

2017 Prescription Drug Formulary

High Performance Plus



PLEASE READ:

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

This formulary was updated 12/2017.

Multi-Language Interpreter Services & Nondiscrimination Notice



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

Spanish

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

Chinese

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

German

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

Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك (بالمجان. اتصل برقم 1-800-382-5729 رقم هاتف الصم والبكم 711).

Pennsylvania Dutch

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

Russian

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

French

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

Vietnamese

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

Navajo

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

Oromo

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

Korean

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

Italian

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

Japanese

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

Dutch

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

Ukrainian

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

Romanian

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

Tagalog

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

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

Nondiscrimination Notice

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

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

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

Civil Rights Coordinator

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

Email: CivilRightsCoordinator@MedMutual.com

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

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

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MEDICAL MUTUAL®

High Performance Plus Formulary

What is the High Performance Plus formulary?

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

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

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

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

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

How do I use the High Performance Plus formulary?

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

1. By condition
2. By name

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

When you visit your doctor or health provider, ask him or her to review this formulary at MedMutual.com/2017drugs so he or she can see what medications are covered by your plan.

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

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

In the rare instance that none of the covered medications is appropriate for you and a non-formulary medication is required, your provider can contact Express Scripts at (800) 753-2851 and ask for a formulary coverage review. 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). If an exception is made based on medical necessity, you will only pay your plan's applicable cost share (e.g., non-preferred brand, specialty). If your provider does *not* request a coverage review and you fill a prescription for a non-formulary medication, you will pay the full cost.

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

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

1. Visit MedMutual.com/member 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 Manage

Prescriptions, then Save with My Rx Choices.

- Type the name of your medication in the Search bar to see covered alternatives.
2. Call the Rx Member Services number on your Medical Mutual ID card. A Member Services Representative can offer covered clinically appropriate alternatives.

Does the High Performance Plus formulary include generics?

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

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

Does the High Performance Plus formulary include brand medications?

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

Does the High Performance Plus formulary include specialty medications?

Yes. Specialty medications are used to treat certain complex medical conditions and may require special handling, instruction, or monitoring. Many specialty medications are included on the High Performance Plus formulary. You must fill prescriptions for these medications through one of Medical Mutual's contracted specialty pharmacies, Accredo or Gentry. In addition, you can only get a 30-day supply for most specialty medications.

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

Does the High Performance Plus formulary include contraceptives?

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

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

If you are a member of a **CLE-Care plan**, you must fill mail-order medications through the MetroHealth Central Fill Pharmacy. Visit metrohealth.org/pharmacy for more information and to download a form.

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

Even if you are not required to do so, you may save money on your maintenance medications if you order them through the mail.

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

1. Complete the home delivery form you received in the mail from Express Scripts, and return it with your payment in the envelope provided. If you need another form, visit MedMutual.com and click Member Forms at the bottom of the page. Download and print the Prescription Drug Mail Order Form.
2. Ask your provider to call Express Scripts at (888) 327-9791 for instructions on how to fax the prescription or use the e-prescribing system. Your provider must have your

member ID number (which is on your member Medical Mutual ID card).

3. Call the Rx Member Services 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 Home Delivery Pharmacy™, 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 Member Services number on your Medical Mutual ID card.

List of Abbreviations

ACA: Affordable Care Act

OTC: Over the Counter

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

QL: Quantity Limit. For certain drugs, the plan limits the amount of the medication it will cover.

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

LA: Limited Availability

***:** Drugs identified with an asterisk may not be covered for excluded uses; prior authorization may be required.

Note: You, your doctor or your pharmacist can call Express Scripts at (800) 753-2851 to begin the review process for medications that require PA, QL and ST. After contacting Express Scripts, your doctor will receive a form to fill out and fax back to Express Scripts. Express Scripts will send you and your doctor a letter confirming if coverage has been approved (usually within three business days of receiving the necessary information).

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Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
<i>amphotericin b injection recon soln 50 mg</i>	1	
CANCIDAS INTRAVENOUS RECON SOLN 50 MG, 70 MG	2	
<i>caspofungin intravenous recon soln 50 mg</i>	1	
<i>clotrimazole mucous membrane troche 10 mg</i>	1	
CRESEMBA INTRAVENOUS RECON SOLN 372 MG	2	
CRESEMBA ORAL CAPSULE 186 MG	2	
<i>fluconazole in dextrose(iso-o) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	1	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	1	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	1	
<i>fluconazole oral tablet 150 mg</i>	1	QL
<i>flucytosine oral capsule 250 mg, 500 mg</i>	1	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	1	
<i>griseofulvin microsize oral tablet 500 mg</i>	1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	
<i>itraconazole oral capsule 100 mg</i>	1	QL
<i>ketoconazole oral tablet 200 mg</i>	1	
MYCAMINE INTRAVENOUS RECON SOLN 100 MG, 50 MG	2	
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7 ML	2	
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated December 1, 2017.

Drug Name	Drug Tier	Requirements / Limits
NOXAFIL ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG	2	
<i>nystatin oral powder 150 million unit, 500 million unit</i>	1	
<i>nystatin oral suspension 100,000 unit/ml</i>	1	
<i>nystatin oral tablet 500,000 unit</i>	1	
SPORANOX ORAL SOLUTION 10 MG/ML	2	
<i>voriconazole intravenous solution 200 mg</i>	1	
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	1	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	1	
ANTIVIRALS		
<i>abacavir oral solution 20 mg/ml</i>	4	LA
<i>abacavir oral tablet 300 mg</i>	4	LA
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	4	LA
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	4	LA
<i>acyclovir oral capsule 200 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	1	
<i>adefovir oral tablet 10 mg</i>	1	
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
APTIVUS ORAL CAPSULE 250 MG	4	LA
APTIVUS ORAL SOLUTION 100 MG/ML	4	LA
ATRIPLA ORAL TABLET 600-200-300 MG	4	LA
BARACLUDE ORAL SOLUTION 0.05 MG/ML	2	
<i>cidofovir intravenous solution 75 mg/ml</i>	1	
COMPLERA ORAL TABLET 200-25-300 MG	4	LA
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	4	LA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated December 1, 2017.

Drug Name	Drug Tier	Requirements / Limits
DAKLINZA ORAL TABLET 30 MG, 60 MG, 90 MG	4	PA; LA; QL
DESCOVY ORAL TABLET 200-25 MG	4	LA
<i>didanosine oral capsule, delayed release(dr/ec) 125 mg, 200 mg, 250 mg, 400 mg</i>	4	LA
EDURANT ORAL TABLET 25 MG	4	LA
EMTRIVA ORAL CAPSULE 200 MG	4	LA
EMTRIVA ORAL SOLUTION 10 MG/ML	4	LA
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	
EPCLUSA ORAL TABLET 400-100 MG	4	PA; LA; QL
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	2	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	QL
<i>fosamprenavir oral tablet 700 mg</i>	4	LA
<i>foscarnet intravenous solution 24 mg/ml</i>	1	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	4	LA

Drug Name	Drug Tier	Requirements / Limits
<i>ganciclovir sodium intravenous recon soln 500 mg</i>	1	
GENVOYA ORAL TABLET 150-150-200-10 MG	4	LA
HARVONI ORAL TABLET 90-400 MG	4	PA; LA; QL
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG	4	LA
INVIRASE ORAL CAPSULE 200 MG	4	LA
INVIRASE ORAL TABLET 500 MG	4	LA
ISENTRESS HD ORAL TABLET 600 MG	4	LA
ISENTRESS ORAL POWDER IN PACKET 100 MG	4	LA
ISENTRESS ORAL TABLET 400 MG	4	LA
ISENTRESS ORAL TABLET, CHEWABLE 100 MG, 25 MG	4	LA
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	4	LA
<i>lamivudine oral solution 10 mg/ml</i>	4	LA
<i>lamivudine oral tablet 100 mg</i>	1	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	4	LA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated December 1, 2017.

Drug Name	Drug Tier	Requirements / Limits
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	4	LA
LEXIVA ORAL SUSPENSION 50 MG/ML	4	LA
LEXIVA ORAL TABLET 700 MG	4	LA
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	4	LA
MAVYRET ORAL TABLET 100-40 MG	4	PA; LA; QL
<i>nevirapine oral suspension 50 mg/5 ml</i>	4	LA
<i>nevirapine oral tablet 200 mg</i>	4	LA
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	4	LA
NORVIR ORAL CAPSULE 100 MG	4	LA
NORVIR ORAL SOLUTION 80 MG/ML	4	LA
NORVIR ORAL TABLET 100 MG	4	LA
ODEFSEY ORAL TABLET 200-25-25 MG	4	LA
OLYSIO ORAL CAPSULE 150 MG	4	PA; LA; QL
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
PREZISTA ORAL SUSPENSION 100 MG/ML	4	LA
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	4	LA
RAPIVAB INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	2	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	2	QL
RESCRIPTOR ORAL TABLET 200 MG	4	LA
RESCRIPTOR ORAL TABLET, DISPERSIBLE 100 MG	4	LA
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	4	LA
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	4	LA
REYATAZ ORAL POWDER IN PACKET 50 MG	4	LA
<i>ribavirin inhalation recon soln 6 gram</i>	1	
<i>rimantadine oral tablet 100 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
SELZENTRY ORAL SOLUTION 20 MG/ML	4	LA
SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG	4	LA
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	4	LA
<i>stavudine oral recon soln 1 mg/ml</i>	4	LA
STRIBILD ORAL TABLET 150-150-200-300 MG	4	LA
SUSTIVA ORAL CAPSULE 200 MG, 50 MG	4	LA
SUSTIVA ORAL TABLET 600 MG	4	LA
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	4	PA; LA; QL
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML	2	QL
TECHNIVIE ORAL TABLET 12.5-75-50 MG	4	PA; LA; QL
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	4	LA
TRIUMEQ ORAL TABLET 600-50-300 MG	4	LA

Drug Name	Drug Tier	Requirements / Limits
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	4	LA
TYBOST ORAL TABLET 150 MG	4	LA
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	1	QL
<i>valganciclovir oral recon soln 50 mg/ml</i>	1	
<i>valganciclovir oral tablet 450 mg</i>	1	
VEMLIDY ORAL TABLET 25 MG	2	
VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)	4	LA
VIEKIRA PAK ORAL TABLETS, DOSE PACK 12.5 MG-75 MG -50 MG/250 MG	4	PA; LA; QL
VIEKIRA XR ORAL TABLET, IR - ER, BIPHASIC 24HR 8.33 MG-50 MG- 33.33 MG-200 MG	4	PA; LA; QL
VIRACEPT ORAL TABLET 250 MG, 625 MG	4	LA
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	4	LA

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Drug Name	Drug Tier	Requirements / Limits
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG	4	LA
ZEPATIER ORAL TABLET 50-100 MG	4	PA; LA; QL
<i>zidovudine oral capsule 100 mg</i>	4	LA
<i>zidovudine oral syrup 10 mg/ml</i>	4	LA
<i>zidovudine oral tablet 300 mg</i>	4	LA
CEPHALOSPORINS		
AVYCAZ INTRAVENOUS RECON SOLN 2.5 GRAM	2	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	1	
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet 1 gram</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	
<i>cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 20 gram, 300 g, 500 mg</i>	1	
<i>cefazolin intravenous recon soln 1 gram</i>	1	
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefditoren pivoxil oral tablet 200 mg, 400 mg</i>	1	
<i>cefepime in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml</i>	1	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	1	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
<i>cefotaxime injection recon soln 1 gram, 10 gram, 2 gram, 500 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated December 1, 2017.

Drug Name	Drug Tier	Requirements / Limits
<i>cefotetan injection recon soln 1 gram, 2 gram</i>	1	
<i>cefotetan intravenous recon soln 10 gram</i>	1	
<i>cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	1	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	1	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	1	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i>	1	
<i>ceftriaxone in dextrose, iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>ceftriaxone intravenous recon soln 1 gram, 2 gram</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	1	
ZERBAXA INTRAVENOUS RECON SOLN 1.5 GRAM	2	
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin intravenous recon soln 500 mg</i>	1	
<i>azithromycin oral packet 1 gram</i>	1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	1	
DIFICID ORAL TABLET 200 MG	3	
<i>e.e.s. 400 oral tablet 400 mg</i>	1	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	2	
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	2	
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML	2	
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	2	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i>	1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1	
<i>erythromycin oral capsule, delayed release (dr/ec) 250 mg</i>	1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	1	
MISCELLANEOUS ANTIINFECTIVES		
ALBENZA ORAL TABLET 200 MG	2	QL
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	2	QL
ALINIA ORAL TABLET 500 MG	2	QL
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	
<i>atovaquone oral suspension 750 mg/5 ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	1	
<i>aztreonam injection recon soln 1 gram, 2 gram</i>	1	
<i>baciim intramuscular recon soln 50,000 unit</i>	1	
<i>bacitracin intramuscular recon soln 50,000 unit</i>	1	
BILTRICIDE ORAL TABLET 600 MG	2	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	4	LA; QL
<i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>	1	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	
<i>cleocin intravenous solution 300 mg/2 ml</i>	1	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i>	1	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	1	
<i>clindamycin phosphate injection solution 150 mg/ml</i>	1	
<i>clindamycin phosphate intravenous solution 300 mg/2 ml, 600 mg/4 ml, 900 mg/6 ml</i>	1	
COARTEM ORAL TABLET 20-120 MG	2	QL
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	1	
CUBICIN RF INTRAVENOUS RECON SOLN 500 MG	2	
CYCLOSERINE ORAL CAPSULE 250 MG	3	
DALVANCE INTRAVENOUS SOLUTION 500 MG	2	
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
<i>daptomycin intravenous recon soln 500 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
DARAPRIM ORAL TABLET 25 MG	4	LA
EMVERM ORAL TABLET,CHEWABLE 100 MG	2	QL
<i>ethambutol oral tablet 100 mg, 400 mg</i>	1	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml</i>	1	
<i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>	1	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	1	
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml</i>	1	
<i>hydroxychloroquine oral tablet 200 mg</i>	1	
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>	1	
IMPAVIDO ORAL CAPSULE 50 MG	2	QL
INVANZ INJECTION RECON SOLN 1 GRAM	2	

Drug Name	Drug Tier	Requirements / Limits
INVANZ INTRAVENOUS RECON SOLN 1 GRAM	2	
<i>isoniazid injection solution 100 mg/ml</i>	1	
<i>isoniazid oral solution 50 mg/5 ml</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
<i>ivermectin oral tablet 3 mg</i>	1	QL
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	4	LA; QL
<i>lincomycin injection solution 300 mg/ml</i>	1	
<i>linezolid intravenous parenteral solution 600 mg/300 ml</i>	1	
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	1	
<i>linezolid oral tablet 600 mg</i>	1	
<i>linezolid-0.9% sodium chloride intravenous parenteral solution 600 mg/300 ml</i>	1	
<i>mefloquine oral tablet 250 mg</i>	1	QL
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 500 MG/50 ML	2	
<i>metro i.v. intravenous piggyback 500 mg/100 ml</i>	1	
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	1	
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
NEBUPENT INHALATION RECON SOLN 300 MG	2	QL
<i>neomycin oral tablet 500 mg</i>	1	
ORBACTIV INTRAVENOUS RECON SOLN 400 MG	2	
<i>paromomycin oral capsule 250 mg</i>	1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	3	
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	1	

Drug Name	Drug Tier	Requirements / Limits
PRIFTIN ORAL TABLET 150 MG	2	
PRIMAQUINE ORAL TABLET 26.3 MG	3	QL
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>quinine sulfate oral capsule 324 mg</i>	1	
<i>rifabutin oral capsule 150 mg</i>	1	
RIFAMATE ORAL CAPSULE 300-150 MG	3	
<i>rifampin intravenous recon soln 600 mg</i>	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
RIFATER ORAL TABLET 50-120-300 MG	3	
SIRTURO ORAL TABLET 100 MG	2	LA
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG	2	
SIVEXTRO ORAL TABLET 200 MG	3	
<i>tinidazole oral tablet 250 mg</i>	1	
<i>tinidazole oral tablet 500 mg</i>	1	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 in 0.9 % nacl intravenous piggyback 60 mg/50 ml</i>	1	
<i>tobramycin sulfate injection recon soln 1.2 gram</i>	1	
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	1	
TRECTOR ORAL TABLET 250 MG	3	
TYGACIL INTRAVENOUS RECON SOLN 50 MG	2	
XIFAXAN ORAL TABLET 200 MG, 550 MG	2	QL
ZYVOX INTRAVENOUS PARENTERAL SOLUTION 200 MG/100 ML	2	
PENICILLINS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	1	
<i>ampicillin oral capsule 250 mg, 500 mg</i>	1	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>	1	
<i>ampicillin sodium intravenous recon soln 1 gram, 2 gram</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>	1	
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram</i>	1	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml</i>	1	
<i>nafcillin injection recon soln 1 gram, 10 gram, 2 gram</i>	1	
<i>nafcillin intravenous recon soln 1 gram, 2 gram</i>	1	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	
<i>oxacillin injection recon soln 1 gram, 10 gram, 2 gram</i>	1	
<i>oxacillin intravenous recon soln 2 gram</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>penicillin g potassium injection recon soln 20 million unit, 5 million unit</i>	1	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i>	1	
<i>penicillin g sodium injection recon soln 5 million unit</i>	1	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
<i>pfizerpen-g injection recon soln 20 million unit, 5 million unit</i>	1	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	1	
QUINOLONES		
AVELOX IN NACL (ISO-OSMOTIC) INTRAVENOUS PIGGYBACK 400 MG/250 ML	2	
<i>ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 1,000 mg, 500 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	1	
<i>ciprofloxacin lactate intravenous solution 200 mg/20 ml, 400 mg/40 ml</i>	1	
<i>ciprofloxacin oral suspension, microcap sule recon 250 mg/5 ml, 500 mg/5 ml</i>	1	
FACTIVE ORAL TABLET 320 MG	3	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	1	
<i>levofloxacin intravenous solution 25 mg/ml</i>	1	
<i>levofloxacin oral solution 250 mg/10 ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin in nacl (iso-osm) intravenous piggyback 400 mg/250 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>moxifloxacin oral tablet 400 mg</i>	1	
MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK 400 MG/250 ML	2	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
SULFA'S & RELATED AGENTS		
<i>sulfadiazine oral tablet 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
<i>sulfatrim oral suspension 200-40 mg/5 ml</i>	1	
TETRACYCLINES		
<i>avidoxy oral tablet 100 mg</i>	1	
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	1	
<i>doxy-100 intravenous recon soln 100 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg</i>	1	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral tablet extended release 24 hr 135 mg, 45 mg, 90 mg</i>	1	
<i>mondoxyne nl oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>morgidox oral capsule 100 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>tetracycline oral capsule 250 mg, 500 mg</i>	1	
URINARY TRACT AGENTS		
<i>methenamine hippurate oral tablet 1 gram</i>	1	
<i>methenamine mandelate oral tablet 0.5 g, 1 gram</i>	1	
MONUROL ORAL PACKET 3 GRAM	3	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	1	
<i>trimethoprim oral tablet 100 mg</i>	1	
VANCOMYCIN		
VANCOMYCIN IN 0.9% SODIUM CL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 500 MG/100 ML, 750 MG/150 ML	2	

