

# 2024 Prescription Drug Formulary

Basic/Basic Plus



**PLEASE READ:**

This document contains information about the drugs we cover in your plan. This formulary was updated January 1, 2024 and is subject to change.

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

# Multi-Language Interpreter Services & Nondiscrimination Notice



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

## Spanish

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

## Chinese

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

## German

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

## Arabic

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

## Pennsylvania Dutch

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

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

## French

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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' hódíłnih 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

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## 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

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**Civil Rights Coordinator**

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

**Email:** [CivilRightsCoordinator@MedMutual.com](mailto: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](http://ocrportal.hhs.gov/ocr/portal/lobby.jsf)
- By mail at:  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW Room 509F  
HHH Building  
Washington, DC 20201-0004
- By phone at:  
1-800-368-1019 (TDD: 1-800-537-7697)
- Complaint forms are available at:  
[hhs.gov/ocr/office/file/index.html](http://hhs.gov/ocr/office/file/index.html)

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# MEDICAL MUTUAL®

## Basic/Basic Plus Formulary

### What is the Basic/Basic Plus formulary?

The Basic/Basic Plus formulary is a list of medications covered by your plan. The formulary includes five tiers:

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

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

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

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

### How do I use the Basic/Basic Plus formulary?

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

1. By condition
2. By name

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

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

You, your doctor or your pharmacist can call Express Scripts at 1-800-753-2851 to begin the review process for medications that require prior authorization or step therapy, or that have a quantity limit. After contacting Express Scripts, your doctor will receive a form to fill out and fax back to Express Scripts. Express Scripts will send you and your doctor a letter confirming if coverage has been approved (usually within three business days of receiving the necessary information).

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

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

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

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

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

**Does the Basic/Basic Plus formulary include specialty medications?**

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

If you are a member of a plan that includes a preferred pharmacy network (e.g., CLE-Care), you may be required to use specific preferred pharmacies for specialty drugs.

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

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

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

**How can I save money on my prescriptions?**

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

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

When you visit your doctor or health provider, ask him or her to review this formulary at [MedMutual.com/2024BasicDrugs](https://www.medmutual.com/2024BasicDrugs) he or she can see what generic and/or plan-preferred

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

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

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

Depending on your plan, you may be required to use mail order for your maintenance medications (those you take for three months or more). Check your Certificate or Benefit Book for details. (Note: If you are a member of a CLE-Care plan, you must fill mail-order medications through the MetroHealth Central Fill Pharmacy. Visit [metrohealth.org/pharmacy](https://metrohealth.org/pharmacy) for more information and to download a form.)

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

To get started using mail order, ask your provider to write a prescription for up to the maximum days' supply allowed by your plan, plus refills for up to one year, if appropriate. Then:

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

representative can help you transfer your prescriptions to mail order.

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

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## List of Abbreviations

**1:** Generic

**2:** Preferred Brand

**3:** Non-preferred Brand

**4:** Specialty

**5:** ACA

**ACA:** Affordable Care Act.

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

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

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

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

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



Drug Name	Drug Tier	Requirements / Limits
<b>ANTI - INFECTIVES</b>		
<b>ANTIFUNGAL AGENTS</b>		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	2	
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTIO N 50 MG	3	
<i>amphotericin b injection recon soln 50 mg</i>	1	
<i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i>	1	
ANCOBON ORAL CAPSULE 250 MG, 500 MG	3	
CANCIDAS INTRAVENOUS RECON SOLN 50 MG, 70 MG	3	
<i>caspofungin intravenous recon soln 50 mg, 70 mg</i>	1	
<i>clotrimazole mucous membrane troche 10 mg</i>	1	
CRESEMBA INTRAVENOUS RECON SOLN 372 MG	2	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	2	

Drug Name	Drug Tier	Requirements / Limits
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTIO N 10 MG/ML, 40 MG/ML	3	
DIFLUCAN ORAL TABLET 100 MG, 200 MG	3	
DIFLUCAN ORAL TABLET 150 MG	3	QL
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG, 50 MG	2	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml</i>	1	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	1	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	1	
<i>fluconazole oral tablet 150 mg</i>	1	QL
<i>flucytosine oral capsule 250 mg, 500 mg</i>	1	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 1, 2024.

Drug Name	Drug Tier	Requirements / Limits
<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>itraconazole oral solution 10 mg/ml</i>	1	QL
<i>ketoconazole oral tablet 200 mg</i>	1	
<i>micafungin intravenous recon soln 100 mg, 50 mg</i>	1	
MYCAMINE INTRAVENOUS RECON SOLN 100 MG, 50 MG	3	
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7 ML	3	
NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON 300 MG	2	
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	3	
NOXAFIL ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG	3	
<i>nystatin oral suspension 100,000 unit/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>nystatin oral tablet 500,000 unit</i>	1	
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG	3	
<i>posaconazole intravenous solution 300 mg/16.7 ml</i>	1	
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i>	1	
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	1	
REZZAYO INTRAVENOUS RECON SOLN 200 MG	3	
SPORANOX ORAL CAPSULE 100 MG	3	QL
SPORANOX ORAL SOLUTION 10 MG/ML	3	QL
<i>terbinafine hcl oral tablet 250 mg</i>	1	
TOLSURA ORAL CAPSULE, SOLID DISPERSION 65 MG	3	QL
VFEND IV INTRAVENOUS RECON SOLN 200 MG	3	
VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML)	3	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 1, 2024.

Drug Name	Drug Tier	Requirements / Limits
VFEND ORAL TABLET 200 MG, 50 MG	3	
VIVJOA ORAL CAPSULE 150 MG	3	PA; QL
<i>voriconazole intravenous recon soln 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	
<b>ANTIVIRALS</b>		
<i>abacavir oral solution 20 mg/ml</i>	1	
<i>abacavir oral tablet 300 mg</i>	1	
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	1	
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>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	

Drug Name	Drug Tier	Requirements / Limits
<i>amantadine hcl oral tablet 100 mg</i>	1	
APTIVUS ORAL CAPSULE 250 MG	2	
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	1	
ATRIPLA ORAL TABLET 600-200-300 MG	3	
BARACLUDGE ORAL SOLUTION 0.05 MG/ML	2	
BARACLUDGE ORAL TABLET 0.5 MG, 1 MG	3	
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML	2	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	2	
CABENUVA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	4	PA; QL
<i>cidofovir intravenous solution 75 mg/ml</i>	1	
CIMDUO ORAL TABLET 300-300 MG	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 1, 2024.

Drug Name	Drug Tier	Requirements / Limits
COMBIVIR ORAL TABLET 150-300 MG	3	
COMPLERA ORAL TABLET 200-25-300 MG	3	
<i>darunavir ethanolate oral tablet 600 mg, 800 mg</i>	1	
DELSTRIGO ORAL TABLET 100-300-300 MG	3	
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	2	
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	1	
DOVATO ORAL TABLET 50-300 MG	2	
EDURANT ORAL TABLET 25 MG	2	
<i>efavirenz oral capsule 200 mg, 50 mg</i>	1	
<i>efavirenz oral tablet 600 mg</i>	1	
<i>efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg</i>	1	
<i>efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg</i>	1	
<i>emtricitabine oral capsule 200 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>emtricitabine-tenofov (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	1	
<i>emtricitabine-tenofov (tdf) oral tablet 200-300 mg</i>	5	ACA
EMTRIVA ORAL CAPSULE 200 MG	3	
EMTRIVA ORAL SOLUTION 10 MG/ML	2	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG	4	PA; LA; QL
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	4	PA; LA; QL
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	2	
EPIVIR HBV ORAL TABLET 100 MG	3	
EPIVIR ORAL SOLUTION 10 MG/ML	3	
EPIVIR ORAL TABLET 150 MG, 300 MG	3	
EPZICOM ORAL TABLET 600-300 MG	3	
<i>etravirine oral tablet 100 mg, 200 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 1, 2024.

Drug Name	Drug Tier	Requirements / Limits
EVOTAZ ORAL TABLET 300-150 MG	3	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	QL
FLUMADINE ORAL TABLET 100 MG	3	
<i>fosamprenavir oral tablet 700 mg</i>	1	
<i>foscarnet intravenous solution 24 mg/ml</i>	1	
FOSCAVIR INTRAVENOUS SOLUTION 24 MG/ML	3	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	2	QL
GANCICLOVIR INTRAVENOUS SOLUTION 500 MG/250 ML (2 MG/ML)	3	
<i>ganciclovir sodium intravenous recon soln 500 mg</i>	1	
<i>ganciclovir sodium intravenous solution 50 mg/ml</i>	1	
GENVOYA ORAL TABLET 150-150-200-10 MG	2	
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	4	PA; LA; QL
HEPSERA ORAL TABLET 10 MG	3	
INTELENCE ORAL TABLET 100 MG, 200 MG	3	
INTELENCE ORAL TABLET 25 MG	2	
ISENTRESS HD ORAL TABLET 600 MG	2	
ISENTRESS ORAL POWDER IN PACKET 100 MG	2	
ISENTRESS ORAL TABLET 400 MG	2	
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	2	
JULUCA ORAL TABLET 50-25 MG	2	
KALETRA ORAL SOLUTION 400-100 MG/5 ML	3	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	3	
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	5	ACA; QL
<i>lamivudine oral solution 10 mg/ml</i>	1	
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	1	
<i>lamivudine-zidovudine oral tablet 150-300 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 January 1, 2024.

Drug Name	Drug Tier	Requirements / Limits
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	4	PA; LA; QL
LEXIVA ORAL SUSPENSION 50 MG/ML	2	
LEXIVA ORAL TABLET 700 MG	3	
LIVTENCITY ORAL TABLET 200 MG	3	PA; LA; QL
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	1	
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	1	
<i>maraviroc oral tablet 150 mg, 300 mg</i>	1	
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	4	PA; LA; QL
MAVYRET ORAL TABLET 100-40 MG	4	PA; LA; QL
<i>nevirapine oral suspension 50 mg/5 ml</i>	1	
<i>nevirapine oral tablet 200 mg</i>	1	
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	1	
NORVIR ORAL POWDER IN PACKET 100 MG	2	

Drug Name	Drug Tier	Requirements / Limits
NORVIR ORAL TABLET 100 MG	3	
ODEFSEY ORAL TABLET 200-25-25 MG	2	
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	1	QL
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	1	QL
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG, 300 MG (150 MG X 2)-100 MG	5	ACA; QL
PIFELTRO ORAL TABLET 100 MG	3	
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML, 480 MG/24 ML	2	
PREVYMIS ORAL TABLET 240 MG, 480 MG	2	QL
PREZCOBIX ORAL TABLET 800-150 MG-MG	3	
PREZISTA ORAL SUSPENSION 100 MG/ML	2	
PREZISTA ORAL TABLET 150 MG, 75 MG	2	
PREZISTA ORAL TABLET 600 MG, 800 MG	3	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 1, 2024.

Drug Name	Drug Tier	Requirements / Limits
RAPIVAB (PF) INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	2	
REGEN-COV (EUA) INTRAVENOUS SOLUTION 120 MG/ML- 120 MG/ML, 60 MG-60 MG/ ML	3	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	3	QL
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	2	
RETROVIR ORAL CAPSULE 100 MG	3	
RETROVIR ORAL SYRUP 10 MG/ML	3	
REYATAZ ORAL CAPSULE 200 MG, 300 MG	3	
REYATAZ ORAL POWDER IN PACKET 50 MG	2	
<i>ribavirin inhalation recon soln 6 gram</i>	1	
<i>rimantadine oral tablet 100 mg</i>	1	
<i>ritonavir oral tablet 100 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	3	
SELZENTRY ORAL SOLUTION 20 MG/ML	2	
SELZENTRY ORAL TABLET 150 MG, 300 MG	3	
SELZENTRY ORAL TABLET 25 MG, 75 MG	2	
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	4	PA; LA; QL
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	4	PA; LA; QL
SOVALDI ORAL TABLET 200 MG, 400 MG	4	PA; LA; QL
<i>stavudine oral capsule 40 mg</i>	1	
STRIBILD ORAL TABLET 150-150-200-300 MG	3	
SUNLENCA ORAL TABLET 300 MG	4	PA; LA
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	4	PA; LA
SYMFI LO ORAL TABLET 400-300-300 MG	2	

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Drug Name	Drug Tier	Requirements / Limits
SYMFI ORAL TABLET 600-300- 300 MG	2	
SYMTUZA ORAL TABLET 800-150- 200-10 MG	2	
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG	3	QL
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTIO N 6 MG/ML	3	QL
TEMBEXA ORAL SUSPENSION 10 MG/ML	3	
TEMBEXA ORAL TABLET 100 MG	3	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	2	
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	2	
TRIUMEQ ORAL TABLET 600-50- 300 MG	2	
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	2	
TRIZIVIR ORAL TABLET 300-150- 300 MG	3	
TYBOST ORAL TABLET 150 MG	3	

Drug Name	Drug Tier	Requirements / Limits
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	1	QL
VALCYTE ORAL RECON SOLN 50 MG/ML	3	
VALCYTE ORAL TABLET 450 MG	3	
<i>valganciclovir oral recon soln 50 mg/ml</i>	1	
<i>valganciclovir oral tablet 450 mg</i>	1	
VALTREX ORAL TABLET 1 GRAM, 500 MG	3	QL
VEMLIDY ORAL TABLET 25 MG	2	
VIEKIRA PAK ORAL TABLETS,DOSE PACK 12.5 MG-75 MG -50 MG/250 MG	4	PA; LA; QL
VIRACEPT ORAL TABLET 250 MG, 625 MG	2	
VIRAZOLE INHALATION RECON SOLN 6 GRAM	3	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
VOSEVI ORAL TABLET 400-100-100 MG	4	PA; LA; QL
XOFLUZA ORAL TABLET 40 MG, 80 MG	3	QL
ZEPATIER ORAL TABLET 50-100 MG	4	PA; LA; QL
ZIAGEN ORAL SOLUTION 20 MG/ML	3	
ZIAGEN ORAL TABLET 300 MG	3	
<i>zidovudine oral capsule 100 mg</i>	1	
<i>zidovudine oral syrup 10 mg/ml</i>	1	
<i>zidovudine oral tablet 300 mg</i>	1	
<b>CEPHALOSPORINS</b>		
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	

Drug Name	Drug Tier	Requirements / Limits
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet 1 gram</i>	1	
<i>cefazolin in 0.9% sod chloride intravenous piggyback 3 gram/100 ml</i>	1	
<i>cefazolin in 0.9% sod chloride intravenous solution 2 gram/100 ml</i>	1	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	
CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML	3	
<i>cefazolin in dextrose 5 % intravenous solution 2 gram/100 ml</i>	1	
CEFAZOLIN IN STERILE WATER INTRAVENOUS SYRINGE 1 GRAM/10 ML, 2 GRAM/20 ML, 3 GRAM/30 ML	3	
<i>cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 20 gram, 300 g, 500 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
CEFAZOLIN INJECTION RECON SOLN 2 GRAM	3	
<i>cefazolin intravenous recon soln 1 gram</i>	1	
CEFAZOLIN INTRAVENOUS RECON SOLN 2 GRAM, 3 GRAM	3	
<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 400 mg</i>	1	
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML	3	
<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	
CEFEPIME INTRAVENOUS RECON SOLN 100 GRAM	3	
<i>cefixime oral capsule 400 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
CEFOTAN INJECTION RECON SOLN 1 GRAM, 2 GRAM	3	
<i>cefotaxime injection recon soln 1 gram, 2 gram</i>	1	
<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	

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Drug Name	Drug Tier	Requirements / Limits
<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	
CEFTRIAZONE INJECTION RECON SOLN 100 GRAM	3	
<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	

Drug Name	Drug Tier	Requirements / Limits
CLAFORAN INJECTION RECON SOLN 1 GRAM, 2 GRAM	3	
FETROJA INTRAVENOUS RECON SOLN 1 GRAM	3	
<i>tazicef injection recon soln 1 gram, 2 gram, 6 gram</i>	1	
<i>tazicef intravenous recon soln 1 gram, 2 gram</i>	1	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	2	
ZERBAXA INTRAVENOUS RECON SOLN 1.5 GRAM	2	
<b>ERYTHROMYCINS &amp; OTHER MACROLIDES</b>		
<i>azithromycin intravenous recon soln 500 mg</i>	1	
<i>azithromycin oral packet 1 gram</i>	1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<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 SUSPENSION FOR RECONSTITUTION 40 MG/ML	3	QL
DIFICID ORAL TABLET 200 MG	3	QL
<i>e.e.s. 400 oral tablet 400 mg</i>	1	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	3	
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	3	
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML	3	
<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	3	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>	1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1	
<i>erythromycin lactobionate intravenous recon soln 500 mg</i>	1	
<i>erythromycin oral capsule, delayed release (dr/ec) 250 mg</i>	1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	1	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	1	
ZITHROMAX INTRAVENOUS RECON SOLN 500 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
ZITHROMAX ORAL PACKET 1 GRAM	3	
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML	3	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG	3	
ZITHROMAX Z-PAK ORAL TABLET 250 MG	3	
<b>MISCELLANEOUS ANTIINFECTIVES</b>		
AEMCOLO ORAL TABLET, DELAYED RELEASE (DR/EC) 194 MG	3	QL
<i>albendazole oral tablet 200 mg</i>	1	QL
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	2	QL
ALINIA ORAL TABLET 500 MG	3	QL
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	
ARAKODA ORAL TABLET 100 MG	3	QL

Drug Name	Drug Tier	Requirements / Limits
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	4	PA; LA
ARTESUNATE INTRAVENOUS RECON SOLN 110 MG	3	
<i>atovaquone oral suspension 750 mg/5 ml</i>	1	
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	1	QL
AZACTAM INJECTION RECON SOLN 1 GRAM, 2 GRAM	3	
<i>aztreonam injection recon soln 1 gram, 2 gram</i>	1	
<i>bacitracin intramuscular recon soln 50,000 unit</i>	1	
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	2	QL
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	4	LA; QL
BILTRICIDE ORAL TABLET 600 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	4	PA; LA; QL
<i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>	1	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	
CLEOCIN HCL ORAL CAPSULE 150 MG, 300 MG, 75 MG	3	
CLEOCIN INJECTION SOLUTION 150 MG/ML	3	
CLEOCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	3	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
CLINDAMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK 300 MG/50 ML, 600 MG/50 ML, 900 MG/50 ML	3	
<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 pediatric oral recon soln 75 mg/5 ml</i>	1	
<i>clindamycin phosphate injection solution 150 mg/ml</i>	1	
COARTEM ORAL TABLET 20-120 MG	2	QL
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	1	
COLY-MYCIN M PARENTERAL INJECTION RECON SOLN 150 MG	3	
CUBICIN RF INTRAVENOUS RECON SOLN 500 MG	3	
CYCLOSERINE ORAL CAPSULE 250 MG	3	
DALVANCE INTRAVENOUS SOLUTION 500 MG	2	
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
DAPTOMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK 1,000 MG/100 ML, 350 MG/50 ML, 500 MG/50 ML, 700 MG/100 ML	3	

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Drug Name	Drug Tier	Requirements / Limits
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	3	
<i>daptomycin intravenous recon soln 500 mg</i>	1	
DARAPRIM ORAL TABLET 25 MG	4	LA
EMVERM ORAL TABLET,CHEWABLE 100 MG	2	QL
<i>ertapenem injection recon soln 1 gram</i>	1	
<i>ethambutol oral tablet 100 mg, 400 mg</i>	1	
FLAGYL ORAL CAPSULE 375 MG	3	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	1	
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML	2	
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 120 MG/100 ML	3	
<i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	1	
HUMATIN ORAL CAPSULE 250 MG	4	LA
<i>hydroxychloroquine oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	1	
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>	1	
IMPAVIDO ORAL CAPSULE 50 MG	2	QL
<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	PA; QL
KIMYRSA INTRAVENOUS RECON SOLN 1,200 MG	3	
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	4	LA; QL
KRINTAFEL ORAL TABLET 150 MG	3	QL
LAMPIT ORAL TABLET 120 MG, 30 MG	3	QL
LIKMEZ ORAL SUSPENSION 500 MG/5 ML	3	

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Drug Name	Drug Tier	Requirements / Limits
LINCOCIN INJECTION SOLUTION 300 MG/ML	3	
<i>lincomycin injection solution 300 mg/ml</i>	1	
<i>linezolid in dextrose 5% intravenous piggyback 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	
MALARONE ORAL TABLET 250-100 MG	3	QL
MALARONE PEDIATRIC ORAL TABLET 62.5-25 MG	3	QL
<i>mefloquine oral tablet 250 mg</i>	1	QL
MEPRON ORAL SUSPENSION 750 MG/5 ML	3	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	1	

