quinidine gluconate oral tablet extended release 324 mg</i>   | 1B        |                       |
| <i>quinidine sulfate oral tablet 200 mg, 300 mg</i>  | 1B        |                       |
| <i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>  | 1B        |                       |
| SOTALOL<br>INTRAVENOUS<br>SOLUTION 150<br>MG/10 ML (15<br>MG/ML)                                       | 3         |                       |
| <i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>   | 1B        |                       |

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| SOTYLIZE ORAL SOLUTION 5 MG/ML   | 2         |                       |
| <b>ANTIHYPERTENSIVE THERAPY</b>  |           |                       |
| <i>acebutolol oral capsule 200 mg, 400 mg</i>  | 1A        |                       |
| <i>aliskiren oral tablet 150 mg, 300 mg</i>  | 1B        |                       |
| <i>amiloride oral tablet 5 mg</i>  | 1B        |                       |
| <i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>   | 1B        |                       |
| <i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>  | 1A        |                       |
| <i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>                       | 1A        |                       |
| <i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>  | 1A        |                       |
| <i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>   | 1A        |                       |
| <i>amlodipine-valsartan-hcthiazyd oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i> | 1A        |                       |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>  | 1A        |                       |
| <i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>                                | 1A        |                       |
| <i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>                                       | 1A        |                       |
| <i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i> | 1A        |                       |
| <i>betaxolol oral tablet 10 mg, 20 mg</i>   | 1A        |                       |
| <i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>  | 1A        |                       |
| <i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>          | 1A        |                       |
| <i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>  | 1B        |                       |
| <i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>                                       | 1A        |                       |
| <i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>            | 1A        |                       |
| <i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>                                    | 1A        |                       |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated April 1, 2026.

| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>  | 1A        |                       |
| CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG                                  | 3         | QL                    |
| <i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>       | 1A        |                       |
| <i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>                          | 1B        |                       |
| <i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i> | 1B        |                       |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i>   | 1A        |                       |
| <i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>                                  | 1B        |                       |
| <i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>       | 1B        | QL                    |
| <i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>          | 1A        |                       |
| <i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>            | 1A        |                       |

| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>        | 1A        |                       |
| <i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>         | 1A        |                       |
| <i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>   | 1A        |                       |
| <i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> | 1A        |                       |
| <i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>                              | 1A        |                       |
| DIURIL ORAL SUSPENSION 250 MG/5 ML   | 3         |                       |
| <i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>  | 1B        | QL                    |
| <i>enalapril maleate oral solution 1 mg/ml</i>   | 1A        |                       |
| <i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>  | 1A        |                       |
| <i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>                                   | 1A        |                       |
| <i>epplerenone oral tablet 25 mg, 50 mg</i>  | 1B        |                       |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated April 1, 2026.

| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>epoprostenol intravenous recon soln 0.5 mg, 1.5 mg</i>                | 4         | PA; LA                |
| <i>eprosartan oral tablet 600 mg</i>                                     | 1A        |                       |
| <i>ethacrynic acid oral tablet 25 mg</i>                                 | 1B        |                       |
| <i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i> | 1A        |                       |
| <i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>                        | 1A        |                       |
| <i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i> | 1A        |                       |
| FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML                                    | 4         | LA                    |
| FUROSEMIDE IN 0.9 % NACL INTRAVENOUS PIGGYBACK 100 MG/100 ML (1 MG/ML)   | 3         |                       |
| <i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>           | 1B        |                       |
| <i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>                        | 1B        |                       |
| <i>guanfacine oral tablet 1 mg, 2 mg</i>                                 | 1B        |                       |
| HEMANGEOL ORAL SOLUTION 4.28 MG/ML                                       | 4         | PA; LA                |
| <i>hydralazine injection solution 20 mg/ml</i>                           | 1B        |                       |

| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>                         | 1B        |                       |
| <i>hydrochlorothiazide oral capsule 12.5 mg</i>                                    | 1A        |                       |
| <i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>                       | 1A        |                       |
| <i>indapamide oral tablet 1.25 mg, 2.5 mg</i>                                      | 1A        |                       |
| <i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>                                | 1A        |                       |
| <i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>         | 1A        |                       |
| <i>isosorbide-hydralazine oral tablet 20-37.5 mg</i>                               | 1B        |                       |
| <i>isradipine oral capsule 2.5 mg, 5 mg</i>  | 1A        |                       |
| KERENDIA ORAL TABLET 10 MG, 20 MG  | 2         | PA; QL                |
| KERENDIA ORAL TABLET 40 MG   | 2         | PA                    |
| <i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>                                | 1B        |                       |
| <i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>             | 1A        |                       |
| <i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> | 1A        |                       |

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| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| LOPRESSOR ORAL TABLET 12.5 MG   | 3         |                       |
| <i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>  | 1A        |                       |
| <i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>          | 1A        |                       |
| <i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>  | 1A        |                       |
| <i>methyl dopa oral tablet 250 mg, 500 mg</i>   | 1B        |                       |
| <i>methyl dopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>                     | 1B        |                       |
| <i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>   | 1A        |                       |
| <i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> | 1A        |                       |
| <i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>            | 1A        |                       |
| <i>metoprolol tartrate intravenous solution 5 mg/5 ml</i>                                   | 1B        |                       |

| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>                              | 1A        |                       |
| <i>metyrosine oral capsule 250 mg</i>  | 1B        | PA                    |
| <i>minoxidil oral tablet 10 mg, 2.5 mg</i>   | 1B        |                       |
| <i>moexipril oral tablet 15 mg, 7.5 mg</i>   | 1A        |                       |
| <i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>   | 1A        |                       |
| <i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>  | 1A        |                       |
| <i>nicardipine oral capsule 20 mg, 30 mg</i>   | 1A        |                       |
| <i>nifedipine oral capsule 10 mg, 20 mg</i>  | 1A        |                       |
| <i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>                                  | 1A        |                       |
| <i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>                                       | 1A        |                       |
| <i>nimodipine oral capsule 30 mg</i>   | 1B        |                       |
| <i>nimodipine oral solution 60 mg/20 ml</i>  | 1B        |                       |
| <i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i> | 1A        |                       |

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>   | 1A        |                       |
| <i>olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> | 1A        |                       |
| <i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>                                   | 1A        |                       |
| ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)-0.25 MG (42)                        | 4         | PA; LA; QL            |
| ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)-0.25 MG (210)                       | 4         | PA; LA; QL            |
| ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)-0.25 MG(42)-1MG                     | 4         | PA; LA; QL            |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG        | 4         | PA; LA; QL            |
| <i>papaverine injection solution 30 mg/ml</i>                                       | 1B        |                       |
| <i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>                            | 1A        |                       |
| <i>phenoxybenzamine oral capsule 10 mg</i>  | 1B        | PA                    |
| <i>pindolol oral tablet 10 mg, 5 mg</i>   | 1A        |                       |
| <i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>                                       | 1B        |                       |
| <i>propranolol intravenous solution 1 mg/ml</i>                                     | 1B        |                       |
| <i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> | 1A        |                       |
| <i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>         | 1A        |                       |
| <i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>                    | 1A        |                       |
| <i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>                | 1A        |                       |
| <i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>                              | 1A        |                       |

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>                    | 1A        |                       |
| <i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>  | 1A        |                       |
| <i>spironolactone oral suspension 25 mg/5 ml</i>   | 1B        |                       |
| <i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>   | 1B        |                       |
| <i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>   | 1B        |                       |
| <i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>   | 1A        |                       |
| <i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>                   | 1A        |                       |
| <i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>  | 1B        | QL                    |
| <i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> | 1A        |                       |
| <i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>  | 1A        |                       |
| <i>torse mide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>   | 1B        |                       |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>  | 1A        |                       |
| <i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>    | 1A        |                       |
| <i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>   | 1B        |                       |
| <i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>                                      | 1B        |                       |
| UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG          | 4         | PA; LA; QL            |
| UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)  | 4         | PA; LA; QL            |
| <i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>   | 1A        |                       |
| <i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> | 1A        |                       |
| <i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>                                    | 1A        |                       |

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>                             | 1A        |                       |
| <i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>  | 1A        |                       |
| <i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>   | 1A        |                       |
| <b>CARDIAC GLYCOSIDES</b>  |           |                       |
| <i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>  | 1B        |                       |
| <i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg)</i>                           | 1B        |                       |
| LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG)                                  | 3         |                       |
| <b>COAGULATION THERAPY</b>   |           |                       |
| AGGRASTAT CONCENTRATE INTRAVENOUS CONCENTRATE 250 MCG/ML   | 3         |                       |
| ALHEMO PEN SUBCUTANEOUS PEN INJECTOR 150 MG/1.5 ML (100 MG/ML), 300 MG/3 ML (100 MG/ML), 60 MG/1.5 ML (40 MG/ML) | 4         | PA; LA                |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG                            | 4         | PA; LA                |
| <i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>                 | 1B        |                       |
| <i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i>                   | 1B        |                       |
| <i>argatroban in 0.9 % sod chlor intravenous solution 1 mg/ml</i>       | 1B        |                       |
| ARGATROBAN INTRAVENOUS SOLUTION 100 MG/ML                               | 3         |                       |
| <i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i> | 1A        |                       |
| <i>cilostazol oral tablet 100 mg, 50 mg</i>                             | 1B        |                       |
| <i>clopidogrel oral tablet 300 mg, 75 mg</i>                            | 1A        |                       |
| <i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i>          | 1A        | PA                    |
| <i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>                     | 1A        |                       |
| DOPTELET (15 TAB PACK) ORAL TABLET 20 MG                                | 4         | PA; LA; QL            |
| DOPTELET SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG                          | 4         | PA; LA; QL            |

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)   | 2         | PA                    |
| ELIQUIS ORAL TABLET 2.5 MG, 5 MG   | 2         | PA                    |
| ELIQUIS ORAL TABLET FOR SUSPENSION 0.5 MG, 1.5 MG (0.5 MG X 3), 2 MG (0.5 MG X 4)  | 2         | PA                    |
| ELIQUIS SPRINKLE ORAL CAPSULE, SPRINKLE 0.15 MG  | 2         | PA                    |
| <i>enoxaparin subcutaneous solution 300 mg/3 ml</i>  | 4         |                       |
| <i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i> | 4         |                       |
| <i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>                                   | 4         |                       |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML, 25,000 ANTI-XA UNIT/ML   | 4         |                       |
| FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML, 7,500 ANTI-XA UNIT/0.3 ML | 4         |                       |
| <i>heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml)</i>   | 1B        |                       |
| HEPARIN (PORCINE) IN 0.9% NACL INTRAVENOUS PARENTERAL SOLUTION 30,000 UNIT/1,000 ML, 5,000 UNIT/1,000 ML, 5,000 UNIT/500 ML (10 UNIT/ML)  | 3         |                       |
| <i>heparin lockflush(porcine)(pf ) intravenous syringe 10 unit/ml, 100 unit/ml</i>  | 1B        |                       |

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| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml</i>               | 1B        |                       |
| HYMPAVZI PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML                                      | 4         | PA; LA                |
| <i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> | 1A        |                       |
| KOGENATE FS INTRAVENOUS RECON SOLN 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT   | 4         |                       |
| MULPLETA ORAL TABLET 3 MG   | 4         | PA; LA; QL            |
| <i>pentoxifylline oral tablet extended release 400 mg</i>                             | 1B        |                       |
| <i>phytonadione (vitamin k1) oral tablet 5 mg</i>                                     | 1B        | QL                    |
| <i>prasugrel hcl oral tablet 10 mg, 5 mg</i>  | 1A        |                       |
| QFITLIA PEN SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML                                    | 4         | PA; LA                |
| QFITLIA SUBCUTANEOUS SOLUTION 20 MG/0.2 ML  | 4         | PA; LA                |
| <i>rivaroxaban oral suspension for reconstitution 1 mg/ml</i>                         | 1A        | PA                    |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>rivaroxaban oral tablet 2.5 mg</i>   | 1A        | PA                    |
| <i>ticagrelor oral tablet 60 mg, 90 mg</i>  | 1A        |                       |
| <i>tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)</i>                | 1B        |                       |
| <i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> | 1A        |                       |
| XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)-20 MG (9)            | 2         | PA                    |
| XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML                                    | 2         | PA                    |
| XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG                                       | 2         | PA                    |
| YOSPRALA ORAL TABLET,IR,DELAYED REL,BIPHASIC 325-40 MG, 81-40 MG                      | 3         | PA                    |
| ZONTIVITY ORAL TABLET 2.08 MG   | 3         |                       |

**LIPID/CHOLESTEROL LOWERING AGENTS**

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

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements / Limits</b> |
|---|------------------|------------------------------|
| <i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>     | 1A               | QL                           |
| <i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>     | 1A               |                              |
| <i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>                       | 1A               |                              |
| <i>fenofibrate oral tablet 160 mg, 54 mg</i>  | 1A               |                              |
| <i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i> | 1A               |                              |
| <i>fenofibric acid oral tablet 105 mg, 35 mg</i>                                    | 1A               |                              |
| <i>fluvastatin oral capsule 20 mg, 40 mg</i>  | 1A               | QL                           |
| <i>fluvastatin oral tablet extended release 24 hr 80 mg</i>                         | 1A               | QL                           |
| <i>gemfibrozil oral tablet 600 mg</i>   | 1A               |                              |
| <i>icosapent ethyl oral capsule 0.5 gram, 1 gram</i>                                | 1A               | PA                           |
| <i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>                                   | 1A               | QL                           |
| <b>NEXLETOL ORAL TABLET 180 MG</b>  | 2                | PA                           |

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| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| NEXLIZET ORAL TABLET 180-10 MG  | 2         | PA                    |
| <i>niacin oral tablet 500 mg</i>  | 1A        |                       |
| <i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i> | 1A        |                       |
| NIACOR ORAL TABLET 500 MG   | 3         |                       |
| <i>omega-3 acid ethyl esters oral capsule 1 gram</i>                      | 1B        | PA                    |
| <i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>                  | 1A        | QL                    |
| PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML                | 3         | PA; QL                |
| <i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>                 | 1A        | QL                    |
| <i>prevalite oral powder 4 gram</i>                                       | 1A        |                       |
| <i>prevalite oral powder in packet 4 gram</i>                             | 1A        |                       |
| REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML           | 2         | PA; QL                |
| REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML                     | 2         | PA; QL                |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML                        | 2         | PA; QL                |
| <i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>             | 1A        | QL                    |
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>       | 1A        | QL                    |
| TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML                     | 4         | PA; LA                |
| VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM                                 | 2         | PA                    |
| <b>MISCELLANEOUS CARDIOVASCULAR AGENTS</b>                            |           |                       |
| ATTRUBY ORAL TABLET 356 MG  | 4         | PA; LA                |
| ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG                       | 2         | PA; QL                |
| <i>isoproterenol hcl injection solution 0.2 mg/ml</i>                 | 1B        |                       |
| <i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i> | 1B        |                       |
| <i>sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg</i> | 1B        | PA; QL                |
| VECAMEYL ORAL TABLET 2.5 MG   | 3         |                       |
| <b>NITRATES</b>   |           |                       |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated April 1, 2026.

| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>   | 1B        |                       |
| <i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>   | 1B        |                       |
| <i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>  | 1B        |                       |
| <i>nitro-bid transdermal ointment 2 %</i>  | 1B        |                       |
| NITRO-DUR<br>TRANSDERMAL<br>PATCH 24 HOUR<br>0.1 MG/HR, 0.2<br>MG/HR, 0.3<br>MG/HR, 0.4<br>MG/HR, 0.6<br>MG/HR, 0.8<br>MG/HR | 3         |                       |
| <i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>  | 1B        |                       |
| <i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>                                    | 1B        |                       |
| <i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i>   | 1B        |                       |
| NITROMIST<br>TRANSLINGUAL<br>AEROSOL, SPRAY<br>400 MCG/SPRAY   | 3         |                       |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>nitro-time oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg</i>                 | 1B        |                       |
| <b>DERMATOLOGICALS/TOPICAL THERAPY</b>  |           |                       |
| <b>ANTIPSORIATIC / ANTISEBORRHEIC</b>   |           |                       |
| <i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>                                   | 1B        |                       |
| BIMZELX<br>AUTOINJECTOR<br>SUBCUTANEOUS<br>AUTO-INJECTOR<br>160 MG/ML, 320<br>MG/2 ML | 4         | PA; LA; QL            |
| BIMZELX<br>SUBCUTANEOUS<br>SYRINGE 160<br>MG/ML, 320 MG/2<br>ML                       | 4         | PA; LA; QL            |
| <i>calcipotriene scalp solution 0.005 %</i>   | 1B        | QL                    |
| <i>calcipotriene topical cream 0.005 %</i>  | 1B        | QL                    |
| <i>calcipotriene topical ointment 0.005 %</i>   | 1B        | QL                    |
| <i>calcipotriene-<br/>betamethasone<br/>topical ointment<br/>0.005-0.064 %</i>        | 1B        | ST; QL                |
| <i>calcipotriene-<br/>betamethasone<br/>topical suspension<br/>0.005-0.064 %</i>      | 1B        | ST; QL                |
| <i>calcitriol topical ointment 3 mcg/gram</i>   | 1B        |                       |

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| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML        | 4         | PA; LA; QL            |
| COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML   | 4         | PA; LA; QL            |
| COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML            | 4         | PA; LA; QL            |
| COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML       | 4         | PA; LA; QL            |
| COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML | 4         | PA; LA; QL            |
| <i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>       | 1B        | ST                    |
| ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML                       | 4         | PA; LA; QL            |
| IMULDOSA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML        | 4         | PA; LA; QL            |
| OVACE PLUS TOPICAL CLEANSER 10 %                            | 3         |                       |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| OVACE PLUS WASH TOPICAL CLEANSER, GEL 10 %            | 3         |                       |
| PLEXION NS TOPICAL SHAMPOO 9.8 %                      | 3         |                       |
| SELARSDI SUBCUTANEOUS SOLUTION 45 MG/0.5 ML           | 4         | PA; LA; QL            |
| SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML  | 4         | PA; LA; QL            |
| <i>selenium sulfide topical lotion 2.5 %</i>          | 1B        |                       |
| <i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i> | 1B        |                       |
| SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML              | 4         | PA; LA; QL            |
| SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML           | 4         | PA; LA; QL            |
| SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML                | 4         | PA; LA; QL            |
| SOTYKTU ORAL TABLET 6 MG                              | 4         | PA; LA; QL            |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML            | 4         | PA; LA; QL            |

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| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| STELARA<br>SUBCUTANEOUS<br>SYRINGE 45<br>MG/0.5 ML, 90<br>MG/ML                         | 4         | PA; LA; QL            |
| <i>sulfacetamide<br/>sodium topical<br/>cleanser 10 %</i>                               | 1B        |                       |
| <i>sulfacetamide<br/>sodium topical<br/>cleanser, gel 10 %</i>                          | 1B        |                       |
| <i>sulfacetamide<br/>sodium topical<br/>shampoo 10 %, 9.8<br/>%</i>                     | 1B        |                       |
| TALTZ<br>AUTOINJECTOR<br>(2 PACK)<br>SUBCUTANEOUS<br>AUTO-INJECTOR<br>80 MG/ML          | 4         | PA; LA; QL            |
| TALTZ<br>AUTOINJECTOR<br>(3 PACK)<br>SUBCUTANEOUS<br>AUTO-INJECTOR<br>80 MG/ML          | 4         | PA; LA; QL            |
| TALTZ<br>AUTOINJECTOR<br>SUBCUTANEOUS<br>AUTO-INJECTOR<br>80 MG/ML                      | 4         | PA; LA; QL            |
| TALTZ SYRINGE<br>SUBCUTANEOUS<br>SYRINGE 20<br>MG/0.25 ML, 40<br>MG/0.5 ML, 80<br>MG/ML | 4         | PA; LA; QL            |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| TREMFYA ONE-<br>PRESS<br>SUBCUTANEOUS<br>AUTO-INJECTOR<br>100 MG/ML                 | 4         | PA; LA; QL            |
| TREMFYA PEN<br>INDUCTION<br>PK(2PEN)<br>SUBCUTANEOUS<br>PEN INJECTOR<br>200 MG/2 ML | 4         | PA; LA; QL            |
| TREMFYA PEN<br>SUBCUTANEOUS<br>PEN INJECTOR<br>100 MG/ML, 200<br>MG/2 ML            | 4         | PA; LA; QL            |
| TREMFYA<br>SUBCUTANEOUS<br>SYRINGE 100<br>MG/ML, 200 MG/2<br>ML                     | 4         | PA; LA; QL            |
| USTEKINUMAB-<br>TTWE<br>SUBCUTANEOUS<br>SOLUTION 45<br>MG/0.5 ML                    | 4         | PA; LA; QL            |
| USTEKINUMAB-<br>TTWE<br>SUBCUTANEOUS<br>SYRINGE 45<br>MG/0.5 ML, 90<br>MG/ML        | 4         | PA; LA; QL            |
| VTAMA TOPICAL<br>CREAM 1 %  | 2         | PA; QL                |
| YESINTEK<br>SUBCUTANEOUS<br>SOLUTION 45<br>MG/0.5 ML                                | 4         | PA; LA; QL            |