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Drug Name	Drug Tier	Requirements / Limits
VANCOMYCIN IN 0.9% SODIUM CL INTRAVENOUS SOLUTION 1 GRAM/250 ML, 1.25 GRAM/250 ML, 1.5 GRAM/250 ML, 1.5 GRAM/500 ML, 1.75 GRAM/250 ML, 1.75 GRAM/500 ML, 2 GRAM/500 ML, 750 MG/150 ML, 750 MG/250 ML	2	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 500 MG/100 ML	2	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg</i>	1	
<i>vancomycin oral capsule 125 mg, 250 mg</i>	1	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>amifostine crystalline intravenous recon soln 500 mg</i>	1	
<i>dexrazoxane hcl intravenous recon soln 250 mg, 500 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG	2	
KEPIVANCE INTRAVENOUS RECON SOLN 6.25 MG	4	LA
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	1	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
LEVOLEUCOVORIN INTRAVENOUS RECON SOLN 175 MG	2	
<i>levoleucovorin intravenous recon soln 50 mg</i>	1	
<i>levoleucovorin intravenous solution 10 mg/ml</i>	1	
<i>mesna intravenous solution 100 mg/ml</i>	1	
MESNEX ORAL TABLET 400 MG	2	
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	4	PA; LA
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	4	LA
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		

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Drug Name	Drug Tier	Requirements / Limits
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	4	LA
ADCETRIS INTRAVENOUS RECON SOLN 50 MG	4	LA
<i>adriamycin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	1	
<i>adrucil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml</i>	1	
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	4	PA; LA
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	4	PA; LA
ALECENSA ORAL CAPSULE 150 MG	4	PA; LA; QL
ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG	2	
<i>anastrozole oral tablet 1 mg</i>	1	
ARRANON INTRAVENOUS SOLUTION 250 MG/50 ML	4	LA

Drug Name	Drug Tier	Requirements / Limits
ARZERRA INTRAVENOUS SOLUTION 1,000 MG/50 ML, 100 MG/5 ML	4	LA
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML	4	LA
<i>azacitidine injection recon soln 100 mg</i>	4	PA; LA
AZASAN ORAL TABLET 100 MG, 75 MG	4	LA
<i>azathioprine oral tablet 50 mg</i>	4	LA
<i>azathioprine sodium injection recon soln 100 mg</i>	4	LA
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	4	LA
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	4	LA
BESPO NSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	4	LA
<i>bexarotene oral capsule 75 mg</i>	4	PA; LA
<i>bicalutamide oral tablet 50 mg</i>	1	
BICNU INTRAVENOUS RECON SOLN 100 MG	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>bleo 15k injection recon soln 15 unit</i>	1	
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	1	
BLINCYTO INTRAVENOUS KIT 35 MCG	4	LA
BOSULIF ORAL TABLET 100 MG, 500 MG	4	PA; LA; QL
<i>busulfan intravenous solution 60 mg/10 ml</i>	1	
BUSULFEX INTRAVENOUS SOLUTION 60 MG/10 ML	2	
<i>capecitabine oral tablet 150 mg, 500 mg</i>	4	PA; LA
CAPRELSA ORAL TABLET 100 MG, 300 MG	4	PA; LA; QL
<i>carboplatin intravenous solution 10 mg/ml</i>	1	
CELLCEPT INTRAVENOUS INTRAVENOUS RECON SOLN 500 MG	4	LA
<i>cisplatin intravenous solution 1 mg/ml</i>	1	
<i>cladribine intravenous solution 10 mg/10 ml</i>	1	
<i>clofarabine intravenous solution 20 mg/20 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
CLOLAR INTRAVENOUS SOLUTION 20 MG/20 ML	2	
COTELLIC ORAL TABLET 20 MG	4	PA; LA; QL
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	1	
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG, 50 MG	2	
<i>cyclosporine intravenous solution 250 mg/5 ml</i>	4	LA
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	4	LA
<i>cyclosporine modified oral solution 100 mg/ml</i>	4	LA
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	4	LA
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	4	LA
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml</i>	1	
<i>cytarabine injection solution 20 mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>dacarbazine intravenous recon soln 100 mg, 200 mg</i>	1	
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	4	LA
<i>daunorubicin intravenous recon soln 20 mg</i>	1	
<i>daunorubicin intravenous solution 5 mg/ml</i>	1	
<i>decitabine intravenous recon soln 50 mg</i>	4	PA; LA
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	1	
DOCETAXEL INTRAVENOUS SOLUTION 20 MG/ML	2	
<i>doxorubicin intravenous recon soln 10 mg, 50 mg</i>	1	
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i>	1	
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
EMCYT ORAL CAPSULE 140 MG	2	
<i>epirubicin intravenous recon soln 200 mg</i>	1	
<i>epirubicin intravenous solution 200 mg/100 ml, 50 mg/25 ml</i>	1	
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	4	LA
ERIVEDGE ORAL CAPSULE 150 MG	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	2	
<i>etoposide intravenous solution 20 mg/ml</i>	1	
<i>etoposide oral capsule 50 mg</i>	1	
<i>exemestane oral tablet 25 mg</i>	1	
FARESTON ORAL TABLET 60 MG	2	
FASLODEX INTRAMUSCULAR SYRINGE 250 MG/5 ML	2	
<i>floxuridine injection recon soln 0.5 gram</i>	1	
<i>fludarabine intravenous recon soln 50 mg</i>	1	
<i>fludarabine intravenous solution 50 mg/2 ml</i>	1	
<i>fluorouracil intravenous solution 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml</i>	1	
<i>flutamide oral capsule 125 mg</i>	1	
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML)	4	LA

Drug Name	Drug Tier	Requirements / Limits
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	4	LA
<i>gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg</i>	1	
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	1	
<i>gengraf oral capsule 100 mg, 25 mg, 50 mg</i>	4	LA
<i>gengraf oral solution 100 mg/ml</i>	4	LA
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	4	PA; LA; QL
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG, 5 MG	2	
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML)	4	LA
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG, 440 MG	4	LA
HEXALEN ORAL CAPSULE 50 MG	2	
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	4	LA

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Drug Name	Drug Tier	Requirements / Limits
<i>hydroxyurea oral capsule 500 mg</i>	1	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	4	PA; LA; QL
ICLUSIG ORAL TABLET 15 MG, 45 MG	4	PA; LA; QL
<i>idarubicin intravenous solution 1 mg/ml</i>	1	
IDHIFA ORAL TABLET 100 MG, 50 MG	4	PA; LA
<i>ifosfamide intravenous recon soln 1 gram, 3 gram</i>	1	
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	1	
<i>ifosfamide-mesna intravenous kit 1-1 gram, 3,000-1,000 mg</i>	1	
<i>imatinib oral tablet 100 mg, 400 mg</i>	4	PA; LA; QL
IMBRUVICA ORAL CAPSULE 140 MG	4	PA; LA; QL
INLYTA ORAL TABLET 1 MG, 5 MG	4	PA; LA; QL
IRESSA ORAL TABLET 250 MG	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml, 500 mg/25 ml</i>	1	
ISTODAX INTRAVENOUS RECON SOLN 10 MG/2 ML	4	LA
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	4	LA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	4	PA; LA; QL
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	4	LA
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	4	LA
KYPROLIS INTRAVENOUS RECON SOLN 30 MG, 60 MG	4	LA
LARTRUVO INTRAVENOUS SOLUTION 10 MG/ML	4	LA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated December 1, 2017.

Drug Name	Drug Tier	Requirements / Limits
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1/DAY), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 8 MG/DAY (4 MG X 2)	4	PA; LA
<i>letrozole oral tablet 2.5 mg</i>	1	
LEUKERAN ORAL TABLET 2 MG	2	
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	4	PA; LA
<i>lipodox intravenous suspension 2 mg/ml</i>	1	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	4	PA; LA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	4	PA; LA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	4	PA; LA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	4	PA; LA
LYNPARZA ORAL CAPSULE 50 MG	4	PA; LA
LYNPARZA ORAL TABLET 100 MG, 150 MG	4	PA; LA
LYSODREN ORAL TABLET 500 MG	2	
MARQIBO INTRAVENOUS KIT 5 MG/31 ML(0.16 MG/ML) FINAL	4	LA
MATULANE ORAL CAPSULE 50 MG	4	LA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml</i>	1	
<i>megestrol oral tablet 20 mg, 40 mg</i>	1	
MEKINIST ORAL TABLET 0.5 MG, 2 MG	4	PA; LA; QL
<i>melfalan hcl intravenous recon soln 50 mg</i>	1	
<i>melfalan oral tablet 2 mg</i>	1	
<i>mercaptopurine oral tablet 50 mg</i>	1	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	
<i>mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg</i>	1	
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	4	LA
MUSTARGEN INJECTION RECON SOLN 10 MG	2	
<i>mycophenolate mofetil hcl intravenous recon soln 500 mg</i>	4	LA
<i>mycophenolate mofetil oral capsule 250 mg</i>	4	LA
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	4	LA
<i>mycophenolate mofetil oral tablet 500 mg</i>	4	LA
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	4	LA

Drug Name	Drug Tier	Requirements / Limits
MYLERAN ORAL TABLET 2 MG	2	
NERLYNX ORAL TABLET 40 MG	4	PA; LA
NEXAVAR ORAL TABLET 200 MG	4	PA; LA; QL
<i>nilutamide oral tablet 150 mg</i>	1	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	4	PA; LA; QL
NULOJIX INTRAVENOUS RECON SOLN 250 MG	4	PA; LA
<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
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	2	
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML	4	LA
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 40 MG/4 ML	4	LA

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Drug Name	Drug Tier	Requirements / Limits
<i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>	1	
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	1	
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	1	
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)	4	LA
PHOTOFRIN INTRAVENOUS RECON SOLN 75 MG	2	
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	4	LA
PURIXAN ORAL SUSPENSION 20 MG/ML	4	LA
RAPAMUNE ORAL SOLUTION 1 MG/ML	4	LA
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	4	PA; LA
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	4	PA; LA; QL
RYDAPT ORAL CAPSULE 25 MG	4	PA; LA
SANDIMMUNE ORAL SOLUTION 100 MG/ML	4	LA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 10 MG, 20 MG, 30 MG	4	LA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	4	LA
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG	4	LA
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	4	LA
SOLTAMOX ORAL SOLUTION 10 MG/5 ML	3	
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	4	LA

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Drug Name	Drug Tier	Requirements / Limits
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	4	PA; LA; QL
STIVARGA ORAL TABLET 40 MG	4	PA; LA; QL
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	4	PA; LA; QL
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	4	LA
TABLOID ORAL TABLET 40 MG	2	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	4	LA
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	4	PA; LA; QL
TAGRISSO ORAL TABLET 40 MG, 80 MG	4	PA; LA; QL
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG	4	PA; LA; QL
TARGRETIN TOPICAL GEL 1 %	4	PA; LA
TASIGNA ORAL CAPSULE 150 MG, 200 MG	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML)	4	PA; LA
TEMODAR INTRAVENOUS RECON SOLN 100 MG	4	PA; LA
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	4	PA; LA
TENIPOSIDE INTRAVENOUS SOLUTION 50 MG/5 ML	2	
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	4	PA; LA
<i>thiotepa injection recon soln 15 mg</i>	1	
<i>toposar intravenous solution 20 mg/ml</i>	1	
<i>topotecan intravenous recon soln 4 mg</i>	4	LA
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	4	LA
TORISEL INTRAVENOUS RECON SOLN 30 MG/3 ML (10 MG/ML) (FIRST)	4	LA
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG	4	LA

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Drug Name	Drug Tier	Requirements / Limits
<i>tretinoin (chemotherapy) oral capsule 10 mg</i>	1	PA
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	2	
TRISENOX INTRAVENOUS SOLUTION 10 MG/10 ML	2	
TYKERB ORAL TABLET 250 MG	4	PA; LA; QL
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	4	LA
VANTAS IMPLANT KIT 50 MG (50 MCG/DAY)	4	LA
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML)	4	LA
VELCADE INJECTION RECON SOLN 3.5 MG	4	LA
VENCLEXTA ORAL TABLET 100 MG	4	PA; LA
<i>vinblastine intravenous solution 1 mg/ml</i>	1	
<i>vincasar pfs intravenous solution 1 mg/ml, 2 mg/2 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>vincristine intravenous solution 1 mg/ml, 2 mg/2 ml</i>	1	
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>	1	
VOTRIENT ORAL TABLET 200 MG	4	PA; LA; QL
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG	4	LA
XALKORI ORAL CAPSULE 200 MG, 250 MG	4	PA; LA; QL
XERMELO ORAL TABLET 250 MG	4	PA; LA; QL
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	4	LA
YONDELIS INTRAVENOUS RECON SOLN 1 MG	4	LA
ZANOSAR INTRAVENOUS RECON SOLN 1 GRAM	2	
ZEJULA ORAL CAPSULE 100 MG	4	PA; LA; QL
ZELBORAF ORAL TABLET 240 MG	4	PA; LA; QL
ZEVALIN (Y-90) INTRAVENOUS KIT 3.2 MG/2 ML	2	

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Drug Name	Drug Tier	Requirements / Limits
ZOLADEx SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	4	LA
ZOLINZA ORAL CAPSULE 100 MG	4	PA; LA
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	4	LA
ZYDELIG ORAL TABLET 100 MG, 150 MG	4	PA; LA; QL
ZYKADIA ORAL CAPSULE 150 MG	4	PA; LA; QL
ZYTIGA ORAL TABLET 250 MG, 500 MG	4	PA; LA; QL
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH		
ANTICONVULSANTS		
APTiom ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	3	
BANZEL ORAL SUSPENSION 40 MG/ML	2	
BANZEL ORAL TABLET 200 MG, 400 MG	2	
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
CELONTIN ORAL CAPSULE 300 MG	2	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	1	
DILANTIN ORAL CAPSULE 30 MG	2	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	1	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	1	
<i>epitol oral tablet 200 mg</i>	1	
<i>ethosuximide oral capsule 250 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>ethosuximide oral solution 250 mg/5 ml</i>	1	
<i>felbamate oral suspension 600 mg/5 ml</i>	1	
<i>felbamate oral tablet 400 mg, 600 mg</i>	1	
<i>fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i>	1	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	
<i>gabapentin oral solution 250 mg/5 ml</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
GABITRIL ORAL TABLET 12 MG, 16 MG	2	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) - 50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	1	
<i>lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i>	1	
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml</i>	1	
<i>levetiracetam intravenous solution 500 mg/5 ml</i>	1	
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)</i>	1	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	2	ST
LYRICA ORAL SOLUTION 20 MG/ML	2	ST
ONFI ORAL SUSPENSION 2.5 MG/ML	2	
ONFI ORAL TABLET 10 MG, 20 MG	2	
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	
PEGANONE ORAL TABLET 250 MG	2	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	
<i>phenytoin oral tablet, chewable 50 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	1	
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	1	
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
<i>roweepra oral tablet 1,000 mg, 500 mg, 750 mg</i>	1	
SABRIL ORAL POWDER IN PACKET 500 MG	4	LA
SABRIL ORAL TABLET 500 MG	4	LA
<i>tiagabine oral tablet 2 mg, 4 mg</i>	1	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>vigabatrin oral powder in packet 500 mg</i>	4	LA
VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML	2	
VIMPAT ORAL SOLUTION 10 MG/ML	2	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	2	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	
ANTIPARKINSONISM AGENTS		
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	4	PA; LA; QL
AZILECT ORAL TABLET 0.5 MG, 1 MG	3	
<i>benztropine injection solution 2 mg/2 ml</i>	1	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>bromocriptine oral capsule 5 mg</i>	1	
<i>bromocriptine oral tablet 2.5 mg</i>	1	
<i>carbidopa oral tablet 25 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	
<i>entacapone oral tablet 200 mg</i>	1	
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	1	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	1	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1	
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
<i>tolcapone oral tablet 100 mg</i>	1	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	
MIGRAINE & CLUSTER HEADACHE THERAPY		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	1	QL
<i>dihydroergotamine injection solution 1 mg/ml</i>	1	
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	1	QL
<i>eletriptan hbr oral tablet 20 mg, 40 mg</i>	1	QL
ERGOMAR SUBLINGUAL TABLET 2 MG	3	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	
<i>frovatriptan oral tablet 2.5 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>isometh-dichloral-acetaminophn oral capsule 65-100-325 mg</i>	1	
<i>isomethepten-caf-acetaminophen oral tablet 65-20-325 mg</i>	1	
<i>migergot rectal suppository 2-100 mg</i>	1	
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	1	QL
<i>nodolor oral capsule 65-100-325 mg</i>	1	
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	1	QL
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i>	1	QL
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i>	1	QL
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	QL
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	1	QL
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	1	QL
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	1	QL
ZOMIG NASAL SPRAY, NON-AEROSOL 2.5 MG, 5 MG	2	ST; QL
MISCELLANEOUS NEUROLOGICAL THERAPY		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG	4	PA; LA
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i>	1	
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	1	
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	1	
<i>galantamine oral solution 4 mg/ml</i>	1	
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	1	
<i>memantine oral solution 2 mg/ml</i>	1	
<i>memantine oral tablet 10 mg, 5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
NUEDEXTA ORAL CAPSULE 20-10 MG	2	PA
RADICAVA INTRAVENOUS PIGGYBACK 30 MG/100 ML	4	PA; LA
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr</i>	1	
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	4	PA; LA; QL
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	4	PA; LA
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
<i>baclofen oral tablet 10 mg, 20 mg</i>	1	
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	1	
<i>chlorzoxazone oral tablet 250 mg, 500 mg</i>	1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg, 7.5 mg</i>	1	
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>meprobamate oral tablet 200 mg, 400 mg</i>	1	
MESTINON ORAL SYRUP 60 MG/5 ML	2	
<i>metaxall oral tablet 800 mg</i>	1	
<i>metaxalone oral tablet 400 mg, 800 mg</i>	1	
<i>methocarbamol injection solution 100 mg/ml</i>	1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
<i>orphenadrine citrate injection solution 30 mg/ml</i>	1	
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	1	
<i>regonol injection solution 5 mg/ml</i>	1	
<i>revonto intravenous recon soln 20 mg</i>	1	
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i>	1	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
NARCOTIC ANALGESICS		
<i>acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg</i>	1	
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	1	
<i>ascomp with codeine oral capsule 30-50-325-40 mg</i>	1	
<i>astramorph-pf injection solution 1 mg/ml</i>	1	
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	1	
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	1	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1	
<i>butalbital compound w/codeine oral capsule 30-50-325-40 mg</i>	1	
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	1	
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated December 1, 2017.