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	
MYAMBUTOL ORAL TABLET 400 MG	3	
MYCOBUTIN ORAL CAPSULE 150 MG	3	
NEBUPENT INHALATION RECON SOLN 300 MG	3	QL
<i>neomycin oral tablet 500 mg</i>	1	
<i>nitazoxanide oral tablet 500 mg</i>	1	QL
ORBACTIV INTRAVENOUS RECON SOLN 400 MG	2	
<i>paromomycin oral capsule 250 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	3	
PENTAM INJECTION RECON SOLN 300 MG	3	
<i>pentamidine inhalation recon soln 300 mg</i>	1	QL
<i>pentamidine injection recon soln 300 mg</i>	1	
PLAQUENIL ORAL TABLET 200 MG	3	
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	1	
<i>praziquantel oral tablet 600 mg</i>	1	
PRETOMANID ORAL TABLET 200 MG	3	
PRIFTIN ORAL TABLET 150 MG	2	
<i>primaquine oral tablet 26.3 mg</i>	1	QL
PRIMAXIN IV INTRAVENOUS RECON SOLN 500 MG	3	
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>pyrimethamine oral tablet 25 mg</i>	4	LA
QUALAQUIN ORAL CAPSULE 324 MG	3	QL

Drug Name	Drug Tier	Requirements / Limits
<i>quinine sulfate oral capsule 324 mg</i>	1	QL
RECARBRIO INTRAVENOUS RECON SOLN 1.25 GRAM	3	
<i>rifabutin oral capsule 150 mg</i>	1	
RIFADIN INTRAVENOUS RECON SOLN 600 MG	3	
<i>rifampin intravenous recon soln 600 mg</i>	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
SIRTURO ORAL TABLET 100 MG, 20 MG	2	
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG	3	
SIVEXTRO ORAL TABLET 200 MG	3	
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM	2	QL
STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM	2	
STROMEKTOL ORAL TABLET 3 MG	3	PA; QL
<i>tigecycline intravenous recon soln 50 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	QL
TOBI INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	4	LA; QL
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	4	PA; LA; QL
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	4	LA; QL
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	4	LA; QL
<i>tobramycin sulfate injection recon soln 1.2 gram</i>	1	
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	1	
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	4	LA; QL
TRECTOR ORAL TABLET 250 MG	3	
TYGACIL INTRAVENOUS RECON SOLN 50 MG	3	

Drug Name	Drug Tier	Requirements / Limits
VABOMERE INTRAVENOUS RECON SOLN 2 GRAM	3	
XACDURO INTRAVENOUS RECON SOLN 1 GRAM-1 GRAM (0.5 GRAM X 2)	3	
XENLETA INTRAVENOUS SOLUTION 150 MG/15 ML	3	
XENLETA ORAL TABLET 600 MG	3	
XIFAXAN ORAL TABLET 200 MG, 550 MG	2	QL
ZEMDRI INTRAVENOUS SOLUTION 50 MG/ML	3	
ZYVOX INTRAVENOUS PIGGYBACK 200 MG/100 ML, 600 MG/300 ML	3	
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	3	
ZYVOX ORAL TABLET 600 MG	3	
<b>PENICILLINS</b>		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>ampicillin sodium intravenous recon soln 1 gram, 2 gram</i>	1	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>	1	
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram</i>	1	
AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION 600-42.9 MG/5 ML	3	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR 1,000-62.5 MG	3	
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)	2	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG	3	
<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>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	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 1 MILLION UNIT/50 ML, 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	2	
<i>penicillin g potassium injection recon soln 20 million unit, 5 million unit</i>	1	
<i>penicillin g sodium injection recon soln 5 million unit</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	1	
UNASYN INJECTION RECON SOLN 1.5 GRAM, 15 GRAM, 3 GRAM	3	
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML	2	
<b>QUINOLONES</b>		
AVELOX IN NAACL (ISO-OSMOTIC) INTRAVENOUS PIGGYBACK 400 MG/250 ML	3	
BAXDELA INTRAVENOUS RECON SOLN 300 MG	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 1, 2024.

Drug Name	Drug Tier	Requirements / Limits
BAXDELA ORAL TABLET 450 MG	2	QL
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	3	
CIPRO ORAL TABLET 250 MG, 500 MG	3	
<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 oral suspension, microcapsule 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	

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>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
<b>SULFA'S &amp; RELATED AGENTS</b>		
BACTRIM DS ORAL TABLET 800-160 MG	3	
BACTRIM ORAL TABLET 400-80 MG	3	
<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**

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Drug Name	Drug Tier	Requirements / Limits
ACTICLATE ORAL TABLET 150 MG, 75 MG	3	ST
AVIDOXY DK KIT 100 MG-2 % -SPF 30	3	ST
<i>avidoxy oral tablet 100 mg</i>	1	
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	1	
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 200 MG, 50 MG, 80 MG	3	ST
<i>doxy-100 intravenous recon soln 100 mg</i>	1	
<i>doxycycline hyclate intravenous recon soln 100 mg</i>	1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>	1	ST
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	ST
DOXYCYCLINE HYCLATE ORAL TABLET,DELAYED RELEASE (DR/EC) 80 MG	3	ST

Drug Name	Drug Tier	Requirements / Limits
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral capsule 150 mg</i>	1	ST
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE,IR - DELAY REL,BIPHASE 40 MG	3	ST
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
LYMEPAK ORAL TABLET 100 MG	3	
MINOCIN INTRAVENOUS RECON SOLN 100 MG	2	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1	
MINOCYCLINE ORAL CAPSULE,EXTENDED RELEASE 24HR 135 MG, 45 MG, 90 MG	3	ST
<i>minocycline oral tablet 100 mg, 50 mg, 75 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 January 1, 2024.

Drug Name	Drug Tier	Requirements / Limits
<i>minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	1	ST
MINOLIRA ER ORAL TABLET, IR - ER, BIPHASIC 24HR 105 MG, 135 MG	3	ST
<i>mondoxyne nl oral capsule 100 mg, 75 mg</i>	1	
MONODOX ORAL CAPSULE 100 MG, 50 MG, 75 MG	3	ST
MORGIDOX 1X 50 KIT 50 MG	3	ST
MORGIDOX 1X100 KIT 100 MG	3	ST
<i>morgidox oral capsule 100 mg</i>	1	
NUZYRA INTRAVENOUS RECON SOLN 100 MG	3	
NUZYRA ORAL TABLET 150 MG	3	QL
ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE 40 MG	3	ST
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG	3	ST

Drug Name	Drug Tier	Requirements / Limits
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	ST
TARGADOX ORAL TABLET 50 MG	3	ST
<i>tetracycline oral capsule 250 mg, 500 mg</i>	1	
VIBRAMYCIN (CALCIUM) ORAL SYRUP 50 MG/5 ML	3	ST
VIBRAMYCIN ORAL CAPSULE 100 MG	3	ST
XERAVA INTRAVENOUS RECON SOLN 100 MG, 50 MG	3	
<b>URINARY TRACT AGENTS</b>		
<i>fosfomycin tromethamine oral packet 3 gram</i>	1	
FURADANTIN ORAL SUSPENSION 25 MG/5 ML	3	
HIPREX ORAL TABLET 1 GRAM	3	
MACROBID ORAL CAPSULE 100 MG	3	
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
<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	
PRIMSOL ORAL SOLUTION 50 MG/5 ML	3	
<i>trimethoprim oral tablet 100 mg</i>	1	
<b>VANCOMYCIN</b>		
FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML	3	QL
VANCOCIN ORAL CAPSULE 125 MG, 250 MG	3	QL
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 500 MG/100 ML, 750 MG/150 ML	2	

Drug Name	Drug Tier	Requirements / Limits
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS SOLUTION 1 GRAM/250 ML, 1.25 GRAM/250 ML, 1.5 GRAM/250 ML, 1.75 GRAM/250 ML, 1.75 GRAM/500 ML, 2 GRAM/500 ML, 750 MG/150 ML	2	
<i>vancomycin in 0.9 % sodium chl intravenous solution 1.5 gram/500 ml</i>	1	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 500 MG/100 ML, 750 MG/150 ML	2	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS SOLUTION 1.25 GRAM/250 ML, 1.5 GRAM/250 ML	2	
VANCOMYCIN INJECTION RECON SOLN 100 GRAM	3	
<i>vancomycin intravenous recon soln 1,000 mg, 1.25 gram, 1.5 gram, 10 gram, 5 gram, 500 mg, 750 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>vancomycin oral capsule 125 mg, 250 mg</i>	1	QL
<i>vancomycin oral recon soln 25 mg/ml, 50 mg/ml</i>	1	QL
VANCOMYCIN-DILUENT COMBO NO.1 INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 1.25 GRAM/250 ML, 1.5 GRAM/300 ML, 1.75 GRAM/350 ML, 2 GRAM/400 ML, 500 MG/100 ML, 750 MG/150 ML	3	
VIBATIV INTRAVENOUS RECON SOLN 750 MG	2	
<b>ANTINEOPLASTIC &amp; IMMUNOSUPPRESSANT DRUGS</b>		
<b>ADJUNCTIVE AGENTS</b>		
<i>dexrazoxane hcl intravenous recon soln 250 mg, 500 mg</i>	1	
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG	2	
ETHYOL INTRAVENOUS RECON SOLN 500 MG	3	

Drug Name	Drug Tier	Requirements / Limits
KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG	4	LA
KHAPZORY INTRAVENOUS RECON SOLN 175 MG, 300 MG	3	
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	1	
<i>leucovorin calcium injection solution 10 mg/ml</i>	1	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	1	
<i>levoleucovorin calcium intravenous solution 10 mg/ml</i>	1	
<i>mesna intravenous solution 100 mg/ml</i>	1	
MESNEX INTRAVENOUS SOLUTION 100 MG/ML	3	
MESNEX ORAL TABLET 400 MG	2	
TOTECT INTRAVENOUS RECON SOLN 500 MG	3	
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	4	LA; QL

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Drug Name	Drug Tier	Requirements / Limits
VORAXAZE INTRAVENOUS RECON SOLN 1,000 UNIT	2	
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	4	PA; LA; QL
<b>ANTINEOPLASTIC &amp; IMMUNOSUPPRESSANT DRUGS</b>		
<i>abiraterone oral tablet 250 mg, 500 mg</i>	4	PA; LA; QL
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML	4	PA; LA
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	1	
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	4	PA; LA; QL
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	4	PA; LA; QL
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	4	PA; LA
ALECENSA ORAL CAPSULE 150 MG	4	PA; LA; QL
ALIQOPA INTRAVENOUS RECON SOLN 60 MG	4	LA

Drug Name	Drug Tier	Requirements / Limits
ALKERAN (AS HCL) INTRAVENOUS RECON SOLN 50 MG	3	
ALKERAN ORAL TABLET 2 MG	3	
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	4	PA; LA; QL
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)-180 MG (23)	4	PA; LA; QL
<i>anastrozole oral tablet 1 mg</i>	5	ACA
ARIMIDEX ORAL TABLET 1 MG	3	
AROMASIN ORAL TABLET 25 MG	3	
ASPARLAS INTRAVENOUS SOLUTION 750 UNIT/ML	4	LA
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	3	PA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	4	PA; LA; QL
AZASAN ORAL TABLET 100 MG, 75 MG	3	ST
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>azathioprine sodium injection recon soln 100 mg</i>	1	
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	4	PA; LA
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	4	LA
<i>bexarotene oral capsule 75 mg</i>	4	PA; LA
<i>bexarotene topical gel 1 %</i>	4	PA; LA
<i>bicalutamide oral tablet 50 mg</i>	1	
BICNU INTRAVENOUS RECON SOLN 100 MG	3	
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	1	
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	4	PA; LA; QL
BRAFTOVI ORAL CAPSULE 75 MG	4	PA; LA; QL
BRUKINSA ORAL CAPSULE 80 MG	4	PA; LA
<i>busulfan intravenous solution 60 mg/10 ml</i>	1	
BUSULFEX INTRAVENOUS SOLUTION 60 MG/10 ML	3	
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	4	PA; LA; QL
CALQUENCE ORAL CAPSULE 100 MG	4	PA; LA; QL
CAMCEVI (6 MONTH) SUBCUTANEOUS SYRINGE 42 MG	4	PA; LA
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5 ML, 300 MG/15 ML, 40 MG/2 ML	3	
<i>capecitabine oral tablet 150 mg, 500 mg</i>	4	LA; QL
CAPRELSA ORAL TABLET 100 MG, 300 MG	4	PA; LA; QL
<i>carboplatin intravenous recon soln 150 mg</i>	1	
<i>carboplatin intravenous solution 10 mg/ml</i>	1	
<i>carmustine intravenous recon soln 100 mg</i>	1	
CARMUSTINE INTRAVENOUS RECON SOLN 300 MG, 50 MG	3	
CASODEX ORAL TABLET 50 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
CELLCEPT INTRAVENOUS INTRAVENOUS RECON SOLN 500 MG	3	
CELLCEPT ORAL CAPSULE 250 MG	3	ST
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML	3	ST
CELLCEPT ORAL TABLET 500 MG	3	ST
CISPLATIN INTRAVENOUS RECON SOLN 50 MG	3	
<i>cisplatin intravenous solution 1 mg/ml</i>	1	
<i>cladribine intravenous solution 10 mg/10 ml</i>	1	
<i>clofarabine intravenous solution 1 mg/ml</i>	1	
CLOLAR INTRAVENOUS SOLUTION 1 MG/ML	3	
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	4	PA; LA; QL
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
COSMEGEN INTRAVENOUS RECON SOLN 0.5 MG	3	
COTELLIC ORAL TABLET 20 MG	4	PA; LA; QL
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 500 MG/ML	3	
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	3	
<i>cyclosporine intravenous solution 250 mg/5 ml</i>	1	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	
<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	
<i>dactinomycin intravenous recon soln 0.5 mg</i>	1	
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML	4	PA; LA
<i>daunorubicin intravenous solution 5 mg/ml</i>	1	
DAURISMO ORAL TABLET 100 MG, 25 MG	4	PA; LA; QL
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	2	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	4	PA; LA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	4	PA; LA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	4	PA; LA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
ELLENCEN INTRAVENOUS SOLUTION 200 MG/100 ML, 50 MG/25 ML	3	
ELZONRIS INTRAVENOUS SOLUTION 1,000 MCG/ML	4	LA
EMCYT ORAL CAPSULE 140 MG	2	
ENHERTU INTRAVENOUS RECON SOLN 100 MG	4	LA
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	4	PA; LA
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	3	PA
<i>epirubicin intravenous solution 200 mg/100 ml</i>	1	
ERIVEDGE ORAL CAPSULE 150 MG	4	PA; LA; QL
ERLEADA ORAL TABLET 240 MG, 60 MG	4	PA; LA; QL
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	4	PA; LA; QL
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>etoposide intravenous solution 20 mg/ml</i>	1	
<i>etoposide oral capsule 50 mg</i>	1	
EULEXIN ORAL CAPSULE 125 MG	3	
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	4	PA; LA; QL
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i>	4	PA; LA; QL
<i>everolimus (immunosuppressive ) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	1	
EVOMELA INTRAVENOUS RECON SOLN 50 MG	4	LA
<i>exemestane oral tablet 25 mg</i>	5	ACA
FARESTON ORAL TABLET 60 MG	3	
FEMARA ORAL TABLET 2.5 MG	3	
FENSOLVI SUBCUTANEOUS SYRINGE 45 MG	4	PA; LA
<i>fludarabine intravenous recon soln 50 mg</i>	1	
<i>fludarabine intravenous solution 50 mg/2 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>fluorouracil intravenous solution 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml</i>	1	
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML)	4	LA
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	4	PA; LA; QL
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML	4	PA; LA
GAVRETO ORAL CAPSULE 100 MG	4	PA; LA; QL
<i>gefitinib oral tablet 250 mg</i>	4	PA; LA; QL
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	
<i>gengraf oral solution 100 mg/ml</i>	1	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	4	PA; LA; QL
GLEEVEC ORAL TABLET 100 MG, 400 MG	4	PA; LA; QL
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	2	
GLIADEL WAFER IMPLANT WAFER 7.7 MG	3	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 1, 2024.

Drug Name	Drug Tier	Requirements / Limits
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	4	LA
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	4	LA
HYDREA ORAL CAPSULE 500 MG	3	
<i>hydroxyurea oral capsule 500 mg</i>	1	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	4	PA; LA; QL
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	4	PA; LA; QL
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	4	PA; LA; QL
IDAMYCIN PFS INTRAVENOUS SOLUTION 1 MG/ML	3	
<i>idarubicin intravenous solution 1 mg/ml</i>	1	
IDHIFA ORAL TABLET 100 MG, 50 MG	4	PA; LA; QL
IFEX INTRAVENOUS RECON SOLN 1 GRAM, 3 GRAM	3	
<i>ifosfamide intravenous recon soln 1 gram, 3 gram</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	1	
<i>imatinib oral tablet 100 mg, 400 mg</i>	4	PA; LA; QL
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	4	PA; LA; QL
IMBRUVICA ORAL SUSPENSION 70 MG/ML	4	PA; LA; QL
IMBRUVICA ORAL TABLET 420 MG	4	PA; LA; QL
IMBRUVICA ORAL TABLET 560 MG	4	PA; LA
IMURAN ORAL TABLET 50 MG	3	ST
INLYTA ORAL TABLET 1 MG, 5 MG	4	PA; LA; QL
INQOVI ORAL TABLET 35-100 MG	4	PA; LA; QL
INREBIC ORAL CAPSULE 100 MG	4	PA; LA; QL
IODOPEN INTRAVENOUS SOLUTION 100 MCG/ML	2	
IRESSA ORAL TABLET 250 MG	4	PA; LA; QL
<i>irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	4	PA; LA; QL
JAYPIRCA ORAL TABLET 100 MG, 50 MG	4	PA; LA; QL
JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG X 2	4	LA
<i>kemoplast intravenous solution 1 mg/ml</i>	1	
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG	4	PA; LA; QL
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	4	PA; LA; QL
KLISYRI TOPICAL OINTMENT IN PACKET 1 %	3	ST
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	4	PA; LA
KRAZATI ORAL TABLET 200 MG	4	PA; LA; QL
LANREOTIDE SUBCUTANEOUS SYRINGE 120 MG/0.5 ML	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>lapatinib oral tablet 250 mg</i>	4	PA; LA; QL
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	4	PA; LA; QL
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X 2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	4	PA; LA; QL
<i>letrozole oral tablet 2.5 mg</i>	1	
LEUKERAN ORAL TABLET 2 MG	2	
LEUPROLIDE (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	4	PA
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	4	PA; LA
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML	4	PA; LA
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
LORBRENA ORAL TABLET 100 MG, 25 MG	4	PA; LA; QL
LUMAKRAS ORAL TABLET 120 MG, 320 MG	4	PA; LA
LUMOXITI INTRAVENOUS RECON SOLN 1 MG	4	
LUPKYNIS ORAL CAPSULE 7.9 MG	4	PA; LA; QL
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	4	PA; LA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	4	PA; LA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	4	PA; LA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	4	PA; LA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	4	PA; LA
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	4	PA; LA
LYNPARZA ORAL TABLET 100 MG, 150 MG	4	PA; LA; QL
LYSODREN ORAL TABLET 500 MG	4	LA
LYTGOBI ORAL TABLET 4 MG	4	PA; LA
MATULANE ORAL CAPSULE 50 MG	4	LA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	1	
<i>megestrol oral tablet 20 mg, 40 mg</i>	1	
MEKINIST ORAL RECON SOLN 0.05 MG/ML	4	PA; LA; QL
MEKINIST ORAL TABLET 0.5 MG, 2 MG	4	PA; LA; QL
MEKTOVI ORAL TABLET 15 MG	4	PA; LA; QL
<i>melphalan hcl intravenous recon soln 50 mg</i>	1	
<i>melphalan oral tablet 2 mg</i>	1	
<i>mercaptopurine oral tablet 50 mg</i>	1	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 1, 2024.