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| YESINTEK<br>SUBCUTANEOUS<br>SYRINGE 45<br>MG/0.5 ML, 90<br>MG/ML | 4         | PA; LA; QL            |
| ZORYVE<br>TOPICAL CREAM<br>0.05 %                                | 2         | PA                    |
| ZORYVE<br>TOPICAL CREAM<br>0.15 %                                | 2         | PA; QL                |
| ZORYVE<br>TOPICAL CREAM<br>0.3 %                                 | 3         | PA; QL                |
| ZORYVE<br>TOPICAL FOAM<br>0.3 %                                  | 3         | PA; QL                |
| <b>BURN THERAPY</b>  |           |                       |
| <i>silver sulfadiazine<br/>topical cream 1 %</i>                 | 1B        |                       |
| <i>ssd topical cream 1<br/>%</i>                                 | 1B        |                       |
| <b>MISCELLANEOUS<br/>DERMATOLOGICALS</b>                         |           |                       |
| ADBRY<br>SUBCUTANEOUS<br>AUTO-INJECTOR<br>300 MG/2 ML            | 4         | PA; LA; QL            |
| ADBRY<br>SUBCUTANEOUS<br>SYRINGE 150<br>MG/ML                    | 4         | PA; LA; QL            |
| AMELUZ<br>TOPICAL GEL 10<br>%                                    | 3         |                       |
| <i>ammonium lactate<br/>topical cream 12 %</i>                   | 1B        |                       |
| <i>ammonium lactate<br/>topical lotion 12 %</i>                  | 1B        |                       |

| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| CIBINQO ORAL<br>TABLET 100 MG,<br>200 MG, 50 MG                                  | 4         | PA; LA; QL            |
| <i>diclofenac sodium<br/>topical gel 3 %</i>                                     | 1B        | QL                    |
| <i>doxepin topical<br/>cream 5 %</i>   | 1B        | QL                    |
| DRYSOL DAB-O-<br>MATIC TOPICAL<br>SOLUTION 20 %                                  | 3         |                       |
| DUPIXENT PEN<br>SUBCUTANEOUS<br>PEN INJECTOR<br>200 MG/1.14 ML,<br>300 MG/2 ML   | 4         | PA; LA; QL            |
| DUPIXENT<br>SYRINGE<br>SUBCUTANEOUS<br>SYRINGE 200<br>MG/1.14 ML, 300<br>MG/2 ML | 4         | PA; LA; QL            |
| EUCRISA<br>TOPICAL<br>OINTMENT 2 %   | 2         | PA; QL                |
| <i>fluorouracil topical<br/>cream 5 %</i>  | 1B        |                       |
| <i>fluorouracil topical<br/>solution 2 %, 5 %</i>                                | 1B        |                       |
| HYFTOR TOPICAL<br>GEL 0.2 %  | 4         | PA; LA                |
| <i>imiquimod topical<br/>cream in packet 5 %</i>                                 | 1B        |                       |
| IODOFLEX<br>TOPICAL PADS,<br>MEDICATED 0.9 %                                     | 3         |                       |
| <i>methoxsalen oral<br/>capsule,liqd-<br/>filled,rapid rel 10<br/>mg</i>         | 1B        |                       |
| <i>methyl salicylate oil</i>   | 1B        |                       |

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>methyl salicylate topical liquid</i>                        | 1B        |                       |
| NORMLGEL AG TOPICAL GEL 0.11 %                                 | 3         |                       |
| PANRETIN TOPICAL GEL 0.1 %                                     | 3         | PA                    |
| <i>pimecrolimus topical cream 1 %</i>                          | 1B        | ST; QL                |
| <i>podofilox topical gel 0.5 %</i>                             | 1B        | QL                    |
| <i>podofilox topical solution 0.5 %</i>                        | 1B        |                       |
| <i>prudoxin topical cream 5 %</i>                              | 1B        | QL                    |
| QBREXZA TOPICAL TOWELETTE 2.4 %                                | 3         | PA                    |
| <i>tacrolimus topical ointment 0.03 %, 0.1 %</i>               | 1B        | ST; QL                |
| VALCHLOR TOPICAL GEL 0.016 %                                   | 4         | LA                    |
| VEREGEN TOPICAL OINTMENT 15 %                                  | 3         | QL                    |
| <i>wintergreen oil oil</i>                                     | 1B        |                       |
| ZONALON TOPICAL CREAM 5 %                                      | 3         | QL                    |
| <b>THERAPY FOR ACNE</b>  |           |                       |
| ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG | 3         | ST                    |

| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>                      | 1B        |                       |
| ACZONE TOPICAL GEL WITH PUMP 7.5 %   | 3         | ST                    |
| <i>adapalene topical cream 0.1 %</i>   | 1B        | PA                    |
| <i>adapalene topical gel 0.3 %</i>   | 1B        | PA                    |
| <i>adapalene topical gel with pump 0.3 %</i>                                 | 1B        | PA                    |
| ADAPALENE TOPICAL LOTION 0.1 %   | 3         | PA                    |
| <i>adapalene topical solution 0.1 %</i>                                      | 1B        | PA                    |
| <i>adapalene topical swab 0.1 %</i>  | 1B        | PA                    |
| <i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %, 0.3-2.5 %</i> | 1B        | PA                    |
| AKLIEF TOPICAL CREAM 0.005 %   | 3         | PA                    |
| <i>amnestem oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>                      | 1B        |                       |
| AMZEEQ TOPICAL FOAM 4 %  | 3         | ST                    |
| <i>avar topical cleanser 10-5 % (w/w)</i>                                    | 1B        | ST                    |
| AVAR-E TOPICAL CREAM 10-5 % (W/W)  | 3         | ST                    |
| <i>azelaic acid topical gel 15 %</i>   | 1B        |                       |

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| AZELEX TOPICAL CREAM 20 %                                | 3         | ST                    |
| BENZEPRO (MICROSPHERES) TOPICAL CLEANSER 7 %             | 3         | ST                    |
| <i>benzoyl peroxide topical cleanser 7 %</i>             | 1B        |                       |
| <i>benzoyl peroxide topical foam 9.8 %</i>               | 1B        |                       |
| <i>brimonidine topical gel with pump 0.33 %</i>          | 1B        |                       |
| <i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>  | 1B        |                       |
| <i>clindacin etz topical swab 1 %</i>                    | 1B        |                       |
| <i>clindacin p topical swab 1 %</i>                      | 1B        |                       |
| <i>clindacin topical foam 1 %</i>                        | 1B        | ST; QL                |
| <i>clindamycin phosphate topical foam 1 %</i>            | 1B        | ST; QL                |
| <i>clindamycin phosphate topical gel 1 %</i>             | 1B        | QL                    |
| <i>clindamycin phosphate topical gel, once daily 1 %</i> | 1B        | ST; QL                |
| <i>clindamycin phosphate topical lotion 1 %</i>          | 1B        | QL                    |
| <i>clindamycin phosphate topical solution 1 %</i>        | 1B        | QL                    |
| <i>clindamycin phosphate topical swab 1 %</i>            | 1B        |                       |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %</i>                         | 1B        |                       |
| <i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2 %(1 % base) -3.75 %, 1.2-2.5 %</i> | 1B        |                       |
| <i>clindamycin-tretinoin topical gel 1.2-0.025 %</i>  | 1B        | PA                    |
| <i>dapsone topical gel 5 %</i>  | 1B        |                       |
| DAPSONE TOPICAL GEL 7.5 %   | 3         | ST                    |
| <i>dapsone topical gel with pump 7.5 %</i>  | 1B        |                       |
| DIFFERIN TOPICAL LOTION 0.1 %   | 3         | PA                    |
| <i>ery pads topical swab 2 %</i>  | 1B        |                       |
| <i>erythromycin with ethanol topical gel 2 %</i>  | 1B        |                       |
| <i>erythromycin with ethanol topical solution 2 %</i>   | 1B        |                       |
| <i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>  | 1B        |                       |
| FINACEA TOPICAL FOAM 15 %   | 2         | ST                    |
| <i>isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>                           | 1B        |                       |

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>ivermectin topical cream 1 %</i>                    | 1B        | QL                    |
| <i>metronidazole topical cream 0.75 %</i>              | 1B        |                       |
| <i>metronidazole topical gel 0.75 %, 1 %</i>           | 1B        |                       |
| <i>metronidazole topical gel with pump 1 %</i>         | 1B        |                       |
| <i>metronidazole topical lotion 0.75 %</i>             | 1B        |                       |
| NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL 1.2-5 %    | 3         | ST                    |
| <i>neuac topical gel 1.2 % (1 % base) -5 %</i>         | 1B        |                       |
| ONEXTON TOPICAL GEL WITH PUMP 1.2 % (1 % BASE) -3.75 % | 3         | ST                    |
| PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %               | 3         | ST                    |
| <i>rosadan topical cream 0.75 %</i>                    | 1B        |                       |
| <i>rosadan topical gel 0.75 %</i>                      | 1B        |                       |
| ROSADAN TOPICAL KIT, CLEANSER AND GEL 0.75 %           | 3         | ST                    |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| ROSADAN TOPICAL KIT, CLEANSER AND CREAM 0.75 %  | 3         | ST                    |
| SOOLANTRA TOPICAL CREAM 1 %   | 3         | ST; QL                |
| <i>sss 10-5 topical cream 10-5 % (w/w)</i>  | 1B        |                       |
| <i>sss 10-5 topical foam 10-5 %</i>   | 1B        |                       |
| <i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 9-4 %, 9-4.5 %, 9.8-4.8 %</i>   | 1B        | ST                    |
| <i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>                        | 1B        |                       |
| <i>sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w), 9.8-4.8 %</i>        | 1B        |                       |
| <i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %</i> | 1B        |                       |
| <i>sulfacetamide sodium-sulfur topical suspension 10-5 %</i>                            | 1B        | ST                    |
| <i>sulfacetamide-sulfur 9-4% clsr</i>   | 1B        |                       |
| <i>tazarotene topical cream 0.05 %, 0.1 %</i>   | 1B        | PA                    |
| <i>tazarotene topical gel 0.05 %, 0.1 %</i>   | 1B        | PA                    |

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| TAZORAC<br>TOPICAL CREAM<br>0.05 %, 0.1 %  | 3         | PA                    |
| TAZORAC<br>TOPICAL GEL 0.05<br>%, 0.1 %  | 3         | PA                    |
| <i>tretinoin<br/>microspheres topical<br/>gel 0.04 %, 0.1 %</i>  | 1B        | PA                    |
| <i>tretinoin<br/>microspheres topical<br/>gel with pump 0.04<br/>%, 0.08 %, 0.1 %</i>                              | 1B        | PA                    |
| <i>tretinoin topical<br/>cream 0.025 %, 0.05<br/>%, 0.1 %</i>  | 1B        | PA                    |
| <i>tretinoin topical gel<br/>0.01 %, 0.025 %, 0.05 %</i>   | 1B        | PA                    |
| <i>zenatane oral<br/>capsule 10 mg, 20<br/>mg, 30 mg, 40 mg</i>  | 1B        |                       |
| <b>TOPICAL ANESTHETICS</b>   |           |                       |
| <i>bupivacaine (pf)<br/>injection solution<br/>0.25 % (2.5 mg/ml),<br/>0.5 % (5 mg/ml),<br/>0.75 % (7.5 mg/ml)</i> | 1B        |                       |
| <i>bupivacaine hcl<br/>injection solution<br/>0.25 % (2.5 mg/ml),<br/>0.5 % (5 mg/ml)</i>                          | 1B        |                       |
| <i>dermacinrx lidocan<br/>topical adhesive<br/>patch,medicated 5 %</i>   | 1B        | PA                    |
| <i>lidocaine hcl<br/>laryngotracheal<br/>solution 4 %</i>  | 1B        |                       |

| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>lidocaine hcl mucous<br/>membrane solution 4<br/>% (40 mg/ml)</i>     | 1B        |                       |
| <i>lidocaine hcl-<br/>hydrocortison ac<br/>topical cream 3-0.5<br/>%</i> | 1B        |                       |
| <i>lidocaine topical<br/>adhesive<br/>patch,medicated 5 %</i>            | 1B        | PA                    |
| <i>lidocaine topical<br/>ointment 5 %</i>                                | 1B        | QL                    |
| <i>lidocaine viscous<br/>mucous membrane<br/>solution 2 %</i>            | 1B        |                       |
| <i>lidocaine-prilocaine<br/>topical cream 2.5-<br/>2.5 %</i>             | 1B        | QL                    |
| <i>lidocaine-prilocaine<br/>topical kit 2.5-2.5 %</i>                    | 1B        |                       |
| <i>lidocan iii topical<br/>adhesive<br/>patch,medicated 5 %</i>          | 1B        | PA                    |
| <i>lidocan iv topical<br/>adhesive<br/>patch,medicated 5 %</i>           | 1B        | PA                    |
| <i>lidocan v topical<br/>adhesive<br/>patch,medicated 5 %</i>            | 1B        | PA                    |
| <i>lidocort topical<br/>cream 3-0.5 %</i>                                | 1B        |                       |
| <b>TOPICAL ANTIBACTERIALS</b>  |           |                       |
| <i>gentamicin topical<br/>cream 0.1 %</i>                                | 1B        | QL                    |
| <i>gentamicin topical<br/>ointment 0.1 %</i>                             | 1B        | QL                    |
| <i>lugols topical<br/>solution 5-10 %</i>                                | 1B        |                       |

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>mupirocin calcium topical cream 2 %</i>                 | 1B        | ST; QL                |
| <i>mupirocin topical ointment 2 %</i>                      | 1B        | QL                    |
| NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %  | 3         |                       |
| NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %      | 3         |                       |
| <i>strong iodine topical solution 5-10 %</i>               | 1B        |                       |
| <i>sulfacetamide sodium (acne) topical suspension 10 %</i> | 1B        |                       |
| SULFAMYLON TOPICAL CREAM 85 MG/G                           | 2         |                       |
| <b>TOPICAL ANTIFUNGALS</b>                                 |           |                       |
| CICLODAN KIT TOPICAL COMBO PACK 0.77 %                     | 3         |                       |
| <i>ciclodan topical cream 0.77 %</i>                       | 1B        | QL                    |
| <i>ciclopirox topical cream 0.77 %</i>                     | 1B        | QL                    |
| <i>ciclopirox topical gel 0.77 %</i>                       | 1B        | QL                    |
| <i>ciclopirox topical shampoo 1 %</i>                      | 1B        | QL                    |
| <i>ciclopirox topical suspension 0.77 %</i>                | 1B        | QL                    |
| <i>clotrimazole topical cream 1 %</i>                      | 1B        | QL                    |
| <i>clotrimazole topical solution 1 %</i>                   | 1B        | QL                    |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>clotrimazole-betamethasone topical cream 1-0.05 %</i>  | 1B        | QL                    |
| <i>clotrimazole-betamethasone topical lotion 1-0.05 %</i> | 1B        | QL                    |
| <i>econazole nitrate topical cream 1 %</i>                | 1B        | QL                    |
| ERTACZO TOPICAL CREAM 2 %                                 | 3         | QL                    |
| EXELDERM TOPICAL CREAM 1 %                                | 3         | QL                    |
| EXELDERM TOPICAL SOLUTION 1 %                             | 3         | QL                    |
| <i>ketoconazole topical cream 2 %</i>                     | 1B        | QL                    |
| <i>ketoconazole topical foam 2 %</i>                      | 1B        | QL                    |
| <i>ketoconazole topical shampoo 2 %</i>                   | 1B        | QL                    |
| <i>ketodan kit topical combo pack 2 %</i>                 | 1B        |                       |
| <i>ketodan topical foam 2 %</i>                           | 1B        | QL                    |
| <i>klayesta topical powder 100,000 unit/gram</i>          | 1B        | QL                    |
| LOPROX KIT TOPICAL COMBO PACK 0.77 %                      | 3         | QL                    |
| LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER 0.77 %    | 3         | QL                    |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated April 1, 2026.

| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| LULICONAZOLE TOPICAL CREAM 1 %   | 3         | QL                    |
| <i>naftifine topical cream 1 %, 2 %</i>                                | 1B        | QL                    |
| <i>naftifine topical gel 2 %</i>                                       | 1B        | QL                    |
| <i>nyamyc topical powder 100,000 unit/gram</i>                         | 1B        | QL                    |
| <i>nystatin topical cream 100,000 unit/gram</i>                        | 1B        | QL                    |
| <i>nystatin topical ointment 100,000 unit/gram</i>                     | 1B        | QL                    |
| <i>nystatin topical powder 100,000 unit/gram</i>                       | 1B        | QL                    |
| <i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>       | 1B        | QL                    |
| <i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i> | 1B        | QL                    |
| <i>nystop topical powder 100,000 unit/gram</i>                         | 1B        | QL                    |
| <i>oxiconazole topical cream 1 %</i>                                   | 1B        | QL                    |
| OXISTAT TOPICAL LOTION 1 %   | 3         | QL                    |
| SULCONAZOLE TOPICAL CREAM 1 %  | 3         | QL                    |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| SULCONAZOLE TOPICAL SOLUTION 1 %                          | 3         | QL                    |
| <b>TOPICAL ANTIVIRALS</b>                                 |           |                       |
| <i>acyclovir topical ointment 5 %</i>                     | 1B        | QL                    |
| <i>penciclovir topical cream 1 %</i>                      | 1B        |                       |
| <b>TOPICAL CORTICOSTEROIDS</b>                            |           |                       |
| <i>ala-cort topical cream 1 %</i>                         | 1B        |                       |
| ALA-SCALP TOPICAL LOTION 2 %                              | 3         | ST                    |
| <i>alclometasone topical cream 0.05 %</i>                 | 1B        |                       |
| <i>alclometasone topical ointment 0.05 %</i>              | 1B        |                       |
| <i>amcinonide topical cream 0.1 %</i>                     | 1B        | ST                    |
| <i>amcinonide topical ointment 0.1 %</i>                  | 1B        | ST                    |
| <i>beser topical lotion 0.05 %</i>                        | 1B        | ST                    |
| <i>betamethasone dipropionate topical cream 0.05 %</i>    | 1B        |                       |
| <i>betamethasone dipropionate topical lotion 0.05 %</i>   | 1B        |                       |
| <i>betamethasone dipropionate topical ointment 0.05 %</i> | 1B        |                       |
| <i>betamethasone valerate topical cream 0.1 %</i>         | 1B        |                       |

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| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>betamethasone valerate topical lotion 0.1 %</i>      | 1B        |                       |
| <i>betamethasone valerate topical ointment 0.1 %</i>    | 1B        |                       |
| <i>betamethasone, augmented topical cream 0.05 %</i>    | 1B        |                       |
| <i>betamethasone, augmented topical gel 0.05 %</i>      | 1B        |                       |
| <i>betamethasone, augmented topical lotion 0.05 %</i>   | 1B        |                       |
| <i>betamethasone, augmented topical ointment 0.05 %</i> | 1B        |                       |
| CAPEX TOPICAL SHAMPOO 0.01 %                            | 3         | ST                    |
| <i>clobetazol scalp solution 0.05 %</i>                 | 1B        | QL                    |
| <i>clobetazol topical cream 0.05 %</i>                  | 1B        | QL                    |
| <i>clobetazol topical foam 0.05 %</i>                   | 1B        | ST; QL                |
| <i>clobetazol topical gel 0.05 %</i>                    | 1B        | QL                    |
| <i>clobetazol topical ointment 0.05 %</i>               | 1B        | QL                    |
| <i>clobetazol topical shampoo 0.05 %</i>                | 1B        | ST; QL                |
| <i>clobetazol topical spray, non-aerosol 0.05 %</i>     | 1B        | ST; QL                |
| <i>clobetazol-emollient topical cream 0.05 %</i>        | 1B        | QL                    |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>clobetazol-emollient topical foam 0.05 %</i>         | 1B        | ST; QL                |
| <i>clocortolone pivalate topical cream 0.1 %</i>        | 1B        | ST                    |
| CLODAN KIT TOPICAL KIT, SHAMPOO AND CLEANSER 0.05 %     | 3         | ST; QL                |
| <i>clodan topical shampoo 0.05 %</i>                    | 1B        | ST; QL                |
| <i>desonide topical cream 0.05 %</i>                    | 1B        |                       |
| <i>desonide topical gel 0.05 %</i>                      | 1B        | ST                    |
| <i>desonide topical ointment 0.05 %</i>                 | 1B        |                       |
| <i>desoximetasone topical gel 0.05 %</i>                | 1B        | ST                    |
| <i>desoximetasone topical ointment 0.05 %, 0.25 %</i>   | 1B        | ST                    |
| <i>desoximetasone topical spray, non-aerosol 0.25 %</i> | 1B        | ST                    |
| <i>fluocinolone and shower cap scalp oil 0.01 %</i>     | 1B        |                       |
| <i>fluocinolone topical oil 0.01 %</i>                  | 1B        |                       |
| <i>fluocinolone topical ointment 0.025 %</i>            | 1B        |                       |
| <i>fluocinolone topical solution 0.01 %</i>             | 1B        |                       |
| <i>fluocinonide topical gel 0.05 %</i>                  | 1B        | QL                    |
| <i>fluocinonide topical ointment 0.05 %</i>             | 1B        | QL                    |