Drug Name	Drug Tier	Requirements / Limits
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg</i>	1	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	1	
<i>capacet oral capsule 50-325-40 mg</i>	1	
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	1	
<i>diskets oral tablet,soluble 40 mg</i>	1	
<i>duramorph (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	1	
EMBEDA ORAL CAPSULE,ORAL ONLY,EXT.REL PELL 100-4 MG, 20-0.8 MG, 30-1.2 MG, 50-2 MG, 60-2.4 MG, 80-3.2 MG	3	ST; QL
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	1	ST; QL
<i>fentanyl citrate-0.9%nacl (pf) intravenous solution 5 mcg/ml</i>	1	
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	
<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>	1	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	
<i>hydromorphone (pf) injection solution 10 mg/ml</i>	1	
<i>hydromorphone in 0.9 % nacl intravenous pt controlled analgesia syringe 15 mg/30 ml (0.5 mg/ml)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>hydromorphone injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	
<i>hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	
<i>hydromorphone oral liquid 1 mg/ml</i>	1	
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>	1	QL
<i>hydromorphone rectal suppository 3 mg</i>	1	
HYSINGLA ER ORAL TABLET, ORAL ONLY, EXT. REL. 24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	3	ST; QL
<i>ibuprofen-oxycodone oral tablet 400-5 mg</i>	1	
<i>levorphanol tartrate oral tablet 2 mg</i>	1	
<i>lorcet (hydrocodone) oral tablet 5-325 mg</i>	1	
<i>lorcet hd oral tablet 10-325 mg</i>	1	
<i>lorcet plus oral tablet 7.5-325 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>marten-tab oral tablet 50-325 mg</i>	1	
<i>meperidine oral solution 50 mg/5 ml</i>	1	
<i>meperidine oral tablet 100 mg, 50 mg</i>	1	
<i>methadone injection solution 10 mg/ml</i>	1	
<i>methadone oral concentrate 10 mg/ml</i>	1	
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	
<i>methadone oral tablet 10 mg, 5 mg</i>	1	
<i>methadone oral tablet, soluble 40 mg</i>	1	
<i>methadose oral concentrate 10 mg/ml</i>	1	
<i>methadose oral tablet, soluble 40 mg</i>	1	
<i>morphine (pf) in 0.9 % nacl intravenous syringe 0.5 mg/ml, 2 mg/2 ml (1 mg/ml)</i>	1	
<i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	1	
<i>morphine (pf) intravenous patient control. analgesia soln 150 mg/30 ml, 30 mg/30 ml</i>	1	
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>morphine injection solution 15 mg/ml, 8 mg/ml</i>	1	
<i>morphine injection syringe 10 mg/ml, 2 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml</i>	1	
<i>morphine intravenous cartridge 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	
<i>morphine intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)</i>	1	
<i>morphine intravenous solution 10 mg/ml, 100 mg/4 ml, 25 mg/ml, 250 mg/10 ml, 50 mg/ml</i>	1	
<i>morphine intravenous syringe 2 mg/ml, 4 mg/ml</i>	1	
<i>morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	1	QL
<i>morphine oral capsule, extend. release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	1	QL
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	1	
<i>morphine oral tablet 15 mg, 30 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1	QL
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>oxycodone oral capsule 5 mg</i>	1	
<i>oxycodone oral concentrate 20 mg/ml</i>	1	
<i>oxycodone oral solution 5 mg/5 ml</i>	1	
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	1	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	1	
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	3	ST; QL
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	1	QL
<i>tencon oral tablet 50-325 mg</i>	1	
<i>verdrocet oral tablet 2.5-325 mg</i>	1	
<i>vicodin es oral tablet 7.5-300 mg</i>	1	
<i>vicodin hp oral tablet 10-300 mg</i>	1	
<i>vicodin oral tablet 5-300 mg</i>	1	
<i>xylon 10 oral tablet 10-200 mg</i>	1	
<i>zebutal oral capsule 50-325-40 mg</i>	1	
NON-NARCOTIC ANALGESICS		
<i>aspir-81 oral tablet, delayed release (dr/ec) 81 mg</i>	5	ACA; OTC
<i>aspirin low dose oral tablet, delayed release (dr/ec) 81 mg</i>	5	ACA; OTC
<i>aspirin oral tablet 325 mg</i>	5	ACA; OTC
<i>aspirin oral tablet, chewable 81 mg</i>	5	ACA; OTC
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg, 81 mg</i>	5	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>aspir-low oral tablet, delayed release (dr/ec) 81 mg</i>	5	ACA; OTC
<i>aspir-trin oral tablet, delayed release (dr/ec) 325 mg</i>	5	ACA; OTC
<i>bayer aspirin oral tablet 325 mg</i>	5	ACA; OTC
<i>BAYER CHEWABLE ASPIRIN ORAL TABLET, CHEWABLE 81 MG</i>	5	ACA; OTC
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	1	QL
<i>butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml</i>	1	
<i>butorphanol tartrate nasal spray, non-aerosol 10 mg/ml</i>	1	QL
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1	
<i>children's aspirin oral tablet, chewable 81 mg</i>	5	ACA; OTC
<i>choline, magnesium salicylate oral liquid 500 mg/5 ml</i>	1	
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	1	
<i>diclofenac sodium topical drops 1.5 %</i>	1	QL
<i>diclofenac sodium topical gel 1 %</i>	1	ST; QL
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	1	
<i>diflunisal oral tablet 500 mg</i>	1	
<i>e.c. prin oral tablet, delayed release (dr/ec) 325 mg</i>	5	ACA; OTC
<i>ecotrin low strength oral tablet, delayed release (dr/ec) 81 mg</i>	5	ACA; OTC
<i>ecotrin oral tablet, delayed release (dr/ec) 325 mg</i>	5	ACA; OTC
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	1	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	1	
<i>fenoprofen oral tablet 600 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	1	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>indomethacin oral capsule, extended release 75 mg</i>	1	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	1	
<i>ketorolac injection cartridge 15 mg/ml, 30 mg/ml</i>	1	
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml)</i>	1	
<i>ketorolac injection syringe 15 mg/ml, 30 mg/ml</i>	1	
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	1	
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	1	
<i>ketorolac oral tablet 10 mg</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>lite coat aspirin oral tablet 325 mg</i>	5	ACA; OTC
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	1	
<i>mefenamic acid oral capsule 250 mg</i>	1	
<i>meloxicam oral suspension 7.5 mg/5 ml</i>	1	
<i>meloxicam oral tablet 15 mg</i>	1	
<i>meloxicam oral tablet 7.5 mg</i>	1	QL
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
<i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>	1	
<i>naloxone injection solution 0.4 mg/ml</i>	1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1	
<i>naltrexone oral tablet 50 mg</i>	1	
<i>naproxen oral suspension 125 mg/5 ml</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg</i>	1	
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	2	QL
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	3	ST; QL
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	3	QL
<i>oxaprozin oral tablet 600 mg</i>	1	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	
<i>salsalate oral tablet 500 mg, 750 mg</i>	1	
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	2	QL
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
<i>tolmetin oral capsule 400 mg</i>	1	
<i>tolmetin oral tablet 200 mg, 600 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>tramadol oral tablet 50 mg</i>	1	QL
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	1	QL
<i>tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg</i>	1	
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	QL
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	QL
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	2	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	2	
ADDYI ORAL TABLET 100 MG*	3	PA

Drug Name	Drug Tier	Requirements / Limits
<i>alprazolam intensol oral concentrate 1 mg/ml</i>	1	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	
<i>alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	
<i>aripiprazole oral solution 1 mg/ml</i>	1	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	QL
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE SYRING 1,064 MG/3.9 ML, 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML	2	
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	1	PA; QL
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	1	
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	ST; QL
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	
<i>bupropion hcl oral tablet extended release 12 hr 100 mg, 150 mg, 200 mg</i>	1	QL
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	QL
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	
<i>chlorpromazine injection solution 25 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>citalopram oral solution 10 mg/5 ml</i>	1	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	1	QL
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	1	
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	1	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</i>	1	
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	1	QL

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

Drug Name	Drug Tier	Requirements / Limits
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>doxepin oral concentrate 10 mg/ml</i>	1	
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 40 mg, 60 mg</i>	1	QL
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	3	
<i>ergoloid oral tablet 1 mg</i>	1	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	QL
<i>estazolam oral tablet 1 mg, 2 mg</i>	1	
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	1	QL
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	QL

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Drug Name	Drug Tier	Requirements / Limits
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	3	QL
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26)	3	ST; QL
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	3	ST; QL
<i>flumazenil intravenous solution 0.1 mg/ml</i>	1	
<i>fluoxetine oral capsule 10 mg, 40 mg</i>	1	QL
<i>fluoxetine oral capsule 20 mg</i>	1	
<i>fluoxetine oral capsule, delayed release(dr/ec) 90 mg</i>	1	QL
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	
<i>fluoxetine oral tablet 10 mg</i>	1	QL
<i>fluoxetine oral tablet 20 mg</i>	1	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	1	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	1	
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	1	QL
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
<i>guanidine oral tablet 125 mg</i>	1	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	1	
<i>haloperidol lactate injection solution 5 mg/ml</i>	1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	1	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	3	QL
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	1	
MARPLAN ORAL TABLET 10 MG	3	

Drug Name	Drug Tier	Requirements / Limits
<i>metadate er oral tablet extended release 20 mg</i>	1	
<i>methamphetamine oral tablet 5 mg</i>	1	
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	
<i>methylphenidate hcl oral capsule,er biphasic 50-50 20 mg, 30 mg, 40 mg, 60 mg</i>	1	
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	1	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	1	
<i>methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg</i>	1	
<i>midazolam oral syrup 2 mg/ml</i>	1	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated December 1, 2017.

Drug Name	Drug Tier	Requirements / Limits
<i>modafinil oral tablet 100 mg, 200 mg</i>	1	PA; QL
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	1	
<i>olanzapine intramuscular recon soln 10 mg</i>	1	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	QL
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	1	QL
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	1	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	1	
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg</i>	1	QL
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	1	QL
<i>paroxetine mesylate oral capsule 7.5 mg</i>	1	QL
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	
<i>phenelzine oral tablet 15 mg</i>	1	
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	
<i>procentra oral solution 5 mg/5 ml</i>	1	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	1	
<i>quazepam oral tablet 15 mg</i>	1	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	QL
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	1	QL
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	QL

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Drug Name	Drug Tier	Requirements / Limits
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	2	
<i>risperidone oral solution 1 mg/ml</i>	1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL
ROZEREM ORAL TABLET 8 MG	2	ST; QL
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	3	QL
<i>seconal sodium oral capsule 100 mg</i>	1	QL
<i>sertraline oral concentrate 20 mg/ml</i>	1	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	1	
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>tranylcypromine oral tablet 10 mg</i>	1	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	1	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	ST; QL
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	1	QL
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	QL
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	1	QL
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	3	ST; QL
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)-20 MG (23)	3	ST; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated December 1, 2017.

Drug Name	Drug Tier	Requirements / Limits
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	2	ST
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	2	ST
XYREM ORAL SOLUTION 500 MG/ML	4	PA; LA
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	QL
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	QL
<i>zolpidem oral tablet 10 mg, 5 mg</i>	1	QL
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i>	1	QL
<i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i>	1	QL

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	1	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	1	
MULTAQ ORAL TABLET 400 MG	3	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>procainamide injection solution 100 mg/ml, 500 mg/ml</i>	1	
<i>propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg</i>	1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	1	
<i>quinidine gluconate injection solution 80 mg/ml</i>	1	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML	2	
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	
<i>afeditab cr oral tablet extended release 30 mg, 60 mg</i>	1	
<i>amiloride oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
<i>bumetanide injection solution 0.25 mg/ml</i>	1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	3	ST
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	
candesartan-hydrochlorothiazide oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	1	
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
chlorothiazide oral tablet 250 mg, 500 mg	1	
chlorothiazide sodium intravenous recon soln 500 mg	1	
chlorthalidone oral tablet 25 mg, 50 mg	1	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	

Drug Name	Drug Tier	Requirements / Limits
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr	1	QL
clorpres oral tablet 0.1-15 mg, 0.2-15 mg	1	
DEMSEER ORAL CAPSULE 250 MG	2	
diltiazem hcl oral capsule,ext.rel 24h degradable 240 mg	1	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	1	
diltiazem hcl oral capsule,extended release 24 hr 240 mg, 420 mg	1	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg	1	
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	QL
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HR 100-12.5 MG, 25-12.5 MG, 50-12.5 MG	2	ST
DYRENIUM ORAL CAPSULE 100 MG, 50 MG	3	
EDARBI ORAL TABLET 40 MG, 80 MG	3	ST
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	3	ST
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>enalaprilat intravenous solution 1.25 mg/ml</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
<i>epoprostenol (glycine) intravenous recon soln 0.5 mg, 1.5 mg</i>	4	PA; LA
<i>eprosartan oral tablet 600 mg</i>	1	
<i>esmolol intravenous solution 100 mg/10 ml (10 mg/ml)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>ethacrynate sodium intravenous recon soln 50 mg</i>	1	
<i>ethacrynic acid oral tablet 25 mg</i>	1	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<i>furosemide injection solution 10 mg/ml</i>	1	
<i>furosemide injection syringe 10 mg/ml</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	4	LA
<i>hydralazine injection solution 20 mg/ml</i>	1	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated December 1, 2017.

Drug Name	Drug Tier	Requirements / Limits
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	
<i>labetalol intravenous solution 5 mg/ml</i>	1	
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
LEVATOL ORAL TABLET 20 MG	3	ST
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>methyclothiazide oral tablet 5 mg</i>	1	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	1	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	1	
<i>methyldopate intravenous solution 250 mg/5 ml</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
<i>metoprolol tartrate intravenous solution 5 mg/5 ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>metoprolol tartrate intravenous syringe 5 mg/5 ml</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1	
<i>moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg, 7.5-12.5 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>nadolol-bendroflumethiazide oral tablet 40-5 mg, 80-5 mg</i>	1	
<i>nicardipine intravenous solution 25 mg/10 ml</i>	1	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	1	
<i>nimodipine oral capsule 30 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	1	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	1	
<i>olmesartan-amlodipin-hcthiiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	4	PA; LA
<i>papaverine injection solution 30 mg/ml</i>	1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>phenoxybenzamine oral capsule 10 mg</i>	1	
<i>phentolamine injection recon soln 5 mg</i>	1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>propranolol intravenous solution 1 mg/ml</i>	1	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	1	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1	
<i>taztia xt oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	3	
TEKTURNA ORAL TABLET 150 MG, 300 MG	3	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	QL
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg, 50-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	
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
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	4	PA; LA
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>velettri intravenous recon soln 0.5 mg, 1.5 mg</i>	4	PA; LA
<i>verapamil intravenous solution 2.5 mg/ml</i>	1	
<i>verapamil intravenous syringe 2.5 mg/ml</i>	1	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	1	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
CARDIAC GLYCOSIDES		
<i>digitek oral tablet 125 mcg, 250 mcg</i>	1	
<i>digox oral tablet 125 mcg, 250 mcg</i>	1	
<i>digoxin injection solution 250 mcg/ml</i>	1	
<i>digoxin injection syringe 250 mcg/ml</i>	1	
<i>digoxin oral solution 50 mcg/ml</i>	1	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	1	
COAGULATION THERAPY		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated December 1, 2017.

Drug Name	Drug Tier	Requirements / Limits
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	4	LA
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-)) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT	4	LA
AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	4	LA

Drug Name	Drug Tier	Requirements / Limits
ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML	4	LA
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	4	LA
AMICAR ORAL SOLUTION 250 MG/ML (25 %)	2	
AMICAR ORAL TABLET 1,000 MG, 500 MG	2	
<i>aminocaproic acid intravenous solution 250 mg/ml</i>	1	
ARGATROBAN IN NACL (ISO-OS) INTRAVENOUS SOLUTION 50 MG/50 ML (1 MG/ML)	2	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25- 200 mg</i>	1	
BEBULIN INTRAVENOUS RECON SOLN 700 (+/-) UNIT	4	LA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated December 1, 2017.

Drug Name	Drug Tier	Requirements / Limits
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	4	LA
<i>bivalirudin</i> <i>intravenous recon</i> <i>soln 250 mg</i>	1	
BRILINTA ORAL TABLET 60 MG, 90 MG	2	
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT	4	LA
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN 1,000 UNIT	4	LA
<i>cilostazol oral tablet</i> <i>100 mg, 50 mg</i>	1	
<i>clopidogrel oral</i> <i>tablet 300 mg, 75 mg</i>	1	
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	4	LA
<i>dipyridamole oral</i> <i>tablet 25 mg, 50 mg,</i> <i>75 mg</i>	1	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	2	

Drug Name	Drug Tier	Requirements / Limits
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT	4	LA
<i>enoxaparin</i> <i>subcutaneous</i> <i>solution 300 mg/3 ml</i>	4	LA
<i>enoxaparin</i> <i>subcutaneous</i> <i>syringe 100 mg/ml,</i> <i>120 mg/0.8 ml, 150</i> <i>mg/ml, 30 mg/0.3 ml,</i> <i>40 mg/0.4 ml, 60</i> <i>mg/0.6 ml, 80 mg/0.8</i> <i>ml</i>	4	LA
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 400-650 UNIT, 651- 1,200 UNIT	4	LA
<i>fondaparinux</i> <i>subcutaneous</i> <i>syringe 10 mg/0.8</i> <i>ml, 2.5 mg/0.5 ml, 5</i> <i>mg/0.4 ml, 7.5</i> <i>mg/0.6 ml</i>	4	LA
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	4	LA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated December 1, 2017.

Drug Name	Drug Tier	Requirements / Limits
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	LA
HELIXATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	4	LA
<i>hep flush-10 (pf)</i> <i>intravenous solution</i> <i>10 unit/ml</i>	1	
<i>heparin (porcine) in</i> <i>5 % dex intravenous</i> <i>parenteral solution</i> <i>20,000 unit/500 ml</i> <i>(40 unit/ml), 25,000</i> <i>unit/250 ml(100</i> <i>unit/ml), 25,000</i> <i>unit/500 ml (50</i> <i>unit/ml)</i>	1	
<i>heparin (porcine) in</i> <i>nacl (pf) intravenous</i> <i>parenteral solution</i> <i>1,000 unit/500 ml,</i> <i>2,000 unit/1,000 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>heparin (porcine)</i> <i>injection cartridge</i> <i>5,000 unit/ml (1 ml)</i>	1	
<i>heparin (porcine)</i> <i>injection solution</i> <i>1,000 unit/ml,</i> <i>10,000 unit/ml,</i> <i>20,000 unit/ml,</i> <i>5,000 unit/ml</i>	1	
<i>heparin (porcine)</i> <i>injection syringe</i> <i>5,000 unit/ml</i>	1	
<i>heparin</i> <i>flush(porcine)-</i> <i>0.9nacl intravenous</i> <i>kit 100 unit/ml</i>	1	
<i>heparin lock flush</i> <i>(porcine)</i> <i>intravenous solution</i> <i>100 unit/ml</i>	1	
<i>heparin lock flush</i> <i>intravenous solution</i> <i>10 unit/ml</i>	1	
<i>heparin lock flush</i> <i>intravenous syringe</i> <i>10 unit/ml</i>	1	
<i>heparin</i> <i>lockflush(porcine)(pf</i> <i>) intravenous syringe</i> <i>10 unit/ml, 100</i> <i>unit/ml</i>	1	
<i>heparin(porcine) in</i> <i>0.45% nacl</i> <i>intravenous</i> <i>parenteral solution</i> <i>100 unit/100 ml (1</i> <i>unit/ml), 25,000</i> <i>unit/250 ml, 25,000</i> <i>unit/500 ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>heparin, porcine (pf) injection solution</i> 1,000 unit/ml, 5,000 unit/0.5 ml	1	
<i>heparin, porcine (pf) injection syringe</i> 5,000 unit/0.5 ml	1	
<i>heparin, porcine (pf) intravenous solution</i> 100 unit/ml (1 ml)	1	
<i>heparin, porcine (pf) intravenous syringe</i> 1 unit/ml, 10 unit/ml, 100 unit/ml	1	
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500- 1,200 UNIT	4	LA
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	4	LA
<i>jantoven oral tablet</i> 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	4	LA

Drug Name	Drug Tier	Requirements / Limits
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	4	LA
MEPHYTON ORAL TABLET 5 MG	2	
MONOCLATE-P INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT	4	LA
MONONINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT	4	LA
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	4	LA
NOVOSEVEN RT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG), 8 MG (8,000 MCG)	4	LA
NPLATE SUBCUTANEOUS RECON SOLN 250 MCG, 500 MCG	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE	4	LA
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	3	
<i>prasugrel oral tablet 10 mg, 5 mg</i>	1	
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	4	LA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	4	PA; LA
<i>protamine intravenous solution 10 mg/ml</i>	1	
RECOMBIMATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	4	LA
RIASTAP INTRAVENOUS RECON SOLN 1 GRAM (900MG- 1,300MG)	4	LA
<i>ticlopidine oral tablet 250 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)</i>	1	
<i>vitamin k injection solution 1 mg/0.5 ml</i>	1	
<i>vitamin k1 injection solution 10 mg/ml</i>	1	
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE	4	LA
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	2	
XARELTO ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	2	
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-)) UNIT, 500 (+/-) UNIT	4	LA
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-)) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	4	LA