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
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	4	PA; LA; QL
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i>	1	
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	1	
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	
<i>mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
MYFORTIC ORAL TABLET,DELAYED RELEASE (DR/EC) 180 MG, 360 MG	3	ST
MYLERAN ORAL TABLET 2 MG	2	
NEORAL ORAL CAPSULE 100 MG, 25 MG	3	ST
NEORAL ORAL SOLUTION 100 MG/ML	3	ST
NERLYNX ORAL TABLET 40 MG	4	PA; LA
NEXAVAR ORAL TABLET 200 MG	4	PA; LA; QL
NILANDRON ORAL TABLET 150 MG	3	
<i>nilutamide oral tablet 150 mg</i>	1	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	4	PA; LA; QL
NIPENT INTRAVENOUS RECON SOLN 10 MG	3	
NUBEQA ORAL TABLET 300 MG	4	PA; LA; QL
NULOJIX INTRAVENOUS RECON SOLN 250 MG	2	
ODOMZO ORAL CAPSULE 200 MG	4	PA; LA; QL
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	2	
ONUREG ORAL TABLET 200 MG, 300 MG	4	PA; LA; QL
ORGOVYX ORAL TABLET 120 MG	4	PA; LA; QL
ORSERDU ORAL TABLET 345 MG, 86 MG	4	PA; LA; QL
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	1	
<i>paraplatin intravenous solution 10 mg/ml</i>	1	
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	4	PA; LA; QL
PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG- 30000 UNIT/15ML, 600 MG-600 MG- 20000 UNIT/10ML	4	PA; LA
PHOTOFRIN INTRAVENOUS RECON SOLN 75 MG	2	
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG	4	LA
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	4	PA; LA
POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML	4	LA
PRALATREXATE INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML)	4	LA
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	2	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	3	ST
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	2	ST
PURIXAN ORAL SUSPENSION 20 MG/ML	4	LA
QINLOCK ORAL TABLET 50 MG	4	PA; LA; QL
RAPAMUNE ORAL SOLUTION 1 MG/ML	3	ST
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	3	ST

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Drug Name	Drug Tier	Requirements / Limits
RETEVMO ORAL CAPSULE 40 MG, 80 MG	4	PA; LA; QL
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	4	PA; LA; QL
REZLIDHIA ORAL CAPSULE 150 MG	4	PA; LA; QL
REZUROCK ORAL TABLET 200 MG	3	PA; LA; QL
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	4	PA; LA
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	4	PA; LA
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	4	PA; LA; QL
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	4	PA; LA; QL
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	4	PA; LA
RYDAPT ORAL CAPSULE 25 MG	4	PA; LA; QL
SANDIMMUNE INTRAVENOUS SOLUTION 250 MG/5 ML	3	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	3	ST

Drug Name	Drug Tier	Requirements / Limits
SANDIMMUNE ORAL SOLUTION 100 MG/ML	2	ST
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 10 MG, 20 MG, 30 MG	4	PA; LA; QL
SCSEMBLIX ORAL TABLET 20 MG, 40 MG	4	PA; LA; QL
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MG, 20 MG, 30 MG, 40 MG, 60 MG	4	PA; LA; QL
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	4	LA
SIKLOS ORAL TABLET 1,000 MG, 100 MG	3	PA
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG	2	
<i>sirolimus oral solution 1 mg/ml</i>	1	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	3	

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Drug Name	Drug Tier	Requirements / Limits
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	4	PA; LA; QL
<i>sorafenib oral tablet 200 mg</i>	4	PA; LA; QL
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	4	PA; LA; QL
STIVARGA ORAL TABLET 40 MG	4	PA; LA; QL
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	4	PA; LA; QL
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	4	PA; LA
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
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	4	LA
TABLOID ORAL TABLET 40 MG	3	
TABRECTA ORAL TABLET 150 MG, 200 MG	4	PA; LA
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	4	PA; LA; QL
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	4	PA; LA; QL
TAGRISSE ORAL TABLET 40 MG, 80 MG	4	PA; LA; QL
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	4	PA; LA
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	4	PA; LA; QL
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	ACA
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG	4	PA; LA; QL
TARGRETIN ORAL CAPSULE 75 MG	4	PA; LA
TARGRETIN TOPICAL GEL 1 %	4	PA; LA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	4	PA; LA; QL
TAZVERIK ORAL TABLET 200 MG	4	PA; LA
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

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Drug Name	Drug Tier	Requirements / Limits
<i>temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)</i>	4	LA
TENIPOSIDE INTRAVENOUS SOLUTION 50 MG/5 ML	2	
TEPADINA INJECTION RECON SOLN 100 MG, 15 MG	3	
TEPMETKO ORAL TABLET 225 MG	4	PA; LA
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	4	PA; LA; QL
<i>thiotepa injection recon soln 100 mg, 15 mg</i>	1	
TIBSOVO ORAL TABLET 250 MG	4	PA; LA
<i>topotecan intravenous recon soln 4 mg</i>	4	LA
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	4	LA
<i>toremifene oral tablet 60 mg</i>	1	
TORISEL INTRAVENOUS RECON SOLN 30 MG/3 ML (10 MG/ML) (FIRST)	4	LA

Drug Name	Drug Tier	Requirements / Limits
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	3	PA
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	1	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	3	
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	4	PA; LA
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	4	PA; LA
TUKYSA ORAL TABLET 150 MG, 50 MG	4	PA; LA; QL
TURALIO ORAL CAPSULE 125 MG	4	PA; LA; QL
TYKERB ORAL TABLET 250 MG	4	PA; LA; QL
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	4	LA
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	4	PA; LA; QL
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	4	PA; LA; QL
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	PA; LA; QL
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG	4	PA; LA; QL
<i>vinblastine intravenous solution 1 mg/ml</i>	1	
<i>vincasar pfs intravenous solution 1 mg/ml, 2 mg/2 ml</i>	1	
<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	
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	4	PA; LA; QL
VITRAKVI ORAL SOLUTION 20 MG/ML	4	PA; LA; QL
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	4	PA; LA; QL
VONJO ORAL CAPSULE 100 MG	4	PA; LA; QL
VOTRIENT ORAL TABLET 200 MG	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
WELIREG ORAL TABLET 40 MG	4	PA; LA
XALKORI ORAL CAPSULE 200 MG, 250 MG	4	PA; LA; QL
XATMEP ORAL SOLUTION 2.5 MG/ML	3	PA
XELODA ORAL TABLET 150 MG, 500 MG	4	ST; LA; QL
XERMELO ORAL TABLET 250 MG	4	PA; LA; QL
XOSPATA ORAL TABLET 40 MG	4	PA; LA; QL
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	4	PA; LA
XTANDI ORAL CAPSULE 40 MG	4	PA; LA; QL
XTANDI ORAL TABLET 40 MG, 80 MG	4	PA; LA; QL
YONSA ORAL TABLET 125 MG	4	PA; LA; QL
ZANOSAR INTRAVENOUS RECON SOLN 1 GRAM	2	

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Drug Name	Drug Tier	Requirements / Limits
ZEJULA ORAL CAPSULE 100 MG	4	PA; LA; QL
ZEJULA ORAL TABLET 100 MG	4	PA; LA; QL
ZEJULA ORAL TABLET 200 MG, 300 MG	4	PA; LA
ZELBORAF ORAL TABLET 240 MG	4	PA; LA; QL
ZEVALIN (Y-90) INTRAVENOUS KIT 3.2 MG/2 ML	2	
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	4	LA
ZOLINZA ORAL CAPSULE 100 MG	4	PA; LA; QL
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	3	ST
ZYDELIG ORAL TABLET 100 MG, 150 MG	4	PA; LA; QL
ZYKADIA ORAL TABLET 150 MG	4	PA; LA; QL
ZYTIGA ORAL TABLET 250 MG, 500 MG	4	PA; LA; QL
<b>AUTONOMIC &amp; CNS DRUGS, NEUROLOGY &amp; PSYCH</b>		
<b>ANTICONVULSANTS</b>		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	3	

Drug Name	Drug Tier	Requirements / Limits
BANZEL ORAL SUSPENSION 40 MG/ML	3	PA
BANZEL ORAL TABLET 200 MG, 400 MG	3	PA
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	3	
BRIVIACT ORAL SOLUTION 10 MG/ML	3	ST
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	3	ST
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>	1	
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	3	
CELONTIN ORAL CAPSULE 300 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
CEREBYX INJECTION SOLUTION 100 MG PE/2 ML, 500 MG PE/10 ML	3	
<i>clobazam oral suspension 2.5 mg/ml</i>	1	
<i>clobazam oral tablet 10 mg, 20 mg</i>	1	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	3	
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	3	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	3	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	4	PA; LA
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG	3	
DIASTAT RECTAL KIT 2.5 MG	3	
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	1	
DILANTIN EXTENDED ORAL CAPSULE 100 MG	3	
DILANTIN INFATABS ORAL TABLET, CHEWABLE 50 MG	3	
DILANTIN ORAL CAPSULE 30 MG	2	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	3	
<i>divalproex oral capsule, delayed release 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	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG, 1,500 MG	3	ST

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Drug Name	Drug Tier	Requirements / Limits
EPIDIOLEX ORAL SOLUTION 100 MG/ML	4	PA; LA
<i>epitol oral tablet 200 mg</i>	1	
EPRONTIA ORAL SOLUTION 25 MG/ML	3	ST
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	3	
<i>ethosuximide oral capsule 250 mg</i>	1	
<i>ethosuximide oral solution 250 mg/5 ml</i>	1	
<i>felbamate oral suspension 600 mg/5 ml</i>	1	
<i>felbamate oral tablet 400 mg, 600 mg</i>	1	
FELBATOL ORAL SUSPENSION 600 MG/5 ML	3	
FELBATOL ORAL TABLET 400 MG, 600 MG	3	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	4	PA; LA; QL
<i>fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i>	1	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	2	

Drug Name	Drug Tier	Requirements / Limits
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	2	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	
<i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
GABITRIL ORAL TABLET 12 MG, 16 MG, 2 MG, 4 MG	3	
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 450 MG, 600 MG, 750 MG, 900 MG	3	ST
KEPPRA INTRAVENOUS SOLUTION 500 MG/5 ML	3	ST
KEPPRA ORAL SOLUTION 100 MG/ML	3	ST
KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG	3	ST
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	3	ST

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Drug Name	Drug Tier	Requirements / Limits
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG	3	
<i>lacosamide intravenous solution 200 mg/20 ml</i>	1	
<i>lacosamide oral solution 10 mg/ml</i>	1	
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
LAMICTAL ODT ORAL TABLET, DISINTEGRATING 100 MG, 200 MG, 25 MG, 50 MG	3	
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG (21) -50 MG (7)	3	
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK 50 MG (42) -100 MG (14)	3	
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG(14)-50 MG (14)-100 MG (7)	3	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	3	

Drug Name	Drug Tier	Requirements / Limits
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	3	
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS, DOSE PACK 25 MG (35)	3	
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS, DOSE PACK 25 MG (84) - 100 MG (14)	3	
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS, DOSE PACK 25 MG (42) - 100 MG (7)	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG	3	
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL, DOSE PACK 25 MG (21) -50 MG (7)	3	

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Drug Name	Drug Tier	Requirements / Limits
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	3	
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	3	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) - 50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)</i>	1	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	1	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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	
LEVETIRACETAM IN NAACL (ISO-OS) INTRAVENOUS PIGGYBACK 250 MG/50 ML	3	
<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	
<i>methsuximide oral capsule 300 mg</i>	1	
MOTPOLY XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG	3	
MYSOLINE ORAL TABLET 250 MG, 50 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	2	PA; QL
ONFI ORAL SUSPENSION 2.5 MG/ML	3	
ONFI ORAL TABLET 10 MG, 20 MG	3	
<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	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG	3	ST
<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	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	3	
<i>phenytoin oral suspension 100 mg/4 ml, 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>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	1	ST
<i>pregabalin oral solution 20 mg/ml</i>	1	ST
<i>pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg</i>	1	PA
PRIMIDONE ORAL TABLET 125 MG	3	
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	3	ST
<i>roweepira oral tablet 500 mg</i>	1	
<i>rufinamide oral suspension 40 mg/ml</i>	1	PA
<i>rufinamide oral tablet 200 mg, 400 mg</i>	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 1, 2024.

Drug Name	Drug Tier	Requirements / Limits
SABRIL ORAL POWDER IN PACKET 500 MG	4	LA; QL
SABRIL ORAL TABLET 500 MG	4	LA; QL
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	3	ST
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>subvenite starter (blue) kit oral tablets,dose pack 25 mg (35)</i>	1	
<i>subvenite starter (green) kit oral tablets,dose pack 25 mg (84) -100 mg (14)</i>	1	
<i>subvenite starter (orange) kit oral tablets,dose pack 25 mg (42) -100 mg (7)</i>	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	3	
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	3	
TEGRETOL ORAL TABLET 200 MG	3	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG	3	

Drug Name	Drug Tier	Requirements / Limits
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	
<i>topiramate oral capsule,extended release 24hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	ST
<i>topiramate oral capsule,sprinkle,er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	1	ST
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
TRILEPTAL ORAL SUSPENSION 300 MG/5 ML (60 MG/ML)	3	ST
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG	3	ST
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 50 MG	3	ST
<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, 500 mg/10 ml (10 ml)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>valproic acid oral capsule 250 mg</i>	1	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	3	PA; QL
<i>vigabatrin oral powder in packet 500 mg</i>	4	LA; QL
<i>vigabatrin oral tablet 500 mg</i>	4	LA; QL
<i>vigadrone oral powder in packet 500 mg</i>	4	LA; QL
<i>vigadrone oral tablet 500 mg</i>	4	LA; QL
VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML	3	
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	3	PA; QL
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	3	PA; QL
ZARONTIN ORAL CAPSULE 250 MG	3	
ZARONTIN ORAL SOLUTION 250 MG/5 ML	3	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	3	
ZONISADE ORAL SUSPENSION 100 MG/5 ML	3	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	
ZTALMY ORAL SUSPENSION 50 MG/ML	4	PA; LA
<b>ANTIPARKINSONISM AGENTS</b>		
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	4	PA; LA; QL
<i>apomorphine subcutaneous cartridge 10 mg/ml</i>	4	PA; LA; QL
AZILECT ORAL TABLET 0.5 MG, 1 MG	3	
<i>benztropine injection solution 1 mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<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	
<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	
COMTAN ORAL TABLET 200 MG	3	
DHIVY ORAL TABLET 25-100 MG	3	
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML	4	LA

Drug Name	Drug Tier	Requirements / Limits
<i>entacapone oral tablet 200 mg</i>	1	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	4	PA; LA; QL
LODOSYN ORAL TABLET 25 MG	3	
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG	3	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	3	
NOURIANZ ORAL TABLET 20 MG, 40 MG	4	PA; LA; QL
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	3	PA; QL
PARLODEL ORAL CAPSULE 5 MG	3	
PARLODEL ORAL TABLET 2.5 MG	3	
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	1	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	1	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1	
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	3	
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	
STALEVO 100 ORAL TABLET 25-100-200 MG	3	
STALEVO 125 ORAL TABLET 31.25-125-200 MG	3	
STALEVO 150 ORAL TABLET 37.5-150-200 MG	3	

Drug Name	Drug Tier	Requirements / Limits
STALEVO 200 ORAL TABLET 50-200-200 MG	3	
STALEVO 50 ORAL TABLET 12.5-50-200 MG	3	
STALEVO 75 ORAL TABLET 18.75-75-200 MG	3	
TASMAR ORAL TABLET 100 MG	3	
<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	
XADAGO ORAL TABLET 100 MG, 50 MG	3	
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG	3	
<b>MIGRAINE &amp; CLUSTER HEADACHE THERAPY</b>		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	2	PA; QL
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	2	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	1	QL
<i>dihydroergotamine injection solution 1 mg/ml</i>	1	
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	1	PA; QL
<i>eletriptan oral tablet 20 mg, 40 mg</i>	1	QL
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	2	PA; QL
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML, 300 MG/3 ML (100 MG/ML X 3)	2	PA; QL
ERGOMAR SUBLINGUAL TABLET 2 MG	3	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	
FROVA ORAL TABLET 2.5 MG	3	PA; QL
<i>frovatriptan oral tablet 2.5 mg</i>	1	QL
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG	3	PA; QL
IMITREX STATDOSE PEN SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML, 6 MG/0.5 ML	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 4 MG/0.5 ML, 6 MG/0.5 ML	3	PA; QL
MAXALT ORAL TABLET 10 MG	3	PA; QL
MAXALT-MLT ORAL TABLET, DISINTEGRATING 10 MG	3	PA; QL
<i>migergot rectal suppository 2-100 mg</i>	1	
MIGRANAL NASAL SPRAY, NON-AEROSOL 0.5 MG/PUMP ACT. (4 MG/ML)	3	PA; QL
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	1	QL
NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG	2	PA; QL
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED 11 MG	3	PA; QL
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	2	PA; QL
RELPAK ORAL TABLET 20 MG, 40 MG	3	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
REYVOW ORAL TABLET 100 MG, 50 MG	3	PA; QL
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	1	QL
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i>	1	QL
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i>	1	QL
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	QL
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	QL
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	1	QL
<i>sumatriptan-naproxen oral tablet 85-500 mg</i>	1	PA; QL
TOSYMRA NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION	3	PA; QL
TREXIMET ORAL TABLET 85-500 MG	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
TRUDHESA NASAL SPRAY, NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML)	3	PA; QL
UBRELVY ORAL TABLET 100 MG, 50 MG	2	PA; QL
ZAVZPRET NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION	3	PA; QL
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML	3	PA; QL
<i>zolmitriptan nasal spray, non-aerosol 5 mg</i>	1	PA; 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	2	PA; QL
ZOMIG NASAL SPRAY, NON-AEROSOL 5 MG	3	PA; QL
ZOMIG ORAL TABLET 2.5 MG, 5 MG	3	PA; QL
<b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>		

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Drug Name	Drug Tier	Requirements / Limits
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG	4	PA; LA; QL
AMVUTTRA SUBCUTANEOUS SYRINGE 25 MG/0.5 ML	4	PA; LA
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG	3	
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	4	PA; LA; QL
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG, 6 MG	4	PA; LA; QL
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14)	4	PA; LA; QL
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	4	PA; LA; QL
DAYBUE ORAL SOLUTION 200 MG/ML	4	PA; LA
<i>dichlorphenamide oral tablet 50 mg</i>	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	

Drug Name	Drug Tier	Requirements / Limits
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	4	PA; LA; QL
EXELON PATCH TRANSDERMAL PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR	3	
FIRDAPSE ORAL TABLET 10 MG	4	PA; LA
<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	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG	3	ST
INGREZZA INITIATION PACK ORAL CAPSULE, DOSE PACK 40 MG (7)-80 MG (21)	4	PA; LA; QL
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	4	PA; LA; QL
KEVEYIS ORAL TABLET 50 MG	4	PA; LA
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>memantine oral solution 2 mg/ml</i>	1	
<i>memantine oral tablet 10 mg, 5 mg</i>	1	
MEMANTINE ORAL TABLETS,DOSE PACK 5-10 MG	3	
NAMENDA ORAL TABLET 10 MG, 5 MG	3	
NAMENDA TITRATION PAK ORAL TABLETS,DOSE PACK 5-10 MG	3	
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG	3	
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR 14 MG, 21 MG, 28 MG, 7 MG	3	
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	2	
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	2	
NUEDEXTA ORAL CAPSULE 20-10 MG	2	PA

Drug Name	Drug Tier	Requirements / Limits
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG	4	PA; LA
ONPATTRO INTRAVENOUS SOLUTION 2 MG/ML	4	PA; LA; QL
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	4	PA; LA
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	1	
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	4	PA; LA; QL
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	4	PA; LA; QL
XENAZINE ORAL TABLET 12.5 MG, 25 MG	4	PA; LA; QL
ZEPOSIA ORAL CAPSULE 0.92 MG	4	PA; LA; QL
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21)	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
ZEPOSIA STARTER KIT (37-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (30)	4	PA; LA; QL
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)-0.46 MG (3)	4	PA; LA; QL
<b>MUSCLE RELAXANTS &amp; ANTISPASMODIC THERAPY</b>		
<i>atracurium intravenous solution 10 mg/ml</i>	1	
BACLOFEN ORAL SOLUTION 5 MG/5 ML	3	PA
<i>baclofen oral suspension 25 mg/5 ml (5 mg/ml)</i>	1	
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
BLOXIVERZ INTRAVENOUS SOLUTION 0.5 MG/ML, 1 MG/ML	3	
BRIDION INTRAVENOUS SOLUTION 100 MG/ML	3	
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	1	PA
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	1	PA

Drug Name	Drug Tier	Requirements / Limits
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	1	PA; QL
<i>chlorzoxazone oral tablet 500 mg</i>	1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	
DANTRIUM INTRAVENOUS RECON SOLN 20 MG	3	
DANTRIUM ORAL CAPSULE 25 MG	3	
<i>dantrolene intravenous recon soln 20 mg</i>	1	
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	1	
FLEQSUVY ORAL SUSPENSION 25 MG/5 ML (5 MG/ML)	3	PA
<i>meprobamate oral tablet 200 mg, 400 mg</i>	1	
MESTINON ORAL SYRUP 60 MG/5 ML	3	
MESTINON ORAL TABLET 60 MG	3	
MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE 180 MG	3	
<i>metaxalone oral tablet 400 mg, 800 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>methocarbamol injection solution 100 mg/ml</i>	1	
METHOCARBAMOL ORAL TABLET 1,000 MG	3	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
<i>neostigmine in sterile water injection syringe 5 mg/5 ml</i>	1	
<i>neostigmine methylsulfate intravenous solution 0.5 mg/ml, 1 mg/ml</i>	1	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SYRINGE 2 MG/2 ML (1 MG/ML), 4 MG/4 ML (1 MG/ML)	3	
<i>neostigmine methylsulfate intravenous syringe 3 mg/3 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml)</i>	1	
NIMBEX INTRAVENOUS SOLUTION 2 MG/ML	3	
<i>orphenadrine citrate injection solution 30 mg/ml</i>	1	
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg, 50-770-60 mg</i>	1	
<i>orphengesic forte oral tablet 50-770-60 mg</i>	1	
OZOBAX ORAL SOLUTION 5 MG/5 ML	3	PA
PREVDUO INTRAVENOUS SYRINGE 0.6 MG-3 MG/3ML (0.2 MG-1MG/ML)	3	
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	3	
<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	
ROBAXIN INJECTION SOLUTION 100 MG/ML	3	
RYANODEX INTRAVENOUS SUSPENSION FOR RECONSTITUTION 250 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
SOMA ORAL TABLET 250 MG, 350 MG	3	PA
<i>tizanidine oral tablet 2 mg, 4 mg</i>	1	
<i>vanadom oral tablet 350 mg</i>	1	PA
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	3	
ZANAFLEX ORAL TABLET 4 MG	3	
<b>NARCOTIC ANALGESICS</b>		
<i>acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg</i>	1	PA; QL
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	PA; QL
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	1	PA; QL
<i>ascomp with codeine oral capsule 30-50-325-40 mg</i>	1	PA; QL
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	2	PA; QL