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>fluocinonide topical solution 0.05 %</i>            | 1B        | QL                    |
| <i>fluocinonide-e topical cream 0.05 %</i>             | 1B        | QL                    |
| <i>flurandrenolide topical cream 0.05 %</i>            | 1B        | ST; QL                |
| <i>flurandrenolide topical lotion 0.05 %</i>           | 1B        | ST; QL                |
| <i>flurandrenolide topical ointment 0.05 %</i>         | 1B        | ST; QL                |
| <i>fluticasone propionate topical cream 0.05 %</i>     | 1B        |                       |
| <i>fluticasone propionate topical lotion 0.05 %</i>    | 1B        | ST                    |
| <i>fluticasone propionate topical ointment 0.005 %</i> | 1B        |                       |
| <i>halobetasol propionate topical cream 0.05 %</i>     | 1B        |                       |
| <i>halobetasol propionate topical foam 0.05 %</i>      | 1B        | ST                    |
| <i>halobetasol propionate topical ointment 0.05 %</i>  | 1B        |                       |
| <i>hydrocortisone butyrate topical cream 0.1 %</i>     | 1B        | QL                    |
| <i>hydrocortisone butyrate topical lotion 0.1 %</i>    | 1B        | ST; QL                |
| <i>hydrocortisone butyrate topical ointment 0.1 %</i>  | 1B        | ST; QL                |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>hydrocortisone butyrate topical solution 0.1 %</i> | 1B        | ST; QL                |
| <i>hydrocortisone topical cream 1 %, 2.5 %</i>        | 1B        |                       |
| <i>hydrocortisone topical lotion 2 %, 2.5 %</i>       | 1B        |                       |
| <i>hydrocortisone topical ointment 1 %, 2.5 %</i>     | 1B        |                       |
| <i>hydrocortisone valerate topical cream 0.2 %</i>    | 1B        |                       |
| <i>hydrocortisone valerate topical ointment 0.2 %</i> | 1B        |                       |
| <i>lexette topical foam 0.05 %</i>                    | 1B        | ST                    |
| <i>mometasone topical cream 0.1 %</i>                 | 1B        |                       |
| <i>mometasone topical ointment 0.1 %</i>              | 1B        |                       |
| <i>mometasone topical solution 0.1 %</i>              | 1B        |                       |
| PANDEL TOPICAL CREAM 0.1 %                            | 3         | ST                    |
| <i>prednicarbate topical cream 0.1 %</i>              | 1B        |                       |
| <i>scalacort topical lotion 2 %</i>                   | 1B        |                       |
| SYNALAR CREAM KIT TOPICAL CREAM 0.025 %               | 3         | ST                    |

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| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM 0.025 %    | 3         | ST                    |
| SYNALAR TS TOPICAL KIT 0.01 %   | 3         | ST                    |
| TEXACORT TOPICAL SOLUTION 2.5 %                                       | 3         | ST                    |
| <i>tovet emollient topical foam 0.05 %</i>                            | 1B        | ST; QL                |
| <i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>          | 1B        | ST; QL                |
| <i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>    | 1B        |                       |
| <i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>          | 1B        |                       |
| <i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i> | 1B        |                       |
| <i>triamcinolone acetonide topical ointment 0.05 %</i>                | 1B        | ST                    |
| <i>triderm topical cream 0.5 %</i>                                    | 1B        | ST                    |
| <b>TOPICAL ENZYMES</b>  |           |                       |
| SANTYL TOPICAL OINTMENT 250 UNIT/GRAM                                 | 2         | QL                    |

| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <b>TOPICAL SCABICIDES / PEDICULICIDES</b>                                |           |                       |
| <i>crotan topical lotion 10 %</i>  | 1B        |                       |
| <i>malathion topical lotion 0.5 %</i>                                    | 1B        |                       |
| <i>permethrin topical cream 5 %</i>                                      | 1B        |                       |
| <i>pruradik topical lotion 10 %</i>                                      | 1B        |                       |
| <i>spinosad topical suspension 0.9 %</i>                                 | 1B        |                       |
| ULESFIA TOPICAL LOTION 5 %   | 3         |                       |
| <b>DIAGNOSTICS &amp; MISCELLANEOUS AGENTS</b>                            |           |                       |
| <b>ANOREXIANTS</b>   |           |                       |
| IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML                                  | 4         | PA; LA; QL            |
| <b>DIAGNOSTICS &amp; MISCELLANEOUS AGENTS</b>                            |           |                       |
| EUA PATIENT ASSESSMENT   | 5         | ACA                   |
| <b>IRRIGATING SOLUTIONS</b>  |           |                       |
| <i>lactated ringers irrigation solution</i>                              | 1B        |                       |
| <i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i> | 1B        |                       |
| <i>ringer's irrigation solution</i>                                      | 1B        |                       |

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| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| SORBITOL IRRIGATION SOLUTION 3 %  | 3         |                       |
| SORBITOL-MANNITOL TRANSURETHRAL SOLUTION 2.7-0.54 GRAM/100 ML               | 3         |                       |
| <b>MISCELLANEOUS AGENTS</b>   |           |                       |
| <i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>              | 1B        |                       |
| <i>acetic acid irrigation solution 0.25 %</i>                               | 1B        |                       |
| <i>anagrelide oral capsule 0.5 mg, 1 mg</i>                                 | 1B        |                       |
| BKEMV INTRAVENOUS SOLUTION 300 MG/30 ML                                     | 4         | PA; LA                |
| <i>bupivacaine-dextrose-water(pf) injection solution 0.75 % (7.5 mg/ml)</i> | 1B        |                       |
| <i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>                 | 1B        |                       |
| <i>carglumic acid oral tablet, dispersible 200 mg</i>                       | 4         | LA                    |
| <i>cevimeline oral capsule 30 mg</i>  | 1B        |                       |
| CHEMET ORAL CAPSULE 100 MG  | 2         |                       |
| <i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>            | 4         | PA; LA                |

| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>               | 4         | PA; LA                |
| <i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i> | 4         | PA; LA                |
| <i>deferiprone oral tablet 1,000 mg, 500 mg</i>                    | 4         | PA; LA                |
| <i>disulfiram oral tablet 250 mg, 500 mg</i>                       | 1B        |                       |
| <i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>               | 4         | PA; LA                |
| DUVYZAT ORAL SUSPENSION 8.86 MG/ML                                 | 4         | PA; LA                |
| EPYSQLI INTRAVENOUS SOLUTION 300 MG/30 ML                          | 4         | PA; LA                |
| INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML                            | 4         | PA; LA                |
| <i>levocarnitine (with sugar) oral solution 100 mg/ml</i>          | 1B        |                       |
| <i>levocarnitine oral solution 100 mg/ml</i>                       | 1B        |                       |
| <i>levocarnitine oral tablet 330 mg</i>                            | 1B        |                       |
| <i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>                   | 1B        |                       |
| <i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>            | 4         | PA; LA                |

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| PHEBURANE ORAL GRANULES 483 MG/GRAM  | 4         | PA; LA                |
| RADIOGARDASE ORAL CAPSULE 0.5 GRAM   | 3         |                       |
| <i>risedronate oral tablet 30 mg</i>   | 1A        | ST; QL                |
| <i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>                        | 1B        | PA                    |
| <i>sodium phenylbutyrate oral tablet 500 mg</i>                                | 1B        | PA                    |
| <i>tiopronin oral tablet, delayed release (dr/ec) 100 mg, 300 mg</i>           | 4         | PA; LA                |
| <i>trientine oral capsule 250 mg</i>   | 1B        | PA                    |
| <i>venxxiva oral tablet, delayed release (dr/ec) 100 mg, 300 mg</i>            | 4         | PA; LA                |
| VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 25 MG, 75 MG               | 4         | LA                    |
| <i>water for irrigation, sterile irrigation solution</i>                       | 1B        |                       |
| <b>SMOKING DETERRENTS</b>  |           |                       |
| <i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i> | 5         | ACA                   |

| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| CHANTIX ORAL TABLET 0.5 MG, 1 MG   | 5         | ACA                   |
| CHANTIX STARTING MONTH BOX ORAL TABLETS, DOSE PACK 0.5 MG (11)- 1 MG (42)  | 5         | ACA                   |
| NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24 HR, 21 MG/24 HR, 7 MG/24 HR | 2         | OTC; QL               |
| NICORETTE BUCCAL GUM 2 MG  | 2         | OTC; QL               |
| <i>nicorette buccal gum 4 mg</i>   | 5         | ACA; OTC; QL          |
| NICORETTE BUCCAL LOZENGE 2 MG, 4 MG  | 2         | OTC; QL               |
| NICORETTE BUCCAL MINI LOZENGE 2 MG, 4 MG                                   | 2         | OTC; QL               |
| <i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>                         | 5         | ACA; OTC; QL          |
| <i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>                     | 5         | ACA; OTC; QL          |
| <i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>                | 5         | ACA; OTC; QL          |

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i> | 5         | ACA; OTC; QL          |
| <i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>       | 5         | ACA; OTC; QL          |
| NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML                                  | 5         | ACA                   |
| <i>quit 2 buccal gum 2 mg</i>  | 5         | ACA; OTC; QL          |
| <i>quit 2 buccal lozenge 2 mg</i>  | 5         | ACA; OTC; QL          |
| <i>quit 4 buccal gum 4 mg</i>  | 5         | ACA; OTC; QL          |
| <i>quit 4 buccal lozenge 4 mg</i>  | 5         | ACA; OTC; QL          |
| <i>stop smoking aid buccal lozenge 2 mg, 4 mg</i>                              | 5         | ACA; OTC; QL          |
| <i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>                           | 5         | ACA                   |
| <i>varenicline tartrate oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i>     | 5         | ACA                   |
| <b>EAR, NOSE &amp; THROAT MEDICATIONS</b>                                      |           |                       |
| <b>MISCELLANEOUS AGENTS</b>  |           |                       |
| <i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %)</i>                     | 1B        | QL                    |

| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>azelastine nasal spray, non-aerosol 205.5 mcg (0.15 %)</i>                        | 1B        |                       |
| <i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>                      | 1B        |                       |
| <i>denta 5000 plus dental cream 1.1 %</i>  | 1A        |                       |
| <i>denta 5000 plus sensitive dental paste 1.1-5 %</i>                                | 1A        |                       |
| <i>dentagel dental gel 1.1 %</i>   | 1A        |                       |
| <i>fluoride (sodium) dental cream 1.1 %</i>  | 1A        |                       |
| <i>fluoride (sodium) dental gel 1.1 %</i>  | 1A        |                       |
| <i>fluoride (sodium) dental paste 1.1 %</i>  | 1A        |                       |
| <i>fluoride (sodium) dental solution 0.2 %</i>                                       | 1A        |                       |
| <i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i> | 1B        | QL                    |
| <i>kourzeq dental paste 0.1 %</i>  | 1B        |                       |
| <i>olopatadine nasal spray, non-aerosol 0.6 %</i>                                    | 1B        | QL                    |
| <i>oralone dental paste 0.1 %</i>  | 1B        |                       |
| ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH   | 3         |                       |

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| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>paroex oral rinse mucous membrane mouthwash 0.12 %</i> | 1B        |                       |
| <i>perio gard mucous membrane mouthwash 0.12 %</i>        | 1B        |                       |
| <i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>           | 1B        |                       |
| <i>sf 5000 plus dental cream 1.1 %</i>                    | 1A        |                       |
| <i>sf dental gel 1.1 %</i>                                | 1A        |                       |
| <i>sodium fluoride 5000 plus dental cream 1.1 %</i>       | 1A        |                       |
| <i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>   | 1A        |                       |
| <i>triamcinolone acetonide dental paste 0.1 %</i>         | 1B        |                       |
| <b>MISCELLANEOUS OTIC PREPARATIONS</b>                    |           |                       |
| <i>acetic acid otic (ear) solution 2 %</i>                | 1B        |                       |
| <i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>     | 1B        |                       |
| <i>flac otic oil otic (ear) drops 0.01 %</i>              | 1B        |                       |
| <i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i> | 1B        |                       |
| <i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>  | 1B        |                       |
| <i>ofloxacin otic (ear) drops 0.3 %</i>                   | 1B        |                       |
| <b>OTIC STEROID / ANTIBIOTIC</b>                          |           |                       |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %  | 3         | ST                    |
| <i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>              | 1B        |                       |
| <i>ciprofloxacin-hydrocortisone otic (ear) drops,suspension 0.2-1 %</i>               | 1B        |                       |
| CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML                         | 3         |                       |
| <i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i> | 1B        |                       |
| <i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>         | 1B        |                       |
| OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)                                      | 3         | ST                    |
| <b>ENDOCRINE/DIABETES</b>   |           |                       |
| <b>ADRENAL HORMONES</b>   |           |                       |
| AGAMREE ORAL SUSPENSION 40 MG/ML  | 4         | PA; LA                |
| <i>cortisone oral tablet 25 mg</i>  | 1B        |                       |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated April 1, 2026.

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| CORTROSYN INJECTION RECON SOLN 0.25 MG  | 3         |                       |
| cosyntropin injection recon soln 0.25 mg  | 1B        |                       |
| deflazacort oral suspension 22.75 mg/ml   | 4         | PA; LA                |
| deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg   | 4         | PA; LA                |
| dexabliss oral tablets,dose pack 1.5 mg (39 tabs)   | 1B        | PA                    |
| dexamethasone intensol oral drops 1 mg/ml   | 1B        |                       |
| dexamethasone oral elixir 0.5 mg/5 ml   | 1B        |                       |
| dexamethasone oral solution 0.5 mg/5 ml   | 1B        |                       |
| dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg                 | 1B        |                       |
| dexamethasone oral tablets,dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs), 1.5 mg (51 tabs) | 1B        | PA                    |
| fludrocortisone oral tablet 0.1 mg  | 1B        |                       |
| hydrocortisone oral tablet 10 mg, 20 mg, 5 mg   | 1B        |                       |
| hydrocortisone sod succinate injection recon soln 100 mg                                  | 1B        |                       |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>jaythari oral suspension 22.75 mg/ml</i>   | 4         | PA; LA                |
| <i>jaythari oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i>   | 4         | PA; LA                |
| <i>kymbee oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i>   | 4         | PA; LA                |
| MEDROL ORAL TABLET 2 MG   | 3         |                       |
| <i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>  | 1B        |                       |
| <i>methylprednisolone oral tablets,dose pack 4 mg</i>   | 1B        |                       |
| <i>millipred dp oral tablets,dose pack 5 mg (21 tabs), 5 mg (48 tabs)</i>   | 1B        |                       |
| <i>millipred oral tablet 5 mg</i>   | 1B        |                       |
| <i>prednisolone oral solution 15 mg/5 ml</i>  | 1B        |                       |
| <i>prednisolone oral tablet 5 mg</i>  | 1B        |                       |
| <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> | 1B        |                       |
| <i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg</i>   | 1B        |                       |

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| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>prednisone intensol oral concentrate 5 mg/ml</i>                       | 1B        |                       |
| <i>prednisone oral solution 5 mg/5 ml</i>                                 | 1B        |                       |
| <i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>     | 1B        |                       |
| <i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>                      | 1B        |                       |
| <i>pyquvi oral suspension 22.75 mg/ml</i>                                 | 4         | PA; LA                |
| SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 250 MG/2 ML, 500 MG/4 ML | 2         |                       |
| SOLU-CORTEF INJECTION RECON SOLN 100 MG                                   | 2         |                       |
| <b>ANTITHYROID AGENTS</b>   |           |                       |
| <i>methimazole oral tablet 10 mg, 5 mg</i>                                | 1B        |                       |
| <i>potassium iodide oral solution 1 gram/ml</i>                           | 1B        |                       |
| <i>propylthiouracil oral tablet 50 mg</i>                                 | 1B        |                       |
| SSKI ORAL SOLUTION 1 GRAM/ML  | 3         |                       |
| <b>BLOOD GLUCOSE MONITORING DEVICES &amp; SUPPLIES</b>                    |           |                       |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| ASSURE TITANIUM TEST STRIP STRIP                                | 3         | QL                    |
| <b>DIABETES, SUPPLIES, &amp; DURABLE MEDICAL EQUIPMENT</b>      |           |                       |
| GLUCAGON HCL INJECTION RECON SOLN 1 MG/ML                       | 3         |                       |
| GVOKE VIALDX INTRAVENOUS SOLUTION 1 MG/0.2 ML                   | 3         |                       |
| INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"     | 3         |                       |
| INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE X 1/2"     | 2         |                       |
| OMNIPOD 5 INTRO(G6/LIBRE2 PLUS) SUBCUTANEOUS CARTRIDGE          | 2         | QL                    |
| <b>GLUCOSE ELEVATING AGENTS</b>                                 |           |                       |
| <i>diazoxide oral suspension 50 mg/ml</i>                       | 1B        |                       |
| GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG          | 3         | QL                    |
| <i>glucagon emergency kit (human) injection recon soln 1 mg</i> | 1B        | QL                    |

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML | 2         | QL                    |
| GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML                  | 2         | QL                    |
| GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML                                    | 2         | QL                    |
| ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML            | 3         | QL                    |
| ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML                       | 3         | QL                    |
| <b>INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU</b>                  |           |                       |
| BD INTEGRA NEEDLE NEEDLE 23 GAUGE X 1"                                     | 2         |                       |
| BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"                            | 2         |                       |
| BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"                      | 2         | OTC                   |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN     | 3         | PA                    |
| OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE    | 2         | QL                    |
| OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE | 2         | QL                    |
| OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE   | 2         | QL                    |
| OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE | 2         | QL                    |
| OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE      | 2         | QL                    |
| PEN NEEDLE NEEDLE 31 GAUGE X 5/16"                    | 3         | ST                    |
| TWIIST REFILL KT(CSST-NDL-SYR) KIT                    | 2         |                       |
| TWIIST RFL(INFUS-CSST-NDL-SYR) KIT                    | 2         |                       |
| TWIIST STARTER KIT KIT                                | 2         |                       |
| <b>INSULIN THERAPY</b>                                |           |                       |

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)         | 3         |                       |
| BASAGLAR TEMPO PEN(U-100)INSLN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML (3 ML) | 3         |                       |
| HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML       | 2         |                       |
| HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)   | 2         |                       |
| HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)             | 2         |                       |
| HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)             | 2         |                       |
| HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)         | 2         |                       |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| HUMALOG TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML | 2         |                       |
| HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML                    | 2         |                       |
| HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML                     | 2         |                       |
| HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)     | 2         |                       |
| HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)    | 2         |                       |
| HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)   | 2         |                       |
| HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML             | 2         |                       |

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| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| HUMULIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML                                | 2         |                       |
| HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML                              | 2         |                       |
| HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)                    | 2         |                       |
| INSULIN DEGLUDEC SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML), 200 UNIT/ML (3 ML)              | 3         |                       |
| INSULIN DEGLUDEC SUBCUTANEOUS SOLUTION 100 UNIT/ML  | 3         |                       |
| INSULIN GLARGINE U-300 CONC SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML), 300 UNIT/ML (3 ML) | 2         |                       |
| INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)                             | 3         |                       |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION 100 UNIT/ML                     | 3         |                       |
| INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25) | 2         |                       |
| INSULIN LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML                         | 2         |                       |
| INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML              | 2         |                       |
| INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML                            | 2         |                       |
| LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)   | 2         |                       |
| LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML                      | 2         |                       |
| LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML          | 2         |                       |

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| LYUMJEV<br>KWIKPEN U-200<br>INSULIN<br>SUBCUTANEOUS<br>INSULIN PEN 200<br>UNIT/ML (3 ML)       | 2         |                       |
| LYUMJEV TEMPO<br>PEN(U-<br>100)INSULN<br>SUBCUTANEOUS<br>INSULIN PEN,<br>SENSOR 100<br>UNIT/ML | 2         | ST                    |
| LYUMJEV U-100<br>INSULIN<br>SUBCUTANEOUS<br>SOLUTION 100<br>UNIT/ML                            | 2         |                       |
| MERILOG<br>SOLOSTAR<br>SUBCUTANEOUS<br>INSULIN PEN 100<br>UNIT/ML (3 ML)                       | 2         |                       |
| MERILOG<br>SUBCUTANEOUS<br>SOLUTION 100<br>UNIT/ML   | 2         |                       |
| NOVOLIN 70-30<br>FLEXPEN U-100<br>SUBCUTANEOUS<br>INSULIN PEN 100<br>UNIT/ML (70-30)           | 3         |                       |
| NOVOLIN N<br>FLEXPEN<br>SUBCUTANEOUS<br>INSULIN PEN 100<br>UNIT/ML (3 ML)                      | 3         |                       |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| NOVOLOG<br>FLEXPEN U-100<br>INSULIN<br>SUBCUTANEOUS<br>INSULIN PEN 100<br>UNIT/ML (3 ML)    | 3         |                       |
| NOVOLOG MIX<br>70-30 U-100<br>INSULN<br>SUBCUTANEOUS<br>SOLUTION 100<br>UNIT/ML (70-30)     | 3         |                       |
| NOVOLOG MIX<br>70-30FLEXPEN U-<br>100<br>SUBCUTANEOUS<br>INSULIN PEN 100<br>UNIT/ML (70-30) | 3         |                       |
| NOVOLOG U-100<br>INSULIN ASPART<br>SUBCUTANEOUS<br>SOLUTION 100<br>UNIT/ML                  | 3         |                       |
| RELION NOVOLIN<br>70/30<br>SUBCUTANEOUS<br>SUSPENSION 100<br>UNIT/ML (70-30)                | 3         |                       |
| RELION NOVOLIN<br>N<br>SUBCUTANEOUS<br>SUSPENSION 100<br>UNIT/ML                            | 3         |                       |
| RELION NOVOLIN<br>R INJECTION<br>SOLUTION 100<br>UNIT/ML                                    | 3         |                       |
| REZVOGLAR<br>KWIKPEN<br>SUBCUTANEOUS<br>INSULIN PEN 100<br>UNIT/ML (3 ML)                   | 3         |                       |

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| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML            | 3         |                       |
| SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)  | 3         |                       |
| SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML                  | 2         | QL                    |
| TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)       | 2         |                       |
| TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) | 2         |                       |
| TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)         | 2         |                       |
| TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)         | 2         |                       |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML               | 2         |                       |
| XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)  | 3         | QL                    |
| <b>MISCELLANEOUS HORMONES</b>   |           |                       |
| <i>cabergoline oral tablet 0.5 mg</i>                                 | 1B        | QL                    |
| <i>calcitonin (salmon) injection solution 200 unit/ml</i>             | 1B        |                       |
| <i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i> | 1B        |                       |
| <i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>                      | 1B        |                       |
| <i>calcitriol oral solution 1 mcg/ml</i>                              | 1B        |                       |
| <i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i>                     | 1B        |                       |
| CRENESSITY ORAL CAPSULE 100 MG, 25 MG, 50 MG                          | 4         | PA; LA                |
| CRENESSITY ORAL SOLUTION 50 MG/ML                                     | 4         | PA; LA                |
| <i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>                     | 1B        |                       |