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Drug Name	Drug Tier	Requirements / Limits
ZONTIVITY ORAL TABLET 2.08 MG	3	
LIPID/CHOLESTEROL LOWERING AGENTS		
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	1	QL
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	QL
cholestyramine (with sugar) oral powder 4 gram	1	
cholestyramine (with sugar) oral powder in packet 4 gram	1	
cholestyramine light oral powder 4 gram	1	
cholestyramine light oral powder in packet 4 gram	1	
colestipol oral granules 5 gram	1	
colestipol oral packet 5 gram	1	
colestipol oral tablet 1 gram	1	
ezetimibe oral tablet 10 mg	1	ST

Drug Name	Drug Tier	Requirements / Limits
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	1	QL
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	1	
fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg	1	
fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg	1	
fenofibric acid oral tablet 105 mg, 35 mg	1	
fluvastatin oral capsule 20 mg, 40 mg	1	QL
fluvastatin oral tablet extended release 24 hr 80 mg	1	QL
gemfibrozil oral tablet 600 mg	1	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG	4	PA; LA
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	3	ST; QL

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

Drug Name	Drug Tier	Requirements / Limits
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	QL
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	QL
<i>triklo oral capsule 1 gram</i>	1	
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	2	
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	3	
WELCHOL ORAL TABLET 625 MG	3	
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR ORAL TABLET 5 MG, 7.5 MG	2	PA
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	2	PA; QL
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR 1,000 MG, 500 MG	3	
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>isosorbide dinitrate oral tablet extended release 40 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
isosorbide mononitrate oral tablet 10 mg, 20 mg	1	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	1	
nitro-bid transdermal ointment 2 %	1	
nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 200 mg/500 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml), 50 mg/500 ml (100 mcg/ml)	1	
nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)	1	
nitroglycerin oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg	1	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1	
nitroglycerin translingual aerosol,spray 400 mcg/spray	1	

Drug Name	Drug Tier	Requirements / Limits
nitroglycerin translingual spray,non-aerosol 400 mcg/spray	1	
nitro-time oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg	1	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	1	
calcipotriene scalp solution 0.005 %	1	
calcipotriene topical cream 0.005 %	1	
calcipotriene topical ointment 0.005 %	1	
calcipotriene-betamethasone topical ointment 0.005-0.064 %	1	
calcitrene topical ointment 0.005 %	1	
calcitriol topical ointment 3 mcg/gram	1	
COAL TAR TOPICAL SOLUTION 20 %	2	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; LA
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; LA
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; LA
<i>drithocrema hp topical cream 1 %</i>	1	
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	1	
<i>seb-prev topical cleanser 10 %</i>	1	
<i>selenium sulfide topical lotion 2.5 %</i>	1	
<i>selenium sulfide topical shampoo 2.25 %</i>	1	
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	4	PA; LA
<i>sulfacetamide sodium topical cleanser 10 %</i>	1	
<i>sulfacetamide sodium topical cleanser, gel 10 %</i>	1	
<i>sulfacetamide sodium topical shampoo 10 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
BURN THERAPY		
<i>silver sulfadiazine topical cream 1 %</i>	1	
<i>ssd topical cream 1 %</i>	1	
KERATOLYTICS		
<i>salicylic acid er-ceramides topical kit,cleanser and cream er 6 %</i>	1	
<i>salicylic acid topical cream 6 %</i>	1	
<i>salicylic acid topical cream,extended release 6 %</i>	1	
<i>salicylic acid topical film forming liquid w/appl 27.5 %</i>	1	
<i>salicylic acid topical film-forming soln er w/ appl 28.5 %</i>	1	
<i>salicylic acid topical foam 6 %</i>	1	
<i>salicylic acid topical gel 6 %</i>	1	
<i>salicylic acid topical liquid 26 %</i>	1	
<i>salicylic acid topical lotion 6 %</i>	1	
<i>salicylic acid topical lotion,extended release 6 %</i>	1	
<i>salicylic acid topical shampoo 6 %</i>	1	
<i>salvax topical foam 6 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
MISCELLANEOUS DERMATOLOGICALS		
<i>ammonium lactate topical cream 12 %</i>	1	
<i>ammonium lactate topical lotion 12 %</i>	1	
<i>avo cream topical emulsion</i>	1	
<i>bp-50% urea topical emulsion 50 %</i>	1	
<i>celacyn topical gel with pump</i>	1	
<i>cem-urea topical gel 45 %</i>	1	
<i>diclofenac sodium topical gel 3 %</i>	1	QL
<i>doxepin topical cream 5 %</i>	1	QL
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	4	PA; LA; QL
<i>eletone topical cream</i>	1	
ELIDEL TOPICAL CREAM 1 %	3	ST; QL
<i>emulsion sb topical emulsion</i>	1	
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution 2 %, 5 %</i>	1	
<i>hpr plus hydrogel topical kit,cream and gel</i>	1	
<i>hpr plus topical cream</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>hpr plus topical foam</i>	1	
<i>hpr topical foam</i>	1	
<i>luxamend topical cream</i>	1	
<i>mb hydrogel (cyclomethicone) topical kit,cream and gel</i>	1	
<i>mb hydrogel topical kit,cream and gel 96.53-3-0.4 -0.066 %</i>	1	
<i>methoxsalen oral capsule,liqd-filled,rapid rel 10 mg</i>	1	
<i>nivatopic plus topical cream</i>	1	
PANRETIN TOPICAL GEL 0.1 %	3	
PICATO TOPICAL GEL 0.015 %, 0.05 %	3	
<i>podofilox topical solution 0.5 %</i>	1	
<i>pruclair topical cream</i>	1	
<i>prudoxin topical cream 5 %</i>	1	QL
<i>prumyx topical cream</i>	1	
<i>prutect topical emulsion</i>	1	
<i>rea lo 39 topical cream 39 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>rea lo 40 topical lotion 40 %</i>	1	
REGRANEX TOPICAL GEL 0.01 %	2	QL
<i>silver nitrate applicators topical stick 75-25 %</i>	1	
<i>silver nitrate topical ointment 10 %</i>	1	
<i>silver nitrate topical solution 0.5 %, 10 %, 25 %, 50 %</i>	1	
<i>sonafine topical emulsion</i>	1	
<i>sp antipruritic topical gel</i>	1	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	1	ST; QL
<i>umecta topical foam 40 %</i>	1	
<i>urea nail stick topical solution 50 %</i>	1	
<i>urea topical cream 39 %, 40 %, 45 %, 47 %, 50 %</i>	1	
<i>urea topical foam 35 %</i>	1	
<i>urea topical gel 45 %</i>	1	
<i>urea topical lotion 40 %, 45 %</i>	1	
UVADEX INJECTION SOLUTION 20 MCG/ML	2	

Drug Name	Drug Tier	Requirements / Limits
VALCHLOR TOPICAL GEL 0.016 %	4	LA
VEREGEN TOPICAL OINTMENT 15 %	3	
THERAPY FOR ACNE		
<i>adapalene topical cream 0.1 %</i>	1	
<i>adapalene topical gel 0.1 %, 0.3 %</i>	1	
<i>adapalene topical gel with pump 0.3 %</i>	1	
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i>	1	
<i>amnesteem oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>avar topical cleanser 10-5 % (w/w)</i>	1	
<i>avita topical cream 0.025 %</i>	1	PA
AZELEX TOPICAL CREAM 20 %	3	ST
<i>benzepro topical towelette 6 %</i>	1	
<i>benzoyl peroxide topical cleanser 7 %</i>	1	
<i>bp 10-1 topical cleanser 10-1 %</i>	1	
<i>bpo topical gel 4 %, 8 %</i>	1	
<i>bpo topical towelette 6 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>cleansing wash topical cleanser 10-4-10 %</i>	1	
<i>clindacin p topical swab 1 %</i>	1	
<i>clindamycin phosphate topical foam 1 %</i>	1	
<i>clindamycin phosphate topical gel 1 %</i>	1	
<i>clindamycin phosphate topical lotion 1 %</i>	1	
<i>clindamycin phosphate topical solution 1 %</i>	1	
<i>clindamycin phosphate topical swab 1 %</i>	1	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %</i>	1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	1	
<i>clindamycin-tretinoin topical gel 1.2-0.025 %</i>	1	
<i>dapsone topical gel 5 %</i>	1	
EPIDUO FORTE TOPICAL GEL WITH PUMP 0.3-2.5 %	3	ST

Drug Name	Drug Tier	Requirements / Limits
<i>ery pads topical swab 2 %</i>	1	
<i>erygel topical gel 2 %</i>	1	
<i>erythromycin with ethanol topical gel 2 %</i>	1	
<i>erythromycin with ethanol topical solution 2 %</i>	1	
<i>erythromycin with ethanol topical swab 2 %</i>	1	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	1	
<i>metronidazole topical cream 0.75 %</i>	1	
<i>metronidazole topical gel 0.75 %, 1 %</i>	1	
<i>metronidazole topical gel with pump 1 %</i>	1	
<i>metronidazole topical lotion 0.75 %</i>	1	
MIRVASO TOPICAL GEL 0.33 %	3	PA
<i>neuac topical gel 1.2 %(1 % base) -5 %</i>	1	
<i>rosadan topical cream 0.75 %</i>	1	
<i>rosadan topical gel 0.75 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>rosula cleansing cloths topical pads, medicated 10-5 %</i>	1	
SOOLANTRA TOPICAL CREAM 1 %	3	ST
<i>sss 10-5 topical cream 10-5 % (w/w)</i>	1	
<i>sss 10-5 topical foam 10-5 %</i>	1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 10-5 % (w/w), 9-4 %, 9-4.5 %, 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w), 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i>	1	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %</i>	1	
<i>sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %</i>	1	
<i>sulfacetamide-sulfur-cleansr23 topical kit 9-4.5 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>sulfacleanse 8-4 topical suspension 8-4 %</i>	1	
<i>sulfact na-sul-avobnz-otn-ocsa topical combo pack,cleanser and cream 9 %-4.5 % -spf 25</i>	1	
<i>tazarotene topical cream 0.1 %</i>	1	PA
TAZORAC TOPICAL CREAM 0.05 %	2	PA
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	2	PA
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i>	1	PA
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.1 %</i>	1	PA
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	1	PA
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	1	PA
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
TOPICAL ANESTHETICS		
<i>ethyl chloride topical aerosol,spray 100 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>glydo mucous membrane jelly in applicator 2 %</i>	1	QL
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)</i>	1	
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i>	1	
<i>lidocaine hcl injection syringe 10 mg/ml (1 %)</i>	1	
<i>lidocaine hcl laryngotracheal solution 4 %</i>	1	
<i>lidocaine hcl mucous membrane jelly 2 %</i>	1	QL
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	1	QL
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
<i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i>	1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1	PA
<i>lidocaine topical ointment 5 %</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>lidocaine viscous mucous membrane solution 2 %</i>	1	
<i>lidocaine-epinephrine injection solution 0.5 %-1:200,000, 1 %-1:100,000, 1.5 %-1:200,000, 2 %-1:100,000, 2 %-1:200,000</i>	1	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1	QL
<i>lidocaine-prilocaine topical kit 2.5-2.5 %</i>	1	
<i>lta pre-attached laryngotracheal solution 4 %</i>	1	
PLIAGLIS TOPICAL CREAM 7-7 %	3	
TOPICAL ANTIBACTERIALS		
ALTABAX TOPICAL OINTMENT 1 %	3	
CORTISPORIN TOPICAL CREAM 3.5-10,000-0.5 MG/G-UNIT/G-%	3	
CORTISPORIN TOPICAL OINTMENT 1 %	3	
<i>gentamicin topical cream 0.1 %</i>	1	
<i>gentamicin topical ointment 0.1 %</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated December 1, 2017.

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %</i>	1	
<i>iodoquinol-hc topical cream 1-1 %</i>	1	
<i>lugols topical solution 5-10 %</i>	1	
<i>mupirocin calcium topical cream 2 %</i>	1	
<i>mupirocin topical ointment 2 %</i>	1	
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	3	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	1	
SULFAMYLON TOPICAL CREAM 85 MG/G	2	
SULFAMYLON TOPICAL PACKET 50 GRAM	2	
TOPICAL ANTIFUNGALS		
<i>ciclodan topical cream 0.77 %</i>	1	QL
<i>ciclodan topical solution 8 % *</i>	1	PA
<i>ciclopirox topical cream 0.77 %</i>	1	QL
<i>ciclopirox topical gel 0.77 %</i>	1	QL
<i>ciclopirox topical shampoo 1 %</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>ciclopirox topical suspension 0.77 %</i>	1	QL
<i>clotrimazole topical cream 1 %</i>	1	QL
<i>clotrimazole topical solution 1 %</i>	1	QL
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	1	QL
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	1	QL
<i>econazole topical cream 1 %</i>	1	QL
ERTACZO TOPICAL CREAM 2 %	3	QL
EXELDERM TOPICAL CREAM 1 %	3	QL
EXELDERM TOPICAL SOLUTION 1 %	3	QL
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 % *	3	ST
<i>ketoconazole topical cream 2 %</i>	1	QL
<i>ketoconazole topical foam 2 %</i>	1	QL
<i>ketoconazole topical shampoo 2 %</i>	1	QL
LUZU TOPICAL CREAM 1 %	3	QL

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Drug Name	Drug Tier	Requirements / Limits
MENTAX TOPICAL CREAM 1 %	3	QL
<i>naftifine topical cream 1 %, 2 %</i>	1	QL
<i>nyamyc topical powder 100,000 unit/gram</i>	1	
<i>nyata topical powder 100,000 unit/gram</i>	1	
<i>nystatin topical cream 100,000 unit/gram</i>	1	QL
<i>nystatin topical ointment 100,000 unit/gram</i>	1	QL
<i>nystatin topical powder 100,000 unit/gram</i>	1	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	1	QL
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	1	QL
<i>nystop topical powder 100,000 unit/gram</i>	1	
<i>oxiconazole topical cream 1 %</i>	1	QL
TRIACETIN LIQUID 100 %	2	
TOPICAL ANTIVIRALS		
<i>acyclovir topical ointment 5 %</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
DENAVIR TOPICAL CREAM 1 %	3	
ZOVIRAX TOPICAL CREAM 5 %	2	QL
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %, 2.5 %</i>	1	
<i>alclometasone topical cream 0.05 %</i>	1	
<i>alclometasone topical ointment 0.05 %</i>	1	
<i>amcinonide topical cream 0.1 %</i>	1	
<i>amcinonide topical lotion 0.1 %</i>	1	
<i>amcinonide topical ointment 0.1 %</i>	1	
<i>apexicon e topical cream 0.05 %</i>	1	
<i>betamethasone dipropionate topical cream 0.05 %</i>	1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	1	
<i>betamethasone valerate topical cream 0.1 %</i>	1	
<i>betamethasone valerate topical foam 0.12 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>betamethasone valerate topical lotion 0.1 %</i>	1	
<i>betamethasone valerate topical ointment 0.1 %</i>	1	
<i>betamethasone, augmented topical cream 0.05 %</i>	1	
<i>betamethasone, augmented topical gel 0.05 %</i>	1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	1	
<i>betamethasone, augmented topical ointment 0.05 %</i>	1	
<i>clobetasol scalp solution 0.05 %</i>	1	QL
<i>clobetasol topical cream 0.05 %</i>	1	QL
<i>clobetasol topical foam 0.05 %</i>	1	QL
<i>clobetasol topical gel 0.05 %</i>	1	QL
<i>clobetasol topical lotion 0.05 %</i>	1	QL
<i>clobetasol topical ointment 0.05 %</i>	1	QL
<i>clobetasol topical shampoo 0.05 %</i>	1	QL
<i>clobetasol topical spray,non-aerosol 0.05 %</i>	1	QL
<i>clobetasol-emollient topical cream 0.05 %</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>clobetasol-emollient topical foam 0.05 %</i>	1	QL
<i>clodan topical shampoo 0.05 %</i>	1	QL
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2	3	ST
<i>cormax scalp solution 0.05 %</i>	1	QL
<i>desonide topical cream 0.05 %</i>	1	
<i>desonide topical lotion 0.05 %</i>	1	
<i>desonide topical ointment 0.05 %</i>	1	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i>	1	
<i>desoximetasone topical gel 0.05 %</i>	1	
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i>	1	
<i>diflorasone topical cream 0.05 %</i>	1	
<i>diflorasone topical ointment 0.05 %</i>	1	
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	1	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	1	
<i>fluocinolone topical oil 0.01 %</i>	1	
<i>fluocinolone topical ointment 0.025 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>fluocinolone topical solution 0.01 %</i>	1	
<i>fluocinonide topical cream 0.05 %, 0.1 %</i>	1	QL
<i>fluocinonide topical gel 0.05 %</i>	1	QL
<i>fluocinonide topical ointment 0.05 %</i>	1	QL
<i>fluocinonide topical solution 0.05 %</i>	1	QL
<i>fluocinonide-e topical cream 0.05 %</i>	1	QL
<i>fluocinonide-emollient topical cream 0.05 %</i>	1	QL
<i>flurandrenolide topical cream 0.05 %</i>	1	
<i>flurandrenolide topical lotion 0.05 %</i>	1	
<i>flurandrenolide topical ointment 0.05 %</i>	1	
<i>fluticasone topical cream 0.05 %</i>	1	
<i>fluticasone topical lotion 0.05 %</i>	1	
<i>fluticasone topical ointment 0.005 %</i>	1	
<i>halobetasol propionate topical cream 0.05 %</i>	1	
<i>halobetasol propionate topical ointment 0.05 %</i>	1	
HALOG TOPICAL CREAM 0.1 %	3	ST

Drug Name	Drug Tier	Requirements / Limits
HALOG TOPICAL OINTMENT 0.1 %	3	ST
<i>hydrocortisone butyrate topical cream 0.1 %</i>	1	
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	1	
<i>hydrocortisone butyrate topical solution 0.1 %</i>	1	
<i>hydrocortisone butyr-emollient topical cream 0.1 %</i>	1	
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream 0.2 %</i>	1	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	1	
<i>mometasone topical cream 0.1 %</i>	1	
<i>mometasone topical ointment 0.1 %</i>	1	
<i>mometasone topical solution 0.1 %</i>	1	
<i>nolix topical lotion 0.05 %</i>	1	
<i>prednicarbate topical cream 0.1 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>prednicarbate topical ointment 0.1 %</i>	1	
<i>scalacort topical lotion 2 %</i>	1	
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	1	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>trianex topical ointment 0.05 %</i>	1	
<i>triderm topical cream 0.1 %, 0.5 %</i>	1	
TOPICAL ENZYMES		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	2	
TOPICAL SCABICIDES / PEDICULICIDES		
EURAX TOPICAL CREAM 10 %	3	
EURAX TOPICAL LOTION 10 %	3	
<i>lindane topical shampoo 1 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>malathion topical lotion 0.5 %</i>	1	
<i>permethrin topical cream 5 %</i>	1	
<i>spinosad topical suspension 0.9 %</i>	1	
ULESFIA TOPICAL LOTION 5 %	3	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
ANOREXIANTS		
CONTRACE ORAL TABLET EXTENDED RELEASE 8-90 MG*	3	PA
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation solution</i>	1	
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	1	
<i>ringer's irrigation solution</i>	1	
<i>tis-u-sol pentalyte irrigation solution 800-40-20-8.75-6.25 mg/100 ml</i>	1	
MISCELLANEOUS AGENTS		
<i>acamprosate oral tablet,delayed release (dr/ec) 333 mg</i>	1	
<i>acetic acid irrigation solution 0.25 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
ADAGEN INTRAMUSCULAR SOLUTION 250 UNIT/ML	4	LA
<i>alendronate oral tablet 40 mg</i>	1	QL
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	1	
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	4	PA; LA
BUPHENYL ORAL TABLET 500 MG	2	
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	1	
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	4	LA
<i>cevimeline oral capsule 30 mg</i>	1	
CHEMET ORAL CAPSULE 100 MG	2	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
<i>etidronate disodium oral tablet 200 mg, 400 mg</i>	1	
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG	4	LA
FERRIPROX ORAL SOLUTION 100 MG/ML	4	LA