Drug Name	Drug Tier	Requirements / Limits
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 128 MG/0.36 ML, 16 MG/0.32 ML, 24 MG/0.48 ML, 32 MG/0.64 ML, 64 MG/0.18 ML, 8 MG/0.16 ML, 96 MG/0.27 ML	4	LA
BUPAP ORAL TABLET 50-300 MG	3	PA
BUPRENEX INJECTION SOLUTION 0.3 MG/ML	3	PA; QL
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	1	PA; QL
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	1	PA; QL
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1	
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	1	PA; QL
<i>butalbital compound w/codeine oral capsule 30-50-325-40 mg</i>	1	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	1	PA; QL
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	1	
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	1	
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg</i>	1	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	1	
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	1	PA; QL
<i>codeine-bitalbital-asa-caff oral capsule 30-50-325-40 mg</i>	1	PA; QL
DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
DEMEROL INJECTION SOLUTION 50 MG/ML	3	PA; QL
DILAUDID (PF) INJECTION SYRINGE 0.2 MG/ML, 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML	3	PA; QL
DILAUDID ORAL LIQUID 1 MG/ML	3	PA; QL
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG	3	PA; QL
<i>diskets oral tablet, soluble 40 mg</i>	1	PA; QL
DSUVIA SUBLINGUAL TABLET IN APPLICATOR 30 MCG	3	
<i>duramorph (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	1	PA; QL
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	PA; QL
ESGIC ORAL CAPSULE 50-325-40 MG	3	PA
ESGIC ORAL TABLET 50-325-40 MG	3	PA

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Drug Name	Drug Tier	Requirements / Limits
FENTANYL (PF)- BUPIVACAINE- NACL INJECTION PREFILLED PUMP RESERVOIR 5-0.04 MCG/ML-%, 5- 0.075 MCG/ML-%	3	PA; QL
FENTANYL (PF)- BUPIVACAINE- NACL INJECTION SOLUTION 2 MCG/ML- 0.0625 %, 2 MCG/ML- 0.1 %, 2 MCG/ML- 0.125 %, 4 MCG/ML- 0.125 %	3	PA; QL
FENTANYL CITRATE (PF) INTRAVENOUS PATIENT CONTROL.ANALG ESIA SOLN 1,500 MCG/30 ML (50 MCG/ML)	3	PA; QL
FENTANYL CITRATE (PF) INTRAVENOUS PREFILLED PUMP RESERVOIR 2,500 MCG/50 ML (50 MCG/ML)	3	PA; QL
<i>fentanyl citrate (pf) intravenous pt controlled analgesia syring 1,000 mcg/20 ml (50 mcg/ml)</i>	1	PA; QL

Drug Name	Drug Tier	Requirements / Limits
FENTANYL CITRATE (PF) INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 1,250 MCG/25 ML (50 MCG/ML), 1,500 MCG/30 ML (50 MCG/ML), 2,500 MCG/50 ML (50 MCG/ML), 2,750 MCG/55 ML (50 MCG/ML)	3	PA; QL
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	1	PA; QL
FENTANYL CITRATE (PF) INTRAVENOUS SYRINGE 250 MCG/5 ML (50 MCG/ML)	3	PA; QL
FENTANYL CITRATE (PF)- 0.9%NACL INJECTION PREFILLED PUMP RESERVOIR 10 MCG/ML	3	PA; QL
<i>fentanyl citrate (pf)- 0.9%nacl injection pt controlled analgesia syring 1,250 mcg/25 ml</i>	1	PA; QL

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

Drug Name	Drug Tier	Requirements / Limits
<i>fentanyl citrate (pf)-0.9%nacl intravenous syringe 10 mcg/ml</i>	1	PA; QL
FENTANYL CITRATE (PF)-0.9%NACL INTRAVENOUS SYRINGE 100 MCG/10 ML (10 MCG/ML), 20 MCG/2 ML (10 MCG/ML), 250 MCG/5 ML (50 MCG/ML), 50 MCG/5 ML (10 MCG/ML)	3	PA; QL
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	1	PA; QL
FENTANYL CITRATE BUCCAL TABLET, EFFERVESCENT 100 MCG	3	PA; QL
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour</i>	1	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
FENTANYL-ROPIVACAINE-NACL (PF) INJECTION PREFILLED PUMP RESERVOIR 2 MCG/ML-0.1 %	3	PA; QL
FENTANYL-ROPIVACAINE-NACL (PF) INJECTION SOLUTION 2-0.2 MCG/ML-%	3	PA; QL
FENTORA BUCCAL TABLET, EFFERVESCENT 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3	PA; QL
FIORICET ORAL CAPSULE 50-300-40 MG	3	PA
FIORICET WITH CODEINE ORAL CAPSULE 50-300-40-30 MG	3	PA; QL
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	1	PA; QL
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	1	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml), 7.5-325 mg/15 ml</i>	1	PA; QL
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	PA; QL
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	PA; QL
HYDROMORPHONE (PF) IN WATER INJECTION SYRINGE 1 MG/ML, 2 MG/2 ML (1 MG/ML)	3	PA; QL
HYDROMORPHONE (PF) IN WATER INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 10 MG/50 ML (0.2 MG/ML), 30 MG/30 ML (1 MG/ML), 6 MG/30 ML (0.2 MG/ML)	3	PA; QL
HYDROMORPHONE (PF) INJECTION SOLUTION 1 MG/ML, 4 MG/ML	3	PA; QL
<i>hydromorphone (pf) injection solution 10 mg/ml, 2 mg/ml</i>	1	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PATIENT CONTROL.ANALGESIA SOLN 30 MG/30 ML (1 MG/ML), 6 MG/30 ML (0.2 MG/ML)	3	PA; QL
<i>hydromorphone (pf)-0.9 % nacl intravenous prefilled pump reservoir 10 mg/50 ml (0.2 mg/ml)</i>	1	PA; QL
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PREFILLED PUMP RESERVOIR 20 MG/100 ML (0.2 MG/ML), 50 MG/50 ML (1 MG/ML)	3	PA; QL
<i>hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syringe 10 mg/50 ml (0.2 mg/ml), 15 mg/30 ml (0.5 mg/ml)</i>	1	PA; QL

Drug Name	Drug Tier	Requirements / Limits
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PT CONTROLLED ANALGESIA SYRINGE 25 MG/25 ML (1 MG/ML), 30 MG/30 ML (1 MG/ML), 50 MG/50 ML (1 MG/ML), 55 MG/55 ML (1 MG/ML), 6 MG/30 ML (0.2 MG/ML)	3	PA; QL
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS SOLUTION 0.2 MG/ML, 0.5 MG/ML, 1 MG/ML	3	PA; QL
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS SYRINGE 1 MG/5 ML (0.2 MG/ML), 1 MG/ML, 2 MG/ML	3	PA; QL
<i>hydromorphone injection solution 1 mg/ml, 2 mg/ml</i>	1	PA; QL
HYDROMORPHONE INJECTION SYRINGE 0.5 MG/0.5 ML	3	PA; QL
<i>hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	PA; QL
<i>hydromorphone oral liquid 1 mg/ml</i>	1	PA; QL

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

Drug Name	Drug Tier	Requirements / Limits
<i>methadone intravenous syringe 10 mg/ml</i>	1	PA; QL
<i>methadone oral tablet 10 mg, 5 mg</i>	1	PA; QL
<i>methadone oral tablet,soluble 40 mg</i>	1	PA; QL
<i>methadose oral tablet,soluble 40 mg</i>	1	PA; QL
MITIGO (PF) INJECTION SOLUTION 10 MG/ML, 25 MG/ML	3	PA; QL
MORPHINE (PF) IN 0.9 % SOD CHL INJECTION SYRINGE 1 MG/ML, 2 MG/2 ML (1 MG/ML)	3	PA; QL
MORPHINE (PF) IN 0.9 % SOD CHL INTRAVENOUS PATIENT CONTROL.ANALGESIA SOLN 30 MG/30 ML (1 MG/ML)	3	PA; QL
MORPHINE (PF) IN 0.9 % SOD CHL INTRAVENOUS PREFILLED PUMP RESERVOIR 100 MG/100 ML (1 MG/ML), 50 MG/50 ML (1 MG/ML)	3	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
MORPHINE (PF) IN 0.9 % SOD CHL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 150 MG/30 ML (5 MG/ML), 55 MG/55 ML (1 MG/ML)	3	PA; QL
<i>morphine (pf) in 0.9 % sod chl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml)</i>	1	PA; QL
<i>morphine (pf) in 0.9 % sod chl intravenous solution 1 mg/ml</i>	1	PA; QL
<i>morphine (pf) in 0.9 % sod chl intravenous syringe 1 mg/ml, 2 mg/2 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml)</i>	1	PA; QL
MORPHINE (PF) IN 0.9 % SOD CHL INTRAVENOUS SYRINGE 2 MG/ML, 4 MG/ML	3	PA; QL
<i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	1	PA; QL
<i>morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml (1 mg/ml)</i>	1	PA; QL

Drug Name	Drug Tier	Requirements / Limits
MORPHINE (PF) INTRAVENOUS SYRINGE 1 MG/2 ML	3	PA; QL
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1	PA; QL
MORPHINE IN 0.9 % SODIUM CHLOR INJECTION PT CONTROLLED ANALGESIA SYRING 55 MG/55 ML (1 MG/ML)	3	PA; QL
<i>morphine in 0.9 % sodium chlor intravenous prefilled pump reservoir 100 mg/100 ml (1 mg/ml), 250 mg/50 ml (5 mg/ml), 50 mg/50 ml (1 mg/ml)</i>	1	PA; QL
<i>morphine in 0.9 % sodium chlor intravenous pt controlled analgesia syring 150 mg/30 ml (5 mg/ml), 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml)</i>	1	PA; QL
MORPHINE IN 0.9 % SODIUM CHLOR INTRAVENOUS SOLUTION 1 MG/ML, 5 MG/ML	3	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML	3	PA; QL
MORPHINE INJECTION SYRINGE 2 MG/ML	3	PA; QL
<i>morphine injection syringe 4 mg/ml, 8 mg/ml</i>	1	PA; QL
MORPHINE INTRAMUSCULAR PEN INJECTOR 10 MG/0.7 ML	3	PA; QL
<i>morphine intravenous pt controlled analgesia syringe 30 mg/30 ml (1 mg/ml)</i>	1	PA; QL
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml, 50 mg/ml</i>	1	PA; QL
MORPHINE INTRAVENOUS SOLUTION 8 MG/ML	3	PA; QL
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	PA; QL
MORPHINE INTRAVENOUS SYRINGE 8 MG/ML	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	1	PA; QL
<i>morphine oral capsule, extend. release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	1	PA; QL
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	1	PA; QL
<i>morphine oral tablet 15 mg, 30 mg</i>	1	PA; QL
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1	PA; QL
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	1	PA; QL
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG	3	PA; QL
OXAYDO ORAL TABLET, ORAL ONLY 5 MG, 7.5 MG	3	PA; QL
<i>oxycodone oral capsule 5 mg</i>	1	PA; QL
<i>oxycodone oral concentrate 20 mg/ml</i>	1	PA; QL
<i>oxycodone oral solution 5 mg/5 ml</i>	1	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	PA; QL
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	1	PA; QL
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	PA; QL
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	2	PA; QL
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	1	PA; QL
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	1	PA; QL
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	3	PA; QL
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	PA; QL
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML	4	LA

Drug Name	Drug Tier	Requirements / Limits
<i>tencon oral tablet 50-325 mg</i>	1	
TREZIX ORAL CAPSULE 320.5-30-16 MG	3	PA; QL
XTAMPZA ER ORAL CAP,SPRINKL,ER1 2HR(DONT CRUSH) 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	3	PA; QL
<i>zebutal oral capsule 50-325-40 mg</i>	1	
<b>NON-NARCOTIC ANALGESICS</b>		
<i>adult aspirin regimen oral tablet,delayed release (dr/ec) 81 mg</i>	5	ACA; OTC
ANAPROX DS ORAL TABLET 550 MG	3	ST
ANJESO INTRAVENOUS SUSPENSION 30 MG/ML	3	
ARTHROTEC 50 ORAL TABLET,IR,DELAYED REL,BIPHASIC 50-200 MG-MCG	3	ST
ARTHROTEC 75 ORAL TABLET,IR,DELAYED REL,BIPHASIC 75-200 MG-MCG	3	ST

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Drug Name	Drug Tier	Requirements / Limits
<i>aspirin childrens oral tablet,chewable 81 mg</i>	5	ACA; OTC
<i>aspirin oral tablet,chewable 81 mg</i>	5	ACA; OTC
<i>aspirin oral tablet,delayed release (dr/ec) 81 mg</i>	5	ACA; OTC
<i>bayer low dose aspirin oral tablet,delayed release (dr/ec) 81 mg</i>	5	ACA; OTC
<i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	1	
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	1	
<i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i>	1	PA; QL
<i>butorphanol nasal spray,non-aerosol 10 mg/ml</i>	1	PA; QL
CALDOLOR INTRAVENOUS PIGGYBACK 800 MG/200 ML (4 MG/ML)	3	
CALDOLOR INTRAVENOUS RECON SOLN 800 MG/8 ML (100 MG/ML)	2	

Drug Name	Drug Tier	Requirements / Limits
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1	ST
CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 17-83 300 MG	3	PA; QL
CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	3	PA; QL
DAYPRO ORAL TABLET 600 MG	3	ST
DICLOFENAC EPOLAMINE TRANSDERMAL PATCH 12 HOUR 1.3 %	3	ST; QL
<i>diclofenac potassium oral capsule 25 mg</i>	1	
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	1	
<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 solution in metered-dose pump 20 mg/gram /actuation(2 %)</i>	1	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
<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	
DISALCID ORAL TABLET 500 MG, 750 MG	3	
EC-NAPROSYN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG	3	ST
<i>ecotrin low strength oral tablet,delayed release (dr/ec) 81 mg</i>	5	ACA; OTC
<i>etodolac oral capsule 200 mg, 300 mg</i>	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	
FELDENE ORAL CAPSULE 10 MG, 20 MG	3	ST
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %	2	ST; QL
<i>flurbiprofen oral tablet 100 mg</i>	1	
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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	ST
<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	
KETOROLAC NASAL SPRAY,NON-AEROSOL 15.75 MG/SPRAY	3	ST; QL
<i>ketorolac oral tablet 10 mg</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	2	QL
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	2	ST; QL
LODINE ORAL TABLET 400 MG	3	ST
LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG	3	
LUCEMYRA ORAL TABLET 0.18 MG	2	QL
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	1	
<i>mefenamic acid oral capsule 250 mg</i>	1	
MELOXICAM ORAL SUSPENSION 7.5 MG/5 ML	3	ST; QL
<i>meloxicam oral tablet 15 mg, 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	PA; QL
NALMEFENE INJECTION SOLUTION 1 MG/ML	3	
<i>naloxone injection solution 0.4 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i>	1	QL
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG	3	
<i>naltrexone oral tablet 50 mg</i>	1	
NAPROSYN ORAL SUSPENSION 125 MG/5 ML	3	ST
NAPROSYN ORAL TABLET 500 MG	3	ST
<i>naproxen oral suspension 125 mg/5 ml</i>	1	ST
<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	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg, 750 mg</i>	1	ST
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	3	QL

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Drug Name	Drug Tier	Requirements / Limits
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	3	PA; QL
OLINVYK INTRAVENOUS PATIENT CONTROL.ANALGESIA SOLN 30 MG/30 ML (1 MG/ML)	3	
OLINVYK INTRAVENOUS SOLUTION 1 MG/ML	3	
OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION	3	
<i>oxaprozin oral tablet 600 mg</i>	1	
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	1	PA; QL
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	
QDOLO ORAL SOLUTION 5 MG/ML	3	PA; QL
RELAFEN DS ORAL TABLET 1,000 MG	3	ST
<i>salsalate oral tablet 500 mg, 750 mg</i>	1	
<i>st joseph aspirin oral tablet, chewable 81 mg</i>	5	ACA; OTC
<i>st. joseph aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	5	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	3	
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
<i>tolmetin oral capsule 400 mg</i>	1	ST
<i>tolmetin oral tablet 600 mg</i>	1	ST
TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 17-83 300 MG	3	PA; QL
TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 25-75 100 MG, 200 MG	3	PA; QL
TRAMADOL ORAL SOLUTION 5 MG/ML	3	PA; QL
TRAMADOL ORAL TABLET 100 MG	3	PA; QL
<i>tramadol oral tablet 50 mg</i>	1	PA; QL
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	1	PA; QL
<i>tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg</i>	1	PA; QL
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG	4	LA
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML	3	
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	2	
<b>PSYCHOTHERAPEUTIC DRUGS</b>		
ABILIFY ASIMTUFIL INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRINGE 720 MG/2.4 ML, 960 MG/3.2 ML	2	
ABILIFY MAINTENANCE INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 300 MG, 400 MG	2	
ABILIFY MAINTENANCE INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRINGE 300 MG, 400 MG	2	

Drug Name	Drug Tier	Requirements / Limits
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET WITH SENSOR AND STRIP 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	3	QL
ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	3	QL
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	3	QL
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED 10 MG	3	
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG	3	
ADDYI ORAL TABLET 100 MG	3	PA
ADZENYS XR-ODT ORAL TABLET, DISINTEGRATING BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	3	ST

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 1, 2024.

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>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	1	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG	3	
ALENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
APTENSIO XR ORAL CAP,ER SPRINKLE,BIPHA SIC 40-60 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	3	ST
<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
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 675 MG/2.4 ML	2	
ARISTADA INTRAMUSCULAR SUSPENSION,EXT ENDED REL 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>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
ATIVAN INJECTION SOLUTION 2 MG/ML, 4 MG/ML	3	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG	3	
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	1	
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	3	ST; QL
AZSTARYS ORAL CAPSULE 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG	3	ST
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	ST; QL
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	QL
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	3	ST; QL
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	1	QL
<i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
BYFAVO INTRAVENOUS RECON SOLN 20 MG	3	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	3	ST; QL
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	
<i>chlorpromazine injection solution 25 mg/ml</i>	1	
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	1	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
CITALOPRAM ORAL CAPSULE 30 MG	3	ST; QL
<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	

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Drug Name	Drug Tier	Requirements / Limits
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	1	
CLOZARIL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	3	
COTEMPLA XR-ODT ORAL TABLET, DISINTEGRATING BIPHASE 24H 17.3 MG, 25.9 MG, 8.6 MG	3	ST
DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR	3	ST
DAYVIGO ORAL TABLET 10 MG, 5 MG	3	ST
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
DESOXYN ORAL TABLET 5 MG	3	
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 50 MG	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	1	ST; QL
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG, 15 MG	3	ST
<i>dexmethylphenidate oral capsule, er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	1	
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	1	
<i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i>	1	
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 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	

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Drug Name	Drug Tier	Requirements / Limits
<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	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>doxepin oral concentrate 10 mg/ml</i>	1	
<i>doxepin oral tablet 3 mg, 6 mg</i>	1	ST; QL
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	QL
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	1	ST; QL
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML	2	ST

Drug Name	Drug Tier	Requirements / Limits
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG	2	ST
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG	3	ST; QL
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	3	
<i>ergoloid oral tablet 1 mg</i>	1	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1	ST
<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
EVEKEO ODT ORAL TABLET, DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG	3	
EVEKEO ORAL TABLET 10 MG, 5 MG	3	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	QL

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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)	2	ST; QL
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	2	ST; QL
<i>fluoxetine oral capsule 10 mg, 40 mg</i>	1	QL
<i>fluoxetine oral capsule 20 mg</i>	1	
<i>fluoxetine oral capsule, delayed release(dr/ec) 90 mg</i>	1	ST; QL
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	
<i>fluoxetine oral tablet 10 mg</i>	1	ST; QL
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	1	ST
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	1	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	1	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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	ST; QL
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	3	ST; QL
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)	3	
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG	3	QL
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
HALCION ORAL TABLET 0.25 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML	3	
<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 intramuscular syringe 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	
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	4	PA; LA; QL
HETLIOZ ORAL CAPSULE 20 MG	4	PA; LA; QL
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG	3	
<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	

Drug Name	Drug Tier	Requirements / Limits
INTUNIV ER ORAL TABLET EXTENDED RELEASE 24 HR 1 MG, 2 MG, 3 MG, 4 MG	3	PA
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML, 1,560 MG/5 ML	3	
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG, 3 MG, 6 MG, 9 MG	3	QL
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML	3	
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML, 410 MG/1.32 ML, 546 MG/1.75 ML, 819 MG/2.63 ML	3	
JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	3	ST