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>desmopressin injection solution 4 mcg/ml</i>              | 4         | LA                    |
| DESMOPRESSIN NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML) | 2         |                       |
| <i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>               | 1B        |                       |
| <i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>  | 1B        |                       |
| ISTURISA ORAL TABLET 1 MG, 5 MG                              | 4         | PA; LA; QL            |
| JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG                  | 3         | PA; QL                |
| <i>javygtor oral tablet, soluble 100 mg</i>                  | 4         | PA; LA                |
| METHITEST ORAL TABLET 10 MG                                  | 2         | PA                    |
| <i>methyltestosterone oral capsule 10 mg</i>                 | 1B        | PA                    |
| <i>mifepristone oral tablet 300 mg</i>                       | 4         | PA; LA                |
| MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)        | 4         | PA; LA                |
| ORILISSA ORAL TABLET 150 MG, 200 MG                          | 2         | PA; QL                |

| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>   | 1B        |                       |
| <i>sapropterin oral powder in packet 100 mg, 500 mg</i>  | 4         | PA; LA                |
| <i>sapropterin oral tablet, soluble 100 mg</i>   | 4         | PA; LA                |
| SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG   | 4         | PA; LA                |
| SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML   | 2         | PA                    |
| <i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>   | 1B        | PA                    |
| <i>testosterone enanthate intramuscular oil 200 mg/ml</i>  | 1B        | PA                    |
| TESTOSTERONE IMPLANT PELLETT 100 MG, 200 MG, 50 MG   | 3         | PA                    |
| <i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>   | 1B        | PA; QL                |
| <i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation, 12.5 mg/1.25 gram (1 %), 20.25 mg/1.25 gram (1.62 %)</i> | 1B        | PA; QL                |

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i>  | 1B        | PA; QL                |
| <i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>  | 1B        | PA; QL                |
| <i>tolvaptan (polycystic kidney dis) oral tablet 15 mg, 30 mg</i>  | 4         | PA; LA; QL            |
| <i>tolvaptan (polycystic kidney dis) oral tablets, sequential 15 mg (am)/ 15 mg (pm), 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm)</i> | 4         | PA; LA; QL            |
| <i>tolvaptan oral tablet 15 mg, 30 mg</i>  | 4         | PA; LA; QL            |
| VASOPRESSIN IN DEXTROSE 5 % INTRAVENOUS SOLUTION 20 UNIT/100 ML (0.2 UNIT/ML)  | 3         |                       |
| XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML   | 2         | PA; QL                |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>zelvysia oral powder in packet 100 mg, 500 mg</i>  | 4         | PA; LA                |
| <b>NON-INSULIN HYPOGLYCEMIC AGENTS</b>  |           |                       |
| <i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>  | 1A        |                       |
| ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG                              | 3         | QL                    |
| BRENZAVVY ORAL TABLET 20 MG   | 3         | ST; QL                |
| BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML, 5 MCG/DOSE (250 MCG/ML) 1.2 ML           | 2         | PA; QL                |
| CYCLOSET ORAL TABLET 0.8 MG   | 3         |                       |
| <i>exenatide subcutaneous pen injector 10 mcg/dose(250 mcg/ml) 2.4 ml, 5 mcg/dose (250 mcg/ml) 1.2 ml</i> | 1A        | PA; QL                |
| FARXIGA ORAL TABLET 10 MG, 5 MG   | 2         | ST; QL                |
| <i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>   | 1A        |                       |
| <i>glipizide oral tablet 10 mg, 5 mg</i>  | 1A        |                       |

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| GLIPIZIDE ORAL TABLET 2.5 MG   | 3         |                       |
| <i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>           | 1A        |                       |
| <i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>          | 1A        |                       |
| <i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>                       | 1A        |                       |
| <i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>                               | 1A        |                       |
| <i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>         | 1A        |                       |
| GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG  | 2         | ST; QL                |
| JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG                                       | 2         | QL                    |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG | 2         | QL                    |
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG   | 2         | QL                    |
| JARDIANCE ORAL TABLET 10 MG, 25 MG   | 2         | ST; QL                |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)</i>                                       | 1A        | PA; QL                |
| <i>metformin oral solution 500 mg/5 ml</i>  | 1A        | PA                    |
| <i>metformin oral tablet 1,000 mg, 500 mg, 625 mg, 850 mg</i>   | 1A        |                       |
| <i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>  | 1A        | QL                    |
| <i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>  | 1A        |                       |
| MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 7.5 MG/0.5 ML   | 2         | PA; QL                |
| <i>nateglinide oral tablet 120 mg, 60 mg</i>  | 1A        |                       |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) | 2         | PA; QL                |
| <i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>   | 1A        | QL                    |
| <i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>  | 1A        | QL                    |

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| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>                                      | 1A        | QL                    |
| <i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>   | 1A        |                       |
| RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG  | 2         | PA; QL                |
| <i>saxagliptin oral tablet 2.5 mg, 5 mg</i>   | 1A        | QL                    |
| <i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg, 5-1,000 mg, 5-500 mg</i>    | 1A        | QL                    |
| SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML  | 2         | QL                    |
| SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML   | 2         | QL                    |
| SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG                               | 2         | ST; QL                |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 25-1,000 MG, 5-1,000 MG | 2         | ST; QL                |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 12.5-2.5-1,000 MG, 25-5-1,000 MG, 5-2.5-1,000 MG | 2         | ST                    |
| TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML                   | 2         | PA; QL                |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 2.5-1,000 MG, 5-1,000 MG, 5-500 MG        | 2         | ST; QL                |
| <b>THYROID HORMONES</b>   |           |                       |
| <i>adthyza oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>   | 1B        |                       |
| ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG   | 3         |                       |
| ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG                           | 2         |                       |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated April 1, 2026.

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>                        | 1B        |                       |
| <i>evexithroid oral tablet 120 mg, 15 mg, 180 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>   | 1B        |                       |
| <i>levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>        | 1B        |                       |
| LEVOTHYROXINE ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG                | 3         |                       |
| <i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i> | 1B        |                       |
| <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>                | 1B        |                       |
| <i>liomny oral tablet 25 mcg, 5 mcg, 50 mcg</i>   | 1B        |                       |

| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>  | 1B        |                       |
| <i>niva thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>   | 1B        |                       |
| <i>np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>   | 1B        |                       |
| <i>renthyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>   | 1B        |                       |
| RENTHYROID ORAL TABLET 45 MG, 75 MG  | 3         |                       |
| SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG | 3         |                       |
| THYQUIDITY ORAL SOLUTION 20 MCG/ML   | 3         |                       |
| <i>thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>   | 1B        |                       |

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| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG   | 3         |                       |
| TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML | 3         |                       |
| <i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>   | 1B        |                       |
| <b>GASTROENTEROLOGY</b>   |           |                       |
| <b>ANTIDIARRHEALS &amp; ANTISPASMODICS</b>  |           |                       |
| <i>anaspaz oral tablet, disintegrating 0.125 mg</i>   | 1B        |                       |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>atropine in 0.9 % sod chloride intravenous syringe 0.8 mg/2 ml (0.4 mg/ml)</i>                   | 1B        |                       |
| ATROPINE IN 0.9 % SOD CHLORIDE INTRAVENOUS SYRINGE 1 MG/2.5 ML (0.4 MG/ML), 1.2 MG/3 ML (0.4 MG/ML) | 3         |                       |
| <i>atropine intravenous solution 0.4 mg/ml, 1 mg/ml</i>   | 1B        |                       |
| <i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>                         | 1B        | PA; QL                |
| <i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>   | 1B        |                       |
| <i>dicyclomine intramuscular solution 10 mg/ml</i>  | 1B        |                       |
| <i>dicyclomine oral capsule 10 mg</i>   | 1B        |                       |
| <i>dicyclomine oral solution 10 mg/5 ml</i>   | 1B        |                       |
| <i>dicyclomine oral tablet 20 mg</i>  | 1B        |                       |
| <i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>   | 1B        |                       |
| <i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>  | 1B        |                       |
| <i>ed-spaz oral tablet, disintegrating 0.125 mg</i>   | 1B        |                       |

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i>              | 1B        |                       |
| <i>glycopyrrolate oral tablet 1 mg, 1.5 mg, 2 mg</i>                   | 1B        |                       |
| <i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>                      | 1B        |                       |
| <i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>                   | 1B        |                       |
| <i>hyoscyamine sulfate oral tablet 0.125 mg</i>                        | 1B        |                       |
| <i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i> | 1B        |                       |
| <i>hyoscyamine sulfate oral tablet, disintegrating 0.125 mg</i>        | 1B        |                       |
| <i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>                  | 1B        |                       |
| <i>hyosyne oral drops 0.125 mg/ml</i>                                  | 1B        |                       |
| <i>hyosyne oral elixir 0.125 mg/5 ml</i>                               | 1B        |                       |
| <i>loperamide oral capsule 2 mg</i>                                    | 1B        |                       |
| <i>methscopolamine oral tablet 2.5 mg, 5 mg</i>                        | 1B        |                       |
| MOTOFEN ORAL TABLET 1-0.025 MG   | 3         |                       |

| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| NULEV ORAL TABLET, DISINTEGRATING 0.125 MG                                     | 3         |                       |
| <i>oscimin oral tablet 0.125 mg</i>  | 1B        |                       |
| <i>oscimin sl sublingual tablet 0.125 mg</i>                                   | 1B        |                       |
| <i>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 - 0.0194 mg/5 ml</i> | 1B        |                       |
| <i>phenobarb-hyoscy-atropine-scop oral tablet 16.2-0.1037 - 0.0194 mg</i>      | 1B        |                       |
| <i>symax fastabs oral tablet, disintegrating 0.125 mg</i>                      | 1B        |                       |
| <i>symax-sl sublingual tablet 0.125 mg</i>                                     | 1B        |                       |
| <i>symax-sr oral tablet extended release 12 hr 0.375 mg</i>                    | 1B        |                       |
| <b>MISCELLANEOUS GASTROINTESTINAL AGENTS</b>                                   |           |                       |
| <i>alosetron oral tablet 0.5 mg, 1 mg</i>                                      | 1B        |                       |
| <i>alvimopan oral capsule 12 mg</i>  | 1B        |                       |
| ANALPRAM-HC RECTAL CREAM 2.5-1 %   | 3         | ST                    |
| <i>anucort-hc rectal suppository 25 mg</i>                                     | 1B        |                       |
| <i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>                            | 1B        | QL                    |

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| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>             | 1B        | QL                    |
| APRISO ORAL CAPSULE, EXTENDED RELEASE 24HR 0.375 GRAM                       | 3         | ST                    |
| <i>balsalazide oral capsule 750 mg</i>                                      | 1B        |                       |
| <i>betaine oral powder 1 gram/scoop</i>                                     | 4         | PA                    |
| <i>bisacodyl oral tablet, delayed release (dr/ec) 5 mg</i>                  | 5         | ACA; OTC              |
| <i>budesonide oral capsule, delayed, extended release 3 mg</i>              | 1B        |                       |
| <i>budesonide oral tablet, delayed and extended release 9 mg</i>            | 1B        |                       |
| <i>budesonide rectal foam 2 mg/actuation</i>                                | 1B        |                       |
| CIMZIA POWDER FOR RECONSTITUTION SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) | 4         | PA; LA; QL            |
| CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML                                   | 4         | PA; LA                |
| CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)                 | 4         | PA; LA; QL            |
| <i>citroma oral solution</i>  | 5         | ACA; OTC              |
| <i>clearlax oral powder 17 gram/dose</i>                                    | 5         | ACA; OTC              |

| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML   | 5         | ACA                   |
| <i>compro rectal suppository 25 mg</i>   | 1B        |                       |
| <i>constulose oral solution 10 gram/15 ml</i>  | 1B        |                       |
| CORTIFOAM RECTAL FOAM 10 % (80 MG)   | 3         |                       |
| CREON ORAL CAPSULE, DELAYED RELEASE (DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT | 2         |                       |
| <i>cromolyn oral concentrate 100 mg/5 ml</i>   | 1B        |                       |
| CTEXLI ORAL TABLET 250 MG  | 4         | PA; LA                |
| DIPENTUM ORAL CAPSULE 250 MG   | 3         | ST                    |
| <i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec) 10-10 mg</i>  | 1B        | QL                    |
| <i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>   | 1B        |                       |

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>dulcolax (magnesium hydroxide) oral suspension 400 mg/5 ml</i>            | 5         | ACA; OTC              |
| EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ML FINAL CONC.)       | 3         | QL                    |
| ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML                         | 4         | PA; LA; QL            |
| <i>enulose oral solution 10 gram/15 ml</i>                                   | 1B        |                       |
| <i>gavilax oral powder 17 gram/dose</i>                                      | 5         | ACA; OTC              |
| <i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>                  | 5         | ACA                   |
| <i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>                  | 5         | ACA                   |
| <i>gavilyte-n oral recon soln 420 gram</i>                                   | 5         | ACA                   |
| <i>generlac oral solution 10 gram/15 ml</i>                                  | 1B        |                       |
| <i>gentle laxative (bisacodyl) oral tablet, delayed release (dr/ec) 5 mg</i> | 5         | ACA; OTC              |
| <i>gentle laxative (mag hydrox) oral suspension 400 mg/5 ml</i>              | 5         | ACA; OTC              |
| <i>gentlelax oral powder 17 gram/dose</i>                                    | 5         | ACA; OTC              |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>granisetron hcl oral tablet 1 mg</i>                                 | 1B        | QL                    |
| <i>hemmorex-hc rectal suppository 25 mg</i>                             | 1B        |                       |
| <i>hydrocortisone acetate rectal suppository 25 mg</i>                  | 1B        |                       |
| <i>hydrocortisone rectal enema 100 mg/60 ml</i>                         | 1B        |                       |
| <i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i> | 1B        |                       |
| <i>hydrocortisone-pramoxine rectal cream 1-1 %</i>                      | 1B        |                       |
| <i>hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)</i>      | 1B        | ST                    |
| <i>lactulose oral solution 10 gram/15 ml</i>                            | 1B        |                       |
| <i>laxative (bisacodyl) oral tablet, delayed release (dr/ec) 5 mg</i>   | 5         | ACA; OTC              |
| <i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>              | 1B        |                       |
| <i>lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %</i>                | 1B        |                       |
| <i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>              | 1B        |                       |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG                           | 2         | QL                    |

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| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>lubiprostone oral capsule 24 mcg, 8 mcg</i>                          | 1B        | QL                    |
| <i>magnesium citrate oral solution</i>                                  | 5         | ACA; OTC              |
| <i>mesalamine oral capsule (with del rel tablets) 400 mg</i>            | 1B        |                       |
| <i>mesalamine oral capsule, extended release 500 mg</i>                 | 1B        |                       |
| <i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>        | 1B        |                       |
| <i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram, 800 mg</i> | 1B        |                       |
| <i>mesalamine rectal enema 4 gram/60 ml</i>                             | 1B        |                       |
| <i>mesalamine rectal suppository 1,000 mg</i>                           | 1B        |                       |
| <i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>     | 1B        |                       |
| <i>metoclopramide hcl injection solution 5 mg/ml</i>                    | 1B        |                       |
| <i>metoclopramide hcl injection syringe 5 mg/ml</i>                     | 1B        |                       |
| <i>metoclopramide hcl oral solution 5 mg/5 ml</i>                       | 1B        | ST                    |
| <i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>                       | 1B        |                       |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>milk of magnesia concentrated oral suspension 2,400 mg/10 ml</i>   | 5         | ACA; OTC              |
| <i>milk of magnesia oral suspension 400 mg/5 ml</i>   | 5         | ACA; OTC              |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG   | 2         | PA; QL                |
| <i>natura-lax oral powder 17 gram/dose</i>  | 5         | ACA; OTC              |
| <i>nitroglycerin rectal ointment 0.4 % (w/w)</i>  | 1B        |                       |
| OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML, 200 MG/2 ML (100 MG/ML X 2), 300MG/3ML(100M G /ML-200 MG/2ML) | 4         | PA; LA; QL            |
| OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML, 200 MG/2 ML (100 MG/ML X 2), 300MG/3ML(100M G /ML-200 MG/2ML)          | 4         | PA; LA; QL            |
| <i>ondansetron hcl oral solution 4 mg/5 ml</i>  | 1B        | QL                    |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i>   | 1B        | QL                    |
| <i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>   | 1B        | QL                    |

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>onelax magnesium citrate oral solution</i>  | 5         | ACA; OTC              |
| <i>oral saline laxative oral liquid 7.2-2.7 gram/15 ml</i>   | 5         | ACA; OTC              |
| PANCREAZE ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800-98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700-83,900 UNIT, 37,000-97,300-149,900 UNIT, 4,200-14,200-24,600 UNIT | 2         |                       |
| <i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>   | 5         | ACA                   |
| <i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i>   | 5         | ACA                   |
| <i>peg-electrolyte soln oral recon soln 420 gram</i>   | 5         | ACA                   |
| PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG  | 2         |                       |
| PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG  | 3         |                       |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>phosphate laxative oral liquid 7.2-2.7 gram/15 ml</i>          | 5         | ACA; OTC              |
| PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM           | 5         | ACA                   |
| <i>polyethylene glycol 3350 oral powder 17 gram/dose</i>          | 5         | ACA; OTC              |
| <i>powderlax oral powder 17 gram/dose</i>                         | 5         | ACA; OTC              |
| <i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>           | 1B        |                       |
| <i>prochlorperazine rectal suppository 25 mg</i>                  | 1B        |                       |
| <i>procto-med hc topical cream with perineal applicator 2.5 %</i> | 1B        |                       |
| <i>proctosol hc topical cream with perineal applicator 2.5 %</i>  | 1B        |                       |
| <i>proctozone-hc topical cream with perineal applicator 2.5 %</i> | 1B        |                       |
| <i>purelax oral powder 17 gram/dose</i>                           | 5         | ACA; OTC              |
| SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR                   | 3         | QL                    |
| <i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>  | 1B        |                       |

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| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML) | 4         | PA; LA; QL            |
| <i>smoothlax oral powder 17 gram/dose</i>   | 5         | ACA; OTC              |
| <i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>                     | 5         | ACA                   |
| SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM  | 2         |                       |
| <i>sulfasalazine oral tablet 500 mg</i>   | 1B        |                       |
| <i>sulfasalazine oral tablet,delayed release (dr/ec) 500 mg</i>                             | 1B        |                       |
| SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM                                    | 2         |                       |
| SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM   | 5         | ACA                   |
| SYMPROIC ORAL TABLET 0.2 MG   | 2         | PA                    |
| <i>trimethobenzamide oral capsule 300 mg</i>  | 1B        |                       |
| TRULANCE ORAL TABLET 3 MG   | 2         |                       |

| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| UCERIS ORAL TABLET,DELAYED AND EXT.RELEASE 9 MG                                | 3         |                       |
| UCERIS RECTAL FOAM 2 MG/ACTUATION  | 3         |                       |
| <i>ursodiol oral capsule 200 mg, 300 mg, 400 mg</i>                            | 1B        |                       |
| <i>ursodiol oral tablet 250 mg, 500 mg</i>                                     | 1B        |                       |
| VARUBI ORAL TABLET 90 MG   | 2         | QL                    |
| VELSIPITY ORAL TABLET 2 MG   | 4         | PA; LA; QL            |
| VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT     | 2         |                       |
| VOWST ORAL CAPSULE 1 X 10EXP6 TO 3 X 10EXP7 CELL                               | 4         | PA; LA; QL            |
| <i>women's gentle laxative(bisac) oral tablet,delayed release (dr/ec) 5 mg</i> | 5         | ACA; OTC              |

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| 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, 60,000-189,600-252,600 UNIT | 2         |                       |

**ULCER THERAPY**

|   |    |        |
|---|----|--------|
| <i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i> | 1B | QL     |
| <i>bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg</i>   | 1B |        |
| <i>cimetidine hcl oral solution 300 mg/5 ml</i>                     | 1B |        |
| <i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>        | 1B |        |
| <i>dexlansoprazole oral capsule,biphase delayed releas 30 mg</i>    | 1B | ST; QL |

| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>dexlansoprazole oral capsule,biphase delayed releas 60 mg</i>                             | 1B        | ST                    |
| <i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>                      | 1B        |                       |
| <i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 5 mg</i> | 1B        | ST; QL                |
| <i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>                      | 1B        | ST                    |
| <i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>                    | 1B        |                       |
| <i>famotidine oral tablet 20 mg, 40 mg</i>   | 1B        |                       |
| <i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>                                | 1B        | QL                    |
| <i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>                                | 1B        |                       |
| <i>lansoprazole oral tablet,disintegrat, delay rel 15 mg</i>                                 | 1B        | ST; QL                |
| <i>lansoprazole oral tablet,disintegrat, delay rel 30 mg</i>                                 | 1B        | ST                    |
| <i>misoprostol oral tablet 100 mcg, 200 mcg</i>  | 1B        |                       |
| <i>nizatidine oral capsule 150 mg, 300 mg</i>  | 1B        |                       |