Drug Name	Drug Tier	Requirements / Limits
FERRIPROX ORAL TABLET 500 MG	4	LA
<i>ic green injection recon soln 25 mg</i>	1	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	4	PA; LA
<i>indocyanine green injection recon soln 25 mg</i>	1	
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	4	LA
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG	4	LA
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral tablet 330 mg</i>	1	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	4	PA; LA
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	4	LA
ORFADIN ORAL SUSPENSION 4 MG/ML	4	LA
<i>pilocarpine hcl oral tablet 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	4	PA; LA
RAVICTI ORAL LIQUID 1.1 GRAM/ML	4	PA; LA
<i>riluzole oral tablet 50 mg</i>	1	
<i>risedronate oral tablet 30 mg</i>	1	QL
<i>sodium benzoate-sod phenylacet intravenous solution 10-10 %</i>	1	
<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>	1	
<i>sodium chloride 0.9 % injection solution 0.9 %</i>	1	
<i>sodium chloride 0.9 % injection syringe 0.9 %</i>	1	
<i>sodium chloride 0.9 % intravenous parenteral solution 0.9 %</i>	1	
<i>sodium chloride 0.9 % intravenous piggyback 0.9 %</i>	1	
<i>sodium chloride irrigation solution 0.9 %</i>	1	
<i>sodium ferric gluconat-sucrose intravenous solution 62.5 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	1	
<i>sodium phenylbutyrate oral tablet 500 mg</i>	1	
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML	4	LA
SYPRINE ORAL CAPSULE 250 MG	3	PA
<i>water for irrigation, sterile irrigation solution</i>	1	
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	4	PA; LA
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	4	PA; LA
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	4	LA
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	5	ACA
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	5	ACA

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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	5	ACA; OTC
<i>nicorelief buccal gum 2 mg, 4 mg</i>	5	ACA; OTC
NICORETTE BUCCAL GUM 2 MG	5	ACA; OTC
<i>nicorette buccal gum 4 mg</i>	5	ACA; OTC
NICORETTE BUCCAL LOZENGE 2 MG, 4 MG	5	ACA; OTC
NICORETTE BUCCAL MINI LOZENGE 2 MG, 4 MG	5	ACA; OTC
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	5	ACA; OTC
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	5	ACA; OTC
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	5	ACA; OTC

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
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	5	ACA; OTC
NICOTROL INHALATION CARTRIDGE 10 MG	5	ACA
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	5	ACA
<i>nts step 1 transdermal patch 24 hour 21 mg/24 hr</i>	5	ACA; OTC
<i>quit 2 buccal gum 2 mg</i>	5	ACA; OTC
QUIT 2 BUCCAL LOZENGE 2 MG	5	ACA; OTC
<i>quit 4 buccal gum 4 mg</i>	5	ACA; OTC
QUIT 4 BUCCAL LOZENGE 4 MG	5	ACA; OTC
<i>stop smoking aid buccal lozenge 2 mg, 4 mg</i>	5	ACA; OTC
EAR, NOSE & THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine nasal aerosol, spray 137 mcg (0.1 %)</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>azelastine nasal spray,non-aerosol 0.15 % (205.5 mcg)</i>	1	
BACTROBAN NASAL NASAL OINTMENT 2 %	2	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	1	
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 %	2	
DEBACTEROL MUCOUS MEMBRANE SWAB 30-50 %	2	
<i>denta 5000 plus dental cream 1.1 %</i>	1	
<i>dentagel dental gel 1.1 %</i>	1	
<i>ipratropium bromide nasal spray,non-aerosol 0.03 %, 42 mcg (0.06 %)</i>	1	QL
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	1	QL
<i>oralone dental paste 0.1 %</i>	1	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	1	
<i>periogard mucous membrane mouthwash 0.12 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>pilocarpine hcl oral tablet 7.5 mg</i>	1	
<i>sf 5000 plus dental cream 1.1 %</i>	1	
<i>sf dental gel 1.1 %</i>	1	
<i>triamcinolone acetonide dental paste 0.1 %</i>	1	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear) solution 2 %</i>	1	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	1	
<i>floxin otic (ear) drops 0.3 %</i>	1	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	1	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	1	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	3	
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 %	2	

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Drug Name	Drug Tier	Requirements / Limits
COLY-MYCIN S OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML	3	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%	1	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	1	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR H.P. INJECTION GEL 80 UNIT/ML	4	PA; LA; QL
betamethasone acet,sod phos injection suspension 6 mg/ml	1	
cortisone oral tablet 25 mg	1	
cosyntropin injection recon soln 0.25 mg	1	
deltasone oral tablet 20 mg	1	
dexamethasone intensol oral drops 1 mg/ml	1	
dexamethasone oral elixir 0.5 mg/5 ml	1	
dexamethasone oral solution 0.5 mg/5 ml	1	

Drug Name	Drug Tier	Requirements / Limits
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1	
dexamethasone sodium phos (pf) injection solution 10 mg/ml	1	
dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml	1	
dexamethasone sodium phosphate injection syringe 4 mg/ml	1	
fludrocortisone oral tablet 0.1 mg	1	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	1	
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	1	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	
methylprednisolone oral tablets,dose pack 4 mg	1	
millipred dp oral tablets,dose pack 5 mg (21 tabs), 5 mg (48 tabs)	1	
millipred oral tablet 5 mg	1	
prednisolone oral solution 15 mg/5 ml	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisolone sodium phosphate oral tablet, disintegrating 10 mg, 15 mg, 30 mg</i>	1	
<i>prednisone intensol oral concentrate 5 mg/ml</i>	1	
<i>prednisone oral solution 5 mg/5 ml</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablets, dose pack 10 mg, 5 mg</i>	1	
<i>triamcinolone acetonide injection suspension 10 mg/ml, 40 mg/ml</i>	1	
<i>veripred 20 oral solution 20 mg/5 ml (4 mg/ml)</i>	1	
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		

Drug Name	Drug Tier	Requirements / Limits
GLUCAGEN DIAGNOSTIC KIT INJECTION RECON SOLN 1 MG/ML	2	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	2	
GLUCOSE ELEVATING AGENTS		
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	2	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION KIT 1 MG	2	
PROGLYCEM ORAL SUSPENSION 50 MG/ML	2	
INSULIN THERAPY		
APIDRA SOLOSTAR SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	3	ST
APIDRA SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	ST
BASAGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	

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

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

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated December 1, 2017.

Drug Name	Drug Tier	Requirements / Limits
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
LEVEMIR FLEXTOUCH SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
NOVOLOG FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	3	ST
NOVOLOG MIX 70-30 FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	ST
NOVOLOG MIX 70-30 SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	3	ST
NOVOLOG PENFILL SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	3	ST
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	ST
RELION 70/30 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	

Drug Name	Drug Tier	Requirements / Limits
RELION N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	
RELION R INJECTION SOLUTION 100 UNIT/ML	3	
MISCELLANEOUS HORMONES		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	4	LA
ANADROL-50 ORAL TABLET 50 MG	3	PA
BRINEURA INTRAVENTRICULAR KIT 300 MG/10 ML (150MG/5ML X2)	4	PA; LA
<i>cabergoline oral tablet 0.5 mg</i>	1	QL
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	1	
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	
<i>calcitriol oral solution 1 mcg/ml</i>	1	
CERDELGA ORAL CAPSULE 84 MG	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	PA
<i>desmopressin nasal solution 0.1 mg/ml (refrigerate)</i>	1	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	1	
<i>doxercalciferol intravenous solution 4 mcg/2 ml</i>	1	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	4	LA
ELELYSO INTRAVENOUS RECON SOLN 200 UNIT	4	PA; LA
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	4	LA
HECTOROL INTRAVENOUS SOLUTION 2 MCG/ML (1 ML)	2	
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	4	LA

Drug Name	Drug Tier	Requirements / Limits
KUVAN ORAL POWDER IN PACKET 500 MG	4	LA
KUVAN ORAL TABLET, SOLUBLE 100 MG	4	LA
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	4	LA
METHITEST ORAL TABLET 10 MG	2	PA
<i>methyltestosterone oral capsule 10 mg</i>	1	PA
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	4	PA; LA
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	4	LA
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	4	PA; LA
NOVAREL INTRAMUSCULAR RECON SOLN 10,000 UNIT*	4	PA; LA; QL
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	1	PA
<i>pamidronate intravenous recon soln 30 mg, 90 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	1	
<i>paricalcitol intravenous solution 2 mcg/ml, 5 mcg/ml</i>	1	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	
SAMSCA ORAL TABLET 15 MG, 30 MG	4	LA; QL
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG	2	
SOMAVERT SUBCUTANEOUS RECON SOLN 15 MG, 20 MG, 25 MG, 30 MG	4	LA
STIMATE NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	4	LA
STRENSIQ SUBCUTANEOUS SOLUTION 100 MG/ML, 40 MG/ML	4	PA; LA
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	3	
TESTOPEL IMPLANT PELLET 75 MG	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1	PA
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	1	PA
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	1	PA
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	1	PA
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	1	PA
<i>vasopressin in 0.9 % nacl intravenous solution 60 unit/100 ml (0.6 unit/ml)</i>	1	
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	4	LA
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
ZAVESCA ORAL CAPSULE 100 MG	4	PA; LA
<i>zoledronic acid intravenous recon soln 4 mg</i>	4	LA
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	4	LA
ZOMETA INTRAVENOUS PIGGYBACK 4 MG/100 ML	4	LA
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1	
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 15-1,000 MG, 30-1,000 MG	2	QL
ALOGLIPTIN ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	3	ST; QL
BYDUREON SUBCUTANEOUS PEN INJECTOR 2 MG/0.65 ML	2	QL
BYDUREON SUBCUTANEOUS SUSPENSION, EXTENDED REL RECON 2 MG	2	QL

Drug Name	Drug Tier	Requirements / Limits
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML, 5 MCG/DOSE (250 MCG/ML) 1.2 ML	2	QL
<i>chlorpropamide oral tablet 100 mg, 250 mg</i>	1	
CYCLOSET ORAL TABLET 0.8 MG	3	
FARXIGA ORAL TABLET 10 MG, 5 MG	2	ST; QL
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	2	ST; QL
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	3	ST; QL
INVOKANA ORAL TABLET 100 MG, 300 MG	3	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
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	2	QL
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	2	QL
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	QL
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	3	ST; QL
ONGLYZA ORAL TABLET 2.5 MG, 5 MG	3	ST; QL
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	1	QL
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	1	QL
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	1	QL
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>repaglinide-metformin oral tablet 1-500 mg, 2-500 mg</i>	1	QL
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	2	QL

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Drug Name	Drug Tier	Requirements / Limits
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
TANZEUM SUBCUTANEOUS PEN INJECTOR 30 MG/0.5 ML, 50 MG/0.5 ML	2	ST; QL
<i>tolazamide oral tablet 250 mg, 500 mg</i>	1	
<i>tolbutamide oral tablet 500 mg</i>	1	
TRADJENTA ORAL TABLET 5 MG	2	QL
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML	3	QL
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	3	ST; QL
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-1,000 MG, 5-500 MG	2	ST; QL
THYROID HORMONES		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	2	
<i>levothyroxine intravenous recon soln 200 mcg, 500 mcg</i>	1	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>liothyronine intravenous solution 10 mcg/ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	
<i>nature-throid oral tablet 113.75 mg, 130 mg, 146.25 mg, 16.25 mg, 162.5 mg, 195 mg, 260 mg, 32.5 mg, 325 mg, 48.75 mg, 65 mg, 81.25 mg, 97.5 mg</i>	1	
<i>np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>thyroid (pork) oral tablet 30 mg, 60 mg, 90 mg</i>	1	
THYROLAR-1 ORAL TABLET 12.5-50 MCG	2	
THYROLAR-1/2 ORAL TABLET 6.25-25 MCG	2	
THYROLAR-1/4 ORAL TABLET 3.1-12.5 MCG	2	
THYROLAR-2 ORAL TABLET 25-100 MCG	2	
THYROLAR-3 ORAL TABLET 37.5-150 MCG	2	
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>westhroid oral tablet 130 mg, 195 mg, 32.5 mg, 65 mg, 97.5 mg</i>	1	
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
<i>anaspaz oral tablet, disintegrating 0.125 mg</i>	1	
<i>atropine injection solution 0.4 mg/ml, 1 mg/ml</i>	1	
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	1	
<i>belladonna alkaloids-opium rectal suppository 16.2-60 mg</i>	1	
<i>belladonna-opium rectal suppository 16.2-30 mg</i>	1	
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	1	
<i>dicyclomine intramuscular solution 10 mg/ml</i>	1	
<i>dicyclomine oral capsule 10 mg</i>	1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	1	
<i>dicyclomine oral tablet 20 mg</i>	1	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	
ed-spaz oral tablet,disintegrating 0.125 mg	1	
glycopyrrolate injection solution 0.2 mg/ml	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
hyoscyamine sulfate oral drops 0.125 mg/ml	1	
hyoscyamine sulfate oral elixir 0.125 mg/5 ml	1	
hyoscyamine sulfate oral tablet 0.125 mg	1	
hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg	1	
hyoscyamine sulfate oral tablet,disintegrating 0.125 mg	1	
hyoscyamine sulfate sublingual tablet 0.125 mg	1	
hyosyne oral drops 0.125 mg/ml	1	
hyosyne oral elixir 0.125 mg/5 ml	1	
loperamide oral capsule 2 mg	1	
methscopolamine oral tablet 2.5 mg, 5 mg	1	

Drug Name	Drug Tier	Requirements / Limits
MOTOFEN ORAL TABLET 1-0.025 MG	3	
opium tincture oral tincture 10 mg/ml (morphine)	1	
oscimin oral tablet 0.125 mg	1	
oscimin oral tablet,disintegrating 0.125 mg	1	
oscimin sl sublingual tablet 0.125 mg	1	
oscimin sr oral tablet extended release 12 hr 0.375 mg	1	
paregoric oral liquid 2 mg/5 ml	1	
phenobarb-hyoscy-atropine-scop oral tablet 16.2-0.1037 - 0.0194 mg	1	
phenohydro oral tablet 16.2-0.1037 - 0.0194 mg	1	
symax fastabs oral tablet,disintegrating 0.125 mg	1	
symax-sl sublingual tablet 0.125 mg	1	
symax-sr oral tablet extended release 12 hr 0.375 mg	1	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AKYNZEO ORAL CAPSULE 300-0.5 MG	2	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>alophen oral tablet, delayed release (dr/ec) 5 mg</i>	5	ACA; OTC
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	1	
ALOXI INTRAVENOUS SOLUTION 0.25 MG/5 ML	2	QL
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	2	PA
<i>anucort-hc rectal suppository 25 mg</i>	1	
ANZEMET ORAL TABLET 100 MG, 50 MG	3	QL
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	1	QL
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>	1	QL
APRISO ORAL CAPSULE, EXTENDED RELEASE 24HR 0.375 GRAM	2	
<i>balsalazide oral capsule 750 mg</i>	1	
<i>bisacodyl oral tablet, delayed release (dr/ec) 5 mg</i>	5	ACA; OTC
<i>bisa-lax oral tablet, delayed release (dr/ec) 5 mg</i>	5	ACA; OTC
<i>budesonide oral capsule, delayed, extended release 3 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>calcium acetate oral capsule 667 mg</i>	1	
<i>calcium acetate oral tablet 667 mg</i>	1	
CANASA RECTAL SUPPOSITORY 1,000 MG	2	
CESAMET ORAL CAPSULE 1 MG	3	QL
CHENODAL ORAL TABLET 250 MG	4	LA
CHOLBAM ORAL CAPSULE 250 MG	4	PA; LA
CHOLBAM ORAL CAPSULE 50 MG	4	PA; LA; QL
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	4	PA; LA
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	4	PA; LA
<i>citrate of magnesia oral solution</i>	5	ACA; OTC
<i>citroma oral solution</i>	5	ACA; OTC
<i>clearlax oral powder 17 gram/dose</i>	5	ACA; OTC
<i>clearlax oral powder in packet 17 gram</i>	5	ACA; OTC
<i>colocort rectal enema 100 mg/60 ml</i>	1	
<i>compro rectal suppository 25 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>constulose oral solution 10 gram/15 ml</i>	1	
CORTIFOAM RECTAL FOAM 10 % (80 MG)	2	
CREON ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000- 114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	2	
<i>cromolyn oral concentrate 100 mg/5 ml</i>	1	
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML	4	LA
<i>dimenhydrinate injection solution 50 mg/ml</i>	1	
DIPENTUM ORAL CAPSULE 250 MG	3	ST
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	
<i>droperidol injection solution 2.5 mg/ml</i>	1	
<i>ducodyl oral tablet,delayed release (dr/ec) 5 mg</i>	5	ACA; OTC
<i>eliphos oral tablet 667 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
EMEND (FOSAPREPITANT) INTRAVENOUS RECON SOLN 150 MG	2	QL
EMEND ORAL CAPSULE 125 MG, 40 MG	2	QL
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	2	QL
ENTYVIO INTRAVENOUS RECON SOLN 300 MG	4	PA; LA
<i>enulose oral solution 10 gram/15 ml</i>	1	
<i>fleet laxative oral tablet,delayed release (dr/ec) 5 mg</i>	5	ACA; OTC
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	3	
FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG, 500 MG, 750 MG	3	
<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

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Drug Name	Drug Tier	Requirements / Limits
<i>generlac oral solution 10 gram/15 ml</i>	1	
<i>gentle laxative oral tablet,delayed release (dr/ec) 5 mg</i>	5	ACA; OTC
<i>gentlelax oral powder 17 gram/dose</i>	5	ACA; OTC
<i>glycolax oral powder 17 gram/dose</i>	5	ACA; OTC
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml), 100 mcg/ml</i>	1	
<i>granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)</i>	1	
<i>granisetron hcl oral tablet 1 mg</i>	1	QL
<i>healthylax oral powder in packet 17 gram</i>	5	ACA; OTC
<i>hemmorex-hc rectal suppository 25 mg, 30 mg</i>	1	
<i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>	1	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	1	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %, 2.5-1 % (4g)</i>	1	
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	4	PA; LA
<i>kionex (with sorbitol) oral suspension 15-19.3 gram/60 ml</i>	1	
<i>kionex oral powder</i>	1	
<i>lactulose oral solution 10 gram/15 ml</i>	1	
<i>lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg</i>	1	
<i>laxaclear oral powder 17 gram/dose</i>	5	ACA; OTC
<i>laxative (bisacodyl) oral tablet 5 mg</i>	5	ACA; OTC
<i>laxative (bisacodyl) oral tablet,delayed release (dr/ec) 5 mg</i>	5	ACA; OTC
<i>laxative feminine oral tablet 5 mg</i>	5	ACA; OTC
<i>laxative peg 3350 oral powder 17 gram/dose</i>	5	ACA; OTC
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %, 3-1 % (7 gram)</i>	1	
<i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>	1	
<i>lidocaine-hydrocortisone-aloe rectal kit 2-2 %, 3-2.5 % (7 gram)</i>	1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	2	
<i>magnesium citrate oral solution</i>	5	ACA; OTC
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i>	1	
<i>mesalamine rectal enema 4 gram/60 ml</i>	1	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	1	
<i>metoclopramide hcl injection solution 5 mg/ml</i>	1	
<i>metoclopramide hcl injection syringe 5 mg/ml</i>	1	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
<i>metoclopramide hcl oral tablet, disintegrating 10 mg, 5 mg</i>	1	
<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
<i>miralax oral powder in packet 17 gram</i>	5	ACA; OTC
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	2	PA
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM	5	ACA
<i>natura-lax oral powder 17 gram/dose</i>	5	ACA; OTC
OICALIVA ORAL TABLET 10 MG, 5 MG	4	PA; LA; QL
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	1	
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	1	
<i>ondansetron hcl intravenous solution 2 mg/ml</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated December 1, 2017.