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Drug Name	Drug Tier	Requirements / Limits
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HR 0.1 MG	3	PA
KETAMINE SUBLINGUAL TROCHE 100 MG	3	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	3	QL
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	1	QL
<i>lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	
<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	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG	3	
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>lorazepam injection syringe 2 mg/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	
LOREEV XR ORAL CAPSULE, EXTENDED RELEASE 24HR 1 MG, 1.5 MG, 2 MG, 3 MG	3	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
LUMRYZ ORAL EXTENDED RELEASE GRANULES, PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM	4	PA; LA; QL
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	QL
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	3	PA; QL
MARPLAN ORAL TABLET 10 MG	3	
<i>methamphetamine oral tablet 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
METHYLIN ORAL SOLUTION 10 MG/5 ML, 5 MG/5 ML	3	
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	ST
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	1	
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<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	
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG, 72 MG	3	ST

Drug Name	Drug Tier	Requirements / Limits
<i>methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg</i>	1	
<i>methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr</i>	1	ST
MIDAZOLAM (PF) IN 0.9 % NACL INTRAVENOUS PREFILLED PUMP RESERVOIR 100 MG/100 ML (1 MG/ML)	3	
<i>midazolam (pf) in 0.9 % nacl intravenous solution 1 mg/ml</i>	1	
MIDAZOLAM (PF) IN 0.9 % NACL INTRAVENOUS SYRINGE 2 MG/2 ML (1 MG/ML), 5 MG/5 ML (1 MG/ML)	3	
<i>midazolam (pf) injection solution 1 mg/ml, 5 mg/ml</i>	1	
<i>midazolam (pf) injection syringe 2 mg/2 ml (1 mg/ml), 5 mg/ml</i>	1	
MIDAZOLAM IN 0.9 % SOD CHLORID INTRAVENOUS SOLUTION 1 MG/ML	3	

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Drug Name	Drug Tier	Requirements / Limits
MIDAZOLAM IN 0.9 % SOD CHLORID INTRAVENOUS SYRINGE 2 MG/2 ML (1 MG/ML), 5 MG/5 ML (1 MG/ML)	3	
MIDAZOLAM IN NACL, ISO-OSMOTIC INJECTION SYRINGE 2 MG/2 ML (1 MG/ML)	3	
MIDAZOLAM IN NACL, ISO-OSMOTIC INTRAVENOUS SOLUTION 1 MG/ML	3	
MIDAZOLAM IN NACL,ISO-OSMO(PF) INTRAVENOUS SOLUTION 1 MG/ML	3	
MIDAZOLAM IN NACL,ISO-OSMO(PF) INTRAVENOUS SYRINGE 25 MG/25 ML (1 MG/ML), 50 MG/50 ML (1 MG/ML)	3	
<i>midazolam injection solution 1 mg/ml, 5 mg/ml</i>	1	
MIDAZOLAM INTRAVENOUS SYRINGE 150 MG/30 ML (5 MG/ML)	3	

Drug Name	Drug Tier	Requirements / Limits
MIDAZOLAM ORAL SYRUP 10 MG/5 ML (2 MG/ML)	3	
<i>midazolam oral syrup 2 mg/ml</i>	1	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i>	1	
<i>modafinil oral tablet 100 mg, 200 mg</i>	1	PA; QL
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	1	
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG	2	ST
NARDIL ORAL TABLET 15 MG	3	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	1	
NUPLAZID ORAL CAPSULE 34 MG	4	PA; LA; QL
NUPLAZID ORAL TABLET 10 MG	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG	3	PA; QL
<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
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG	3	
PARNATE ORAL TABLET 10 MG	3	
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	1	ST
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	1	ST; QL
<i>paroxetine mesylate(menop.sym ) oral capsule 7.5 mg</i>	1	ST; QL
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG, 37.5 MG	3	ST; QL
PAXIL ORAL SUSPENSION 10 MG/5 ML	3	ST
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	3	ST; QL
<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	
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG	3	
<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	

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Drug Name	Drug Tier	Requirements / Limits
<i>protriptyline oral tablet 10 mg, 5 mg</i>	1	
PROVIGIL ORAL TABLET 100 MG, 200 MG	3	PA; QL
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG	3	PA
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	QL
QUETIAPINE ORAL TABLET 150 MG	3	QL
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	1	QL
QUILLICHEW ER ORAL TABLET,CHEW,IR - ER.BIPHASIC24HR 20 MG, 30 MG, 40 MG	2	ST
QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON 5 MG/ML (25 MG/5 ML)	2	ST
QUVIVIQ ORAL TABLET 25 MG, 50 MG	3	ST
<i>ramelteon oral tablet 8 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG, 72 MG	3	ST
REMERON ORAL TABLET 15 MG, 30 MG	3	
REMERON SOLTAB ORAL TABLET,DISINTEGRATING 15 MG, 30 MG, 45 MG	3	
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG	3	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	ST; QL
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	2	
RISPERDAL ORAL SOLUTION 1 MG/ML	3	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	QL
<i>risperidone oral solution 1 mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<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
RITALIN LA ORAL CAPSULE, ER BIPHASIC 50-50 10 MG, 20 MG, 30 MG, 40 MG	3	ST
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG	3	
ROZEREM ORAL TABLET 8 MG	3	ST; QL
RYKINDO INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	3	
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	3	QL
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	3	QL

Drug Name	Drug Tier	Requirements / Limits
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG	3	QL
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG	3	QL
SERTRALINE ORAL CAPSULE 150 MG, 200 MG	3	ST; QL
<i>sertraline oral concentrate 20 mg/ml</i>	1	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL
SILENOR ORAL TABLET 3 MG, 6 MG	3	ST; QL
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	4	PA; QL
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	4	PA; LA
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG	3	PA
SUNOSI ORAL TABLET 150 MG, 75 MG	2	PA; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 1, 2024.

Drug Name	Drug Tier	Requirements / Limits
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	3	
<i>tasimelteon oral capsule 20 mg</i>	4	PA; LA; 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	
<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

Drug Name	Drug Tier	Requirements / Limits
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED RELEASE SYRING 100 MG/0.28 ML, 125 MG/0.35 ML, 150 MG/0.42 ML, 200 MG/0.56 ML, 250 MG/0.7 ML, 50 MG/0.14 ML, 75 MG/0.21 ML	3	
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG	3	
VENLAFAXINE BESYLATE ORAL TABLET EXTENDED RELEASE 24HR 112.5 MG	3	ST; QL
<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
VERSACLOZ ORAL SUSPENSION 50 MG/ML	3	
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	1	ST; QL
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	3	QL

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Drug Name	Drug Tier	Requirements / Limits
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)-3 MG (6)	3	QL
VYLEESI SUBCUTANEOUS AUTO-INJECTOR 1.75 MG/0.3 ML	4	PA; LA; QL
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	3	ST; QL
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	2	ST
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	4	PA; LA; QL
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	3	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 0.5 MG, 1 MG, 2 MG, 3 MG	3	
XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR	3	ST
XYREM ORAL SOLUTION 500 MG/ML	4	PA; QL

Drug Name	Drug Tier	Requirements / Limits
XYWAV ORAL SOLUTION 0.5 GRAM/ML	4	PA; QL
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	QL
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	QL
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	1	
ZOLPIDEM ORAL CAPSULE 7.5 MG	3	ST; 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
ZULRESSO INTRAVENOUS SOLUTION 5 MG/ML	4	LA
ZYPREXA INTRAMUSCULAR RECON SOLN 10 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG	3	QL
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG	3	
ZYPREXA ZYDIS ORAL TABLET, DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG	3	QL

## CARDIOVASCULAR, HYPERTENSION & LIPIDS

### ANTIARRHYTHMIC AGENTS

<i>adenosine intravenous solution 3 mg/ml</i>	1	
<i>amiodarone intravenous solution 50 mg/ml</i>	1	
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG	3	ST
BETAPACE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	3	ST
<i>bretylum tosylate injection solution 50 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	1	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>lidocaine (pf) intravenous solution 20 mg/ml (2 %)</i>	1	
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	1	
MULTAQ ORAL TABLET 400 MG	3	
NEXTERONE INTRAVENOUS SOLUTION 150 MG/100 ML (1.5 MG/ML), 360 MG/200 ML (1.8 MG/ML)	3	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	3	
NORPACE ORAL CAPSULE 100 MG, 150 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
<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 oral tablet extended release 324 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
RYTHMOL SR ORAL CAPSULE, EXTENDED RELEASE 12 HR 225 MG, 325 MG, 425 MG	3	
<i>sorine oral tablet 120 mg, 80 mg</i>	1	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	1	
SOTALOL INTRAVENOUS SOLUTION 150 MG/10 ML (15 MG/ML)	3	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
SOTYLIZE ORAL SOLUTION 5 MG/ML	2	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG	3	
<b>ANTIHYPERTENSIVE THERAPY</b>		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	3	
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	3	
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	
ALDACTAZIDE ORAL TABLET 25-25 MG	3	
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG	3	
<i>aliskiren oral tablet 150 mg, 300 mg</i>	1	
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG	3	
<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	

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Drug Name	Drug Tier	Requirements / Limits
<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	
<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	

Drug Name	Drug Tier	Requirements / Limits
<i>BIDIL ORAL TABLET 20-37.5 MG</i>	3	
<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>BREVIBLOC IN NACL (ISO-OSM) INTRAVENOUS PARENTERAL SOLUTION 2,000 MG/100 ML, 2,500 MG/250 ML (10 MG/ML)</i>	3	
<i>BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10 ML (10 MG/ML)</i>	3	
<i>bumetanide injection solution 0.25 mg/ml</i>	1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 240 MG</i>	3	
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	
CARDIZEM CD ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG	3	QL
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	3	QL
CAROSPIR ORAL SUSPENSION 25 MG/5 ML	3	PA
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24 HR	3	QL
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24 HR	3	QL
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24 HR	3	QL
<i>chlorothiazide sodium intravenous recon soln 500 mg</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	1	QL
CONJUPRI ORAL TABLET 2.5 MG, 5 MG	3	ST
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG	3	ST

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Drug Name	Drug Tier	Requirements / Limits
CORGARD ORAL TABLET 20 MG, 40 MG	3	ST
DEMSER ORAL CAPSULE 250 MG	3	PA
DIBENZYLINE ORAL CAPSULE 10 MG	3	PA
<i>diltiazem hcl oral capsule, ext. rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral capsule, extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>dilt-xr oral capsule, ext. rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
DIURIL ORAL SUSPENSION 250 MG/5 ML	3	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	QL
DYRENIUM ORAL CAPSULE 100 MG, 50 MG	3	
EDECIN ORAL TABLET 25 MG	3	
<i>enalapril maleate oral solution 1 mg/ml</i>	1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>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 intravenous recon soln 0.5 mg, 1.5 mg</i>	4	PA; LA
<i>eprosartan oral tablet 600 mg</i>	1	
<i>esmolol in nacl (iso-osm) intravenous parenteral solution 2,000 mg/100 ml, 2,500 mg/250 ml (10 mg/ml)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
ESMOLOL IN STERILE WATER INTRAVENOUS PARENTERAL SOLUTION 2,000 MG/100 ML (20 MG/ML), 2,500 MG/250 ML (10 MG/ML)	3	
<i>esmolol intravenous solution 100 mg/10 ml (10 mg/ml)</i>	1	
<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	
FLOLAN INTRAVENOUS RECON SOLN 0.5 MG, 1.5 MG	4	PA; LA
<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	
FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML	3	
FUROSEMIDE IN 0.9 % NAACL INTRAVENOUS PIGGYBACK 100 MG/100 ML (1 MG/ML)	3	

Drug Name	Drug Tier	Requirements / Limits
<i>furosemide injection solution 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	
<i>hydralazine injection solution 20 mg/ml</i>	1	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
INDERAL XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG	3	ST
INNOPRAN XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG	3	ST
INSPIRA ORAL TABLET 25 MG, 50 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i>	1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	
KERENDIA ORAL TABLET 10 MG, 20 MG	2	PA; QL
LABETALOL IN NAACL (ISO-OSMOT) INTRAVENOUS SOLUTION 1 MG/ML	3	
<i>labetalol intravenous solution 5 mg/ml</i>	1	
LABETALOL INTRAVENOUS SYRINGE 10 MG/2 ML (5 MG/ML)	3	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG	3	
LEVAMLODIPINE ORAL TABLET 2.5 MG, 5 MG	3	ST
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
LOPRESSOR ORAL TABLET 100 MG, 50 MG	3	ST
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	3	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	3	
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
MAXZIDE ORAL TABLET 75-50 MG	3	
MAXZIDE-25MG ORAL TABLET 37.5-25 MG	3	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	1	
<i>methyldopate intravenous solution 250 mg/5 ml</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
<i>metoprolol tartrate intravenous solution 5 mg/5 ml</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>metyrosine oral capsule 250 mg</i>	1	PA
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	3	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	1	
<i>nimodipine oral capsule 30 mg</i>	1	
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	1	
NORLIQVA ORAL SOLUTION 1 MG/ML	3	ST
NYMALIZE ORAL SOLUTION 60 MG/10 ML	3	
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML	3	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)-0.25 MG (42)	4	LA; QL
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)-0.25 MG (210)	4	LA; QL
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)-0.25 MG(42)-1MG	4	LA; QL
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	4	PA; LA; QL
<i>papaverine injection solution 30 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>phenoxybenzamine oral capsule 10 mg</i>	1	PA
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG	3	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG, 90 MG	3	
<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	
QBRELIS ORAL SOLUTION 1 MG/ML	3	PA

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Drug Name	Drug Tier	Requirements / Limits
<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	
SODIUM EDECIN INTRAVENOUS RECON SOLN 50 MG	3	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	
<i>taztia xt oral capsule, extended release 24 hr 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	2	
TEKTURNA ORAL TABLET 150 MG, 300 MG	3	

Drug Name	Drug Tier	Requirements / Limits
<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	
TENORETIC 100 ORAL TABLET 100-25 MG	3	ST
TENORETIC 50 ORAL TABLET 50-25 MG	3	ST
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG	3	ST
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	QL
THALITONE ORAL TABLET 15 MG	3	
<i>tiadylt er oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
TIAZAC ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	1	
<i>triamterene oral capsule 100 mg, 50 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG	4	PA; LA
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	4	PA; LA; QL
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
VALSARTAN ORAL SOLUTION 4 MG/ML	3	ST
<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	
VASERETIC ORAL TABLET 10-25 MG	3	
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	3	
<i>veletri intravenous recon soln 0.5 mg, 1.5 mg</i>	4	PA; LA
<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	
VERELAN PM ORAL CAPSULE, 24 HR ER PELLETT CT 100 MG, 200 MG, 300 MG	3	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 1, 2024.

Drug Name	Drug Tier	Requirements / Limits
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	3	
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG	3	
ZIAC ORAL TABLET 10-6.25 MG	3	ST
<b>CARDIAC GLYCOSIDES</b>		
<i>digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg)</i>	1	
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG)	3	
<b>COAGULATION THERAPY</b>		
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

Drug Name	Drug Tier	Requirements / Limits
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
AGGRASTAT CONCENTRATE INTRAVENOUS CONCENTRATE 250 MCG/ML	3	
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

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Drug Name	Drug Tier	Requirements / Limits
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	4	LA
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	4	LA
ALTUVIHO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT	4	LA
AMICAR ORAL SOLUTION 250 MG/ML (25 %)	3	
AMICAR ORAL TABLET 1,000 MG, 500 MG	3	
<i>aminocaproic acid intravenous solution 250 mg/ml</i>	1	
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>	1	
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i>	1	
ANDEXXA INTRAVENOUS RECON SOLN 200 MG	3	

Drug Name	Drug Tier	Requirements / Limits
ANGIOMAX INTRAVENOUS RECON SOLN 250 MG	3	
<i>argatroban in 0.9 % sod chlor intravenous solution 1 mg/ml</i>	1	
ARGATROBAN INTRAVENOUS SOLUTION 100 MG/ML	3	
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML, 2.5 MG/0.5 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML	4	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	1	
ASPIRIN- OMEPRAZOLE ORAL TABLET,IR,DELA YED REL,BIPHASIC 81-40 MG	3	PA
BALFAXAR INTRAVENOUS RECON SOLN 1,000 UNIT, 500 UNIT	3	
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	4	LA

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Drug Name	Drug Tier	Requirements / Limits
<i>bivalirudin intravenous recon soln 250 mg</i>	1	
BIVALIRUDIN INTRAVENOUS SOLUTION 250 MG/50 ML (5 MG/ML)	3	
BRILINTA ORAL TABLET 60 MG, 90 MG	2	
CABLIVI INJECTION KIT 11 MG	4	PA; LA
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 100 mg, 50 mg</i>	1	
<i>clopidogrel oral tablet 300 mg, 75 mg</i>	1	
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	4	LA
CYKLOKAPRON INTRAVENOUS SOLUTION 1,000 MG/10 ML (100 MG/ML)	3	

Drug Name	Drug Tier	Requirements / Limits
<i>dabigatran etexilate oral capsule 150 mg, 75 mg</i>	1	PA
DEFITELIO INTRAVENOUS SOLUTION 80 MG/ML	3	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	4	PA; LA; QL
EFFIENT ORAL TABLET 10 MG, 5 MG	3	
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	2	PA
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	2	PA
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 subcutaneous solution 300 mg/3 ml</i>	4	

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Drug Name	Drug Tier	Requirements / Limits
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	4	
<i>eptifibatide intravenous solution 2 mg/ml</i>	1	
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	4	LA
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT	4	LA
FIBRYGA INTRAVENOUS RECON SOLN 1 GRAM (700 MG-1,300 MG)	4	LA
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	4	
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML, 25,000 ANTI-XA UNIT/ML	4	

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	
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4 ML	4	PA; LA
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT	4	LA
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT	4	LA
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT	4	LA
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT	4	LA
<i>hep flush-10 (pf) intravenous solution 10 unit/ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
HEPARIN (PORCINE) IN 0.9% NACL INTRAVENOUS PARENTERAL SOLUTION 2,500 UNIT/500 ML (5 UNIT/ML), 30,000 UNIT/1,000 ML, 5,000 UNIT/1,000 ML, 5,000 UNIT/500 ML (10 UNIT/ML)	3	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	1	
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml, 2,000 unit/1,000 ml</i>	1	
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	1	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml</i>	1	
<i>heparin lock flush intravenous syringe 10 unit/ml</i>	1	
<i>heparin lockflush(porcine)(pf) intravenous syringe 10 unit/ml, 100 unit/ml</i>	1	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	3	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml</i>	1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	3	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml</i>	1	
HEPARIN, PORCINE (PF) SUBCUTANEOUS SYRINGE 5,000 UNIT/0.5 ML	3	
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT	4	LA
IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) 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 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	4	LA

Drug Name	Drug Tier	Requirements / Limits
KCENTRA INTRAVENOUS RECON SOLN 1,000 UNIT (800-1240 UNIT), 500 UNIT (400-620 UNIT)	3	
KENGREAL INTRAVENOUS RECON SOLN 50 MG	3	
KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	4	LA
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	4	
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	4	LA
LOVENOX SUBCUTANEOUS SOLUTION 300 MG/3 ML	4	

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Drug Name	Drug Tier	Requirements / Limits
LOVENOX SUBCUTANEOUS SYRINGE 100 MG/ML, 120 MG/0.8 ML, 150 MG/ML, 30 MG/0.3 ML, 40 MG/0.4 ML, 60 MG/0.6 ML, 80 MG/0.8 ML	4	
MULPLETA ORAL TABLET 3 MG	4	PA; LA; QL
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
NUWIQ INTRAVENOUS RECON SOLN 1,500 UNIT, 1000 UNIT, 2,000 UNIT, 2,500 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	4	LA
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE	4	LA
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
PHYTONADIONE (VITAMIN K1) INJECTION SOLUTION 1 MG/0.5 ML	2	
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>	1	
PHYTONADIONE (VITAMIN K1) INJECTION SYRINGE 1 MG/0.5 ML	2	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	QL
PLAVIX ORAL TABLET 75 MG	3	
PRADAXA ORAL PELLETS IN PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG	4	PA; LA
<i>prasugrel oral tablet 10 mg, 5 mg</i>	1	
PRAXBIND INTRAVENOUS SOLUTION 2.5 GRAM/50 ML	3	
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	4	LA
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	4	PA; LA
<i>protamine intravenous solution 10 mg/ml</i>	1	
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	4	LA
RECOMBINATE 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
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	4	LA
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 5 MG (5,000 MCG)	4	LA
TAVALISSE ORAL TABLET 100 MG, 150 MG	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>tirofiban-0.9% sodium chloride intravenous solution 12.5 mg/250 ml (50 mcg/ml)</i>	1	
TRANEXAMIC ACID IN NACL,ISO-OS INTRAVENOUS PIGGYBACK 1,000 MG/100 ML (10 MG/ML)	3	
<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	
<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	
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT	4	LA
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)-20 MG (9)	2	PA
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	2	PA

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Drug Name	Drug Tier	Requirements / Limits
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	2	PA
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	4	LA
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	4	LA
YOSPRALA ORAL TABLET,IR,DELA YED REL,BIPHASIC 325-40 MG, 81-40 MG	3	PA
ZONTIVITY ORAL TABLET 2.08 MG	3	
<b>LIPID/CHOLESTEROL LOWERING AGENTS</b>		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	3	ST; QL
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	5	ACA; QL
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	QL
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	3	ST; QL
<i>cholestyramine (with sugar) oral powder 4 gram</i>	1	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	1	
<i>cholestyramine light oral powder 4 gram</i>	1	
<i>cholestyramine light oral powder in packet 4 gram</i>	1	
<i>colesevelam oral powder in packet 3.75 gram</i>	1	
<i>colesevelam oral tablet 625 mg</i>	1	
COLESTID FLAVORED ORAL PACKET 7.5 GRAM	3	ST
COLESTID ORAL GRANULES 5 GRAM	3	ST
COLESTID ORAL PACKET 5 GRAM	3	ST