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| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg</i> | 1B        | QL                    |
| <i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>        | 1B        |                       |
| <i>pantoprazole intravenous recon soln 40 mg</i>                    | 1B        |                       |
| <i>pantoprazole oral granules dr for susp in packet 40 mg</i>       | 1B        | ST                    |
| <i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>      | 1B        | QL                    |
| <i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>      | 1B        |                       |
| <i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>       | 1B        | ST                    |
| <i>sucralfate oral suspension 100 mg/ml</i>                         | 1B        |                       |
| <i>sucralfate oral tablet 1 gram</i>                                | 1B        |                       |
| VOQUEZNA ORAL TABLET 10 MG, 20 MG                                   | 3         | PA                    |
| <b>IMMUNOLOGY, VACCINES &amp; BIOTECHNOLOGY</b>                     |           |                       |
| <b>BIOTECHNOLOGY DRUGS</b>  |           |                       |
| ARCALYST SUBCUTANEOUS RECON SOLN 220 MG                             | 4         | PA; LA; QL            |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML               | 4         | PA; LA                |
| FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML   | 4         | PA; LA; QL            |
| MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 120 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML | 4         | PA; LA                |
| NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML   | 4         | PA; LA; QL            |
| NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML   | 4         | PA; LA; QL            |
| NYPOZI INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML   | 4         | PA; LA                |
| <i>plerixafor subcutaneous solution 24 mg/1.2 ml (20 mg/ml)</i>   | 4         | LA                    |

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML  | 4         | PA; LA                |
| RYZNEUTA SUBCUTANEOUS SYRINGE 20 MG/ML   | 4         | PA; LA                |
| UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML  | 4         | PA; LA; QL            |
| ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML  | 4         | PA; LA                |
| <b>GROWTH HORMONES</b>   |           |                       |
| GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML | 4         | PA; LA                |

| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)  | 4         | PA; LA                |
| OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)   | 4         | PA; LA                |
| OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG   | 4         | PA; LA                |
| SKYTROFA SUBCUTANEOUS CARTRIDGE 0.7 MG, 1.4 MG, 1.8 MG, 11 MG, 13.3 MG, 2.1 MG, 2.5 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG | 4         | PA; LA                |
| <b>INTERFERONS</b>   |           |                       |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML   | 4         | PA; LA                |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML   | 4         | LA; QL                |
| PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML  | 4         | LA; QL                |
| <b>VACCINES &amp; MISCELLANEOUS IMMUNOLOGICALS</b>   |           |                       |

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| ABRYSVO (PF)<br>INTRAMUSCULAR RECON SOLN<br>120 MCG/0.5 ML                                       | 5         | ACA                   |
| ACAM2000<br>(NATIONAL STOCKPILE)<br>PERCUTANEOUS RECON SOLN 1-<br>5X10EXP8 UNIT/ML               | 2         |                       |
| ACTHIB (PF)<br>INTRAMUSCULAR RECON SOLN 10<br>MCG/0.5 ML   | 5         | ACA                   |
| ADACEL(TDAP ADOLESN/ADULT<br>(PF)<br>INTRAMUSCULAR SUSPENSION 2<br>LF-(2.5-5-3-5 MCG)-5LF/0.5 ML | 5         | ACA                   |
| ADACEL(TDAP ADOLESN/ADULT<br>(PF)<br>INTRAMUSCULAR SYRINGE 2 LF-<br>(2.5-5-3-5 MCG)-5LF/0.5 ML   | 5         | ACA                   |
| AFLURIA 2025-2026 (3YR UP)(PF)<br>INTRAMUSCULAR SYRINGE 45<br>MCG (15 MCG X 3)/0.5 ML            | 5         | ACA                   |
| AFLURIA 2025-2026 (6MO UP)<br>INTRAMUSCULAR SUSPENSION 45<br>MCG (15 MCG X 3)/0.5 ML             | 2         |                       |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| AREXVY (PF)<br>INTRAMUSCULAR SUSPENSION<br>FOR RECONSTITUTION 120 MCG/0.5 ML    | 5         | ACA                   |
| ATGAM<br>INTRAVENOUS SOLUTION 50<br>MG/ML                                       | 2         |                       |
| AUDENZ<br>(NATIONAL STOCKPILE)<br>INTRAMUSCULAR EMULSION 7.5<br>MCG/0.5 ML      | 2         |                       |
| BEXSERO<br>INTRAMUSCULAR SYRINGE 50-50-<br>50-25 MCG/0.5 ML                     | 5         | ACA                   |
| BOOSTRIX TDAP<br>INTRAMUSCULAR SYRINGE 2.5-8-5<br>LF-MCG-LF/0.5ML               | 5         | ACA                   |
| CAPVAXIVE<br>INTRAMUSCULAR SYRINGE 0.5 ML                                       | 5         | ACA                   |
| COMIRNATY 2025-2026(5-<br>11Y)(PF)<br>INTRAMUSCULAR SUSPENSION 10<br>MCG/0.3 ML | 5         | ACA                   |
| COMIRNATY 2025-26 (12Y<br>UP)(PF)<br>INTRAMUSCULAR SYRINGE 30<br>MCG/0.3 ML     | 5         | ACA                   |

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| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML     | 5         | ACA                   |
| DENGVAIXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML | 5         | ACA                   |
| ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML                                   | 5         | ACA                   |
| ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML                                      | 5         | ACA                   |
| ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML                        | 5         | ACA                   |
| FLUAD 2025-2026 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML     | 5         | ACA                   |
| FLUARIX 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML             | 5         | ACA                   |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| FLUBLOK 2025-2026 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML                  | 5         | ACA                   |
| FLUCELVAX 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML                 | 5         | ACA                   |
| FLUCELVAX 2025-2026 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML                   | 2         |                       |
| FLULAVAL 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML                  | 5         | ACA                   |
| FLUMIST 2025-2026 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML                   | 5         | ACA                   |
| FLUMIST HOME 2025-2026 NASAL (HOME ADMIN) NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML | 5         | ACA                   |
| FLUZONE 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML                   | 5         | ACA                   |

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| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| FLUZONE 2025-2026<br>INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML        | 2         |                       |
| FLUZONE HIGH-DOSE 2025-26 (PF)<br>INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML          | 5         | ACA                   |
| GAMMAGARD LIQUID ERC INJECTION SOLUTION 10 %                                    | 4         | PA; LA                |
| GARDASIL 9 (PF)<br>INTRAMUSCULAR SUSPENSION 0.5 ML                              | 5         | ACA                   |
| GARDASIL 9 (PF)<br>INTRAMUSCULAR SYRINGE 0.5 ML                                 | 5         | ACA                   |
| HAVRIX (PF)<br>INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML | 5         | ACA                   |
| HEPLISAV-B (PF)<br>INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML                          | 5         | ACA                   |
| HIBERIX (PF)<br>INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML                          | 5         | ACA                   |

| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| HYQVIA<br>SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %) | 4         | PA; LA                |
| IMOVAX RABIES VACCINE (PF)<br>INTRAMUSCULAR RECON SOLN 2.5 UNIT  | 2         |                       |
| INFANRIX (DTAP) (PF)<br>INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML   | 5         | ACA                   |
| IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML  | 5         | ACA                   |
| IXIARO (PF)<br>INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML  | 2         |                       |
| JYNNEOS (PF)<br>SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5  | 5         | ACA                   |
| KEDRAB (PF)<br>INTRAMUSCULAR SOLUTION 150 UNIT/ML  | 3         |                       |

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| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| KINRIX (PF)<br>INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML        | 5         | ACA                   |
| MENQUADFI (PF)<br>INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML                | 5         | ACA                   |
| MENVEO A-C-Y-W-135-DIP (PF)<br>INTRAMUSCULAR KIT 10-5 MCG/0.5 ML      | 5         | ACA                   |
| MENVEO A-C-Y-W-135-DIP (PF)<br>INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML | 5         | ACA                   |
| M-M-R II (PF)<br>SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML   | 5         | ACA                   |
| MNEXSPIKE 2025-2026 (PF)<br>INTRAMUSCULAR SYRINGE 10 MCG/0.2 ML       | 5         | ACA                   |
| MRESVIA (PF)<br>INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML                   | 5         | ACA                   |
| NUVAXOVID 2025-2026 (PF)<br>INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML        | 5         | ACA                   |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| PEDIARIX (PF)<br>INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML                   | 5         | ACA                   |
| PEDVAX HIB (PF)<br>INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML                                | 5         | ACA                   |
| PENBRAYA (PF)<br>INTRAMUSCULAR KIT 5-120 MCG/0.5 ML                                     | 5         | ACA                   |
| PENMENVY MEN A-B-C-W-Y (PF)<br>INTRAMUSCULAR KIT 0.5 ML                                 | 5         | ACA                   |
| PENTACEL (PF)<br>INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML                         | 5         | ACA                   |
| PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML  | 5         | ACA                   |
| PREVNAR 20 (PF)<br>INTRAMUSCULAR SYRINGE 0.5 ML   | 5         | ACA                   |
| PRIORIX (PF)<br>SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2-3.3CCID50/0.5ML | 5         | ACA                   |
| PROQUAD (PF)<br>SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3-3.99 TCID50/0.5 | 5         | ACA                   |

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| QUADRACEL (PF)<br>INTRAMUSCULAR<br>SUSPENSION 15<br>LF-48 MCG- 5 LF<br>UNIT/0.5ML                | 5         | ACA                   |
| QUADRACEL (PF)<br>INTRAMUSCULAR<br>SYRINGE 15 LF-<br>48 MCG- 5 LF<br>UNIT/0.5ML                  | 5         | ACA                   |
| RABAVERT (PF)<br>INTRAMUSCULAR<br>SUSPENSION<br>FOR<br>RECONSTITUTION<br>2.5 UNIT                | 2         |                       |
| RECOMBIVAX HB<br>(PF)<br>INTRAMUSCULAR<br>SUSPENSION 10<br>MCG/ML, 40<br>MCG/ML, 5<br>MCG/0.5 ML | 5         | ACA                   |
| RECOMBIVAX HB<br>(PF)<br>INTRAMUSCULAR<br>SYRINGE 10<br>MCG/ML, 5<br>MCG/0.5 ML                  | 5         | ACA                   |
| ROTARIX ORAL<br>SUSPENSION<br>10EXP6 CCID50<br>/1.5 ML   | 5         | ACA                   |
| ROTATEQ<br>VACCINE ORAL<br>SOLUTION 2 ML   | 5         | ACA                   |
| SHINGRIX (PF)<br>INTRAMUSCULAR<br>SUSPENSION<br>FOR<br>RECONSTITUTION<br>50 MCG/0.5 ML           | 5         | ACA; QL               |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| SHINGRIX (PF)<br>INTRAMUSCULAR<br>SYRINGE 50<br>MCG/0.5 ML                                | 5         | ACA; QL               |
| SPIKEVAX 2025-<br>2026(12Y UP)(PF)<br>INTRAMUSCULAR<br>SYRINGE 50<br>MCG/0.5 ML           | 5         | ACA                   |
| SPIKEVAX 2025-<br>26 (6M-11Y) (PF)<br>INTRAMUSCULAR<br>SYRINGE 25<br>MCG/0.25 ML          | 5         | ACA                   |
| STAMARIL (PF)<br>SUBCUTANEOUS<br>SUSPENSION FOR<br>RECONSTITUTION<br>1,000 UNIT/0.5<br>ML | 2         |                       |
| TENIVAC (PF)<br>INTRAMUSCULAR<br>SUSPENSION 5<br>LF UNIT- 2 LF<br>UNIT/0.5ML              | 5         | ACA                   |
| TENIVAC (PF)<br>INTRAMUSCULAR<br>SYRINGE 5-2 LF<br>UNIT/0.5 ML                            | 5         | ACA                   |
| THYMOGLOBULIN<br>INTRAVENOUS<br>RECON SOLN 25<br>MG                                       | 2         |                       |
| TRUMENBA<br>INTRAMUSCULAR<br>SYRINGE 120<br>MCG/0.5 ML                                    | 5         | ACA                   |
| TWINRIX (PF)<br>INTRAMUSCULAR<br>SYRINGE 720<br>ELISA UNIT- 20<br>MCG/ML                  | 5         | ACA                   |

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| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML                                    | 2         |                       |
| TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML                                     | 2         |                       |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML                    | 5         | ACA                   |
| VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML                       | 5         | ACA                   |
| VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML         | 5         | ACA                   |
| VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT | 2         |                       |
| VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML               | 5         | ACA                   |
| VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML                  | 5         | ACA                   |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML                                 | 5         | ACA                   |
| VIMKUNYA INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML                                  | 2         |                       |
| VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT                    | 2         |                       |
| XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 200 UNIT, 50 UNIT                   | 4         | PA; LA                |
| YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML | 2         |                       |

## MUSCULOSKELETAL & RHEUMATOLOGY

### GOUT THERAPY

|   |    |    |
|---|----|----|
| <i>allopurinol oral tablet 100 mg, 300 mg</i> | 1B |    |
| <i>colchicine oral capsule 0.6 mg</i>         | 1B |    |
| <i>colchicine oral tablet 0.6 mg</i>          | 1B |    |
| <i>febuxostat oral tablet 40 mg, 80 mg</i>    | 1B | ST |
| <i>probenecid oral tablet 500 mg</i>          | 1B |    |

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| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>probenecid-colchicine oral tablet 500-0.5 mg</i>           | 1B        |                       |
| <b>OSTEOPOROSIS THERAPY</b>                                   |           |                       |
| <i>alendronate oral solution 70 mg/75 ml</i>                  | 1A        | QL                    |
| <i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>      | 1A        | QL                    |
| BILDYOS SUBCUTANEOUS SYRINGE 60 MG/ML                         | 4         | QL                    |
| BONSITY SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML) | 4         | PA; LA; QL            |
| CONEXXENCE SUBCUTANEOUS SYRINGE 60 MG/ML                      | 4         | LA; QL                |
| ENOBY SUBCUTANEOUS SYRINGE 60 MG/ML                           | 4         |                       |
| <i>ibandronate oral tablet 150 mg</i>                         | 1A        | QL                    |
| JUBBONTI SUBCUTANEOUS SYRINGE 60 MG/ML                        | 4         | LA; QL                |
| OSPOMYV SUBCUTANEOUS SYRINGE 60 MG/ML                         | 4         | LA                    |
| PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML                          | 4         | LA; QL                |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>rалoxifene oral tablet 60 mg</i>   | 5         | ACA                   |
| <i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>                            | 1A        | ST; QL                |
| <i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>                 | 1A        | ST; QL                |
| STOBOCLO SUBCUTANEOUS SYRINGE 60 MG/ML  | 4         | LA; QL                |
| <i>teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)</i>     | 4         | PA; LA; QL            |
| TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)                   | 4         | PA; LA; QL            |
| <b>OTHER RHEUMATOLOGICALS</b>   |           |                       |
| ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML          | 4         | PA; QL                |
| ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML | 4         | PA; QL                |

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| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| ADALIMUMAB-<br>ADBM<br>SUBCUTANEOUS<br>PEN INJECTOR<br>KIT 40 MG/0.4 ML,<br>40 MG/0.8 ML                              | 4         | PA; LA; QL            |
| ADALIMUMAB-<br>ADBM<br>SUBCUTANEOUS<br>SYRINGE KIT 10<br>MG/0.2 ML, 20<br>MG/0.4 ML, 40<br>MG/0.4 ML, 40<br>MG/0.8 ML | 4         | PA; LA; QL            |
| ADALIMUMAB-<br>RYVK<br>SUBCUTANEOUS<br>AUTO-INJECTOR,<br>KIT 40 MG/0.4 ML   | 4         | PA; QL                |
| ADALIMUMAB-<br>RYVK<br>SUBCUTANEOUS<br>SYRINGE KIT 40<br>MG/0.4 ML  | 4         | PA; QL                |
| ENBREL MINI<br>SUBCUTANEOUS<br>CARTRIDGE 50<br>MG/ML (1 ML)   | 4         | PA; LA; QL            |
| ENBREL<br>SUBCUTANEOUS<br>SOLUTION 25<br>MG/0.5 ML  | 4         | PA; LA; QL            |
| ENBREL<br>SUBCUTANEOUS<br>SYRINGE 25<br>MG/0.5 ML (0.5),<br>50 MG/ML (1 ML)   | 4         | PA; LA; QL            |
| ENBREL<br>SURECLICK<br>SUBCUTANEOUS<br>PEN INJECTOR 50<br>MG/ML (1 ML)  | 4         | PA; LA; QL            |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| KEVZARA<br>SUBCUTANEOUS<br>PEN INJECTOR<br>150 MG/1.14 ML,<br>200 MG/1.14 ML                                  | 4         | PA; LA; QL            |
| KEVZARA<br>SUBCUTANEOUS<br>SYRINGE 150<br>MG/1.14 ML, 200<br>MG/1.14 ML                                       | 4         | PA; LA; QL            |
| KINERET<br>SUBCUTANEOUS<br>SYRINGE 100<br>MG/0.67 ML  | 4         | PA; LA; QL            |
| <i>leflunomide oral<br/>tablet 10 mg, 20 mg</i>   | 1B        | QL                    |
| OLUMIANT ORAL<br>TABLET 1 MG, 2<br>MG, 4 MG   | 4         | PA; LA; QL            |
| ORENCIA<br>CLICKJECT<br>SUBCUTANEOUS<br>AUTO-INJECTOR<br>125 MG/ML  | 4         | PA; LA; QL            |
| ORENCIA<br>SUBCUTANEOUS<br>SYRINGE 125<br>MG/ML, 50 MG/0.4<br>ML, 87.5 MG/0.7<br>ML                           | 4         | PA; LA; QL            |
| OTEZLA ORAL<br>TABLET 20 MG, 30<br>MG   | 4         | PA; LA; QL            |
| OTEZLA<br>STARTER ORAL<br>TABLETS,DOSE<br>PACK 10 MG (4)-<br>20 MG (51), 10 MG<br>(4)-20 MG (4)-30<br>MG (47) | 4         | PA; LA; QL            |

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK 10-20-30-75 MG  | 4         | PA; LA                |
| OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG   | 4         | PA; LA                |
| <i>penicillamine oral tablet 250 mg</i>  | 1B        | PA                    |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML | 2         | ST                    |
| RINVOQ LQ ORAL SOLUTION 1 MG/ML  | 4         | PA; LA; QL            |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG  | 4         | PA; LA; QL            |
| SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG  | 2         | ST; QL                |

| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)                        | 2         | ST; QL                |
| SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML | 4         | PA; LA; QL            |
| SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML                     | 4         | PA; LA; QL            |
| SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML                            | 4         | PA; LA; QL            |
| SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML                                 | 4         | PA; LA; QL            |
| TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML                          | 4         | PA; LA; QL            |
| TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML  | 4         | PA; LA; QL            |
| XELJANZ ORAL SOLUTION 1 MG/ML  | 4         | PA; LA; QL            |
| XELJANZ ORAL TABLET 10 MG, 5 MG  | 4         | PA; LA; QL            |

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| XELJANZ XR<br>ORAL TABLET<br>EXTENDED<br>RELEASE 24 HR<br>11 MG, 22 MG | 4         | PA; LA; QL            |

## OBSTETRICS & GYNECOLOGY

### DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

|  |   |          |
|--|---|----------|
| CAYA<br>CONTOURED<br>VAGINAL<br>DIAPHRAGM 65-<br>80 MM                                 | 5 | ACA      |
| DUREX AVANTI<br>BARE REAL FEEL   | 5 | ACA; OTC |
| DUREX<br>TROPICAL<br>CONDOM DEVICE   | 5 | ACA; OTC |
| FC2 FEMALE<br>CONDOM   | 5 | ACA; OTC |
| FEMCAP<br>VAGINAL DEVICE<br>22 MM  | 5 | ACA      |
| KYLEENA<br>INTRAUTERINE<br>INTRAUTERINE<br>DEVICE 17.5<br>MCG/24 HR (5<br>YRS) 19.5 MG | 5 | ACA; LA  |
| LILETTA<br>INTRAUTERINE<br>INTRAUTERINE<br>DEVICE 20.4<br>MCG/24 HR (8<br>YRS) 52 MG   | 5 | ACA; LA  |

| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| MIRENA<br>INTRAUTERINE<br>INTRAUTERINE<br>DEVICE 21<br>MCG/24HR (UP TO<br>8 YRS) 52 MG | 5         | ACA; LA               |

|   |   |         |
|---|---|---------|
| PARAGARD T<br>380A<br>INTRAUTERINE<br>INTRAUTERINE<br>DEVICE 380<br>SQUARE MM | 5 | ACA; LA |
|---|---|---------|

|  |   |         |
|--|---|---------|
| SKYLA<br>INTRAUTERINE<br>INTRAUTERINE<br>DEVICE 14<br>MCG/24 HR (3<br>YRS) 13.5 MG | 5 | ACA; LA |
|--|---|---------|

|   |   |          |
|---|---|----------|
| TRUSTEX-RIA<br>NON-LUB<br>CONDOMS<br>DEVICE | 5 | ACA; OTC |
|---|---|----------|

### ESTROGENS & PROGESTINS

|   |    |     |
|---|----|-----|
| <i>abigale lo oral tablet<br/>0.5-0.1 mg</i>    | 1B |     |
| <i>abigale oral tablet<br/>1-0.5 mg</i>         | 1B |     |
| ANGELIQ ORAL<br>TABLET 0.25-0.5<br>MG, 0.5-1 MG | 3  |     |
| BIJUVA ORAL<br>CAPSULE 0.5-100<br>MG, 1-100 MG  | 3  |     |
| <i>camila oral tablet<br/>0.35 mg</i>           | 5  | ACA |