Drug Name	Drug Tier	Requirements / Limits
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	1	QL
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	1	QL
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1	QL
<i>oral saline laxative oral liquid 7.2-2.7 gram/15 ml</i>	5	ACA; OTC
OSMOPREP ORAL TABLET 1.5 GRAM	5	ACA
PEDIA-LAX ORAL TABLET, CHEWABLE 400 MG (170 MG)	5	ACA; OTC
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram, 240-22.72-6.72 -5.84 gram</i>	5	ACA
<i>peg3350 oral powder 17 gram/dose</i>	5	ACA; OTC
<i>peg-electrolyte soln oral recon soln 420 gram</i>	5	ACA
<i>peg-prep oral kit 5-210 mg-gram</i>	1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	2	
<i>phosphate laxative oral liquid 7.2-2.7 gram/15 ml</i>	5	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i>	5	ACA
<i>polyethylene glycol 3350 oral powder in packet 17 gram</i>	5	ACA
<i>powderlax oral powder 17 gram/dose</i>	5	ACA; OTC
<i>pramcort rectal cream 1-1 %</i>	1	
PREPOPIK ORAL POWDER IN PACKET 10 MG-3.5 GRAM-12 GRAM	5	ACA
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml</i>	1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	1	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	1	
<i>procto-pak topical cream with perineal applicator 1 %</i>	1	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	1	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>purelax oral powder 17 gram/dose</i>	5	ACA; OTC
<i>purelax oral powder in packet 17 gram</i>	5	ACA; OTC
RECTIV RECTAL OINTMENT 0.4 % (W/W)	2	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	2	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	2	PA
REMICADE INTRAVENOUS RECON SOLN 100 MG	4	PA; LA
REVELA ORAL TABLET 800 MG	2	
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	1	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	1	
<i>sevelamer carbonate oral tablet 800 mg</i>	1	
<i>smoothlax oral powder 17 gram/dose</i>	5	ACA; OTC
<i>smoothlax oral powder in packet 17 gram</i>	5	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sodium polystyrene sulfonate oral suspension 15 gram/60 ml</i>	1	
<i>sodium polystyrene sulfonate rectal enema 30 gram/120 ml</i>	1	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	1	
<i>sps (with sorbitol) rectal enema 30-40 gram/120 ml</i>	1	
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	4	LA
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	1	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	5	ACA
<i>trilyte with flavor packets oral recon soln 420 gram</i>	5	ACA
<i>trimethobenzamide oral capsule 300 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
UCERIS ORAL TABLET, DELAYED AND EXT.RELEASE 9 MG	2	
<i>ursodiol oral capsule 300 mg</i>	1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	
VARUBI ORAL TABLET 90 MG	2	QL
VELPHORO ORAL TABLET, CHEWABLE 500 MG	3	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	2	
VIBERZI ORAL TABLET 100 MG, 75 MG	2	
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT	2	
<i>woman's laxative oral tablet, delayed release (dr/ec) 5 mg</i>	5	ACA; OTC
<i>women's gentle laxative(bisac) oral tablet, delayed release (dr/ec) 5 mg</i>	5	ACA; OTC
<i>women's laxative (bisacodyl) oral tablet 5 mg</i>	5	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,000-34,000 - 55,000 UNIT, 15,000-51,000 - 82,000 UNIT, 20,000-68,000 - 109,000 UNIT, 25,000-85,000-136,000 UNIT, 3,000-10,000-16,000 UNIT, 40,000-136,000-218,000 UNIT, 5,000-17,000 - 27,000 UNIT	3	
ULCER THERAPY		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	1	QL
CARAFATE ORAL SUSPENSION 100 MG/ML	2	
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	1	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	1	
DEXILANT ORAL CAPSULE, BIPHASE DELAYED RELEASE 30 MG	3	ST; QL
DEXILANT ORAL CAPSULE, BIPHASE DELAYED RELEASE 60 MG	3	ST

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Drug Name	Drug Tier	Requirements / Limits
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	1	ST; QL
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	1	ST
esomeprazole sodium intravenous recon soln 20 mg, 40 mg	1	
famotidine (pf) intravenous solution 20 mg/2 ml	1	
famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml	1	
famotidine intravenous solution 10 mg/ml	1	
famotidine oral suspension 40 mg/5 ml (8 mg/ml)	1	
famotidine oral tablet 20 mg, 40 mg	1	
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	1	QL
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	1	
misoprostol oral tablet 100 mcg, 200 mcg	1	
nizatidine oral capsule 150 mg, 300 mg	1	

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

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Drug Name	Drug Tier	Requirements / Limits
<i>ranitidine hcl injection solution 25 mg/ml, 50 mg/2 ml (25 mg/ml)</i>	1	
<i>ranitidine hcl oral capsule 150 mg, 300 mg</i>	1	
<i>ranitidine hcl oral syrup 15 mg/ml</i>	1	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	
<i>sucralfate oral tablet 1 gram</i>	1	

IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 150 MCG/0.75 ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA; LA
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Drug Name	Drug Tier	Requirements / Limits
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	4	PA; LA
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA; LA
LEUKINE INJECTION RECON SOLN 250 MCG	4	PA; LA
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	4	LA
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6ML	4	PA; LA; QL
NEULASTA SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	4	PA; LA; QL
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	4	PA; LA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated December 1, 2017.

Drug Name	Drug Tier	Requirements / Limits
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA; LA
PROCRIT 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
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA; LA
GROWTH HORMONES		
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG	4	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
INTERFERONS		
AUBAGIO ORAL TABLET 14 MG, 7 MG	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT 30 MCG	4	PA; LA; QL
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	4	PA; LA; QL
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	4	PA; LA; QL
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	4	PA; LA; QL
EXTAVIA SUBCUTANEOUS RECON SOLN 0.3 MG	4	PA; LA; QL
GILENYA ORAL CAPSULE 0.5 MG	4	PA; LA
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	4	PA; LA; QL
<i>glatopa subcutaneous syringe 20 mg/ml</i>	4	PA; LA; QL
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML	4	PA; LA
<i>moderiba dose pack oral tablets, dose pack 200 mg (28)-400 mg (28), 400-400 mg (28)-mg (28), 600-400 mg (28)-mg (28), 600-600 mg (28)-mg (28)</i>	4	LA

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Drug Name	Drug Tier	Requirements / Limits
<i>moderiba oral tablet 200 mg</i>	4	LA
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	4	PA; LA
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 135 MCG/0.5 ML, 180 MCG/0.5 ML	4	LA; QL
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	4	LA; QL
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	4	LA; QL
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; LA; QL
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; LA; QL
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	4	PA; LA
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; LA; QL
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; LA; QL
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	4	PA; LA
<i>ribasphere oral capsule 200 mg</i>	4	LA
<i>ribasphere oral tablet 200 mg, 400 mg, 600 mg</i>	4	LA
<i>ribasphere ribapak oral tablets,dose pack 200 mg (28)- 400 mg (28), 200 mg (7)- 400 mg (7), 400 mg (7)- 400 mg (7), 400-400 mg (28)-mg (28), 600 mg (7)- 400 mg (7), 600 mg (7)- 600 mg (7), 600-400 mg (28)-mg (28), 600-600 mg (28)-mg (28)</i>	4	LA
<i>ribavirin oral capsule 200 mg</i>	4	LA
<i>ribavirin oral tablet 200 mg</i>	4	LA

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Drug Name	Drug Tier	Requirements / Limits
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	4	PA; LA
TECFIDERA ORAL CAPSULE, DELAY ED RELEASE (DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG	4	PA; LA
INTERLEUKINS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	4	LA
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	2	
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	4	LA
ILARIS (PF) SUBCUTANEOUS RECON SOLN 180 MG/1.2 ML (150 MG/ML)	4	PA; LA
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	4	PA; LA
<i>imiquimod topical cream in packet 5 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	4	LA
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	4	LA
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	4	PA; LA
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	4	LA
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ADACEL (TDAP ADOLESN/ADULT) (PF) INTRAMUSCULA R SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	5	ACA
ADACEL (TDAP ADOLESN/ADULT) (PF) INTRAMUSCULA R SYRINGE 2 LF- (2.5-5-3-5 MCG)- 5LF/0.5 ML	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
AFLURIA 2017-2018 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	5	ACA
AFLURIA 2017-2018 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	5	ACA
AFLURIA QUAD 2017-2018 (PF) INTRAMUSCULAR SYRINGE 60 MCG/0.5 ML	5	ACA
AFLURIA QUAD 2017-2018 INTRAMUSCULAR SUSPENSION 60 MCG/0.5 ML	5	ACA
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	5	ACA
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	5	ACA
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	5	ACA
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	5	ACA
ENGRIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	5	ACA
ENGRIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	5	ACA
ENGRIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	5	ACA
FLUAD 2017-2018 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	5	ACA
FLUARIX QUAD 2017-2018 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	5	ACA
FLUBLOK 2017-2018 (PF) INTRAMUSCULAR SOLUTION 135 MCG (45 MCG X 3)/0.5 ML	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
FLUBLOK QUAD 2017-2018 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	5	ACA
FLUCELVAX QUAD 2017-2018 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	5	ACA
FLUCELVAX QUAD 2017-2018 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	5	ACA
FLULAVAL QUAD 2017-2018 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	5	ACA
FLULAVAL QUAD 2017-2018 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	5	ACA
FLUMIST QUAD 2017-2018 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	5	ACA

Drug Name	Drug Tier	Requirements / Limits
FLUVIRIN 2017-2018 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	5	ACA
FLUVIRIN 2017-2018 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	5	ACA
FLUZONE HIGH-DOSE 2017-18 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	5	ACA
FLUZONE INTRADERM QUAD 2017-18 INTRADERMAL SYRINGE 36 MCG/0.1 ML	5	ACA
FLUZONE QUAD 2017-2018 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	5	ACA
FLUZONE QUAD 2017-2018 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	5	ACA
FLUZONE QUAD 2017-2018 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
FLUZONE QUAD PEDI 2017-18 (PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML	5	ACA
GAMASTAN S/D INTRAMUSCULAR SOLUTION 15-18 % RANGE	4	LA
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	4	PA; LA
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	4	PA; LA
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	4	PA; LA
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	5	ACA
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	5	ACA

Drug Name	Drug Tier	Requirements / Limits
GRASTEK SUBLINGUAL TABLET 2,800 BAU	2	PA
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	5	ACA
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	5	ACA
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	5	ACA
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	4	PA; LA
HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML, 220 UNIT/ML (5 ML)	2	
HYPERHEP B S/D INTRAMUSCULAR SYRINGE 220 UNIT/ML	2	

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Drug Name	Drug Tier	Requirements / Limits
HYPERHEP B S-D NEONATAL INTRAMUSCULAR SYRINGE 110 UNIT/0.5 ML	2	
HYPERRAB S/D (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	2	
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	4	PA; LA
IMOGAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	2	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	2	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF-MCG-LF/0.5ML	5	ACA

Drug Name	Drug Tier	Requirements / Limits
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	5	ACA
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	5	ACA
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	2	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	5	ACA
MENOMUNE - A/C/Y/W-135 (PF) SUBCUTANEOUS RECON SOLN 50 MCG	5	ACA
MENOMUNE - A/C/Y/W-135 SUBCUTANEOUS RECON SOLN 50 MCG	5	ACA
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	5	ACA
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	5	ACA
PNEUMOVAX 23 INJECTION SOLUTION 25 MCG/0.5 ML	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
PNEUMOVAX 23 INJECTION SYRINGE 25 MCG/0.5 ML	5	ACA
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	5	ACA
PRIVIGEN INTRAVENOUS SOLUTION 10 %	4	PA; LA
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3-3.99 TCID50/0.5	5	ACA
PROVENGE INTRAVENOUS SUSPENSION 50 MILLION CELL/250 ML	4	LA
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	5	ACA
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	2	
RAGWITEK SUBLINGUAL TABLET 12 AMBA 1 UNIT	2	PA

Drug Name	Drug Tier	Requirements / Limits
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	5	ACA
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	5	ACA
ROTATEQ VACCINE ORAL SOLUTION 2 ML	5	ACA
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML	2	
TETANUS,DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	5	ACA
TETANUS-DIPHTHERIA TOXOIDS-TD INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	5	ACA
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT -20 MCG/ML	5	ACA
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	2	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	2	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	5	ACA
VARIZIG INTRAMUSCULAR RECON SOLN 125 UNIT	2	
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML	2	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	2	
VIVOTIF BERNA VACCINE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	2	

Drug Name	Drug Tier	Requirements / Limits
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	2	
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	2	
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	5	ACA
MUSCULOSKELETAL & RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>allopurinol sodium intravenous recon soln 500 mg</i>	1	
<i>aloprim intravenous recon soln 500 mg</i>	1	
COLCRYS ORAL TABLET 0.6 MG	2	
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	4	LA
MITIGARE ORAL CAPSULE 0.6 MG	2	
<i>probenecid oral tablet 500 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	1	
ULORIC ORAL TABLET 40 MG, 80 MG	2	
OSTEOPOROSIS THERAPY		
<i>alendronate oral solution 70 mg/75 ml</i>	1	QL
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	QL
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE - 600 MCG/2.4 ML	4	LA; QL
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	3	ST; QL
<i>ibandronate intravenous solution 3 mg/3 ml</i>	4	LA
<i>ibandronate intravenous syringe 3 mg/3 ml</i>	4	LA
<i>ibandronate oral tablet 150 mg</i>	1	QL
<i>raloxifene oral tablet 60 mg</i>	1	
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	1	QL
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	4	LA; QL
OTHER RHEUMATOLOGICALS		
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	4	PA; LA
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	4	PA; LA
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	4	PA; LA
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	4	PA; LA
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	4	PA; LA
DEPEN TITRATABS ORAL TABLET 250 MG	2	PA
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51), 50 MG/ML (0.98 ML)	4	PA; LA; QL
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (0.98 ML)	4	PA; LA; QL
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; LA; QL
HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; LA; QL
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; LA; QL
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	4	PA; LA; QL
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	QL
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
OTEZLA ORAL TABLET 30 MG	4	PA; LA
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (4)-30 MG (47)	4	PA; LA
RIDAURA ORAL CAPSULE 3 MG	2	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	2	ST; QL
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)- 25 MG(8)-50 MG(42)	2	ST; QL
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	4	PA; LA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	4	PA; LA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	4	PA; LA
XELJANZ ORAL TABLET 5 MG	4	PA; LA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
OBSTETRICS & GYNECOLOGY		
DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES		
CAYA CONTOURED VAGINAL DIAPHRAGM 60-85 MM	5	ACA
FC2 FEMALE CONDOM	5	ACA; OTC
FEMCAP VAGINAL DEVICE 22 MM	5	ACA
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24 HR (5 YEARS)	5	ACA; LA
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	5	ACA; LA
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM	5	ACA
ESTROGENS & PROGESTINS		
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
<i>camila oral tablet 0.35 mg</i>	5	ACA
<i>covaryx h.s. oral tablet 0.625-1.25 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>covaryx oral tablet 1.25-2.5 mg</i>	1	
CRINONE VAGINAL GEL 4 %	2	
<i>deblitane oral tablet 0.35 mg</i>	5	ACA
DEPO-PROVERA INTRAMUSCULAR SOLUTION 400 MG/ML	2	
DUAVEE ORAL TABLET 0.45-20 MG	3	
<i>eemt hs oral tablet 0.625-1.25 mg</i>	1	
<i>eemt oral tablet 1.25-2.5 mg</i>	1	
<i>errin oral tablet 0.35 mg</i>	5	ACA
ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM)	2	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL
<i>estradiol vaginal tablet 10 mcg</i>	1	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>	1	
<i>estropipate oral tablet 0.75 mg, 1.5 mg, 3 mg</i>	1	
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>heather oral tablet 0.35 mg</i>	5	ACA
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	1	
<i>jencycla oral tablet 0.35 mg</i>	5	ACA
<i>jevantique lo oral tablet 0.5-2.5 mg-mcg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>jinteli oral tablet 1-5 mg-mcg</i>	1	
<i>jolivette oral tablet 0.35 mg</i>	5	ACA
<i>lopreeza oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
<i>lyza oral tablet 0.35 mg</i>	5	ACA
MAKENA INTRAMUSCULAR OIL 250 MG/ML, 250 MG/ML (1 ML)	4	LA
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	5	ACA; QL
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	5	ACA; QL
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	2	
<i>mimvey lo oral tablet 0.5-0.1 mg</i>	1	
<i>mimvey oral tablet 1-0.5 mg</i>	1	
<i>nora-be oral tablet 0.35 mg</i>	5	ACA
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	5	ACA
<i>norethindrone acetate oral tablet 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>norlyda oral tablet 0.35 mg</i>	5	ACA
<i>norlyroc oral tablet 0.35 mg</i>	5	ACA
PREMARIN INJECTION RECON SOLN 25 MG	3	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	3	
<i>progesterone intramuscular oil 50 mg/ml</i>	4	LA
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	1	
<i>sharobel oral tablet 0.35 mg</i>	5	ACA
<i>yuvaferm vaginal tablet 10 mcg</i>	1	
MISCELLANEOUS OB/GYN		
<i>clindamycin phosphate vaginal cream 2 %</i>	1	
CONCEPTROL VAGINAL GEL 4 %	5	ACA; OTC
<i>fem ph vaginal gel 0.9-0.025 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
GYNAZOLE-1 VAGINAL CREAM 2 %	3	
<i>gynol ii vaginal gel 3 %</i>	5	ACA; OTC
<i>isoxsuprine oral tablet 10 mg, 20 mg</i>	1	
LUPANETA PACK (1 MONTH) KIT. SYRINGE AND TABLET 3.75 MG - 5 MG (30)	4	PA; LA
LUPANETA PACK (3 MONTH) KIT. SYRINGE AND TABLET 11.25 MG - 5 MG (90)	4	PA; LA
<i>metronidazole vaginal gel 0.75 %</i>	1	
<i>miconazole-3 vaginal suppository 200 mg</i>	1	
NEXPLANON SUBDERMAL IMPLANT 68 MG	5	ACA; LA
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	5	ACA
OSPHENA ORAL TABLET 60 MG*	3	PA
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG	5	ACA; OTC
<i>tranexamic acid oral tablet 650 mg</i>	1	
<i>vaginal contraceptive foam vaginal foam 12.5 %</i>	5	ACA; OTC
<i>vandazole vaginal gel 0.75 %</i>	1	
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	5	ACA; OTC
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	5	ACA; OTC
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	5	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
<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 lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	5	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	5	ACA
<i>amethyst oral tablet 90-20 mcg</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 oral tablet 0.1-20 mg-mcg</i>	5	ACA
<i>aviane oral tablet 0.1-20 mg-mcg</i>	5	ACA
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	5	ACA
<i>balziva (28) oral tablet 0.4-35 mg- mcg</i>	5	ACA
<i>bekyree (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	5	ACA
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	5	ACA
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	5	ACA
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	5	ACA
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	5	ACA

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

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

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Drug Name	Drug Tier	Requirements / Limits
<i>fayosim oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	5	ACA
<i>femynor oral tablet 0.25-35 mg-mcg</i>	5	ACA
<i>gianvi (28) oral tablet 3-0.02 mg</i>	5	ACA
<i>gildagia oral tablet 0.4-35 mg-mcg</i>	5	ACA
<i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg</i>	5	ACA
<i>isibloom oral tablet 0.15-0.03 mg</i>	5	ACA
<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg</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