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Drug Name	Drug Tier	Requirements / Limits
COLESTID ORAL TABLET 1 GRAM	3	ST
<i>colestipol oral granules 5 gram</i>	1	
<i>colestipol oral packet 5 gram</i>	1	
<i>colestipol oral tablet 1 gram</i>	1	
EVKEEZA INTRAVENOUS SOLUTION 150 MG/ML	4	PA; LA
<i>ezetimibe oral tablet 10 mg</i>	1	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	QL
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fenofibrate oral tablet 40 mg</i>	1	ST
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	1	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
FENOGLIDE ORAL TABLET 120 MG, 40 MG	3	ST
FIBRICOR ORAL TABLET 105 MG, 35 MG	3	ST
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML)	3	ST; QL
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	5	ACA; QL
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	5	ACA; QL
<i>gemfibrozil oral tablet 600 mg</i>	1	
<i>icosapent ethyl oral capsule 0.5 gram, 1 gram</i>	1	PA
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	4	PA; LA
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR 80 MG	3	ST; QL
LIPOFEN ORAL CAPSULE 150 MG, 50 MG	3	ST
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	2	ST; QL
LOPID ORAL TABLET 600 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	5	ACA; QL
LOVAZA ORAL CAPSULE 1 GRAM	3	PA
NEXLETOL ORAL TABLET 180 MG	2	PA
NEXLIZET ORAL TABLET 180-10 MG	2	PA
<i>niacin oral tablet 500 mg</i>	1	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	1	
NIACOR ORAL TABLET 500 MG	3	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	1	PA
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	3	PA; QL
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	5	ACA; QL
<i>prevalite oral powder 4 gram</i>	1	
<i>prevalite oral powder in packet 4 gram</i>	1	
QUESTRAN LIGHT ORAL POWDER 4 GRAM	3	ST
QUESTRAN ORAL POWDER 4 GRAM	3	ST

Drug Name	Drug Tier	Requirements / Limits
QUESTRAN ORAL POWDER IN PACKET 4 GRAM	3	ST
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	2	PA; QL
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	2	PA; QL
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	2	PA; QL
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	5	ACA; QL
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1	QL
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	5	ACA; QL
<i>simvastatin oral tablet 80 mg</i>	1	QL
TRICOR ORAL TABLET 145 MG, 48 MG	3	ST
TRILIPIX ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 135 MG, 45 MG	3	ST
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	2	PA

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Drug Name	Drug Tier	Requirements / Limits
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	3	ST; QL
<b>MISCELLANEOUS CARDIOVASCULAR AGENTS</b>		
ASPRUZYO SPRINKLE ORAL EXTEND RELEASE GRANULES,PACKET 1,000 MG, 500 MG	3	
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	4	PA; LA; QL
CORLANOR ORAL SOLUTION 5 MG/5 ML	4	PA; LA
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
FILSPARI ORAL TABLET 200 MG, 400 MG	4	PA; LA; QL
GIAPREZA INTRAVENOUS SOLUTION 0.5 MG/ML, 2.5 MG/ML	3	
<i>isoproterenol hcl injection solution 0.2 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR 1,000 MG, 500 MG	3	
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	1	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	2	PA; QL
VYNDAMAX ORAL CAPSULE 61 MG	4	PA; LA
VYNDAQEL ORAL CAPSULE 20 MG	4	PA; LA
<b>NITRATES</b>		
GONITRO SUBLINGUAL POWDER IN PACKET 400 MCG	3	
ISORDIL ORAL TABLET 40 MG	3	
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 1, 2024.

Drug Name	Drug Tier	Requirements / Limits
<i>nitro-bid transdermal ointment 2 %</i>	1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR	3	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i>	1	
NITROLINGUAL TRANSLINGUAL SPRAY, NON-AEROSOL 400 MCG/SPRAY	3	
NITROMIST TRANSLINGUAL AEROSOL, SPRAY 400 MCG/SPRAY	3	
NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG	3	
<i>nitro-time oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<b>DERMATOLOGICALS/TOPICAL THERAPY</b>		
<b>ANTIPSORIATIC / ANTISEBORRHEIC</b>		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1	
<i>calcipotriene scalp solution 0.005 %</i>	1	QL
<i>calcipotriene topical cream 0.005 %</i>	1	QL
CALCIPOTRIENE TOPICAL FOAM 0.005 %	3	ST; QL
<i>calcipotriene topical ointment 0.005 %</i>	1	QL
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	1	ST; QL
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i>	1	QL
<i>calcitriol topical ointment 3 mcg/gram</i>	1	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; LA; QL
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; LA; QL
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	4	PA; LA; QL
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML)	4	PA; LA
ENSTILAR TOPICAL FOAM 0.005-0.064 %	2	ST; QL
EPIFOAM TOPICAL FOAM 1-1 %	3	ST
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	1	ST
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; LA; QL
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 %	3	
OVACE PLUS TOPICAL CLEANSER 10 %	3	
OVACE PLUS TOPICAL CREAM 10 %	3	
OVACE PLUS TOPICAL LOTION 9.8 %	3	

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

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Drug Name	Drug Tier	Requirements / Limits
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	4	PA; LA; QL
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	4	PA; LA; QL
<i>sulfacetamide sodium topical cleanser 10 %</i>	1	
<i>sulfacetamide sodium topical cleanser, gel 10 %</i>	1	
<i>sulfacetamide sodium topical shampoo 10 %, 9.8 %</i>	1	
TACLONEX TOPICAL OINTMENT 0.005- 0.064 %	3	ST; QL
TACLONEX TOPICAL SUSPENSION 0.005-0.064 %	3	QL
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	4	PA; LA; QL
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	4	PA; LA; QL
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	4	PA; LA; QL
TERSI FOAM TOPICAL FOAM 2.25 %	3	
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	4	PA; LA; QL
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; LA; QL
VECTICAL TOPICAL OINTMENT 3 MCG/GRAM	3	
WYNZORA TOPICAL CREAM 0.005-0.064 %	3	ST; QL
<b>BURN THERAPY</b>		
SILVADENE TOPICAL CREAM 1 %	3	
<i>silver sulfadiazine topical cream 1 %</i>	1	
<i>ssd topical cream 1 %</i>	1	
<b>MISCELLANEOUS DERMATOLOGICALS</b>		

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Drug Name	Drug Tier	Requirements / Limits
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; LA; QL
AMELUZ TOPICAL GEL 10 %	3	
<i>ammonium lactate topical cream 12 %</i>	1	
<i>ammonium lactate topical lotion 12 %</i>	1	
CANTHARIDIN IN ACETONE TOPICAL SOLUTION 0.7 %	3	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	4	PA; LA; QL
CONDYLOX TOPICAL GEL 0.5 %	3	ST; QL
CORTANE-B TOPICAL LOTION 1-1-0.1 %	3	
<i>diclofenac sodium topical gel 3 %</i>	1	PA; QL
<i>doxepin topical cream 5 %</i>	1	QL
DRYSOL DAB-O- MATIC TOPICAL SOLUTION 20 %	3	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	4	PA; LA; QL
EFUDEX TOPICAL CREAM 5 %	3	ST
ELIDEL TOPICAL CREAM 1 %	3	ST; QL
EUCRISA TOPICAL OINTMENT 2 %	3	ST; QL
FLUOROPLEX TOPICAL CREAM 1 %	3	
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution 2 %, 5 %</i>	1	
HYFTOR TOPICAL GEL 0.2 %	4	PA; LA
<i>iodine-sodium iodide topical tincture 2 %</i>	1	
IODOFLEX TOPICAL PADS, MEDICATED 0.9 %	3	
IODOSORB TOPICAL GEL 0.9 %	3	
LEVULAN TOPICAL SOLUTION 20 %	3	
<i>methoxsalen oral capsule, liqd- filled, rapid rel 10 mg</i>	1	
<i>methyl salicylate oil</i>	1	
<i>methyl salicylate topical liquid</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
OPZELURA TOPICAL CREAM 1.5 %	3	PA; QL
PANRETIN TOPICAL GEL 0.1 %	3	PA
<i>pimecrolimus topical cream 1 %</i>	1	ST; QL
<i>podofilox topical solution 0.5 %</i>	1	
PROTOPIC TOPICAL OINTMENT 0.1 %	3	ST; QL
<i>prudoxin topical cream 5 %</i>	1	QL
QBREXZA TOPICAL TOWELETTE 2.4 %	3	PA
REGRANEX TOPICAL GEL 0.01 %	2	QL
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	1	ST; QL
TOLAK TOPICAL CREAM 4 %	3	
UVADEX INJECTION SOLUTION 20 MCG/ML	2	
VALCHLOR TOPICAL GEL 0.016 %	4	LA
VEREGEN TOPICAL OINTMENT 15 %	3	PA; QL
<i>wintergreen oil oil</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ZONALON TOPICAL CREAM 5 %	3	QL
<b>THERAPY FOR ACNE</b>		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG	3	ST
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG	3	ST
<i>accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
ACZONE TOPICAL GEL 5 %	3	ST
ACZONE TOPICAL GEL WITH PUMP 7.5 %	3	ST
<i>adapalene topical cream 0.1 %</i>	1	PA
<i>adapalene topical gel 0.3 %</i>	1	PA
<i>adapalene topical gel with pump 0.3 %</i>	1	PA
ADAPALENE TOPICAL LOTION 0.1 %	3	PA
<i>adapalene topical solution 0.1 %</i>	1	PA
<i>adapalene topical swab 0.1 %</i>	1	PA
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %, 0.3-2.5 %</i>	1	PA
AKLIEF TOPICAL CREAM 0.005 %	3	PA

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Drug Name	Drug Tier	Requirements / Limits
ALTRENO TOPICAL LOTION 0.05 %	3	PA
<i>amnesteam oral capsule 10 mg, 20 mg, 40 mg</i>	1	
AMZEEQ TOPICAL FOAM 4 %	3	ST
ARAZLO TOPICAL LOTION 0.045 %	3	PA
ATRALIN TOPICAL GEL 0.05 %	3	PA
AVAR LS TOPICAL CLEANSER 10-2 %	3	ST
<i>avar topical cleanser 10-5 % (w/w)</i>	1	
AVAR-E GREEN TOPICAL CREAM 10-5 % (W/W)	3	ST
AVAR-E LS TOPICAL CREAM 10-2 %	3	ST
<i>avita topical cream 0.025 %</i>	1	PA
<i>azelaic acid topical gel 15 %</i>	1	
AZELEX TOPICAL CREAM 20 %	3	ST
BENZAMYCIN TOPICAL GEL 3-5 %	3	ST
BENZEPRO (MICROSPHERES) TOPICAL CLEANSER 7 %	3	ST

Drug Name	Drug Tier	Requirements / Limits
<i>benzoyl peroxide topical cleanser 7 %</i>	1	
<i>benzoyl peroxide topical foam 9.8 %</i>	1	
<i>brimonidine topical gel with pump 0.33 %</i>	1	PA
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
CLEOCIN T TOPICAL LOTION 1 %	3	ST; QL
CLINDACIN ETZ TOPICAL KIT 1 %	3	ST
<i>clindacin etz topical swab 1 %</i>	1	
<i>clindacin p topical swab 1 %</i>	1	
CLINDACIN PAC TOPICAL KIT 1 %	3	ST
<i>clindacin topical foam 1 %</i>	1	QL
CLINDAGEL TOPICAL GEL, ONCE DAILY 1 %	3	ST; QL
<i>clindamycin phosphate topical foam 1 %</i>	1	QL
<i>clindamycin phosphate topical gel 1 %</i>	1	QL
<i>clindamycin phosphate topical gel, once daily 1 %</i>	1	ST; QL
<i>clindamycin phosphate topical lotion 1 %</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>clindamycin phosphate topical solution 1 %</i>	1	QL
<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 %, 1.2 %(1 % base) - 3.75 %, 1.2-2.5 %</i>	1	
<i>clindamycin-tretinoin topical gel 1.2-0.025 %</i>	1	PA
<i>dapsone topical gel 5 %</i>	1	
<i>dapsone topical gel with pump 7.5 %</i>	1	
DIFFERIN TOPICAL CREAM 0.1 %	3	PA
DIFFERIN TOPICAL GEL WITH PUMP 0.3 %	3	PA
DIFFERIN TOPICAL LOTION 0.1 %	3	PA
EPIDUO FORTE TOPICAL GEL WITH PUMP 0.3-2.5 %	3	PA
<i>ery pads topical swab 2 %</i>	1	
<i>erygel topical gel 2 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>erythromycin with ethanol topical gel 2 %</i>	1	
<i>erythromycin with ethanol topical solution 2 %</i>	1	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	1	
EVOCLIN TOPICAL FOAM 1 %	3	ST; QL
FABIOR TOPICAL FOAM 0.1 %	3	PA
FINACEA TOPICAL FOAM 15 %	2	ST
FINACEA TOPICAL GEL 15 %	3	ST
<i>isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	1	
<i>ivermectin topical cream 1 %</i>	1	QL
METROCREAM TOPICAL CREAM 0.75 %	3	ST
METROGEL TOPICAL GEL 1 %	3	ST
<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	

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Drug Name	Drug Tier	Requirements / Limits
<i>metronidazole topical lotion 0.75 %</i>	1	
MIRVASO TOPICAL GEL WITH PUMP 0.33 %	2	PA
<i>myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL 1.2-5 %	3	ST
<i>neuac topical gel 1.2 % (1 % base) -5 %</i>	1	
NORITATE TOPICAL CREAM 1 %	3	ST
ONEXTON TOPICAL GEL WITH PUMP 1.2 % (1 % BASE) -3.75 %	2	ST
PACNEX TOPICAL CLEANSER 7 %	3	ST
PLEXION CLEANSING CLOTHS TOPICAL PADS, MEDICATED 9.8-4.8 %	3	ST
PLEXION TOPICAL CLEANSER 9.8-4.8 %	3	ST
PLEXION TOPICAL CREAM 9.8-4.8 %	3	ST
PLEXION TOPICAL LOTION 9.8-4.8 %	3	ST

Drug Name	Drug Tier	Requirements / Limits
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %	3	ST
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.04 %, 0.06 %, 0.08 %, 0.1 %	3	PA
RETIN-A MICRO TOPICAL GEL 0.04 %, 0.1 %	3	PA
RETIN-A TOPICAL CREAM 0.025 %, 0.05 %, 0.1 %	3	PA
RETIN-A TOPICAL GEL 0.01 %, 0.025 %	3	PA
RHOFADE TOPICAL CREAM 1 %	3	PA
<i>rosadan topical cream 0.75 %</i>	1	
<i>rosadan topical gel 0.75 %</i>	1	
ROSADAN TOPICAL KIT, CLEANSER AND GEL 0.75 %	3	ST
ROSADAN TOPICAL KIT, CLEANSER AND CREAM 0.75 %	3	ST
<i>rosula cleansing cloths topical pads, medicated 10-5 %</i>	1	
ROSULA TOPICAL CLEANSER 10-4.5 %	3	ST

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Drug Name	Drug Tier	Requirements / Limits
SOOLANTRA TOPICAL CREAM 1 %	3	ST; QL
<i>sss 10-5 topical cream 10-5 % (w/w)</i>	1	
<i>sss 10-5 topical foam 10-5 %</i>	1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 10-5 % (w/w), 9- 4 %, 9-4.5 %, 9.8- 4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w), 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i>	1	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %</i>	1	
SUMADAN TOPICAL CLEANSER 9-4.5 %	3	ST
SUMADAN TOPICAL KIT 9-4.5 %	3	ST

Drug Name	Drug Tier	Requirements / Limits
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %- 4.5 % -SPF 25	3	ST
SUMAXIN CP TOPICAL KIT 10-4 %	3	ST
SUMAXIN TOPICAL CLEANSER 9-4 %	3	ST
SUMAXIN TOPICAL PADS, MEDICATED 10-4 %	3	ST
<i>tazarotene topical cream 0.1 %</i>	1	PA
TAZAROTENE TOPICAL FOAM 0.1 %	3	PA
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	1	PA
TAZORAC TOPICAL CREAM 0.05 %, 0.1 %	3	PA
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	3	PA
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i>	1	PA
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.08 %, 0.1 %</i>	1	PA
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	1	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	1	PA
WINLEVI TOPICAL CREAM 1 %	3	PA
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
ZIANA TOPICAL GEL 1.2-0.025 %	3	PA
<b>TOPICAL ANESTHETICS</b>		
<i>bupivacaine (pf) injection solution 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml), 0.75 % (7.5 mg/ml)</i>	1	
<i>bupivacaine-epinephrine (pf) injection solution 0.25 %-1:200,000, 0.5 %-1:200,000</i>	1	
<i>chloroprocaine (pf) injection solution 20 mg/ml (2 %)</i>	1	
COCAINE NASAL SOLUTION 4 %	3	
<i>dermacinrx lidocaine topical adhesive patch,medicated 5 %</i>	1	PA
EXPAREL (PF) LOCAL INFILTRATION SUSPENSION 1.3 % (13.3 MG/ML)	3	
GOPRELTO NASAL SOLUTION 4 %	3	

Drug Name	Drug Tier	Requirements / Limits
<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 laryngotracheal solution 4 %</i>	1	
<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
<i>lidocaine viscous mucous membrane solution 2 %</i>	1	
<i>lidocaine-epinephrine (pf) injection solution 1.5 %-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>lidocort topical cream 3-0.5 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
NUMBRINO NASAL SOLUTION 4 %	3	
<i>polocaine-mpf injection solution 10 mg/ml (1 %), 20 mg/ml (2 %)</i>	1	
<i>ropivacaine (pf) injection solution 10 mg/ml (1 %), 2 mg/ml (0.2 %), 5 mg/ml (0.5 %), 7.5 mg/ml (0.75 %)</i>	1	
XARACOLL IMPLANT IMPLANT 100 MG	3	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 1 %-1:200,000, 2 %-1:200,000	3	
<b>TOPICAL ANTIBACTERIALS</b>		
ALTABAX TOPICAL OINTMENT 1 %	3	ST; QL
CENTANY AT TOPICAL OINTMENT KIT 2 %	3	ST; QL
CENTANY TOPICAL OINTMENT 2 %	3	ST; QL
<i>gentamicin topical cream 0.1 %</i>	1	QL
<i>gentamicin topical ointment 0.1 %</i>	1	QL
KLARON TOPICAL SUSPENSION 10 %	3	ST

Drug Name	Drug Tier	Requirements / Limits
<i>lugols topical solution 5-10 %</i>	1	
<i>mafenide acetate topical packet 50 gram</i>	1	
<i>mupirocin calcium topical cream 2 %</i>	1	ST; QL
<i>mupirocin topical ointment 2 %</i>	1	QL
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	3	
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	3	
<i>strong iodine topical solution 5-10 %</i>	1	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	1	
SULFAMYLON TOPICAL CREAM 85 MG/G	2	
XEPI TOPICAL CREAM 1 %	3	ST; QL
<b>TOPICAL ANTIFUNGALS</b>		
CICLODAN KIT TOPICAL COMBO PACK 0.77 %	3	
<i>ciclodan topical cream 0.77 %</i>	1	QL
<i>ciclodan topical solution 8 %</i>	1	
<i>ciclopirox topical cream 0.77 %</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>ciclopirox topical gel 0.77 %</i>	1	QL
<i>ciclopirox topical shampoo 1 %</i>	1	QL
<i>ciclopirox topical solution 8 %</i>	1	
<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
ECOZA TOPICAL FOAM 1 %	3	QL
ERTACZO TOPICAL CREAM 2 %	3	QL
EXELDERM TOPICAL CREAM 1 %	3	QL
EXELDERM TOPICAL SOLUTION 1 %	3	QL
EXTINA TOPICAL FOAM 2 %	3	QL
KERYDIN TOPICAL SOLUTION WITH APPLICATOR 5 %	3	ST

Drug Name	Drug Tier	Requirements / Limits
<i>ketoconazole topical cream 2 %</i>	1	QL
<i>ketoconazole topical foam 2 %</i>	1	QL
<i>ketoconazole topical shampoo 2 %</i>	1	QL
<i>ketodan kit topical combo pack 2 %</i>	1	
<i>ketodan topical foam 2 %</i>	1	QL
LOPROX (AS OLAMINE) TOPICAL CREAM 0.77 %	3	QL
LOPROX (AS OLAMINE) TOPICAL SUSPENSION 0.77 %	3	QL
LOPROX KIT TOPICAL COMBO PACK 0.77 %	3	QL
LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER 0.77 %	3	QL
LULICONAZOLE TOPICAL CREAM 1 %	3	PA; QL
LUZU TOPICAL CREAM 1 %	3	PA; QL
MENTAX TOPICAL CREAM 1 %	3	QL
MICONAZOLE NITRATE-ZINC OX-PET TOPICAL OINTMENT 0.25-15-81.35 %	3	QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 1, 2024.