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| COMBIPATCH<br>TRANSDERMAL<br>PATCH<br>SEMIWEEKLY<br>0.05-0.14 MG/24<br>HR, 0.05-0.25<br>MG/24 HR   | 2         |                       |
| <i>covaryx h.s. oral<br/>tablet 0.625-1.25 mg</i>  | 1B        |                       |
| <i>covaryx oral tablet<br/>1.25-2.5 mg</i>   | 1B        |                       |
| CRINONE<br>VAGINAL GEL 4<br>%  | 3         |                       |
| <i>deblitane oral tablet<br/>0.35 mg</i>   | 5         | ACA                   |
| DEPO-ESTRADIOL<br>INTRAMUSCULAR<br>OIL 5 MG/ML   | 2         |                       |
| DEPO-SUBQ<br>PROVERA 104<br>SUBCUTANEOUS<br>SYRINGE 104<br>MG/0.65 ML  | 5         | ACA; QL               |
| <i>dotti transdermal<br/>patch semiweekly<br/>0.025 mg/24 hr,<br/>0.0375 mg/24 hr,<br/>0.05 mg/24 hr, 0.075<br/>mg/24 hr, 0.1 mg/24<br/>hr</i> | 1B        | QL                    |
| DUAVEE ORAL<br>TABLET 0.45-20<br>MG  | 2         |                       |
| <i>eemt hs oral tablet<br/>0.625-1.25 mg</i>   | 1B        |                       |
| <i>eemt oral tablet<br/>1.25-2.5 mg</i>  | 1B        |                       |
| <i>emzahh oral tablet<br/>0.35 mg</i>  | 5         | ACA                   |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>errin oral tablet 0.35<br/>mg</i>  | 5         | ACA                   |
| ESTRADIOL<br>IMPLANT PELLETT<br>6 MG  | 3         |                       |
| <i>estradiol oral tablet<br/>0.5 mg, 1 mg, 2 mg</i>   | 1B        |                       |
| <i>estradiol<br/>transdermal gel in<br/>metered-dose pump<br/>1.25 gram/actuation</i>   | 1B        | ST; QL                |
| <i>estradiol<br/>transdermal gel in<br/>packet 0.25 mg/0.25<br/>gram (0.1 %), 0.5<br/>mg/0.5 gram (0.1<br/>%), 0.75 mg/0.75<br/>gram (0.1%), 1<br/>mg/gram (0.1 %),<br/>1.25 mg/1.25 gram<br/>(0.1 %)</i> | 1B        | ST; QL                |
| <i>estradiol<br/>transdermal patch<br/>semiweekly 0.025<br/>mg/24 hr, 0.0375<br/>mg/24 hr, 0.05<br/>mg/24 hr, 0.075<br/>mg/24 hr, 0.1 mg/24<br/>hr</i>  | 1B        | QL                    |
| <i>estradiol<br/>transdermal patch<br/>weekly 0.025 mg/24<br/>hr, 0.0375 mg/24 hr,<br/>0.05 mg/24 hr, 0.06<br/>mg/24 hr, 0.075<br/>mg/24 hr, 0.1 mg/24<br/>hr</i>   | 1B        | QL                    |
| <i>estradiol vaginal<br/>cream 0.01 % (0.1<br/>mg/gram)</i>   | 1B        |                       |
| <i>estradiol vaginal<br/>tablet 10 mcg</i>  | 1B        |                       |

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>   | 1B        |                       |
| <i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>       | 1B        |                       |
| ESTRATEST H.S. ORAL TABLET 0.625-1.25 MG                                   | 3         |                       |
| ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)                               | 2         |                       |
| <i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i> | 1B        |                       |
| EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%)                | 3         | ST; QL                |
| FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR                           | 3         |                       |
| <i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>                      | 1B        |                       |
| <i>gallifrey oral tablet 5 mg</i>  | 1B        |                       |
| <i>heather oral tablet 0.35 mg</i>   | 5         | ACA                   |
| <i>incassia oral tablet 0.35 mg</i>  | 5         | ACA                   |
| <i>jencycla oral tablet 0.35 mg</i>  | 5         | ACA                   |

| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>jinteli oral tablet 1-5 mg-mcg</i>  | 1B        |                       |
| <i>lyleq oral tablet 0.35 mg</i>   | 5         | ACA                   |
| <i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> | 1B        | QL                    |
| <i>lyza oral tablet 0.35 mg</i>  | 5         | ACA                   |
| <i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>  | 5         | ACA; QL               |
| <i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>   | 5         | ACA; QL               |
| <i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>   | 1B        |                       |
| <i>meleya oral tablet 0.35 mg</i>  | 5         | ACA                   |
| MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG   | 3         |                       |
| MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR   | 3         | QL                    |
| <i>mimvey oral tablet 1-0.5 mg</i>   | 1B        |                       |
| <i>nora-be oral tablet 0.35 mg</i>   | 5         | ACA                   |
| <i>norethindrone (contraceptive) oral tablet 0.35 mg</i>   | 5         | ACA                   |

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>norethindrone acetate oral tablet 5 mg</i>                                | 1B        |                       |
| <i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> | 1B        |                       |
| OPILL ORAL TABLET 0.075 MG   | 5         | ACA; OTC              |
| <i>orquidea oral tablet 0.35 mg</i>  | 5         | ACA                   |
| PREMARIN INJECTION RECON SOLN 25 MG  | 2         |                       |
| PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)                         | 2         |                       |
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG        | 2         |                       |
| <i>progesterone intramuscular oil 50 mg/ml</i>                               | 4         | LA                    |
| <i>progesterone micronized oral capsule 100 mg, 200 mg</i>                   | 1B        |                       |
| <i>sharobel oral tablet 0.35 mg</i>  | 5         | ACA                   |
| <i>tulana oral tablet 0.35 mg</i>  | 5         | ACA                   |
| <i>yuvafem vaginal tablet 10 mcg</i>   | 1B        |                       |

#### MISCELLANEOUS OB/GYN

| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR                            | 5         | ST; ACA; QL           |
| CLEOCIN VAGINAL SUPPOSITORY 100 MG                                     | 3         |                       |
| <i>clindamycin phosphate vaginal cream 2 %</i>                         | 1B        |                       |
| <i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>                        | 5         | ACA                   |
| <i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i>                     | 5         | ACA                   |
| <i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i> | 5         | ACA                   |
| GYNAZOLE-1 VAGINAL CREAM 2 %   | 3         |                       |
| <i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>                       | 5         | ACA                   |
| <i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>                | 1B        |                       |
| <i>miconazole-3 vaginal suppository 200 mg</i>                         | 1B        |                       |
| MYFEMBREE ORAL TABLET 40-1-0.5 MG                                      | 2         | PA                    |
| NEXPLANON SUBDERMAL IMPLANT 68 MG                                      | 5         | ACA; LA               |

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| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i> | 5         | ACA                   |
| PREPIDIL VAGINAL GEL 0.5 MG/3 G   | 3         |                       |
| <i>terconazole vaginal cream 0.4 %, 0.8 %</i>                                   | 1B        |                       |
| <i>terconazole vaginal suppository 80 mg</i>                                    | 1B        |                       |
| <i>tranexamic acid oral tablet 650 mg</i>                                       | 1B        |                       |
| TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR                                | 5         | ST; ACA               |
| <i>vandazole vaginal gel 0.75 % (37.5mg/5 gram)</i>                             | 1B        |                       |
| VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %  | 5         | ACA; OTC              |
| VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %   | 5         | ACA; OTC              |
| <i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>                         | 5         | ACA                   |
| <i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>                         | 5         | ACA                   |
| <b>ORAL CONTRACEPTIVES &amp; RELATED AGENTS</b>                                 |           |                       |
| <i>afirmelle oral tablet 0.1-20 mg-mcg</i>                                      | 5         | ACA                   |

| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>after pill oral tablet 1.5 mg</i>   | 5         | ACA; OTC; QL          |
| AFTERA ORAL TABLET 1.5 MG  | 3         | OTC; QL               |
| <i>altavera (28) oral tablet 0.15-0.03 mg</i>                                | 5         | ACA                   |
| <i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>                             | 5         | ACA                   |
| <i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>                  | 5         | ACA                   |
| <i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | 5         | ACA                   |
| <i>amethyst (28) oral tablet 90-20 mcg (28)</i>                              | 5         | ACA                   |
| <i>apri oral tablet 0.15-0.03 mg</i>   | 5         | ACA                   |
| <i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>                         | 5         | ACA                   |
| <i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | 5         | ACA                   |
| <i>aubra eq oral tablet 0.1-20 mg-mcg</i>                                    | 5         | ACA                   |
| <i>aubra oral tablet 0.1-20 mg-mcg</i>                                       | 5         | ACA                   |
| <i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>                        | 5         | ACA                   |
| <i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>                            | 5         | ACA                   |

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| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>            | 5         | ACA                   |
| <i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> | 5         | ACA                   |
| <i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>     | 5         | ACA                   |
| AVERI ORAL TABLET 0.15 MG-0.03 MG (21)/36.5 MG(7)                       | 5         | ST; ACA               |
| <i>aviane oral tablet 0.1-20 mg-mcg</i>                                 | 5         | ACA                   |
| <i>ayuna oral tablet 0.15-0.03 mg</i>                                   | 5         | ACA                   |
| <i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>           | 5         | ACA                   |
| <i>balziva (28) oral tablet 0.4-35 mg-mcg</i>                           | 5         | ACA                   |
| BEYAZ ORAL TABLET 3-0.02-0.451 MG (24) (4)                              | 3         | ST                    |
| <i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>             | 5         | ACA                   |
| <i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>  | 5         | ACA                   |
| <i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>      | 5         | ACA                   |
| <i>briellyn oral tablet 0.4-35 mg-mcg</i>                               | 5         | ACA                   |

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

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>dolishale oral tablet 90-20 mcg (28)</i>  | 5         | ACA                   |
| <i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)</i> | 5         | ACA                   |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>                               | 5         | ACA                   |
| <i>econtra ez oral tablet 1.5 mg</i>   | 5         | ACA; OTC; QL          |
| <i>econtra one-step oral tablet 1.5 mg</i>   | 5         | ACA; OTC; QL          |
| <i>elinest oral tablet 0.3-30 mg-mcg</i>   | 5         | ACA                   |
| <b>ELLA ORAL TABLET 30 MG</b>  | 5         | ACA; QL               |
| <i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>   | 5         | ACA                   |
| <i>enskyce oral tablet 0.15-0.03 mg</i>  | 5         | ACA                   |
| <i>estarylla oral tablet 0.25-0.035 mg</i>   | 5         | ACA                   |
| <i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>                            | 5         | ACA                   |
| <i>falmina (28) oral tablet 0.1-20 mg-mcg</i>  | 5         | ACA                   |
| <i>feirza oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i>                   | 5         | ACA                   |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <b>FEMLYV ORAL TABLET,DISINTEGRATING 1 MG-20 MCG</b>                          | 5         | ST; ACA               |
| <i>finzala oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>                | 5         | ACA                   |
| <i>galbriela oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>           | 5         | ACA                   |
| <i>gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>                        | 5         | ACA                   |
| <i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>                    | 5         | ACA                   |
| <i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>         | 5         | ACA                   |
| <i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>             | 5         | ACA                   |
| <i>hailey oral tablet 1.5-30 mg-mcg</i>                                       | 5         | ACA                   |
| <i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>             | 5         | ACA                   |
| <i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>           | 5         | ACA                   |
| <i>isibloom oral tablet 0.15-0.03 mg</i>                                      | 5         | ACA                   |
| <i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | 5         | ACA                   |

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>jasmiel (28) oral tablet 3-0.02 mg</i>                            | 5         | ACA                   |
| <i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>    | 5         | ACA                   |
| <i>joyeaux oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>              | 5         | ACA                   |
| <i>juleber oral tablet 0.15-0.03 mg</i>                              | 5         | ACA                   |
| <i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>                   | 5         | ACA                   |
| <i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>                       | 5         | ACA                   |
| <i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> | 5         | ACA                   |
| <i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>     | 5         | ACA                   |
| <i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>            | 5         | ACA                   |
| <i>kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i> | 5         | ACA                   |
| <i>kalliga oral tablet 0.15-0.03 mg</i>                              | 5         | ACA                   |
| <i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>          | 5         | ACA                   |
| <i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>                      | 5         | ACA                   |
| <i>kelnor 1/50 (28) oral tablet 1-50 mg-mcg</i>                      | 5         | ACA                   |
| <i>kurvelo (28) oral tablet 0.15-0.03 mg</i>                         | 5         | ACA                   |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7)</i> | 5         | ACA                   |
| <i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>  | 5         | ACA                   |
| <i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>  | 5         | ACA                   |
| <i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>   | 5         | ACA                   |
| <i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>  | 5         | ACA                   |
| <i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>  | 5         | ACA                   |
| <i>layolis fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>  | 5         | ACA                   |
| <i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>   | 5         | ACA                   |
| <i>lessina oral tablet 0.1-20 mg-mcg</i>  | 5         | ACA                   |
| <i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>   | 5         | ACA                   |
| <i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>  | 5         | ACA                   |
| <i>levonorgestrel oral tablet 1.5 mg</i>  | 5         | ACA; OTC; QL          |

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i> | 5         | ACA                   |
| <i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>      | 5         | ACA                   |
| <i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>              | 5         | ACA                   |
| LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)                                       | 5         | ACA                   |
| LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG   | 3         | ST                    |
| LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG   | 3         | ST                    |
| LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)                         | 3         | ST                    |
| LOESTRIN FE 1/20 (28-DAY) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)                             | 3         | ST                    |
| <i>lojaimiess oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>               | 5         | ACA                   |
| <i>loryna (28) oral tablet 3-0.02 mg</i>   | 5         | ACA                   |

| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>                         | 5         | ACA                   |
| <i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>                           | 5         | ACA                   |
| <i>luizza oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>                       | 5         | ACA                   |
| <i>lutera (28) oral tablet 0.1-20 mg-mcg</i>                               | 5         | ACA                   |
| <i>marlissa (28) oral tablet 0.15-0.03 mg</i>                              | 5         | ACA                   |
| <i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>                      | 5         | ACA                   |
| <i>mibelas 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>       | 5         | ACA                   |
| <i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>                   | 5         | ACA                   |
| <i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>                       | 5         | ACA                   |
| <i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> | 5         | ACA                   |
| <i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>     | 5         | ACA                   |
| <i>mili oral tablet 0.25-0.035 mg</i>                                      | 5         | ACA                   |
| <i>minzoya oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>                    | 5         | ACA                   |

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| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>mono-linyah oral tablet 0.25-0.035 mg</i>  | 5         | ACA                   |
| <i>my choice oral tablet 1.5 mg</i>   | 5         | ACA; OTC; QL          |
| <i>my way oral tablet 1.5 mg</i>  | 5         | ACA; OTC; QL          |
| NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG  | 5         | ST; ACA               |
| <i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>  | 5         | ACA                   |
| <i>new day oral tablet 1.5 mg</i>   | 5         | ACA; OTC; QL          |
| NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28)  | 5         | ST; ACA               |
| <i>nikki (28) oral tablet 3-0.02 mg</i>   | 5         | ACA                   |
| <i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)</i> | 5         | ACA                   |
| <i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>  | 5         | ACA                   |
| <i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>   | 5         | ACA                   |
| <i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>  | 5         | ACA                   |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>  | 5         | ACA                   |
| <i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg</i> | 5         | ACA                   |
| <i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>  | 5         | ACA                   |
| <i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>   | 5         | ACA                   |
| <i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>  | 5         | ACA                   |
| <i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>   | 5         | ACA                   |
| <i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i>  | 5         | ACA                   |
| <i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg-35 mcg</i>  | 5         | ACA                   |
| <i>ocella oral tablet 3-0.03 mg</i>   | 5         | ACA                   |
| <i>opcicon one-step oral tablet 1.5 mg</i>  | 5         | ACA; OTC; QL          |
| <i>option-2 oral tablet 1.5 mg</i>  | 5         | ACA; OTC; QL          |
| <i>philith oral tablet 0.4-35 mg-mcg</i>  | 5         | ACA                   |
| <i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>  | 5         | ACA                   |

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| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>portia 28 oral tablet 0.15-0.03 mg</i>                                     | 5         | ACA                   |
| <i>reclipsen (28) oral tablet 0.15-0.03 mg</i>                                | 5         | ACA                   |
| <i>rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>  | 5         | ACA                   |
| <i>rosyrah oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>  | 5         | ACA                   |
| <i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>            | 5         | ACA                   |
| <i>shewise oral tablet 1.5 mg</i>   | 5         | ACA; OTC; QL          |
| <i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>                  | 5         | ACA                   |
| <i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | 5         | ACA                   |
| <b>SLYND ORAL TABLET 4 MG (28)</b>  | 5         | ST; ACA               |
| <i>sprintec (28) oral tablet 0.25-0.035 mg</i>                                | 5         | ACA                   |
| <i>sronyx oral tablet 0.1-20 mg-mcg</i>                                       | 5         | ACA                   |
| <i>syeda oral tablet 3-0.03 mg</i>  | 5         | ACA                   |
| <b>TAKE ACTION ORAL TABLET 1.5 MG</b>   | 3         | OTC; QL               |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>        | 5         | ACA                   |
| <i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> | 5         | ACA                   |
| <i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>        | 5         | ACA                   |
| <i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>  | 5         | ACA                   |
| <i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>   | 5         | ACA                   |
| <i>tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>     | 5         | ACA                   |
| <i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>   | 5         | ACA                   |
| <i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>      | 5         | ACA                   |
| <i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>        | 5         | ACA                   |
| <i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>    | 5         | ACA                   |
| <i>tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>       | 5         | ACA                   |

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>     | 5         | ACA                   |
| <i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>            | 5         | ACA                   |
| <i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>           | 5         | ACA                   |
| <i>turqoz (28) oral tablet 0.3-30 mg-mcg</i>                             | 5         | ACA                   |
| TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG                              | 5         | ST; ACA               |
| <i>tydemy oral tablet 3-0.03-0.451 mg (21) (7)</i>                       | 5         | ACA                   |
| <i>valtya oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>                       | 5         | ACA                   |
| <i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i> | 5         | ACA                   |
| <i>vestura (28) oral tablet 3-0.02 mg</i>                                | 5         | ACA                   |
| <i>vienva oral tablet 0.1-20 mg-mcg</i>                                  | 5         | ACA                   |
| <i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>             | 5         | ACA                   |
| <i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>              | 5         | ACA                   |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>                       | 5         | ACA                   |
| <i>vylibra oral tablet 0.25-0.035 mg</i>                            | 5         | ACA                   |
| <i>wera (28) oral tablet 0.5-35 mg-mcg</i>                          | 5         | ACA                   |
| <i>wymzya fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)</i> | 5         | ACA                   |
| <i>xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>          | 5         | ACA                   |
| <i>xelria fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)</i> | 5         | ACA                   |
| <i>zarah oral tablet 3-0.03 mg</i>                                  | 5         | ACA                   |
| <i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>                      | 5         | ACA                   |
| <i>zumandimine (28) oral tablet 3-0.03 mg</i>                       | 5         | ACA                   |
| <b>OXYTOCICS</b>  |           |                       |
| <i>methylergonovine oral tablet 0.2 mg</i>                          | 1B        | QL                    |
| <b>OPHTHALMOLOGY</b>  |           |                       |
| <b>ANTIBIOTICS</b>  |           |                       |
| AZASITE OPHTHALMIC (EYE) DROPS 1 %                                  | 2         |                       |
| <i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>           | 1B        |                       |

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> | 1B        |                       |
| BESIFLOXACIN OPTHALMIC (EYE) DROPS,SUSPENSION 0.6 %                          | 3         |                       |
| BESIVANCE OPTHALMIC (EYE) DROPS,SUSPENSION 0.6 %                             | 3         |                       |
| BETADINE OPTHALMIC PREP OPTHALMIC (EYE) SOLUTION 5 %                         | 3         |                       |
| CILOXAN OPTHALMIC (EYE) OINTMENT 0.3 %                                       | 3         |                       |
| <i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>                        | 1B        |                       |
| <i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>              | 1B        |                       |
| <i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>                             | 1B        |                       |
| <i>gentamicin ophthalmic (eye) drops 0.3 %</i>                               | 1B        |                       |
| <i>levofloxacin ophthalmic (eye) drops 0.5 %, 1.5 %</i>                      | 1B        |                       |

| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| MOXIFLOXACIN (PF)-BSS INTRACAMERAL SOLUTION 1 MG/ML  | 3         |                       |
| <i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>   | 1B        |                       |
| <i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>                                    | 1B        |                       |
| MOXIFLOXACIN-SOD CHLOR,ISO(PF) INTRAOCULAR SOLUTION 0.8 MG/0.8 ML, 4 MG/0.8 ML, 5 MG/ML      | 3         |                       |
| MOXIFLOXACIN-SOD CHLOR,ISO(PF) INTRAOCULAR SYRINGE 0.3 MG/0.3 ML, 1.6 MG/ML                  | 3         |                       |
| NATACYN OPTHALMIC (EYE) DROPS,SUSPENSION 5 %   | 2         |                       |
| <i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> | 1B        |                       |