Drug Name	Drug Tier	Requirements / Limits
<i>kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</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>kimidess (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	5	ACA
<i>kurvelo oral tablet 0.15-0.03 mg</i>	5	ACA
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7)</i>	5	ACA
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	5	ACA
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	5	ACA
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	5	ACA
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	5	ACA
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	5	ACA
<i>larissia oral tablet 0.1-20 mg-mcg</i>	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>layolis fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	5	ACA
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	5	ACA
<i>lessina oral tablet 0.1-20 mg-mcg</i>	5	ACA
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	5	ACA
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg</i>	5	ACA
<i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month 0.15 mg-30 mcg</i>	5	ACA
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	5	ACA
<i>levora-28 oral tablet 0.15-0.03 mg</i>	5	ACA
<i>lillow oral tablet 0.15-0.03 mg</i>	5	ACA
<i>lomedia 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	5	ACA
<i>loryna (28) oral tablet 3-0.02 mg</i>	5	ACA
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	5	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>luter (28) oral tablet 0.1-20 mg-mcg</i>	5	ACA
<i>marlissa oral tablet 0.15-0.03 mg</i>	5	ACA
<i>melodetta 24 fe oral tablet, chewable 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>mono-linyah oral tablet 0.25-35 mg-mcg</i>	5	ACA
<i>mononessa (28) oral tablet 0.25-35 mg-mcg</i>	5	ACA
<i>my way oral tablet 1.5 mg</i>	5	ACA; OTC; QL
<i>myzilra oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	5	ACA
<i>necon 1/50 (28) oral tablet 1-50 mg-mcg</i>	5	ACA
<i>necon 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	5	ACA
<i>next choice one dose oral tablet 1.5 mg</i>	5	ACA; OTC; QL
<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</i>	5	ACA
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1 mg-20 mcg (24)/75 mg (4)</i>	5	ACA
<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-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	5	ACA

Drug Name	Drug Tier	Requirements / Limits
<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</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>ocella oral tablet 3-0.03 mg</i>	5	ACA
<i>ogestrel (28) oral tablet 0.5-50 mg-mcg</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>orsythia oral tablet 0.1-20 mg-mcg</i>	5	ACA
<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
<i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg, 1-35 mg-mcg</i>	5	ACA
PLAN B ONE-STEP ORAL TABLET 1.5 MG	2	OTC; QL
<i>portia oral tablet 0.15-0.03 mg</i>	5	ACA
<i>previfem oral tablet 0.25-35 mg-mcg</i>	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>quasense oral tablets,dose pack,3 month 0.15 mg-30 mcg</i>	5	ACA
<i>rajani oral tablet 3-0.02-0.451 mg (24) (4)</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>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg</i>	5	ACA
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	5	ACA
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	5	ACA
<i>syeda oral tablet 3-0.03 mg</i>	5	ACA
<i>tarina 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 femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	5	ACA
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	5	ACA

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

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Drug Name	Drug Tier	Requirements / Limits
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg	5	ACA
vestura (28) oral tablet 3-0.02 mg	5	ACA
vienva oral tablet 0.1-20 mg-mcg	5	ACA
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	5	ACA
vyfemla (28) oral tablet 0.4-35 mg-mcg	5	ACA
wera (28) oral tablet 0.5-35 mg-mcg	5	ACA
wymzya fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)	5	ACA
zarah oral tablet 3-0.03 mg	5	ACA
zenchent (28) oral tablet 0.4-35 mg-mcg	5	ACA
zovia 1/35e (28) oral tablet 1-35 mg-mcg	5	ACA
zovia 1/50e (28) oral tablet 1-50 mg-mcg	5	ACA
OXYTOCICS		
methergine oral tablet 0.2 mg	1	
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE OPHTHALMIC (EYE) DROPS 1 %	3	

Drug Name	Drug Tier	Requirements / Limits
bacitracin ophthalmic (eye) ointment 500 unit/gram	1	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	1	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	3	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	1	
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	1	
gatifloxacin ophthalmic (eye) drops 0.5 %	1	
gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)	1	
gentamicin ophthalmic (eye) drops 0.3 %	1	
gentamicin ophthalmic (eye) ointment 0.3 % (3 mg/gram)	1	
levofloxacin ophthalmic (eye) drops 0.5 %	1	

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Drug Name	Drug Tier	Requirements / Limits
MOXEZA OPHTHALMIC (EYE) DROPS, VISCIOUS 0.5 %	3	
moxifloxacin ophthalmic (eye) drops 0.5 %	1	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	2	
neomycin- bacitracin- polymyxin ophthalmic (eye) ointment 3.5-400- 10,000 mg-unit- unit/g	1	
neomycin- polymyxin- gramicidin ophthalmic (eye) drops 1.75 mg- 10,000 unit- 0.025mg/ml	1	
neo-polycin ophthalmic (eye) ointment 3.5-400- 10,000 mg-unit- unit/g	1	
ofloxacin ophthalmic (eye) drops 0.3 %	1	
polycin ophthalmic (eye) ointment 500- 10,000 unit/gram	1	
polymyxin b sulf- trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	1	

Drug Name	Drug Tier	Requirements / Limits
tobramycin ophthalmic (eye) drops 0.3 %	1	
ANTIVIRALS		
trifluridine ophthalmic (eye) drops 1 %	1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	3	
BETA-BLOCKERS		
betaxolol ophthalmic (eye) drops 0.5 %	1	
carteolol ophthalmic (eye) drops 1 %	1	
levobunolol ophthalmic (eye) drops 0.5 %	1	
metipranolol ophthalmic (eye) drops 0.3 %	1	
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	1	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %	1	
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	2	
CYCLOPLEGIC MYDRIATICS		
atropine ophthalmic (eye) drops 1 %	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>atropine ophthalmic (eye) ointment 1 %</i>	1	
<i>cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %</i>	1	
<i>homatropaire ophthalmic (eye) drops 5 %</i>	1	
<i>homatropine hbr ophthalmic (eye) drops 5 %</i>	1	
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	1	
DIRECT ACTING MIOTICS		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
MISCELLANEOUS OPHTHALMOLOGICS		
<i>ALOCRIL OPHTHALMIC (EYE) DROPS 2 %</i>	3	
<i>ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %</i>	3	
<i>altacaine ophthalmic (eye) drops 0.5 %</i>	1	
<i>altafluor ophthalmic (eye) drops 0.25-0.4 %</i>	1	
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %</i>	3	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	
<i>CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %</i>	4	LA
<i>EMADINE OPHTHALMIC (EYE) DROPS 0.05 %</i>	3	
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	1	
<i>EYLEA INTRAVITREAL SOLUTION 2 MG/0.05 ML</i>	4	LA
<i>flucaine ophthalmic (eye) drops 0.25-0.5 %</i>	1	
<i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>	1	
<i>flurox ophthalmic (eye) drops 0.25-0.4 %</i>	1	
<i>JETREA (PF) INTRAVITREAL SOLUTION 0.125 MG/0.1 ML (1.25 MG/ML)</i>	4	LA

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Drug Name	Drug Tier	Requirements / Limits
LASTACFT OPTHALMIC (EYE) DROPS 0.25 %	3	
LUCENTIS INTRAVITREAL SOLUTION 0.3 MG/0.05 ML, 0.5 MG/0.05 ML	4	LA
LUCENTIS INTRAVITREAL SYRINGE 0.5 MG/0.05 ML	4	LA
<i>olopatadine ophthalmic (eye) drops 0.1 %, 0.2 %</i>	1	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	1	
RESTASIS MULTIDOSE OPTHALMIC (EYE) DROPS 0.05 %	2	PA; QL
RESTASIS OPTHALMIC (EYE) DROPPERETTE 0.05 %	2	PA; QL
<i>tetacaine ophthalmic (eye) drops 0.5 %</i>	1	
<i>tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %</i>	1	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>	1	
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		

Drug Name	Drug Tier	Requirements / Limits
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	1	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1	
ILEVRO OPTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	3	
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	1	
NEVANAC OPTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>acetazolamide sodium injection recon soln 500 mg</i>	1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	
OTHER GLAUCOMA DRUGS		

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Drug Name	Drug Tier	Requirements / Limits
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	1	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2- 0.5 %	3	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	1	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1	
<i>miostat intraocular solution 0.01 %</i>	1	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	3	
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %	3	
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	3	ST
STEROID-ANTIBIOTIC COMBINATIONS		

Drug Name	Drug Tier	Requirements / Limits
<i>neomycin- bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400- 10,000 mg-unit/g- 1%</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g- 10,000 unit/g-0.1 %</i>	1	
<i>neomycin- polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg- unit-mg/ml</i>	1	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400- 10,000 mg-unit/g- 1%</i>	1	
<i>tobramycin- dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	1	
STERIODS		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	3	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	1	
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	3	
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 %	3	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	3	
OZURDEX INTRAVITREAL IMPLANT 0.7 MG	4	LA
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	2	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	
STEROID-SULFONAMIDE COMBINATIONS		

Drug Name	Drug Tier	Requirements / Limits
<i>sulfacetamide- prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	
SULFONAMIDES		
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	1	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	2	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	1	
VASOCONSTRICTOR DECONGESTANTS		
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	1	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI-HISTAMINE & ANTI-ALLERGENIC AGENTS		
<i>adrenalin injection solution 1 mg/ml, 1 mg/ml (1 ml)</i>	1	
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>cetirizine oral solution 1 mg/ml</i>	1	
<i>clemastine oral tablet 2.68 mg</i>	1	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	1	
<i>cyproheptadine oral tablet 4 mg</i>	1	
<i>desloratadine oral tablet 5 mg</i>	1	QL
<i>desloratadine oral tablet, disintegrating 2.5 mg, 5 mg</i>	1	QL
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>diphenhydramine hcl injection syringe 50 mg/ml</i>	1	
<i>diphenhydramine hcl oral capsule 50 mg</i>	1	
<i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i>	1	
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML, 0.3 MG/0.3 ML	2	QL
<i>epinephrine injection solution 1 mg/ml, 1 mg/ml (1 ml)</i>	1	
<i>epinephrine injection syringe 0.1 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	2	ST; QL
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	2	ST; QL
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	1	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	1	
<i>levocetirizine oral tablet 5 mg</i>	1	QL
<i>phenadoz rectal suppository 12.5 mg, 25 mg</i>	1	
<i>phenergan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	
COUGH & COLD THERAPY		
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	1	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	1	
<i>centergy oral drops 1-2 mg/ml</i>	1	
<i>cheratussin ac oral liquid 10-100 mg/5 ml</i>	1	
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	1	
<i>g tussin ac oral liquid 10-100 mg/5 ml</i>	1	
<i>guaiaatussin ac oral liquid 10-100 mg/5 ml</i>	1	
<i>guaifenesin ac oral liquid 10-100 mg/5 ml</i>	1	
<i>guaifenesin dac oral syrup 30-10-100 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml</i>	1	
<i>hydrocodone-cpm-pseudoephed oral solution 5-4-60 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	1	
<i>hydromet oral syrup 5-1.5 mg/5 ml</i>	1	
<i>lortuss ex oral syrup 30-10-100 mg/5 ml</i>	1	
<i>m-clear wc oral liquid 6.3-100 mg/5 ml</i>	1	
<i>promethazine vc-codeine oral syrup 6.25-5-10 mg/5 ml</i>	1	
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	1	
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	1	
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml</i>	1	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>relcof c oral liquid</i> 6.3-100 mg/5 ml	1	
<i>rydex oral liquid</i> 1.3-10-6.3 mg/5 ml	1	
<i>tusnel c oral syrup</i> 30-10-100 mg/5 ml	1	
<i>tussigon oral tablet</i> 5-1.5 mg	1	
<i>virtussin ac oral liquid</i> 10-100 mg/5 ml	1	
<i>virtussin dac oral syrup</i> 30-10-100 mg/5 ml	1	
ZODRYL AC 40 ORAL SUSPENSION 1-4.5 MG/4.5 ML	2	
ZODRYL DEC 30 ORAL SUSPENSION 15- 3.5-70 MG/3.5 ML	2	
PULMONARY AGENTS		
<i>acetylcysteine solution</i> 100 mg/ml (10 %), 200 mg/ml (20 %)	1	
ADCIRCA ORAL TABLET 20 MG	4	PA; LA; QL
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
<i>albuterol sulfate inhalation solution for nebulization</i> 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	1	
<i>albuterol sulfate oral syrup</i> 2 mg/5 ml	1	
<i>albuterol sulfate oral tablet</i> 2 mg, 4 mg	1	
<i>albuterol sulfate oral tablet extended release</i> 12 hr 4 mg, 8 mg	1	
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION , 80 MCG/ACTUATION	3	ST; QL
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	2	QL
ARCAPTA NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 75 MCG	2	QL

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Drug Name	Drug Tier	Requirements / Limits
ARMONAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 113 MCG/ACTUATION , 232 MCG/ACTUATION , 55 MCG/ACTUATION	2	
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION , 200 MCG/ACTUATION	3	QL
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES), 110 MCG (7 DOSES), 220 MCG (120 DOSES), 220 MCG (14 DOSES), 220 MCG (30 DOSES), 220 MCG (60 DOSES)	3	QL
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	2	QL
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	2	QL

Drug Name	Drug Tier	Requirements / Limits
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	3	QL
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	3	QL
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	1	QL
<i>budesonide nasal spray, non-aerosol 32 mcg/actuation</i>	1	QL
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	4	PA; LA
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	QL
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	1	
DALIRESP ORAL TABLET 500 MCG	3	PA

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Drug Name	Drug Tier	Requirements / Limits
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION , 200-5 MCG/ACTUATION	2	QL
ESBRIET ORAL CAPSULE 267 MG	4	PA; LA; QL
ESBRIET ORAL TABLET 267 MG, 801 MG	4	PA; LA
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	4	PA; LA
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	1	QL
<i>fluticasone nasal spray,suspension 50 mcg/actuation</i>	1	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION , 232-14 MCG/ACTUATION , 55-14 MCG/ACTUATION	2	QL
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	2	QL

Drug Name	Drug Tier	Requirements / Limits
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1	QL
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML)	4	PA; LA
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG	4	PA; LA; QL
KALYDECO ORAL TABLET 150 MG	4	PA; LA; QL
LETAIRIS ORAL TABLET 10 MG, 5 MG	4	PA; LA
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	1	
<i>metaproterenol oral syrup 10 mg/5 ml</i>	1	
<i>metaproterenol oral tablet 10 mg, 20 mg</i>	1	
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	1	QL
<i>montelukast oral granules in packet 4 mg</i>	1	
<i>montelukast oral tablet 10 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated December 1, 2017.

Drug Name	Drug Tier	Requirements / Limits
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	1	
<i>nebusal inhalation solution for nebulization 3 %</i>	1	
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	4	PA; LA; QL
OFEV ORAL CAPSULE 100 MG, 150 MG	4	PA; LA; QL
OPSUMIT ORAL TABLET 10 MG	4	PA; LA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	4	PA; LA; QL
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	2	QL
PROAIR HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	2	QL
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	2	QL
<i>pulmosal inhalation solution for nebulization 7 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
PULMOZYME INHALATION SOLUTION 1 MG/ML	4	LA
QVAR INHALATION AEROSOL 40 MCG/ACTUATION , 80 MCG/ACTUATION	2	QL
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	3	QL
<i>sildenafil (antihypertensive) intravenous solution 10 mg/12.5 ml</i>	4	PA; LA
<i>sildenafil (antihypertensive) oral tablet 20 mg</i>	4	PA; LA; QL
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %</i>	1	
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	2	QL
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION , 80-4.5 MCG/ACTUATION	2	QL
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>terbutaline subcutaneous solution 1 mg/ml</i>	1	
<i>theochron oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg</i>	1	
<i>theophylline oral elixir 80 mg/15 ml</i>	1	
<i>theophylline oral solution 80 mg/15 ml</i>	1	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1	
TRACLEER ORAL TABLET 125 MG, 62.5 MG	4	PA; LA
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	2	QL
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	4	PA; LA
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	4	PA; LA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	4	PA; LA
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	4	PA; LA; QL
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1	
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	1	
ZYFLO ORAL TABLET 600 MG	3	ST
UROLOGICALS		
ANTICHOLINERGICS & ANTISPASMODICS		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	1	
<i>flavoxate oral tablet 100 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	3	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	1	
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	1	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	1	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	3	
<i>tropium oral capsule, extended release 24hr 60 mg</i>	1	
<i>tropium oral tablet 20 mg</i>	1	
VESICARE ORAL TABLET 10 MG, 5 MG	3	
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
CIALIS ORAL TABLET 2.5 MG, 5 MG	3	PA
<i>dutasteride oral capsule 0.5 mg</i>	1	
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	1	
<i>finasteride oral tablet 5 mg</i>	1	
RAPAFLO ORAL CAPSULE 4 MG, 8 MG	3	
<i>tamsulosin oral capsule, extended release 24hr 0.4 mg</i>	1	
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
MISCELLANEOUS UROLOGICALS		
<i>alprostadil injection solution 500 mcg/ml</i>	1	
<i>azuphen mb oral capsule 120-0.12 mg</i>	1	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	LA
<i>cytra k crystals oral packet 3,300-1,002 mg</i>	1	
<i>cytra-2 oral solution 500-334 mg/5 ml</i>	1	
<i>cytra-3 oral solution 550-500-334 mg/5 ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>cytra-k oral solution 1,100-334 mg/5 ml</i>	1	
ELMIRON ORAL CAPSULE 100 MG	2	
<i>hyolev mb oral tablet 81-10.8-40.8 mg</i>	1	
<i>hyophen oral tablet 81.6-0.12-10.8 mg</i>	1	
K-PHOS NO 2 ORAL TABLET 305-700 MG	2	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG	2	
<i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i>	1	
<i>phosphasal oral tablet 81.6-10.8-40.8 mg</i>	1	
<i>pot,sodium citrate-citric acid oral solution 550-500-334 mg/5 ml</i>	1	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	1	
<i>potassium citrate-citric acid oral packet 3,300-1,002 mg</i>	1	
<i>potassium citrate-citric acid oral solution 1,100-334 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
RENACIDIN IRRIGATION SOLUTION 6.602-3.268 GRAM/100 ML	2	
<i>sodium citrate-citric acid oral solution 500-334 mg/5 ml</i>	1	
<i>tricitrates oral solution 550-500-334 mg/5 ml</i>	1	
<i>ur n-c oral tablet 81.6-10.8-40.8 mg</i>	1	
<i>uramit mb oral capsule 118-10-40.8-36 mg</i>	1	
<i>uretron d-s oral tablet 81.6-10.8-40.8 mg</i>	1	
<i>urimar-t oral tablet 120-0.12-10.8 mg</i>	1	
<i>urin ds oral tablet 81.6-10.8-40.8 mg</i>	1	
<i>uro-458 oral tablet 81-10.8-40.8 mg</i>	1	
<i>urogesic-blue oral tablet 81.6-40.8-0.12 mg</i>	1	
<i>uro-mp oral capsule 118-10-40.8-36 mg</i>	1	
<i>uropheen mb oral tablet 81.6-0.12-10.8 mg</i>	1	
<i>uryl oral tablet 81.6-40.8-0.12 mg</i>	1	
<i>ustell oral capsule 120-0.12 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>utira-c oral tablet 81.6-10.8-40.8 mg</i>	1	
<i>virtrate-2 oral solution 500-334 mg/5 ml</i>	1	
<i>virtrate-3 oral solution 550-500-334 mg/5 ml</i>	1	
<i>virtrate-k oral solution 1,100-334 mg/5 ml</i>	1	