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

Drug Name	Drug Tier	Requirements / Limits
SULCONAZOLE TOPICAL SOLUTION 1 %	3	QL
<i>tavaborole topical solution with applicator 5 %</i>	1	ST
VUSION TOPICAL OINTMENT 0.25-15-81.35 %	3	QL
XOLEGEL TOPICAL GEL 2 %	3	QL
<b>TOPICAL ANTIVIRALS</b>		
<i>acyclovir topical cream 5 %</i>	1	PA; QL
<i>acyclovir topical ointment 5 %</i>	1	PA; QL
DENAVIR TOPICAL CREAM 1 %	3	
<i>penciclovir topical cream 1 %</i>	1	
XERESE TOPICAL CREAM 5-1 %	3	
ZOVIRAX TOPICAL CREAM 5 %	3	PA; QL
<b>TOPICAL CORTICOSTEROIDS</b>		
<i>ala-cort topical cream 1 %</i>	1	
ALA-SCALP TOPICAL LOTION 2 %	3	ST
<i>alclometasone topical cream 0.05 %</i>	1	
<i>alclometasone topical ointment 0.05 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>amcinonide topical ointment 0.1 %</i>	1	ST
<i>beseer topical lotion 0.05 %</i>	1	ST
<i>betamethasone dipropionate topical cream 0.05 %</i>	1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	1	
<i>betamethasone valerate topical cream 0.1 %</i>	1	
<i>betamethasone valerate topical foam 0.12 %</i>	1	ST
<i>betamethasone valerate topical lotion 0.1 %</i>	1	
<i>betamethasone valerate topical ointment 0.1 %</i>	1	
<i>betamethasone, augmented topical cream 0.05 %</i>	1	
<i>betamethasone, augmented topical gel 0.05 %</i>	1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	1	
<i>betamethasone, augmented topical ointment 0.05 %</i>	1	
CAPEX TOPICAL SHAMPOO 0.01 %	3	ST

Drug Name	Drug Tier	Requirements / Limits
<i>clobetasol scalp solution 0.05 %</i>	1	QL
<i>clobetasol topical cream 0.05 %</i>	1	QL
<i>clobetasol topical foam 0.05 %</i>	1	ST; QL
<i>clobetasol topical gel 0.05 %</i>	1	QL
<i>clobetasol topical lotion 0.05 %</i>	1	ST; QL
<i>clobetasol topical ointment 0.05 %</i>	1	QL
<i>clobetasol topical shampoo 0.05 %</i>	1	ST; QL
<i>clobetasol topical spray,non-aerosol 0.05 %</i>	1	ST; QL
<i>clobetasol-emollient topical cream 0.05 %</i>	1	QL
<i>clobetasol-emollient topical foam 0.05 %</i>	1	ST; QL
CLOBEX TOPICAL SHAMPOO 0.05 %	3	ST; QL
CLOBEX TOPICAL SPRAY, NON-AEROSOL 0.05 %	3	ST; QL
<i>clocortolone pivalate topical cream 0.1 %</i>	1	
CLODAN KIT TOPICAL KIT, SHAMPOO AND CLEANSER 0.05 %	3	ST; QL
<i>clodan topical shampoo 0.05 %</i>	1	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2	3	ST
CORDRAN TOPICAL CREAM 0.025 %, 0.05 %	3	ST; QL
CORDRAN TOPICAL LOTION 0.05 %	3	ST; QL
CORDRAN TOPICAL OINTMENT 0.05 %	3	ST; QL
DERMA- SMOOTHE/FS BODY OIL TOPICAL OIL 0.01 %	3	ST
DERMA- SMOOTHE/FS SCALP OIL SCALP OIL 0.01 %	3	ST
<i>desonide topical cream 0.05 %</i>	1	
<i>desonide topical gel 0.05 %</i>	1	ST
<i>desonide topical lotion 0.05 %</i>	1	ST
<i>desonide topical ointment 0.05 %</i>	1	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i>	1	ST
<i>desoximetasone topical gel 0.05 %</i>	1	ST
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i>	1	ST

Drug Name	Drug Tier	Requirements / Limits
<i>desoximetasone topical spray,non- aerosol 0.25 %</i>	1	ST
<i>desrx topical gel 0.05 %</i>	1	ST
<i>diflorasone topical cream 0.05 %</i>	1	ST; QL
<i>diflorasone topical ointment 0.05 %</i>	1	ST; QL
DIPROLENE (AUGMENTED) TOPICAL OINTMENT 0.05 %	3	ST
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	1	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	1	
<i>fluocinolone topical oil 0.01 %</i>	1	
<i>fluocinolone topical ointment 0.025 %</i>	1	
<i>fluocinolone topical solution 0.01 %</i>	1	
<i>fluocinonide topical cream 0.05 %</i>	1	QL
<i>fluocinonide topical cream 0.1 %</i>	1	ST; QL
<i>fluocinonide topical gel 0.05 %</i>	1	QL
<i>fluocinonide topical ointment 0.05 %</i>	1	QL
<i>fluocinonide topical solution 0.05 %</i>	1	QL
<i>fluocinonide-e topical cream 0.05 %</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>flurandrenolide topical cream 0.05 %</i>	1	ST; QL
<i>flurandrenolide topical lotion 0.05 %</i>	1	ST; QL
<i>flurandrenolide topical ointment 0.05 %</i>	1	ST; QL
<i>fluticasone propionate topical cream 0.05 %</i>	1	
<i>fluticasone propionate topical lotion 0.05 %</i>	1	ST
<i>fluticasone propionate topical ointment 0.005 %</i>	1	
<i>halcinonide topical cream 0.1 %</i>	1	ST
<i>halobetasol propionate topical cream 0.05 %</i>	1	
HALOBETASOL PROPIONATE TOPICAL FOAM 0.05 %	3	ST
<i>halobetasol propionate topical ointment 0.05 %</i>	1	
HALOG TOPICAL CREAM 0.1 %	3	ST
HALOG TOPICAL OINTMENT 0.1 %	3	ST
HALOG TOPICAL SOLUTION 0.1 %	3	ST
<i>hydrocortisone butyrate topical cream 0.1 %</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone butyrate topical lotion 0.1 %</i>	1	ST; QL
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	1	ST; QL
<i>hydrocortisone butyrate topical solution 0.1 %</i>	1	ST; QL
<i>hydrocortisone butyr-emollient topical cream 0.1 %</i>	1	QL
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream 0.2 %</i>	1	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	1	
IMPOYZ TOPICAL CREAM 0.025 %	3	ST; QL
KENALOG TOPICAL AEROSOL 0.147 MG/GRAM	3	ST; QL
LEXETTE TOPICAL FOAM 0.05 %	3	ST
LOCOID LIPOCREAM TOPICAL CREAM 0.1 %	3	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
LOCOID TOPICAL LOTION 0.1 %	3	ST; QL
LUXIQ TOPICAL FOAM 0.12 %	3	ST
<i>mometasone topical cream 0.1 %</i>	1	
<i>mometasone topical ointment 0.1 %</i>	1	
<i>mometasone topical solution 0.1 %</i>	1	
NUCORT TOPICAL LOTION 2 %	3	ST
OLUX TOPICAL FOAM 0.05 %	3	ST; QL
OLUX-E TOPICAL FOAM 0.05 %	3	ST; QL
PANDEL TOPICAL CREAM 0.1 %	3	ST
<i>prednicarbate topical cream 0.1 %</i>	1	
<i>prednicarbate topical ointment 0.1 %</i>	1	
PROCTOCORT TOPICAL CREAM 1 %	3	ST
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %	3	ST
<i>scalacort topical lotion 2 %</i>	1	
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %	3	ST

Drug Name	Drug Tier	Requirements / Limits
SYNALAR CREAM KIT TOPICAL CREAM 0.025 %	3	ST
SYNALAR OINTMENT KIT TOPICAL COMBO PACK, OINTMENT AND CREAM 0.025 %	3	ST
SYNALAR TOPICAL CREAM 0.025 %	3	ST
SYNALAR TOPICAL OINTMENT 0.025 %	3	ST
SYNALAR TOPICAL SOLUTION 0.01 %	3	ST
SYNALAR TS TOPICAL KIT 0.01 %	3	ST
TEMOVATE TOPICAL OINTMENT 0.05 %	3	ST; QL
TEXACORT TOPICAL SOLUTION 2.5 %	3	ST
TOPICORT TOPICAL CREAM 0.05 %, 0.25 %	3	ST
TOPICORT TOPICAL GEL 0.05 %	3	ST
TOPICORT TOPICAL OINTMENT 0.05 %, 0.25 %	3	ST

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Drug Name	Drug Tier	Requirements / Limits
TOPICORT TOPICAL SPRAY, NON-AEROSOL 0.25 %	3	ST
<i>tovet emollient topical foam 0.05 %</i>	1	ST; QL
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	1	ST; QL
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.05 %</i>	1	ST
<i>triderm topical cream 0.1 %</i>	1	
<i>triderm topical cream 0.5 %</i>	1	ST
ULTRAVATE TOPICAL LOTION 0.05 %	3	ST
VANOS TOPICAL CREAM 0.1 %	3	ST; QL
VERDESO TOPICAL FOAM 0.05 %	3	ST
<b>TOPICAL ENZYMES</b>		

Drug Name	Drug Tier	Requirements / Limits
NEXOBRID TOPICAL GEL 8.8 %	3	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	2	QL
<b>TOPICAL SCABICIDES / PEDICULICIDES</b>		
<i>crotan topical lotion 10 %</i>	1	
ELIMITE TOPICAL CREAM 5 %	3	
EURAX TOPICAL CREAM 10 %	3	
EURAX TOPICAL LOTION 10 %	3	
<i>lindane topical shampoo 1 %</i>	1	
<i>malathion topical lotion 0.5 %</i>	1	
NATROBA TOPICAL SUSPENSION 0.9 %	3	
OVIDE TOPICAL LOTION 0.5 %	3	
<i>permethrin topical cream 5 %</i>	1	
<i>spinosad topical suspension 0.9 %</i>	1	
ULESFIA TOPICAL LOTION 5 %	3	
<b>DIAGNOSTICS &amp; MISCELLANEOUS AGENTS</b>		
<b>ANTIDOTES</b>		

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Drug Name	Drug Tier	Requirements / Limits
PROVAYBLUE INTRAVENOUS SOLUTION 5 MG/ML	3	
<b>IRRIGATING SOLUTIONS</b>		
<i>lactated ringers irrigation solution</i>	1	
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	1	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L	3	
PHYSIOSOL IRRIGATION SOLUTION 140-5-3-98 MEQ/L	3	
<i>ringer's irrigation solution</i>	1	
SORBITOL IRRIGATION SOLUTION 3 %	3	
SORBITOL-MANNITOL TRANSURETHRAL SOLUTION 2.7-0.54 GRAM/100 ML	3	
<i>tis-u-sol pentalyte irrigation irrigation solution 800-40-20-8.75- 6.25 mg/100 ml</i>	1	
<b>MISCELLANEOUS AGENTS</b>		
<i>acamprosate oral tablet,delayed release (dr/ec) 333 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>acetic acid irrigation solution 0.25 %</i>	1	
AGRYLIN ORAL CAPSULE 0.5 MG	3	
AMMONUL INTRAVENOUS SOLUTION 10-10 %	3	
AMPHADASE INJECTION SOLUTION 150 UNIT/ML	3	
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	1	
BUPHENYL ORAL POWDER 0.94 GRAM/GRAM	4	PA; LA
BUPHENYL ORAL TABLET 500 MG	4	PA; LA
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	1	
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	4	LA
<i>carglumic acid oral tablet, dispersible 200 mg</i>	4	LA
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML	3	
CARNITOR INTRAVENOUS SOLUTION 200 MG/ML	3	
CARNITOR ORAL SOLUTION 100 MG/ML	3	

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Drug Name	Drug Tier	Requirements / Limits
CARNITOR ORAL TABLET 330 MG	3	
<i>cevimeline oral capsule 30 mg</i>	1	
CHEMET ORAL CAPSULE 100 MG	2	
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	4	PA; LA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	4	PA; LA
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	4	PA; LA
<i>deferiprone oral tablet 1,000 mg, 500 mg</i>	4	PA; LA
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	4	PA; LA
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	4	PA; LA
ENDARI ORAL POWDER IN PACKET 5 GRAM	4	PA; LA
EVOXAC ORAL CAPSULE 30 MG	3	
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
EXSERVAN ORAL FILM 50 MG	4	PA; LA
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG	4	PA; LA
FERRIPROX ORAL SOLUTION 100 MG/ML	4	PA; LA
FERRIPROX ORAL TABLET 1,000 MG, 500 MG	4	PA; LA
FERRLECIT INTRAVENOUS SOLUTION 62.5 MG/5 ML	3	
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	4	PA; LA
HYLENEX INJECTION SOLUTION 150 UNIT/ML	3	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	4	PA; LA
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	4	PA; LA
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	PA
JOENJA ORAL TABLET 70 MG	4	PA; LA; QL
KORSUVA INTRAVENOUS SOLUTION 50 MCG/ML	4	LA
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	1	
<i>levocarnitine intravenous solution 200 mg/ml</i>	1	
<i>levocarnitine oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral tablet 330 mg</i>	1	
LITHOSTAT ORAL TABLET 250 MG	3	
METOPIRONE ORAL CAPSULE 250 MG	3	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	4	PA; LA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	4	PA; LA
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM	4	PA; LA
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	4	PA; LA
ORFADIN ORAL SUSPENSION 4 MG/ML	4	PA; LA
OXBRYTA ORAL TABLET 300 MG, 500 MG	4	PA; LA; QL
OXBRYTA ORAL TABLET FOR SUSPENSION 300 MG	4	PA; LA; QL
PHEBURANE ORAL GRANULES 483 MG/GRAM	4	PA; LA
<i>pilocarpine hcl oral tablet 5 mg</i>	1	
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	4	PA; LA; QL
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7)	4	PA; LA; QL
RADIOGARDASE ORAL CAPSULE 0.5 GRAM	3	
RAVICTI ORAL LIQUID 1.1 GRAM/ML	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
RECLAST INTRAVENOUS PIGGYBACK 5 MG/100 ML	4	LA
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	4	PA; LA
RILUTEK ORAL TABLET 50 MG	3	PA
<i>riluzole oral tablet 50 mg</i>	1	
<i>risedronate oral tablet 30 mg</i>	1	QL
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG	3	
<i>sodium benzoate-sodium phenylacetate intravenous solution 10-10 %</i>	1	
<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>	1	
<i>sodium chloride 0.9 % injection solution</i>	1	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1	
<i>sodium chloride 0.9 % intravenous piggyback</i>	1	
<i>sodium chloride injection syringe 0.9 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>sodium chloride irrigation solution 0.9 %</i>	1	
<i>sodium ferric gluconate-sucrose intravenous solution 62.5 mg/5 ml</i>	1	
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	1	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	1	PA
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML	4	PA; LA
SYPRINE ORAL CAPSULE 250 MG	3	PA
TAVNEOS ORAL CAPSULE 10 MG	4	PA; LA; QL
THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG	4	PA; LA
THIOLA ORAL TABLET 100 MG	4	PA; LA
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	4	PA; LA
<i>tiopronin oral tablet 100 mg</i>	4	PA; LA
<i>trientine oral capsule 250 mg</i>	1	PA
TRIENTINE ORAL CAPSULE 500 MG	3	PA

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Drug Name	Drug Tier	Requirements / Limits
ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML	4	PA; LA
<i>water for irrigation, sterile irrigation solution</i>	1	
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	4	PA; LA
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	4	PA; LA; QL
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	4	LA
ZYNRELEF SURGICAL SITE INSTILLATION SOLUTION, EXTENDED RELEASE 200 MG-6 MG /7 ML, 400 MG-12 MG /14 ML	3	
<b>SMOKING DETERRENTS</b>		
<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
CHANTIX ORAL TABLET 1 MG	5	ACA

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

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Drug Name	Drug Tier	Requirements / Limits
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	5	ACA; OTC; QL
NICOTROL INHALATION CARTRIDGE 10 MG	5	ACA
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	5	ACA
<i>quit 2 buccal gum 2 mg</i>	5	ACA; OTC; QL
<i>quit 2 buccal lozenge 2 mg</i>	5	ACA; OTC; QL
<i>quit 4 buccal gum 4 mg</i>	5	ACA; OTC; QL
<i>quit 4 buccal lozenge 4 mg</i>	5	ACA; OTC; QL
<i>stop smoking aid buccal lozenge 2 mg, 4 mg</i>	5	ACA; OTC; QL
<i>varenicline oral tablet 0.5 mg, 1 mg</i>	5	ACA
<i>varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i>	5	ACA
<b>EAR, NOSE &amp; THROAT MEDICATIONS</b>		
<b>MISCELLANEOUS AGENTS</b>		
<i>azelastine nasal aerosol, spray 137 mcg (0.1 %)</i>	1	QL
<i>azelastine nasal spray, non-aerosol 205.5 mcg (0.15 %)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	1	
CLINPRO 5000 DENTAL PASTE 1.1 %	3	
<i>denta 5000 plus dental cream 1.1 %</i>	1	
<i>dentagel dental gel 1.1 %</i>	1	
<i>fluoride (sodium) dental cream 1.1 %</i>	1	
<i>fluoride (sodium) dental gel 1.1 %</i>	1	
<i>fluoride (sodium) dental paste 1.1 %</i>	1	
<i>fluoride (sodium) dental solution 0.2 %</i>	1	
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 %	3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 %	3	
FLUORIMAX 5000 DENTAL PASTE 1.1 %	3	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 %	3	
GELX MUCOUS MEMBRANE GEL	3	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 1, 2024.

Drug Name	Drug Tier	Requirements / Limits
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	1	QL
JUST RIGHT 5000 DENTAL PASTE 1.1 %	3	
<i>kourzeq dental paste 0.1 %</i>	1	
<i>olopatadine nasal spray, non-aerosol 0.6 %</i>	1	QL
<i>oralone dental paste 0.1 %</i>	1	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	3	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	1	
PATANASE NASAL SPRAY, NON-AEROSOL 0.6 %	3	QL
PERIDEX MUCOUS MEMBRANE MOUTHWASH 0.12 %	3	
<i>periogard mucous membrane mouthwash 0.12 %</i>	1	
<i>pilocarpine hcl oral tablet 7.5 mg</i>	1	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %	3	

Drug Name	Drug Tier	Requirements / Limits
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 %	3	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 %	3	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 %	3	
PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 %	3	
PREVIDENT DENTAL GEL 1.1 %	3	
PREVIDENT DENTAL SOLUTION 0.2 %	3	
SALAGEN (PILOCARPINE) ORAL TABLET 7.5 MG	3	
<i>sf 5000 plus dental cream 1.1 %</i>	1	
<i>sf dental gel 1.1 %</i>	1	
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	1	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	1	
<i>triamcinolone acetonide dental paste 0.1 %</i>	1	

**MISCELLANEOUS OTIC PREPARATIONS**

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 1, 2024.

Drug Name	Drug Tier	Requirements / Limits
<i>acetic acid otic (ear) solution 2 %</i>	1	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	1	
DERMOTIC OIL OTIC (EAR) DROPS 0.01 %	3	
<i>flac otic oil otic (ear) drops 0.01 %</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	
<b>OTIC STEROID / ANTIBIOTIC</b>		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	3	ST
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 %	3	ST
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	1	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML	3	

Drug Name	Drug Tier	Requirements / Limits
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	3	ST
<b>ENDOCRINE/DIABETES</b>		
<b>ADRENAL HORMONES</b>		
ACTHAR INJECTION GEL 80 UNIT/ML	4	PA; LA; QL
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG	3	PA
<i>betamethasone acet,sod phos injection suspension 6 mg/ml</i>	1	
CELESTONE SOLUSPAN INJECTION SUSPENSION 6 MG/ML	3	
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG	3	
<i>cortisone oral tablet 25 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	4	PA; LA
CORTROSYN INJECTION RECON SOLN 0.25 MG	3	
<i>cosyntropin injection recon soln 0.25 mg</i>	1	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML, 40 MG/ML, 80 MG/ML	3	
<i>dexabliss oral tablets,dose pack 1.5 mg (39 tabs)</i>	1	PA
<i>dexamethasone intensol oral drops 1 mg/ml</i>	1	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>dexamethasone oral tablets,dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs), 1.5 mg (51 tabs)</i>	1	PA
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>	1	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	4	PA; LA
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	4	PA; LA
<i>fludrocortisone oral tablet 0.1 mg</i>	1	
HEMADY ORAL TABLET 20 MG	3	PA
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
KENALOG INJECTION SUSPENSION 10 MG/ML, 40 MG/ML	3	
KENALOG-80 INJECTION SUSPENSION 80 MG/ML	3	
MEDROL (PAK) ORAL TABLETS,DOSE PACK 4 MG	3	
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG	3	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 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 January 1, 2024.