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i> | 1B        |                       |
| <i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>                 | 1B        |                       |
| <i>ofloxacin ophthalmic (eye) drops 0.3 %</i>  | 1B        |                       |
| <i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>                              | 1B        |                       |
| <i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>           | 1B        |                       |
| <i>povidone-iodine ophthalmic (eye) solution 5 %</i>                                       | 1B        |                       |
| <i>tobramycin ophthalmic (eye) drops 0.3 %</i>   | 1B        |                       |
| TOBRAMYCIN-VANCOMYCIN OPTHALMIC (EYE) DROPS 1.5-5 %  | 3         |                       |
| TOBREX OPTHALMIC (EYE) OINTMENT 0.3 %  | 3         |                       |
| <b>ANTIVIRALS</b>  |           |                       |
| <i>trifluridine ophthalmic (eye) drops 1 %</i>   | 1B        |                       |

| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| ZIRGAN OPTHALMIC (EYE) GEL 0.15 %  | 3         |                       |
| <b>BETA-BLOCKERS</b>   |           |                       |
| <i>betaxolol ophthalmic (eye) drops 0.5 %</i>                              | 1B        |                       |
| BETOPTIC S OPTHALMIC (EYE) DROPS,SUSPENSION 0.25 %                         | 3         |                       |
| <i>carteolol ophthalmic (eye) drops 1 %</i>                                | 1B        |                       |
| <i>levobunolol ophthalmic (eye) drops 0.5 %</i>                            | 1B        |                       |
| <i>timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %</i>     | 1B        | ST                    |
| <i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>                | 1B        |                       |
| <i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i>            | 1B        | ST                    |
| <i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i> | 1B        | ST                    |
| <i>timolol ophthalmic (eye) drops 0.5 %</i>                                | 1B        | ST                    |
| <b>CHOLINESTERASE INHIBITOR MIOTICS</b>                                    |           |                       |
| PHOSPHOLINE IODIDE OPTHALMIC (EYE) DROPS 0.125 %                           | 4         | LA                    |

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <b>CYCLOPLEGIC MYDRIATICS</b>  |           |                       |
| <i>atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 1 %</i>          | 1B        |                       |
| ATROPINE OPTHALMIC (EYE) DROPS 0.05 %                                | 3         |                       |
| ATROPINE SULFATE (PF) OPTHALMIC (EYE) DROPPERETTE 1 %                | 3         |                       |
| CYCLOGYL OPTHALMIC (EYE) DROPS 0.5 %, 1 %                            | 3         |                       |
| <i>cyclopentolate ophthalmic (eye) drops 1 %</i>                     | 1B        |                       |
| <i>homatropaire ophthalmic (eye) drops 5 %</i>                       | 1B        |                       |
| <i>phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %</i> | 1B        |                       |
| <i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>                 | 1B        |                       |
| <b>DIRECT ACTING MIOTICS</b>   |           |                       |
| <i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>          | 1B        |                       |
| <b>MISCELLANEOUS OPTHALMOLOGICS</b>                                  |           |                       |
| AKTEN (PF) OPTHALMIC (EYE) GEL 3.5 %                                 | 3         |                       |

| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>altacaine ophthalmic (eye) drops 0.5 %</i>                      | 1B        |                       |
| <i>azelastine ophthalmic (eye) drops 0.05 %</i>                    | 1B        |                       |
| <i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i>           | 1B        | ST                    |
| CEQUA OPTHALMIC (EYE) DROPPERETTE 0.09 %                           | 3         | PA; QL                |
| <i>cromolyn ophthalmic (eye) drops 4 %</i>                         | 1B        |                       |
| <i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>            | 1B        | PA; QL                |
| CYSTARAN OPTHALMIC (EYE) DROPS 0.44 %                              | 4         | LA                    |
| DEXAMET-MOXIFL-KETORONACL(PF) INTRAOCULAR SOLUTION 1-0.5-0.4 MG/ML | 3         |                       |
| <i>epinastine ophthalmic (eye) drops 0.05 %</i>                    | 1B        |                       |
| <i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>  | 1B        |                       |

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| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| KLARITY<br>(CHONDROITIN)<br>(PF)<br>OPHTHALMIC<br>(EYE) DROPS 0.25<br>%                           | 3         |                       |
| MIEBO (PF)<br>OPHTHALMIC<br>(EYE) DROPS 100<br>%  | 2         | PA; QL                |
| <i>prednisoln sp-<br/>moxiflox-bromfen<br/>ophthalmic (eye)<br/>drops 1-0.5-0.075 %</i>           | 1B        |                       |
| PREDNISOLONE<br>ACETATE-<br>BROMFENAC<br>OPHTHALMIC<br>(EYE)<br>DROPS,SUSPENSIO<br>N 1-0.075 %    | 3         |                       |
| PREDNISOLONE<br>ACETATE-<br>NEPAFENAC<br>OPHTHALMIC<br>(EYE)<br>DROPS,SUSPENSIO<br>N 1-0.1 %      | 3         |                       |
| <i>prednisolone sod ph-<br/>bromfenac<br/>ophthalmic (eye)<br/>drops 1-0.075 %</i>                | 1B        |                       |
| PREDNISOLONE-<br>MOXIFLO-<br>NEPAFENAC<br>OPHTHALMIC<br>(EYE)<br>DROPS,SUSPENSIO<br>N 1-0.5-0.1 % | 3         |                       |

| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| PREDNISOLONE-<br>MOXIFLOX-<br>BROMFEN<br>OPHTHALMIC<br>(EYE)<br>DROPS,SUSPENSIO<br>N 1-0.5-0.075 % | 3         |                       |
| PREDNISOLON-<br>MOXIFLOX-<br>KETOROLAC<br>OPHTHALMIC<br>(EYE) DROPS 1-<br>0.5-0.5 %                | 3         |                       |
| <i>proparacaine<br/>ophthalmic (eye)<br/>drops 0.5 %</i>   | 1B        |                       |
| RESTASIS<br>MULTIDOSE<br>OPHTHALMIC<br>(EYE) DROPS 0.05<br>%                                       | 2         | PA; QL                |
| RESTASIS<br>OPHTHALMIC<br>(EYE)<br>DROPPERETTE<br>0.05 %   | 3         | PA; QL                |
| TETRACAINE<br>HCL (PF)<br>OPHTHALMIC<br>(EYE) DROPS 0.5<br>%                                       | 3         |                       |
| <i>tetracaine hcl<br/>ophthalmic (eye)<br/>drops 0.5 %</i>   | 1B        |                       |
| TRYPTYR<br>OPHTHALMIC<br>(EYE)<br>DROPPERETTE<br>0.003 %   | 3         | PA                    |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated April 1, 2026.

| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY  | 3         | PA                    |
| XDEMZY OPTHALMIC (EYE) DROPS 0.25 %                      | 4         | PA; LA; QL            |
| XIIDRA OPTHALMIC (EYE) DROPPERETTE 5 %                   | 2         | PA; QL                |
| ZERVIAE OPTHALMIC (EYE) DROPPERETTE 0.24 %               | 3         | ST                    |
| <b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>            |           |                       |
| ACUVAIL (PF) OPTHALMIC (EYE) DROPPERETTE 0.45 %          | 3         | ST                    |
| <i>bromfenac ophthalmic (eye) drops 0.07 %</i>           | 1B        |                       |
| <i>bromfenac ophthalmic (eye) drops 0.075 %, 0.09 %</i>  | 1B        | ST                    |
| <i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>    | 1B        |                       |
| <i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i> | 1B        |                       |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| ILEVRO OPTHALMIC (EYE) DROPS,SUSPENSION 0.3 %               | 3         | ST                    |
| <i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>        | 1B        |                       |
| NEVANAC OPTHALMIC (EYE) DROPS,SUSPENSION 0.1 %              | 3         | ST                    |
| <b>ORAL DRUGS FOR GLAUCOMA</b>                              |           |                       |
| <i>acetazolamide oral capsule, extended release 500 mg</i>  | 1B        |                       |
| <i>acetazolamide oral tablet 125 mg, 250 mg</i>             | 1B        |                       |
| <i>methazolamide oral tablet 25 mg, 50 mg</i>               | 1B        |                       |
| <b>OTHER GLAUCOMA DRUGS</b>                                 |           |                       |
| BIMATOPROST (PF) OPTHALMIC (EYE) DROPS 0.01 %               | 3         |                       |
| <i>bimatoprost ophthalmic (eye) drops 0.03 %</i>            | 1B        | ST                    |
| BRIMONIDINE-DORZOLAMIDE (PF) OPTHALMIC (EYE) DROPS 0.15-2 % | 3         |                       |

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| BRIMONIDINE-DORZOLAMIDE OPTHALMIC (EYE) DROPS 0.1-2 %                | 3         |                       |
| <i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>          | 1B        |                       |
| <i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>            | 1B        |                       |
| DORZOLAMIDE (PF) OPTHALMIC (EYE) DROPS 2 %                           | 3         |                       |
| <i>dorzolamide ophthalmic (eye) drops 2 %</i>                        | 1B        |                       |
| <i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i> | 1B        |                       |
| <i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>     | 1B        |                       |
| <i>latanoprost ophthalmic (eye) drops 0.005 %</i>                    | 1B        |                       |
| LUMIGAN OPTHALMIC (EYE) DROPS 0.01 %                                 | 3         |                       |
| RHOPRESSA OPTHALMIC (EYE) DROPS 0.02 %                               | 2         | ST                    |
| ROCKLATAN OPTHALMIC (EYE) DROPS 0.02-0.005 %                         | 3         | ST                    |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| SIMBRINZA OPTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %                            | 3         |                       |
| <i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i>                  | 1B        | ST                    |
| TIMOL-BRIMON-DORZOL-BIMATO(PF) OPTHALMIC (EYE) DROPS 0.5 %-0.15 %- 2 %-0.01 % | 3         |                       |
| TIMOLOL-BIMATOPROST OPTHALMIC (EYE) DROPS 0.5-0.01 %                          | 3         |                       |
| TIMOLOL-BRIMON-DORZOL-BIMATOP OPTHALMIC (EYE) DROPS 0.5-0.1-2-0.01 %          | 3         |                       |
| TIMOLOL-BRIMONIDI-DORZOLAM(PF) OPTHALMIC (EYE) DROPS 0.5-0.15-2 %             | 3         |                       |
| TIMOLOL-BRIMONIDINE-DORZOLAMID OPTHALMIC (EYE) DROPS 0.5-0.1-2 %              | 3         |                       |

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| TIMOLOL-DORZOLAM-BIMATOPRO(PF) OPHTHALMIC (EYE) DROPS 0.5-2-0.01 %                                   | 3         |                       |
| <i>travoprost ophthalmic (eye) drops 0.004 %</i>   | 1B        | ST                    |
| <b>STEROID-ANTIBIOTIC COMBINATIONS</b>   |           |                       |
| DEXAMETH-MOXIFLOX(PF)-NACL,ISO INTRAOCULAR SOLUTION 1-5 MG/ML  | 3         |                       |
| <i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>             | 1B        |                       |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> | 1B        |                       |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>          | 1B        |                       |
| <i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>           | 1B        |                       |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> | 1B        |                       |
| PREDNISOLONE SOD PH-MOXIFLOX OPHTHALMIC (EYE) DROPS 1-0.5 %                 | 3         |                       |
| PREDNISOLONE-MOXIFLOXACIN HCL OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5 %     | 3         |                       |
| TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %                                | 2         |                       |
| TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %                    | 2         |                       |
| <i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i> | 1B        |                       |
| <i>tobramycin-lotepred ophthalmic (eye) drops,suspension 0.3-0.5 %</i>      | 1B        |                       |
| ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %                           | 2         |                       |

**STERIODS**

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| CLOBETASOL OPTHALMIC (EYE) DROPS,SUSPENSION 0.05 %                 | 3         | ST                    |
| <i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i> | 1B        |                       |
| <i>difluprednate ophthalmic (eye) drops 0.05 %</i>                 | 1B        |                       |
| EYSUVIS OPTHALMIC (EYE) DROPS,SUSPENSION 0.25 %                    | 2         | PA; QL                |
| <i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>     | 1B        |                       |
| INVELTYS OPTHALMIC (EYE) DROPS,SUSPENSION 1 %                      | 3         | ST                    |
| LOTEMAX OPTHALMIC (EYE) OINTMENT 0.5 %                             | 3         | ST                    |
| LOTEMAX SM OPTHALMIC (EYE) DROPS,GEL 0.38 %                        | 3         | ST                    |
| <i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>      | 1B        |                       |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i>          | 1B        | ST                    |
| <i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>          | 1B        |                       |
| PREDNISOLONE ACETATE (PF) OPTHALMIC (EYE) DROPS,SUSPENSION 1 %                | 3         |                       |
| <i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>             | 1B        |                       |
| <i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>               | 1B        |                       |
| <b>STEROID-SULFONAMIDE COMBINATIONS</b>                                       |           |                       |
| <i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i> | 1B        |                       |
| <b>SULFONAMIDES</b>   |           |                       |
| <i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>                       | 1B        |                       |
| <i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>                    | 1B        |                       |

**SYMPATHOMIMETICS**

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>apraclonidine ophthalmic (eye) drops 0.5 %</i>                            | 1B        |                       |
| <i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %, 0.2 %</i>               | 1B        |                       |
| IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %                                    | 3         | ST                    |
| <b>VASOCONSTRICTOR DECONGESTANTS</b>   |           |                       |
| CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %                                   | 3         |                       |
| <i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>                  | 1B        |                       |
| <b>RESPIRATORY, ALLERGY, COUGH &amp; COLD</b>                                |           |                       |
| <b>ANTI-HISTAMINE &amp; ANTI-ALLERGENIC AGENTS</b>                           |           |                       |
| AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML, 0.15 MG/0.15 ML, 0.3 MG/0.3 ML | 2         | QL                    |
| <i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>                           | 1B        |                       |
| <i>carbinoxamine maleate oral tablet 4 mg</i>                                | 1B        |                       |
| <i>carbzah oral liquid 4 mg/5 ml</i>   | 1B        |                       |

| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>cetirizine oral solution 1 mg/ml</i>                                  | 1B        |                       |
| <i>clemastine oral tablet 2.68 mg</i>                                    | 1B        |                       |
| <i>corphena oral solution 2 mg/5 ml</i>                                  | 1B        |                       |
| <i>cyproheptadine oral syrup 2 mg/5 ml</i>                               | 1B        |                       |
| <i>cyproheptadine oral tablet 4 mg</i>                                   | 1B        |                       |
| <i>desloratadine oral tablet 5 mg</i>                                    | 1B        | QL                    |
| <i>desloratadine oral tablet, disintegrating 2.5 mg, 5 mg</i>            | 1B        | QL                    |
| DIPHEN ORAL ELIXIR 12.5 MG/5 ML  | 3         |                       |
| EPINEPHRINE IN SOD CHL, ISO(PF) INJECTION SYRINGE 1 MG/ML                | 3         |                       |
| <i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i> | 1B        | QL                    |
| EPINEPHRINE INJECTION SYRINGE 0.3 MG/0.3 ML                              | 3         | QL                    |
| EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML                             | 3         | ST; QL                |
| EPIPEN JR INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML                         | 3         | ST; QL                |

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>hydroxyzine hcl oral solution 10 mg/5 ml</i>              | 1B        |                       |
| <i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>       | 1B        |                       |
| <i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i> | 1B        |                       |
| <i>levocetirizine oral solution 2.5 mg/5 ml</i>              | 1B        |                       |
| <i>levocetirizine oral tablet 5 mg</i>                       | 1B        | QL                    |
| <i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>    | 1B        |                       |
| <i>promethazine oral syrup 6.25 mg/5 ml</i>                  | 1B        |                       |
| <i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>        | 1B        |                       |
| <i>promethazine rectal suppository 12.5 mg, 25 mg</i>        | 1B        |                       |
| <i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>  | 1B        |                       |
| RYCLORA ORAL SOLUTION 2 MG/5 ML                              | 3         |                       |
| <b>COUGH &amp; COLD THERAPY</b>                              |           |                       |
| <i>benzonatate oral capsule 100 mg, 200 mg</i>               | 1B        |                       |
| BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML                        | 3         |                       |

| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>                       | 1B        |                       |
| <i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>                                | 1B        |                       |
| <i>g tussin ac oral liquid 10-100 mg/5 ml</i>  | 1B        |                       |
| <i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr 10-8 mg/5 ml</i> | 1B        |                       |
| <i>hydrocodone-homatropine oral solution 5-1.5 mg/5 ml</i>                           | 1B        |                       |
| <i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>                                  | 1B        |                       |
| <i>hydromet oral solution 5-1.5 mg/5 ml</i>  | 1B        |                       |
| <i>maxi-tuss ac oral liquid 10-100 mg/5 ml</i>                                       | 1B        |                       |
| <i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>                               | 1B        |                       |
| <i>promethazine-dm oral solution 6.25-15 mg/5 ml</i>                                 | 1B        |                       |
| <i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i>                          | 1B        |                       |

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG  | 3         |                       |
| <b>PULMONARY AGENTS</b>  |           |                       |
| <i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>  | 1A        |                       |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG   | 4         | PA; LA; QL            |
| ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION , 230-21 MCG/ACTUATION , 45-21 MCG/ACTUATION                              | 2         | QL                    |
| AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION  | 2         |                       |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>   | 1A        | QL                    |
| <i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i> | 1A        |                       |
| <i>albuterol sulfate oral syrup 2 mg/5 ml</i>  | 1A        |                       |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>albuterol sulfate oral tablet 2 mg, 4 mg</i>   | 1A        |                       |
| <i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>                                  | 1A        |                       |
| ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG   | 4         | PA; LA; QL            |
| <i>alyq oral tablet 20 mg</i>   | 4         | PA; LA; QL            |
| <i>ambriasantan oral tablet 10 mg, 5 mg</i>   | 4         | PA; LA; QL            |
| ANDEMBRY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 200 MG/1.2 ML  | 4         | PA; LA                |
| ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION                                      | 2         | QL                    |
| <i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>                                    | 1A        | QL                    |
| ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 200 MCG/ACTUATION , 50 MCG/ACTUATION | 2         | QL                    |

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| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION , 200 MCG/ACTUATION , 50 MCG/ACTUATION   | 2         | QL                    |
| ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60) | 2         | QL                    |
| ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION  | 3         | QL                    |
| BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)   | 4         | PA; LA; QL            |
| <i>bosentan oral tablet 125 mg, 62.5 mg</i>   | 4         | PA; LA; QL            |
| <i>bosentan oral tablet for suspension 32 mg</i>  | 4         | PA; LA; QL            |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE            | 2         | QL                    |
| <i>breyndra inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>              | 1A        | QL                    |
| BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION                               | 2         | QL                    |
| <i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>           | 1A        | QL                    |
| <i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i> | 1A        | QL                    |
| COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION   | 2         | QL                    |
| <i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>   | 1A        |                       |

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| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| DAWNZERA<br>SUBCUTANEOUS<br>AUTO-INJECTOR<br>80 MG/0.8 ML   | 4         | PA; LA; QL            |
| DULERA<br>INHALATION HFA<br>AEROSOL<br>INHALER 100-5<br>MCG/ACTUATION<br>, 200-5<br>MCG/ACTUATION<br>, 50-5<br>MCG/ACTUATION                    | 2         | QL                    |
| <i>flunisolide nasal<br/>spray, non-aerosol<br/>25 mcg (0.025 %)</i>  | 1B        | QL                    |
| <i>fluticasone<br/>propionate nasal<br/>spray, suspension 50<br/>mcg/actuation</i>  | 1B        | QL                    |
| <i>fluticasone propion-<br/>salmeterol<br/>inhalation blister<br/>with device 100-50<br/>mcg/dose, 250-50<br/>mcg/dose, 500-50<br/>mcg/dose</i> | 1A        | QL                    |
| <i>formoterol fumarate<br/>inhalation solution<br/>for nebulization 20<br/>mcg/2 ml</i>   | 1A        | ST; QL                |
| HYPER-SAL<br>INHALATION<br>SOLUTION FOR<br>NEBULIZATION<br>3.5 %, 7 %   | 3         |                       |
| <i>icatibant<br/>subcutaneous<br/>syringe 30 mg/3 ml</i>  | 4         | PA; QL                |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| INCRUSE<br>ELLIPTA<br>INHALATION<br>BLISTER WITH<br>DEVICE 62.5<br>MCG/ACTUATION  | 2         | QL                    |
| <i>ipratropium bromide<br/>inhalation solution<br/>0.02 %</i>   | 1A        |                       |
| <i>ipratropium-<br/>albuterol inhalation<br/>solution for<br/>nebulization 0.5 mg-<br/>3 mg(2.5 mg base)/3<br/>ml</i>                     | 1A        | QL                    |
| KALYDECO ORAL<br>GRANULES IN<br>PACKET 13.4 MG,<br>25 MG, 5.8 MG, 50<br>MG, 75 MG   | 4         | PA; LA; QL            |
| KALYDECO ORAL<br>TABLET 150 MG  | 4         | PA; LA; QL            |
| <i>levalbuterol hcl<br/>inhalation solution<br/>for nebulization 0.31<br/>mg/3 ml, 0.63 mg/3<br/>ml, 1.25 mg/0.5 ml,<br/>1.25 mg/3 ml</i> | 1A        |                       |
| <i>mometasone nasal<br/>spray, non-aerosol<br/>50 mcg/actuation</i>   | 1B        | QL                    |
| <i>montelukast oral<br/>granules in packet 4<br/>mg</i>   | 1A        |                       |
| <i>montelukast oral<br/>tablet 10 mg</i>  | 1A        |                       |
| <i>montelukast oral<br/>tablet, chewable 4<br/>mg, 5 mg</i>   | 1A        |                       |

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>nebusal inhalation solution for nebulization 3 %</i>      | 1B        |                       |
| NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %             | 3         |                       |
| NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML                  | 4         | PA; LA; QL            |
| NUCALA SUBCUTANEOUS RECON SOLN 100 MG                        | 4         | PA; LA; QL            |
| NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML                        | 4         | PA; LA; QL            |
| NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML                     | 4         | PA; QL                |
| OFEV ORAL CAPSULE 100 MG, 150 MG                             | 4         | PA; LA; QL            |
| OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION 3 MG/2.5 ML | 4         | PA; LA                |
| OPSUMIT ORAL TABLET 10 MG                                    | 4         | PA; LA; QL            |
| OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG                       | 4         | PA; LA; QL            |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG                          | 4         | PA; LA; QL            |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG  | 4         | PA; LA; QL            |
| ORLADEYO ORAL CAPSULE 110 MG, 150 MG  | 4         | PA; LA; QL            |
| <i>pirfenidone oral capsule 267 mg</i>  | 4         | PA; LA; QL            |
| <i>pirfenidone oral tablet 267 mg, 801 mg</i>   | 4         | PA; LA; QL            |
| <i>pulmosal inhalation solution for nebulization 7 %</i>                                  | 1B        |                       |
| PULMOZYME INHALATION SOLUTION 1 MG/ML   | 4         | PA; LA                |
| QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION , 80 MCG/ACTUATION | 2         | QL                    |
| <i>roflumilast oral tablet 250 mcg</i>  | 1A        | QL                    |
| <i>roflumilast oral tablet 500 mcg</i>  | 1A        |                       |
| <i>sajazir subcutaneous syringe 30 mg/3 ml</i>  | 4         | PA; LA; QL            |