URINARY ANESTHETICS

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

ELECTROLYTES

<i>calcium 500 + d oral tablet 500 mg(1,250mg) -200 unit</i>	5	ACA; OTC
<i>calcium 500 + d oral tablet,chewable 500 mg(1,250mg) -400 unit</i>	5	ACA; OTC
<i>calcium 500 with d oral tablet 500 mg(1,250mg) -400 unit</i>	5	ACA; OTC
<i>calcium 600 + d(3) oral capsule 600 mg calcium- 200 unit</i>	5	ACA; OTC
<i>calcium 600 + d(3) oral tablet 600 mg(1,500mg) -200 unit, 600 mg(1,500mg) -400 unit</i>	5	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>calcium 600 with vitamin d3 oral capsule 600 mg(1,500mg) -400 unit, 600 mg(1,500mg) -500 unit</i>	5	ACA; OTC
<i>calcium 600 with vitamin d3 oral tablet,chewable 600 mg(1,500mg) -400 unit</i>	5	ACA; OTC
<i>calcium carb and citrate-vitd3 oral tablet extended release 600 mg calcium- 500 unit</i>	5	ACA; OTC
<i>calcium carbonate-vitamin d3 oral capsule 600 mg(1,500mg) -400 unit</i>	5	ACA; OTC
<i>calcium carbonate-vitamin d3 oral tablet 500 mg(1,250mg) -125 unit, 500 mg(1,250mg) -200 unit, 500 mg(1,250mg) -400 unit, 500mg (1,250mg) -600 unit, 600 mg(1,500mg) - 200 unit, 600 mg(1,500mg) -400 unit, 600 mg(1,500mg) -800 unit</i>	5	ACA; OTC
<i>calcium carbonate-vitamin d3 oral tablet,chewable 500-100 mg-unit</i>	5	ACA; OTC

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Drug Name	Drug Tier	Requirements / Limits
<i>calcium citrate + d oral tablet 315-200 mg-unit</i>	5	ACA; OTC
<i>calcium citrate-vitamin d2 oral tablet 1,500-200 mg-unit</i>	5	ACA; OTC
<i>calcium citrate-vitamin d3 oral tablet 200 mg calcium -250 unit, 200-125 mg-unit, 250 mg calcium- 200 unit, 315-200 mg-unit, 315-250 mg-unit</i>	5	ACA; OTC
<i>calcium gluconate in 0.9% nacl intravenous solution 1 gram/100 ml</i>	1	
<i>citrus calcium oral tablet 200 mg calcium -250 unit, 315-250 mg-unit</i>	5	ACA; OTC
<i>effer-k oral tablet, effervescent 25 meq</i>	1	
<i>hi-cal plus vit d oral tablet 500 mg(1,250mg) -200 unit</i>	5	ACA; OTC
<i>k-effervescent oral tablet, effervescent 25 meq</i>	1	
<i>klor-con 10 oral tablet extended release 10 meq</i>	1	
<i>klor-con 8 oral tablet extended release 8 meq</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	1	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	1	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	1	
<i>klor-con oral packet 20 meq</i>	1	
<i>klor-con sprinkle oral capsule, extended release 10 meq, 8 meq</i>	1	
<i>klor-con/ef oral tablet, effervescent 25 meq</i>	1	
<i>k-phos-neutral oral tablet 250 mg</i>	1	
<i>k-tab oral tablet extended release 8 meq</i>	1	
<i>lugols oral solution 5 %</i>	1	
<i>oysco 500/d oral tablet 500 mg(1,250mg) -200 unit</i>	5	ACA; OTC
<i>oyster shell + d3 oral tablet 250-125 mg-unit</i>	5	ACA; OTC

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Drug Name	Drug Tier	Requirements / Limits
<i>oyster shell calcium-vit d3 oral tablet 250-125 mg-unit, 500 mg(1,250mg) - 200 unit, 500 mg(1,250mg) -400 unit</i>	5	ACA; OTC
<i>oystercal-d oral tablet 500 mg(1,250mg) -400 unit</i>	5	ACA; OTC
<i>phospha 250 neutral oral tablet 250 mg</i>	1	
<i>potassium acetate intravenous solution 2 meq/ml</i>	1	
<i>potassium bicarb and chloride oral tablet, effervescent 25 meq</i>	1	
<i>potassium bicarb-citric acid oral tablet, effervescent 25 meq</i>	1	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	
<i>potassium chloride intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml</i>	1	
<i>potassium chloride intravenous solution 2 meq/ml</i>	1	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	1	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	1	
<i>potassium chloride oral packet 20 meq</i>	1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq</i>	1	
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
potassium chloride-d5-0.2%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l	1	
potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l	1	
potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	1	
potassium phosphate m-/d-basic intravenous solution 3 mmol/ml	1	
sodium chloride 0.45 % intravenous parenteral solution 0.45 %	1	
sodium chloride 0.45 % intravenous piggyback 0.45 %	1	
sodium chloride 3 % intravenous parenteral solution 3 %	1	
sodium chloride 5 % intravenous parenteral solution 5 %	1	
sodium chloride intravenous parenteral solution 2.5 meq/ml, 4 meq/ml	1	

Drug Name	Drug Tier	Requirements / Limits
sodium phosphate intravenous solution 3 mmol/ml	1	
strong iodine oral solution 5 %	1	
virt-phos 250 neutral oral tablet 250 mg	1	
VITAMINS & HEMATINICS		
b complex 100 injection solution 100-2-100-2-2 mg/ml	1	
bal-care dha oral combo pack,tablet and cap,dr 27-1-430 mg	1	
calcium pnv oral capsule 28-1-250 mg	1	
calcium-folic acid-vitamin d oral wafer 500-50-300-1 mg-mg-unit-mg	1	
centratex oral capsule 106 mg iron- 1 mg	1	
cholecalciferol (vitamin d3) oral capsule 1,000 unit	5	ACA; OTC
cholecalciferol (vitamin d3) oral drops 400 unit/ml	5	ACA; OTC
cholecalciferol (vitamin d3) oral tablet 1,000 unit, 400 unit	5	ACA; OTC
cholecalciferol (vitamin d3) oral tablet,chewable 1,000 unit	5	ACA; OTC

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Drug Name	Drug Tier	Requirements / Limits
<i>c-nate dha oral capsule 28 mg iron-1 mg -200 mg</i>	1	
<i>complete natal dha oral combo pack 29-1-250 mg</i>	1	
<i>completenate oral tablet,chewable 29 mg iron- 1 mg</i>	1	
<i>corvita 150 oral tablet 150-1.25-120-10 mg</i>	1	
<i>corvita oral tablet 1.25-2.5-7 mg</i>	1	
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	1	
<i>delta d3 oral tablet 400 unit</i>	5	ACA; OTC
<i>dialyvite oral tablet 1-100-300-50 mg-mg-mcg-mg, 100-1 mg</i>	1	
<i>dothelle dha oral capsule 35-1-200 mg</i>	1	
<i>d-vi-sol oral drops 400 unit/ml</i>	5	ACA; OTC
<i>elite-ob oral tablet 50 mg iron- 1.25 mg</i>	1	
<i>ergocalciferol (vitamin d2) oral capsule 50,000 unit</i>	1	
<i>ergocalciferol (vitamin d2) oral tablet 400 unit</i>	5	ACA; OTC
<i>ferocon oral capsule 110-0.5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>ferraplus 90 oral tablet 90-1-12-120-50 mg-mg-mcg-mg-mg</i>	1	
<i>ferrex 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	1	
<i>ferrex 150 forte plus oral capsule 150-60-25-1 mg-mg-mcg-mg</i>	1	
<i>ferrex 28 oral tablet 151-200-1-0.8 mg</i>	1	
<i>ferrocite plus oral tablet 106 mg iron- 1 mg</i>	1	
<i>fluor-a-day (with xylitol) oral tablet,chewable 0.25 mg f (0.55 mg)-236.79mg</i>	5	ACA
<i>fluor-a-day (with xylitol) oral tablet,chewable 1 mg f (2.2 mg)-236.79 mg</i>	1	
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	5	ACA
<i>fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid)</i>	5	ACA
<i>fluoride (sodium) oral tablet,chewable 1 mg (2.2 mg sod. fluoride)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated December 1, 2017.

Drug Name	Drug Tier	Requirements / Limits
<i>fluoritab oral tablet, chewable 0.5 mg (1.1 mg sodium fluorid)</i>	5	ACA
<i>fluoritab oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	1	
<i>focalgin 90 dha oral combo pack 90 mg iron-1 mg -50 mg-300 mg</i>	1	
<i>focalgin ca oral combo pack 35 mg iron-1 mg -50 mg-300 mg</i>	1	
<i>focalgin dss oral tablet 90-1-12-50 mg-mg-mcg-mg</i>	1	
<i>folbee oral tablet 2.5-25-1 mg</i>	1	
<i>folbee plus oral tablet 5 mg, 5-1.5-25 mg</i>	1	
<i>folbic oral tablet 2.5-25-2 mg</i>	1	
<i>folic acid injection solution 5 mg/ml</i>	1	
<i>folic acid oral tablet 1 mg</i>	1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	5	ACA; OTC
<i>folic acid-vit b6-vit b12 oral tablet 2.2-25-0.5 mg</i>	1	
<i>folivane-f oral capsule 125-1-40-3 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>folivane-ob oral capsule 85-1 mg</i>	1	
<i>folivane-plus oral capsule 125 mg iron- 1 mg</i>	1	
<i>folplex 2.2 oral tablet 2.2-25-0.5 mg</i>	1	
<i>hematinic plus vit/minerals oral tablet 106 mg iron- 1 mg</i>	1	
<i>hematinic/folic acid oral tablet 324 mg (106 mg iron)-1 mg</i>	1	
<i>hematogen fa oral capsule 200-250-0.01-1 mg</i>	1	
<i>hematogen forte oral capsule 460-60-0.01-1 mg</i>	1	
<i>hematogen oral capsule 200 (66)-10-250 mg-mg-mcg-mg</i>	1	
<i>hemenatal ob + dha oral combo pack 28 mg iron-6 mg iron-1 mg</i>	1	
<i>hemenatal ob oral tablet 28-6-1 mg</i>	1	
<i>hemetab oral tablet 22-6-1-25 mg-mg-mg-mcg</i>	1	
<i>hydroxocobalamin intramuscular solution 1,000 mcg/ml</i>	1	
<i>iferex 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>infed injection solution 100 mg/2 ml (50 mg/ml)</i>	1	
<i>levomefolate dha oral capsule 27 mg-400 mcg- 1.13 mg-250 mg</i>	1	
<i>ludent fluoride oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid)</i>	5	ACA
<i>ludent fluoride oral tablet,chewable 1 mg (2.2 mg sod. fluoride)</i>	1	
<i>m.v.i. adult intravenous solution 3,300 unit- 150 mcg/10 ml</i>	1	
<i>multigen folic oral tablet 70-150-10-1-2 mg-mg-mcg-mg-mg</i>	1	
<i>multigen plus oral tablet 151-60-10-1 mg-mg-mcg-mg</i>	1	
<i>multi-vit with fluoride-iron oral drops 0.25mg fluoride -10 mg iron/ml</i>	1	
<i>multi-vitamin with fluoride oral drops 0.25 mg/ml, 0.5 mg/ml</i>	1	
<i>multi-vitamin with fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>multivitamins with fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg</i>	1	
<i>multivit-fluor (vit e acetate) oral drops 0.25 mg/ml</i>	1	
<i>mvc-fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg</i>	1	
<i>myferon 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	1	
<i>mynatal advance oral tablet 90-1-50 mg</i>	1	
<i>mynatal oral capsule 65 mg iron- 1 mg</i>	1	
<i>mynatal oral tablet 90-1-50 mg</i>	1	
<i>mynatal plus oral tablet 65 mg iron- 1 mg</i>	1	
<i>mynatal-z oral tablet 65 mg iron- 1 mg</i>	1	
<i>mynate 90 plus oral tablet extended release 90 mg iron-1 mg</i>	1	
<i>mynephrocaps oral capsule 1 mg</i>	1	
<i>mynephron oral capsule 1 mg</i>	1	
<i>nephplex rx oral tablet 1-60-300-12.5 mg-mg-mcg-mg</i>	1	
<i>nephro-vite rx oral tablet 1-60-300 mg-mg-mcg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>newgen oral tablet 32-1,000 mg-mcg</i>	1	
<i>obstetrix dha oral combo pack,tablet and cap,dr 29 mg iron-1 mg -50 mg</i>	1	
<i>oyster shell calcium-vit d2 oral tablet 250 (625)-125 mg-unit</i>	5	ACA; OTC
<i>pnv 29-1 oral tablet 29 mg iron- 1 mg</i>	1	
<i>pnv ob+dha oral combo pack 27-1-50-250 mg</i>	1	
<i>pnv-dha + docusate oral capsule 27-1.25-55-300 mg</i>	1	
<i>pnv-dha oral capsule 27 mg iron-1 mg - 300 mg</i>	1	
<i>pnv-ferrous fumarate-docu-fa oral tablet 29 mg iron- 1 mg-25 mg</i>	1	
<i>pnv-omega oral capsule 28-1-300 mg</i>	1	
<i>pnv-select oral tablet 27-1 mg</i>	1	
<i>pnv-vp-u oral capsule 106.5-1 mg</i>	1	
<i>poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	1	
<i>pr natal 400 ec oral combo pack,tablet and cap,dr 29-1-400 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>pr natal 400 oral combo pack 29-1-400 mg</i>	1	
<i>pr natal 430 ec oral combo pack,tablet and cap,dr 29-1-430 mg</i>	1	
<i>pr natal 430 oral combo pack 29 mg iron-1 mg -430 mg</i>	1	
<i>prena1 chew oral tablet,chew,ir - dr,biphase 1.4 mg</i>	1	
<i>prena1 pearl oral capsule,ir - delay rel,biphase 30-1.4-200 mg</i>	1	
<i>prena1 true oral combo pack 30 mg iron- 1.4 mg-300 mg</i>	1	
<i>prenaissance oral capsule 29-1.25-55-325 mg</i>	1	
<i>prenaissance plus oral capsule 28-1-50-250 mg</i>	1	
<i>prenatabs fa oral tablet 29-1 mg</i>	1	
<i>prenatabs rx oral tablet 29 mg iron- 1 mg</i>	1	
<i>prenatal plus (calcium carb) oral tablet 27 mg iron- 1 mg</i>	1	
<i>prenatal plus oral tablet 29 mg iron- 1 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated December 1, 2017.

Drug Name	Drug Tier	Requirements / Limits
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i>	1	
<i>prenatal-u oral capsule 106.5-1 mg</i>	1	
<i>preplus oral tablet 27 mg iron- 1 mg</i>	1	
<i>pretab oral tablet 29-1 mg</i>	1	
PROFERRIN-FORTE ORAL TABLET 12-1 MG	2	
<i>purevit dualfe plus oral capsule 162-115.2-1 mg</i>	1	
<i>relnate dha oral capsule 28 mg iron- 1 mg -200 mg</i>	1	
<i>renal caps oral capsule 1 mg</i>	1	
<i>rena-vite rx oral tablet 1-60-300 mg-mg-mcg</i>	1	
<i>reno caps oral capsule 1 mg</i>	1	
<i>risacal-d oral tablet 105-120 mg-unit</i>	5	ACA; OTC
<i>se-natal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg</i>	1	
<i>se-natal 19 oral tablet,chewable 29 mg iron- 1 mg</i>	1	
<i>se-tan plus oral capsule 162-115.2-1 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>taron forte oral capsule 150-60-25-1 mg-mg-mcg-mg</i>	1	
<i>taron-c dha oral capsule 35-1-200 mg</i>	1	
<i>taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg</i>	1	
<i>thrivite-19 oral tablet 29 mg iron- 1 mg-25 mg</i>	1	
<i>tl gard rx oral tablet 2.2-25-1 mg</i>	1	
<i>tl g-fol os oral tablet 500-1.1 mg</i>	1	
<i>tl icon oral capsule 110-0.5 mg</i>	1	
<i>tl-hem 150 oral tablet extended release 24 hr 150-1-50 mg</i>	1	
<i>tricon oral capsule 110-0.5 mg</i>	1	
<i>trigels-f forte oral capsule 460-60-0.01-1 mg</i>	1	
<i>trinatal gt oral tablet 90-1-50 mg</i>	1	
<i>trinatal rx 1 oral tablet 60 mg iron-1 mg</i>	1	
<i>trinate oral tablet 28 mg iron- 1 mg</i>	1	
<i>triphrocaps oral capsule 1 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>tri-tabs dha oral combo pack 32 mg iron- 1,000 mcg- 230mg</i>	1	
<i>triveen-duo dha oral combo pack 29-1- 400 mg</i>	1	
<i>tri-vit with fluoride and iron oral drops 0.25-10 mg/ml</i>	1	
<i>tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	1	
<i>trust natal dha oral combo pack 29-1- 250 mg</i>	1	
<i>ultimatecare one nf oral capsule 27-1- 50-500 mg</i>	1	
<i>ultimatecare one oral capsule 27-1- 330 mg</i>	1	
<i>v-c forte oral capsule 1 mg</i>	1	
<i>vemavite-prx-2 oral capsule 27-1.25-55- 300 mg</i>	1	
VENOFER INTRAVENOUS SOLUTION 100 MG IRON/5 ML, 200 MG IRON/10 ML, 50 MG IRON/2.5 ML	2	
<i>vic-forte oral capsule 1 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>vinate care oral tablet,chewable 40 mg iron- 1 mg</i>	1	
<i>vinate ii oral tablet 29 mg iron- 1 mg</i>	1	
<i>vinate m oral tablet 27-1 mg</i>	1	
<i>vinate one oral tablet 60 mg iron-1 mg</i>	1	
<i>virt-advance oral tablet 90-1-50 mg</i>	1	
<i>virt-c dha oral capsule 35-1-200 mg</i>	1	
<i>virt-gard oral tablet 2.2-25-1 mg</i>	1	
<i>virt-nate dha oral capsule 28 mg iron- 1 mg -200 mg</i>	1	
<i>virt-nate oral tablet 28 mg iron- 1 mg</i>	1	
<i>virt-pn dha oral capsule 27 mg iron- 1 mg -300 mg</i>	1	
<i>virt-pn oral tablet 27-1 mg</i>	1	
<i>virt-pn plus oral capsule 28-1-300 mg</i>	1	
<i>virt-select oral capsule 29-1.25-55- 325 mg</i>	1	
<i>virt-vite forte oral tablet 2.5-25-2 mg</i>	1	
<i>virt-vite gt oral tablet 90-1-50 mg</i>	1	
<i>virt-vite oral tablet 2.5-25-1 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated December 1, 2017.

Drug Name	Drug Tier	Requirements / Limits
<i>vit 3 oral capsule 500 mg-500 mcg -1 mg-12.5 mg</i>	1	
VITAFOL-OB ORAL TABLET 65-1 MG	2	
<i>vitajoy daily d oral tablet,chewable 1,000 unit</i>	5	ACA; OTC
<i>vitamin d3 oral capsule 1,000 unit, 400 unit</i>	5	ACA; OTC
<i>vitamin d3 oral tablet 1,000 unit, 400 unit</i>	5	ACA; OTC
<i>vitamin d3 oral tablet,chewable 1,000 unit, 400 unit</i>	5	ACA; OTC
<i>vitamins a,c,d and fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml</i>	1	
<i>vol-care rx oral tablet 1-60-300 mg-mg-mcg</i>	1	
<i>vol-nate oral tablet 28 mg iron- 1 mg</i>	1	
<i>vol-plus oral tablet 27 mg iron- 1 mg</i>	1	
<i>vol-tab rx oral tablet 29 mg iron- 1 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>vp-ch plus oral capsule 29 mg iron-1 mg -50 mg-265 mg</i>	1	
<i>vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg</i>	1	
<i>vp-ggr-b6 oral tablet 1.2 mg-40 mg- 124.1 mg-100 mg</i>	1	
<i>vp-heme ob oral tablet 28-6-1 mg</i>	1	
<i>vp-heme one oral capsule 22-6-1-200 mg</i>	1	
<i>vp-vite rx oral tablet 1-60-300 mg-mg-mcg</i>	1	
<i>zatean-ch oral capsule 27-1-50-250 mg</i>	1	
<i>zatean-pn dha oral capsule 27 mg iron-1 mg -300 mg</i>	1	
<i>zatean-pn plus oral capsule 28-1-300 mg</i>	1	
<i>zingiber oral tablet 1.2 mg-40 mg- 124.1 mg-100 mg</i>	1	

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