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| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE                        | 2         | QL                    |
| <i>sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml</i>          | 4         | LA                    |
| <i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i> | 4         | PA; LA; QL            |
| <i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>                           | 4         | PA; LA; QL            |
| <i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %</i> | 1B        |                       |
| SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION , 2.5 MCG/ACTUATION           | 2         | QL                    |
| SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG            | 3         | QL                    |
| STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION                            | 2         | QL                    |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION                                  | 2         | QL                    |
| SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)  | 4         | PA; LA; QL            |
| <i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>                               | 4         | PA; LA; QL            |
| TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)                      | 4         | PA; LA; QL            |
| <i>terbutaline oral tablet 2.5 mg, 5 mg</i>   | 1A        |                       |
| <i>terbutaline subcutaneous solution 1 mg/ml</i>                                      | 1B        |                       |
| THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG             | 3         |                       |
| <i>theophylline oral elixir 80 mg/15 ml</i>   | 1A        |                       |
| <i>theophylline oral solution 80 mg/15 ml</i>   | 1A        |                       |
| <i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i> | 1A        |                       |

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>  | 1A        |                       |
| <i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i>   | 1A        |                       |
| TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG  | 2         | QL                    |
| TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)                                  | 4         | PA; LA; QL            |
| TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)   | 4         | PA; LA; QL            |
| TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) -48(28) MCG, 32 MCG, 32-64 MCG, 48 MCG, 48-64 MCG, 64 MCG, 80 MCG | 4         | PA; LA                |

| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)                               | 4         | PA; LA                |
| TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)                    | 4         | PA; LA                |
| TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML                               | 4         | PA; LA                |
| VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION   | 2         | QL                    |
| WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)                       | 4         | PA; LA                |
| <i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> | 1A        | QL                    |
| XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML                               | 4         | PA; LA; QL            |

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| XOLAIR SUBCUTANEOUS RECON SOLN 150 MG  | 4         | PA; LA; QL            |
| XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML                     | 4         | PA; LA; QL            |
| YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG | 4         | PA; LA                |
| <i>zafirlukast oral tablet 10 mg, 20 mg</i>  | 1A        |                       |
| <i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>                              | 1A        | PA                    |

## UROLOGICALS

### ANTICHOLINERGICS & ANTISPASMODICS

|   |    |  |
|---|----|--|
| <i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i> | 1B |  |
| <i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i>   | 1B |  |
| <i>flavoxate oral tablet 100 mg</i>                                 | 1B |  |
| GEMTESA ORAL TABLET 75 MG   | 3  |  |
| <i>oxybutynin chloride oral syrup 5 mg/5 ml</i>                     | 1B |  |
| <i>oxybutynin chloride oral tablet 5 mg</i>                         | 1B |  |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i> | 1B        |                       |
| OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR                               | 3         | ST; QL                |
| <i>solifenacin oral tablet 10 mg, 5 mg</i>                                      | 1B        | ST                    |
| <i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>               | 1B        | ST                    |
| <i>tolterodine oral tablet 1 mg, 2 mg</i>                                       | 1B        |                       |
| <i>trospium oral capsule, extended release 24hr 60 mg</i>                       | 1B        | ST                    |
| <i>trospium oral tablet 20 mg</i>   | 1B        |                       |

### BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY

|  |    |    |
|--|----|----|
| <i>alfuzosin oral tablet extended release 24 hr 10 mg</i>                  | 1B |    |
| <i>dutasteride oral capsule 0.5 mg</i>                                     | 1B |    |
| <i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i> | 1B | ST |
| <i>finasteride oral tablet 5 mg</i>  | 1B |    |
| <i>silodosin oral capsule 4 mg, 8 mg</i>                                   | 1B |    |
| <i>tadalafil oral tablet 2.5 mg, 5 mg</i>                                  | 1B | PA |

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| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>tamsulosin oral capsule 0.4 mg</i>   | 1B        |                       |
| <b>CHOLINERGIC STIMULANTS</b>   |           |                       |
| <i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>                               | 1B        |                       |
| <b>MISCELLANEOUS UROLOGICALS</b>  |           |                       |
| <i>alprostadil injection solution 500 mcg/ml</i>  | 1B        |                       |
| CYSTAGON ORAL CAPSULE 150 MG, 50 MG   | 4         | LA                    |
| ELMIRON ORAL CAPSULE 100 MG   | 2         |                       |
| <i>mb caps oral capsule 120-10.8-40.8 mg</i>  | 1B        |                       |
| <i>methen-sod phosph-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i>                           | 1B        |                       |
| <i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i> | 1B        |                       |
| <i>sodium citrate-citric acid oral solution 490-640 mg/5 ml</i>                                 | 1B        |                       |
| <i>uretron d-s oral tablet 81.6-10.8-40.8 mg</i>  | 1B        |                       |
| <i>urimar-t oral tablet 120-10.8-0.12 mg</i>  | 1B        |                       |
| <i>urogesic-blue oral tablet 81.6-40.8-0.12 mg</i>  | 1B        |                       |
| <i>uro-mp oral capsule 118-10-40.8-36 mg</i>  | 1B        |                       |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>uro-sp oral capsule 118-10-40.8-36 mg</i>              | 1B        |                       |
| <i>uryl oral tablet 81.6-40.8-0.12 mg</i>                 | 1B        |                       |
| <b>URINARY ANESTHETICS</b>                                |           |                       |
| <i>phenazopyridine oral tablet 100 mg, 200 mg</i>         | 1B        |                       |
| <b>VITAMINS, HEMATINICS &amp; ELECTROLYTES</b>            |           |                       |
| <b>ELECTROLYTES</b>                                       |           |                       |
| AURYXIA ORAL TABLET 210 MG IRON                           | 3         | PA                    |
| <i>calcium acetate(phosphat bind) oral capsule 667 mg</i> | 1B        | QL                    |
| <i>calcium acetate(phosphat bind) oral tablet 667 mg</i>  | 1B        | QL                    |
| EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ          | 3         |                       |
| <i>effer-k oral tablet, effervescent 25 meq</i>           | 1B        |                       |
| FERRIC CITRATE ORAL TABLET 210 MG IRON                    | 3         | PA                    |
| FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG           | 3         | QL                    |
| GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)            | 4         | LA                    |

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>klor-con 10 oral tablet extended release 10 meq</i>   | 1B        |                       |
| <i>klor-con 8 oral tablet extended release 8 meq</i>   | 1B        |                       |
| <i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>   | 1B        |                       |
| <i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>   | 1B        |                       |
| <i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>   | 1B        |                       |
| <i>klor-con oral packet 20 meq</i>   | 1B        |                       |
| <i>lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg</i>   | 1B        | QL                    |
| <i>lugols oral solution 5 %</i>  | 1B        |                       |
| <i>magnesium chloride injection solution 200 mg/ml (20 %)</i>  | 1B        |                       |
| MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML   | 2         |                       |
| <i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)</i> | 1B        |                       |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)</i> | 1B        |                       |
| <i>magnesium sulfate injection solution 500 mg/ml (50 %)</i>  | 1B        |                       |
| <i>magnesium sulfate injection syringe 500 mg/ml (50 %)</i>   | 1B        |                       |
| NORMOSOL-R INTRAVENOUS PARENTERAL SOLUTION  | 3         |                       |
| <i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>  | 1B        |                       |
| <i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>  | 1B        |                       |
| <i>potassium chloride oral packet 20 meq</i>  | 1B        |                       |
| <i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>  | 1B        |                       |
| POTASSIUM CHLORIDE ORAL TABLET EXTENDED RELEASE 15 MEQ  | 3         |                       |
| <i>potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq</i>                                  | 1B        |                       |

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| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> | 1B        | QL                    |
| <i>sevelamer carbonate oral tablet 800 mg</i>                       | 1B        | QL                    |
| <i>sevelamer hcl oral tablet 400 mg, 800 mg</i>                     | 1B        | QL                    |
| <i>sodium polystyrene sulfonate oral powder 15 gram</i>             | 1B        |                       |
| <i>sodium polystyrene sulfonate oral suspension 15 gram/60 ml</i>   | 1B        |                       |
| <i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>         | 1B        |                       |
| <i>sps (with sorbitol) rectal enema 30-40 gram/120 ml</i>           | 1B        |                       |
| <i>strong iodine oral solution 5 %</i>                              | 1B        |                       |
| VELPHORO ORAL TABLET,CHEWABLE 500 MG                                | 3         | QL                    |
| VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 8.4 GRAM          | 2         | QL                    |
| <b>MISCELLANEOUS VITAMINS, HEMATINICS, &amp; ELECTROLYTES</b>       |           |                       |
| <i>electrolyte-148 intravenous parenteral solution</i>              | 1B        |                       |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION                                    | 2         |                       |
| ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION   | 2         |                       |
| NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION                                   | 2         |                       |
| PLASMA-LYTE 148 PH 7.4 INTRAVENOUS PARENTERAL SOLUTION                              | 3         |                       |
| PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION                                       | 2         |                       |
| <b>VITAMINS &amp; HEMATINICS</b>  |           |                       |
| BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP, DR 27 MG IRON-1 MG - 374 MG | 3         |                       |
| <i>bal-care dha oral combo pack, tablet and cap, dr 27-1-430 mg</i>                 | 1A        |                       |
| CITRANATAL (DUAL-IRON) ORAL TABLET 27 MG IRON-1 MG - 50 MG                          | 3         |                       |

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| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK 90 MG IRON-1 MG -50 MG-300 MG | 3         |                       |
| CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG - 50 MG-300 MG            | 3         |                       |
| CITRANATAL BLOOM ORAL TABLET 90-1-12-50 MG-MG-MCG-MG                        | 3         |                       |
| CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK 27 MG IRON-1 MG -50 MG-250 MG    | 3         |                       |
| CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE 27 MG IRON-1 MG -50 MG-260 MG    | 3         |                       |
| <i>complete natal dha oral combo pack 29 mg iron- 1 mg-200 mg</i>           | 1A        |                       |
| CONCEPT DHA ORAL CAPSULE 35-1-200 MG  | 3         |                       |
| CONCEPT OB ORAL CAPSULE 85-1 MG   | 3         |                       |
| <i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>        | 1B        |                       |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>cyanocobalamin (vitamin b-12) nasal spray,non-aerosol 500 mcg/spray</i>  | 1B        | ST; QL                |
| <i>dodex injection solution 1,000 mcg/ml</i>  | 1B        |                       |
| <i>elite-ob oral tablet 50 mg iron- 1.25 mg</i>   | 1B        |                       |
| ENBRACE HR ORAL CAPSULE,IR - DELAY REL,BIPHASE 1.5 MG IRON- 8.73 MG-6.4 MG  | 3         |                       |
| <i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>   | 1B        |                       |
| <i>flotrex oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg</i>   | 5         | ACA; OTC              |
| <i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>  | 5         | ACA; OTC              |
| <i>fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i> | 5         | ACA; OTC              |
| <i>folic acid injection solution 5 mg/ml</i>  | 1B        |                       |
| <i>folic acid oral tablet 1 mg</i>  | 1A        |                       |
| <i>folic acid oral tablet 400 mcg, 800 mcg</i>  | 5         | ACA; OTC              |

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>folivane-ob oral capsule 85-1 mg</i>  | 1B        |                       |
| KOSHER PRENATAL PLUS IRON ORAL TABLET 30 MG IRON- 1 MG   | 3         |                       |
| <i>ludent fluoride oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i> | 5         | ACA; OTC              |
| MARNATAL-F ORAL CAPSULE 60 MG IRON-1 MG  | 3         |                       |
| MECOBALAMIN (VITAMIN B12) INJECTION RECON SOLN 10,000 MCG  | 3         |                       |
| <i>m-natal plus oral tablet 27 mg iron- 1 mg</i>   | 1A        |                       |
| <i>multi-vitamin with fluoride oral drops 0.25 mg/ml, 0.5 mg/ml</i>  | 5         | ACA; OTC              |
| <i>multi-vitamin with fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg</i>   | 5         | ACA; OTC              |
| <i>multivit-fluoride (metafolin) oral tablet, chewable 0.5 mg fluoride</i>   | 5         | ACA; OTC              |
| <i>mvc-fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg</i>  | 5         | ACA; OTC              |

| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>mynatal oral capsule 65 mg iron- 1 mg</i>                         | 1A        |                       |
| <i>mynatal oral tablet 90-1-50 mg</i>                                | 1A        |                       |
| <i>mynatal plus oral tablet 65 mg iron- 1 mg</i>                     | 1A        |                       |
| <i>mynatal-z oral tablet 65 mg iron- 1 mg</i>                        | 1A        |                       |
| NATAL PNV ORAL TABLET 6 MG IRON- 833.5 MCG DFE                       | 3         |                       |
| NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE 27 MG IRON-1.13 MG- 581.92 MG | 3         |                       |
| <i>neo-vital rx oral tablet 27 mg iron- 1 mg</i>                     | 1A        |                       |
| NESTABS ABC ORAL COMBO PACK 32 MG IRON-1 MG -120 MG-180 MG           | 3         |                       |
| NESTABS DHA ORAL COMBO PACK 32 MG IRON- 1,000 MCG- 230MG             | 3         |                       |
| NESTABS ONE ORAL CAPSULE 38-1-225 MG                                 | 3         |                       |
| NESTABS ORAL TABLET 32-1,000 MG-MCG                                  | 3         |                       |
| <i>newgen oral tablet 32-1,000 mg-mcg</i>                            | 1A        |                       |

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| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| OB COMPLETE ONE ORAL CAPSULE 40-10-1-300 MG                                   | 3         |                       |
| OB COMPLETE ORAL TABLET 50 MG IRON- 1.25 MG                                   | 3         |                       |
| OB COMPLETE PETITE ORAL CAPSULE 35 MG IRON-5 MG IRON-1 MG                     | 3         |                       |
| OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG                                    | 3         |                       |
| OB COMPLETE WITH DHA ORAL CAPSULE 30 MG IRON-10 MG IRON-1 MG                  | 3         |                       |
| <i>obstetrix dha oral combo pack,tablet and cap,dr 29 mg iron-1 mg -50 mg</i> | 1A        |                       |
| OBSTETRIX EC ORAL TABLET,DELAYED RELEASE (DR/EC) 29 MG IRON-1 MG -50 MG       | 3         |                       |
| OBTREX DHA ORAL COMBO PACK, TABLET AND CAP, DR 29 MG IRON-1 MG -50 MG         | 3         |                       |
| <i>one natal rx oral tablet 27 mg iron- 1 mg</i>                              | 1A        |                       |

| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>pnv-dha + docusate oral capsule 27-1.25-55-300 mg</i>             | 1A        |                       |
| <i>pnv-dha oral capsule 27 mg iron-1 mg -300 mg</i>                  | 1B        |                       |
| <i>pnv-omega oral capsule 28-1-300 mg</i>                            | 1B        |                       |
| <i>pnv-select oral tablet 27-1 mg</i>                                | 1A        |                       |
| <i>pr natal 400 ec oral combo pack,tablet and cap,dr 29-1-400 mg</i> | 1A        |                       |
| <i>pr natal 400 oral combo pack 29-1-400 mg</i>                      | 1A        |                       |
| <i>pr natal 430 ec oral combo pack,tablet and cap,dr 29-1-430 mg</i> | 1A        |                       |
| <i>pr natal 430 oral combo pack 29 mg iron-1 mg -430 mg</i>          | 1A        |                       |
| <i>prenaissance oral capsule 29-1.25-55-325 mg</i>                   | 1A        |                       |
| <i>prenaissance plus oral capsule 28-1-50-250 mg</i>                 | 1A        |                       |
| PRENATA ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG                        | 3         |                       |
| <i>prenatabs fa oral tablet 29-1 mg</i>                              | 1A        |                       |
| <i>prenatabs rx oral tablet 29 mg iron- 1 mg</i>                     | 1A        |                       |

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| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG- 25 MG    | 3         |                       |
| <i>prenatal plus (calcium carb) oral tablet 27 mg iron- 1 mg</i>   | 1A        |                       |
| PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG - 312 MG-250 MG  | 3         |                       |
| <i>prenatal plus oral tablet 29 mg iron- 1 mg</i>                  | 1A        |                       |
| PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET 27 MG IRON- 1 MG         | 3         |                       |
| <i>prenatal-u oral capsule 106.5-1 mg</i>                          | 1B        |                       |
| PRENATE AM ORAL TABLET 1- 500 MG                                   | 3         |                       |
| PRENATE CHEWABLE ORAL TABLET,CHEWABLE 1 MG                         | 3         |                       |
| PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE 18 MG IRON-1 MG -300 MG | 3         |                       |

| Drug Name   | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| PRENATE ELITE (IRON ASP GLYC) ORAL TABLET 20 MG IRON- 1 MG          | 3         |                       |
| PRENATE ENHANCE ORAL CAPSULE 28 MG IRON- 1 MG-400 MG                | 3         |                       |
| PRENATE ESSENTIAL(IRON-ASP-GL) ORAL CAPSULE 18 MG IRON- 1 MG-300 MG | 3         |                       |
| PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE 18-1-350 MG             | 3         |                       |
| PRENATE PIXIE ORAL CAPSULE 10 MG IRON- 1 MG-200 MG                  | 3         |                       |
| PRENATE RESTORE ORAL CAPSULE 27 MG IRON- 1 MG-400 MG                | 3         |                       |
| PRENATE STAR ORAL TABLET 20 MG IRON- 1 MG                           | 3         |                       |
| PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG                         | 3         |                       |
| <i>purevita folic acid oral tablet 400 mcg</i>                      | 5         | ACA; OTC              |
| R-NATAL OB ORAL CAPSULE 20 MG IRON- 1 MG-320 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 April 1, 2026.

| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| SELECT-OB (FOLIC ACID) ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG               | 3         |                       |
| SELECT-OB + DHA ORAL COMBO PACK 29 MG IRON-1 MG - 250 MG                   | 3         |                       |
| SELECT-OB ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG                            | 3         |                       |
| <i>se-natal 19 chewable oral tablet,chewable 29 mg iron- 1 mg</i>          | 1A        |                       |
| <i>se-natal 19 oral tablet 29 mg iron- 1 mg</i>                            | 1A        |                       |
| <i>soluvita a,c,d with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml</i> | 5         | ACA; OTC              |
| <i>taron-c dha oral capsule 35-1-200 mg</i>                                | 1B        |                       |
| <i>taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg</i> | 1B        |                       |
| THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG                                   | 3         |                       |
| TRICARE ORAL TABLET 27 MG IRON- 1 MG                                       | 3         |                       |
| <i>trinatal rx 1 oral tablet 60 mg iron-1 mg</i>                           | 1A        |                       |

| Drug Name  | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>trinate oral tablet 28 mg iron- 1 mg</i>  | 1A        |                       |
| TRISTART DHA ORAL CAPSULE 31 MG IRON- 1 MG-200 MG  | 3         |                       |
| <i>tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i> | 5         | ACA; OTC              |
| VITAFOL FE PLUS ORAL CAPSULE 90 MG IRON- 1 MG-200 MG   | 3         |                       |
| VITAFOL GUMMIES ORAL TABLET,CHEWABLE 3.33 MG IRON- 0.33 MG   | 3         |                       |
| VITAFOL ULTRA ORAL CAPSULE 29 MG IRON- 1 MG-200 MG   | 3         |                       |
| VITAFOL-OB ORAL TABLET 65- 1 MG  | 3         |                       |
| VITAFOL-OB+DHA ORAL COMBO PACK 65- 1-250 MG  | 3         |                       |
| VITALIPID N INFANT INTRAVENOUS SOLUTION 69 MCG-1 MCG-0. 64 MG-20 MCG/ML                              | 3         |                       |
| VITAMEDMD ONE RX ORAL CAPSULE 30 MG IRON-1MG -200 MG   | 3         |                       |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements / Limits</b> |
|---|------------------|------------------------------|
| VITLIPID N<br>INFANT<br>INTRAVENOUS<br>SOLUTION 69<br>MCG-1 MCG-0. 64<br>MG-20 MCG/ML | 3                |                              |
| <i>wescap-pn dha oral capsule 27 mg iron-1 mg -300 mg</i>                             | 1B               |                              |
| <i>wesnatal dha complete oral combo pack 29 mg iron-1 mg-200 mg</i>                   | 1A               |                              |
| <i>wesnate dha oral capsule 28 mg iron-1 mg -200 mg</i>                               | 1A               |                              |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements / Limits</b> |
|---|------------------|------------------------------|
| <i>westab plus oral tablet 27 mg iron-1 mg</i>            | 1A               |                              |
| <i>westgel dha oral capsule 31 mg iron-1 mg-200 mg</i>    | 1A               |                              |
| <i>zatean-pn dha oral capsule 27 mg iron-1 mg -300 mg</i> | 1B               |                              |
| <i>zatean-pn plus oral capsule 28-1-300 mg</i>            | 1B               |                              |
| <i>zingiber oral tablet 1.2 mg-40 mg- 124.1 mg-100 mg</i> | 1B               |                              |

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