Drug Name	Drug Tier	Requirements / Limits
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	1	
<i>millipred dp oral tablets,dose pack 5 mg (21 tabs), 5 mg (48 tabs)</i>	1	
<i>millipred oral tablet 5 mg</i>	1	
ORAPRED ODT ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 30 MG	3	
<i>prednisolone oral solution 15 mg/5 ml</i>	1	
<i>prednisolone oral tablet 5 mg</i>	1	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisolone sodium phosphate oral tablet,disintegrating 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	

Drug Name	Drug Tier	Requirements / Limits
<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	
RAYOS ORAL TABLET,DELAYED RELEASE (DR/EC) 1 MG, 2 MG, 5 MG	3	PA
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (21 TABS), 1.5 MG (27 TABS), 1.5 MG (49 TABS)	3	PA
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4 MG	4	PA; LA; QL
<i>triamcinolone acetonide injection suspension 10 mg/ml, 40 mg/ml</i>	1	
ZCORT ORAL TABLETS,DOSE PACK 1.5 MG (25 TABS)	3	PA
<b>ANTITHYROID AGENTS</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>potassium iodide oral solution 1 gram/ml</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
SSKI ORAL SOLUTION 1 GRAM/ML	3	
<b>BLOOD GLUCOSE MONITORING DEVICES &amp; SUPPLIES</b>		
ACCU-CHEK AVIVA PLUS TEST STRP STRIP	3	ST; OTC; QL
ACCU-CHEK COMPACT PLUS TEST STRIP	3	ST; OTC; QL
ACCU-CHEK GUIDE TEST STRIPS STRIP	3	ST; OTC; QL
ACCU-CHEK SMARTVIEW TEST STRIP STRIP	3	ST; OTC; QL
ACCUTREND GLUCOSE TEST STRIPS STRIP	3	ST; OTC; QL
ADVANCED GLUC METER TEST STRIP STRIP	3	ST; OTC; QL
ADVOCATE REDI-CODE PLUS STRIP	3	ST; OTC; QL
AGAMATRIX AMP TEST STRIPS STRIP	3	ST; OTC; QL
ASSURE 4 STRIPS STRIP	3	ST; OTC; QL
ASSURE PLATINUM TEST STRIP STRIP	3	ST; OTC; QL
ASSURE PRISM MULTI STRIP STRIP	3	ST; OTC; QL
BIONIME RIGHTEST TEST STRIPS STRIP	3	ST; OTC; QL

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

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

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

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Drug Name	Drug Tier	Requirements / Limits
FORA V20 STRIP	3	ST; OTC; QL
FORACARE GD20 STRIP	3	ST; OTC; QL
FORACARE GD40 TEST STRIPS STRIP	3	ST; OTC; QL
FORTISCARE G1 TEST STRIP STRIP	3	ST; OTC; QL
FORTISCARE GLUCOSE TEST STRIPS STRIP	3	ST; OTC; QL
FREESTYLE INSULINX STRIP	2	OTC; QL
FREESTYLE INSULINX TEST STRIPS STRIP	2	OTC; QL
FREESTYLE LITE STRIPS STRIP	2	OTC; QL
FREESTYLE PRECISION NEO STRIPS STRIP	3	OTC; QL
FREESTYLE TEST STRIP	2	OTC; QL
GE100 BLOOD GLUCOSE TEST STRIP STRIP	3	ST; OTC; QL
GE333 BLOOD GLUCOSE TEST STRIP STRIP	3	ST; OTC; QL
GENSTRIP TEST STRIP STRIP	3	ST; OTC; QL
GLUCO NAVII TEST STRIP STRIP	3	ST; OTC; QL
GLUCOCARD 01 SENSOR PLUS STRIP	3	ST; OTC; QL
GLUCOCARD EXPRESSION STRIP	3	ST; OTC; QL

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

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

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

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 1, 2024.

Drug Name	Drug Tier	Requirements / Limits
TRUE METRIX GLUCOSE TEST STRIP STRIP	3	ST; OTC; QL
TRUETEST TEST STRIPS STRIP	3	ST; OTC; QL
TRUETRACK TEST STRIP	3	ST; OTC; QL
ULTRATRAK STRIP	3	ST; OTC; QL
ULTRATRAK ULTIMATE STRIP	3	ST; OTC; QL
UNISTRIP1 TEST STRIP STRIP	3	ST; OTC; QL
VIVAGUARD INO TEST STRIP STRIP	3	ST; OTC; QL
WAVESENSE JAZZ STRIP	3	ST; OTC; QL
WAVESENSE PRESTO STRIP	3	ST; OTC; QL
<b>DIABETES, SUPPLIES, &amp; DURABLE MEDICAL EQUIPMENT</b>		
ACE AEROSOL CLOUD ENHANCER SPACER	2	
AEROCHAMBER MINI SPACER	2	
AEROCHAMBER PLUS FLOW-VU SPACER	2	
AEROCHAMBER PLUS Z STAT SPACER	2	
AEROTRACH PLUS SPACER	2	
AEROVENT PLUS SPACER	2	

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

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Drug Name	Drug Tier	Requirements / Limits
POCKET CHAMBER SPACER	2	
PRIMEAIRE SPACER	2	
PROCHAMBER SPACER	2	
RITEFLO AEROCHAMBER SPACER	2	
SPACE CHAMBER SPACER	2	
VORTEX HOLDING CHAMBER SPACER	2	
<b>GLUCOSE ELEVATING AGENTS</b>		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	2	QL
<i>diazoxide oral suspension 50 mg/ml</i>	1	
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	3	QL
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	3	QL
<i>glucagon emergency kit (human) injection recon soln 1 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	QL
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	QL
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	2	QL
PROGLYCEM ORAL SUSPENSION 50 MG/ML	3	
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	3	QL
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	3	QL
<b>INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU</b>		
2TEK GLUCOSE/BLOOD PRESSURE KIT	3	OTC
ACCU-CHEK GUIDE GLUCOSE METER	3	OTC

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Drug Name	Drug Tier	Requirements / Limits
ACCU-CHEK GUIDE L1-L2 CTRL SOL SOLUTION	3	OTC
ACCU-CHEK GUIDE ME GLUCOSE MTR	3	OTC
ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION	3	OTC
ACCUTREND GLUCOSE CONTROL SOLUTION	3	OTC
ADVANCED GLUCOSE METER	3	OTC
ADVOCATE REDICODE PLUS	3	OTC
ADVOCATE REDICODE PLUS CTRL L SOLUTION	3	OTC
AGAMATRIX AMP GLUC MONITOR SYS	3	OTC
AGAMATRIX CONTROL HIGH SOLUTION	3	OTC
ASSURE 4 CONTROL SOLUTION COMBO PACK	3	OTC
ASSURE DOSE NORMAL CONTROL SOLUTION	3	OTC
ASSURE PLATINUM GLUCOSE METER	3	OTC

Drug Name	Drug Tier	Requirements / Limits
ASSURE PRISM CONTROL 1-2 SOLN SOLUTION	3	OTC
ASSURE PRISM MULTI METER	3	OTC
AT HOME A1C DEVICE	3	OTC
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN	2	OTC
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN	2	OTC
AUTOSOFT 30 INFUSION SET	2	
AUTOSOFT 90 INFUSION SET	2	
AUTOSOFT XC INFUSION SET 23" INFUSION SET	2	
BD INTEGRA NEEDLE NEEDLE 23 GAUGE X 1"	2	
BD MICROTAINER LANCET 30 GAUGE	2	OTC; QL
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	2	
BD ULTRA FINE LANCETS 33 GAUGE	2	OTC; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 1, 2024.

Drug Name	Drug Tier	Requirements / Limits
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	2	OTC
BIGFOOT UNITY KIT	3	QL
BIONIME RIGHTEST GM300 SYSTEM KIT	3	OTC
BIOTEL CARE BGM-4 METER	3	OTC
BLOOD GLUCOSE CONTROL, NORMAL SOLUTION	3	OTC
BLOOD-GLUCOSE METER	3	OTC
BREEZE 2 CONTROL SOLUTION,HIGH SOLUTION	3	OTC
CARESENS N	3	OTC
CARESENS N VOICE	3	OTC
CARETOUCH CONTROL SOLN L2-L3 SOLUTION	3	OTC
CARETOUCH GLUCOSE MONITORING KIT	3	OTC
CEQR SIMPLICITY DEVICE 2 UNIT	2	
CLEVER CHEK BLOOD GLUCOSE	3	OTC
CLEVER CHOICE GLUCOSE MONITOR	3	OTC

Drug Name	Drug Tier	Requirements / Limits
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION	3	OTC
CLEVER CHOICE MICRO	3	OTC
CLEVER CHOICE PRO	3	OTC
CLEVER CHOICE TALK GLUCOSE SYS	3	OTC
CONTOUR CONTROL SOLUTION, NML SOLUTION	3	OTC
CONTOUR NEXT EZ METER	3	OTC
CONTOUR NEXT GEN METER KIT	3	OTC
CONTOUR NEXT LEV 2 CONTROL SOL SOLUTION	3	OTC
CONTOUR NEXT LINK 2.4 KIT	3	OTC
CONTOUR NEXT LINK KIT	3	OTC
CONTOUR NEXT METER	3	OTC
CONTOUR NEXT ONE METER	3	OTC
DEXCOM G6 RECEIVER	2	PA; QL
DEXCOM G6 SENSOR DEVICE	2	PA; QL
DEXCOM G6 TRANSMITTER DEVICE	2	PA; QL
DEXCOM G7 RECEIVER	2	PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 1, 2024.

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

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

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 1, 2024.



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

Drug Name	Drug Tier	Requirements / Limits
EVOLUTION NORMAL CONTROL SOLUTION	3	OTC
EZ SMART PLUS SYSTEM KIT	3	OTC
EZ SMART SYSTEM KIT	3	OTC
FORA 6 CONNECT MULTIFUNCTN MTR DEVICE	3	OTC
FORA D10 KIT	3	OTC
FORA D15 GLUCOSE-BP MONITOR DEVICE	3	OTC
FORA D20 KIT	3	OTC
FORA D40D GLUCOSE-BP MONITOR DEVICE	3	OTC
FORA G20 KIT	3	OTC
FORA G30A	3	OTC
FORA GD50 BLOOD GLUCOSE SYSTEM	3	OTC
FORA GTEL MULTI-FUNCTN MONITOR DEVICE	3	OTC
FORA KETONE CONTROL SOLN-L1 SOLUTION	3	OTC
FORA NORMAL CONTROL SOLUTION	3	OTC
FORA PREMIUM V10 GLUCOSE METER	3	OTC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 1, 2024.

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

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

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 1, 2024.

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

Drug Name	Drug Tier	Requirements / Limits
GM100 KIT	3	OTC
GOJJI GLUCOSE CNTRL SOL-NORMAL SOLUTION	3	OTC
GOJJI KETONE CONTROL SOLN-L1 SOLUTION	3	OTC
GOJJI MULTI-FUNCTIONAL METER KIT	3	OTC
GUARDIAN 4 GLUCOSE SENSOR DEVICE	3	PA; QL
GUARDIAN 4 TRANSMITTER DEVICE	3	PA; QL
GUARDIAN CONNECT TRANSMITTER DEVICE	3	PA; QL
GUARDIAN LINK 3 TRANSMITTER DEVICE	3	PA; QL
GUARDIAN SENSOR 3 DEVICE	3	PA; QL
HEALTHPRO GLUCOSE MONITOR	3	OTC
HEALTHPRO HIGH-LOW CONTROL SOLUTION	3	OTC
IGLUCOSE BLOOD GLUCOSE MONITOR KIT	3	OTC
ILET INFUSION KIT-INSET 23" COMBO PACK	3	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 1, 2024.

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

Drug Name	Drug Tier	Requirements / Limits
MINIMED QUICK SET 43" INFUSION SET	2	
MINIMED SILHOUETTE 23" INFUSION SET	2	
MINIMED SURE T 32" INFUSION SET	2	
MYGLUCOHEALTH H CONTROL SOLUTION SOLUTION	3	OTC
MYGLUCOHEALTH H KIT	3	OTC
NOVA MAX GLUCOSE CONTROL SOLUTION	3	OTC
NOVA MAX PLUS GLUC-KETON METER DEVICE	3	OTC
NOVA MAX PLUS GLUC-KETON METER KIT	3	OTC
NOVAMAX PLUS GLU-KET SOLUTION	3	OTC
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN	3	
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE	2	QL
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	2	QL

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

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

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

Drug Name	Drug Tier	Requirements / Limits
QUINTET BLOOD GLUCOSE METER	3	OTC
REFUAH PLUS GLUCOSE CONTROL SOLUTION	3	OTC
REFUAH PLUS GLUCOSE MONITOR KIT	3	OTC
RELION ALL-IN-ONE METER KIT	3	OTC
RELION CONFIRM KIT	3	OTC
RELION MICRO GLUCOSE MONITOR KIT	3	OTC
RELION PRIME METER	3	OTC
REVEAL BLOOD GLUCOSE METER KIT	3	OTC
RIGHTEST CONTROL SOLUTION HIGH SOLUTION	3	OTC
RIGHTEST GM550 SYSTEM KIT	3	OTC
RIGHTEST GT333 GLUCOSE METER	3	OTC
SMART SENSE MONITORING SYSTEM	3	OTC
SMARTEST CONTROL SOLUTION	3	OTC
SMARTEST EJECT KIT	3	OTC
SMARTEST PERSONA STARTER KIT	3	OTC

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

Drug Name	Drug Tier	Requirements / Limits
TRUE METRIX GO GLUCOSE METER	3	OTC
TRUE METRIX LEVEL 1 SOLUTION	3	OTC
TRUERESULT BLOOD GLUCOSE SYSTM KIT	3	OTC
TRUETRACK BLOOD GLUCOSE SYSTEM KIT	3	OTC
TRUETRACK SMART SYSTEM KIT	3	OTC
TRUSTEEL INFUSION SET 23" INFUSION SET	2	
ULTIMA MONITOR	3	OTC
ULTRATRAK GLUCOSE METER	3	OTC
ULTRATRAK ULTIMATE	3	OTC
UNISTRIP LOW CONTROL SOLUTION	3	OTC
VARISOFT INFUSION SET 23" INFUSION SET	2	
V-GO 20 DEVICE	2	PA
V-GO 30 DEVICE	2	PA
V-GO 40 DEVICE	2	PA
VIVAGUARD INO CTRL SOLN-L1,2,3 SOLUTION	3	OTC
VIVAGUARD INO GLUCOSE METER	3	OTC

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Drug Name	Drug Tier	Requirements / Limits
VIVAGUARD INO SMART GLUC METER	3	OTC
WAVESENSE AMP KIT	3	OTC
WAVESENSE CONTROL SOLUTION SOLUTION	3	OTC
WAVESENSE PRESTO	3	OTC
<b>INSULIN THERAPY</b>		
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	3	
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
BASAGLAR TEMPO PEN(U-100)INSLN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	2	

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

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

Drug Name	Drug Tier	Requirements / Limits
INSULIN DEGLUDEC SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML), 200 UNIT/ML (3 ML)	3	
INSULIN DEGLUDEC SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
INSULIN GLARGINE SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
INSULIN GLARGINE SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	

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Drug Name	Drug Tier	Requirements / Limits
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
LEVEMIR FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
LEVEMIR FLEXTOUCH U100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	2	
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	
LYUMJEV TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	2	ST

Drug Name	Drug Tier	Requirements / Limits
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
MYXREDLIN INTRAVENOUS SOLUTION 100 UNIT/100 ML (1 UNIT/ML)	3	
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
RELION NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	
RELION NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	
RELION NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	3	
REZVOGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	

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

Drug Name	Drug Tier	Requirements / Limits
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	2	QL
<b>MISCELLANEOUS HORMONES</b>		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	2	PA; QL
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	3	PA; QL
ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (25 MG/2.5GRAM), 1 % (50 MG/5 GRAM), 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM)	3	PA; QL
AVEED INTRAMUSCULAR SOLUTION 750 MG/3 ML (250 MG/ML)	4	PA; LA
<i>cabergoline oral tablet 0.5 mg</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	1	
<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; QL
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	4	LA
CHORIONIC GONADOTROPIN, HUMAN INJECTION RECON SOLN 12,000 UNIT, 6,000 UNIT	3	
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR RECON SOLN 10,000 UNIT	4	LA; QL
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i>	1	PA
<i>clomid oral tablet 50 mg</i>	1	
<i>clomiphene citrate oral tablet 50 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	4	PA; LA; QL
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	PA
DDAVP ORAL TABLET 0.1 MG, 0.2 MG	3	
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML, 200 MG/ML	3	PA
<i>desmopressin injection solution 4 mcg/ml</i>	4	LA
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	1	ST
DESMOPRESSIN NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	2	
<i>desmopressin oral tablet 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	

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Drug Name	Drug Tier	Requirements / Limits
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML	4	ST; LA
FORTESTA TRANSDERMAL GEL IN METERED-DOSE PUMP 10 MG/0.5 GRAM /ACTUATION	3	PA; QL
<i>fyremadel subcutaneous syringe 250 mcg/0.5 ml</i>	4	ST; LA
GALAFOLD ORAL CAPSULE 123 MG	4	PA; LA; QL
<i>ganirelix subcutaneous syringe 250 mcg/0.5 ml</i>	4	ST; LA
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300/0.5 UNIT/ML, 450/0.75 UNIT/ML, 900/1.5 UNIT/ML	4	ST; LA
GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT	4	ST; LA
GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT	4	ST; LA

Drug Name	Drug Tier	Requirements / Limits
HECTOROL INTRAVENOUS SOLUTION 4 MCG/2 ML	3	
ISTURISA ORAL TABLET 1 MG, 10 MG, 5 MG	4	PA; LA; QL
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG	3	PA; QL
<i>javygtor oral powder in packet 100 mg, 500 mg</i>	4	PA; LA
<i>javygtor oral tablet, soluble 100 mg</i>	4	PA; LA
JYNARQUE ORAL TABLET 15 MG, 30 MG	4	PA; LA; QL
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	4	PA; LA; QL
KORLYM ORAL TABLET 300 MG	4	PA; LA
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	4	PA; LA
KUVAN ORAL TABLET, SOLUBLE 100 MG	4	PA; LA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 1, 2024.

Drug Name	Drug Tier	Requirements / Limits
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG	3	PA; QL
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT	4	LA
METHITEST ORAL TABLET 10 MG	2	PA
<i>methyltestosterone oral capsule 10 mg</i>	1	PA
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	3	
<i>miglustat oral capsule 100 mg</i>	4	PA; LA; QL
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	4	PA; LA
NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION	3	PA; QL
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG	3	ST; QL
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
NOCTIVA NASAL SPRAY, NON-AEROSOL 0.83 MCG/SPRAY (0.1 ML), 1.66 MCG/SPRAY (0.1 ML)	3	QL
NOVAREL INTRAMUSCULAR RECON SOLN 10,000 UNIT, 5,000 UNIT	4	LA; QL
ORILISSA ORAL TABLET 150 MG, 200 MG	2	PA; QL
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML	4	LA
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	4	PA; LA; QL
<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	
PARICALCITOL HEMODIALYSIS PORT INJECTION SOLUTION 2 MCG/ML, 5 MCG/ML	3	
<i>paricalcitol intravenous solution 2 mcg/ml, 5 mcg/ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT	4	LA; QL
RAYALDEE ORAL CAPSULE, EXTENDED RELEASE 24 HR 30 MCG	3	
RECORLEV ORAL TABLET 150 MG	4	PA; LA
ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG	3	
ROCALTROL ORAL SOLUTION 1 MCG/ML	3	
SAMSCA ORAL TABLET 15 MG, 30 MG	4	PA; LA; QL
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	4	PA; LA
<i>sapropterin oral tablet, soluble 100 mg</i>	4	PA; LA
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG	3	PA
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	4	PA; LA
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	2	PA
TESTIM TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	3	PA; QL
TESTOPEL IMPLANT PELLETT 75 MG	4	PA; LA
<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
TESTOSTERONE IMPLANT PELLETT 100 MG, 200 MG, 50 MG	3	PA
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	1	PA; QL
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation, 12.5 mg/1.25 gram (1 %), 20.25 mg/1.25 gram (1.62 %)</i>	1	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i>	1	PA; QL
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	1	PA; QL
TLANDO ORAL CAPSULE 112.5 MG	3	PA; QL
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	4	PA; LA; QL
VAPRISOL IN 5 % DEXTROSE INTRAVENOUS SOLUTION 20 MG/100 ML	3	
VASOPRESSIN IN 0.9 % SOD CHLOR INTRAVENOUS SYRINGE 2 UNIT/2 ML (1 UNIT/ML)	3	
VASOPRESSIN IN DEXTROSE 5 % INTRAVENOUS SOLUTION 20 UNIT/100 ML (0.2 UNIT/ML)	3	
<i>vasopressin intravenous solution 20 unit/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
VOGELXO TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	3	PA; QL
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %)	3	PA; QL
VOGELXO TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	3	PA; QL
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG	4	PA; LA
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	3	PA; QL
ZAVESCA ORAL CAPSULE 100 MG	4	PA; LA; QL
ZEMPLAR INTRAVENOUS SOLUTION 2 MCG/ML, 5 MCG/ML	3	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	
<b>NON-INSULIN HYPOGLYCEMIC AGENTS</b>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
ACTOPLUS MET ORAL TABLET 15-850 MG	3	QL
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG	3	QL
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	QL
AMARYL ORAL TABLET 2 MG, 4 MG	3	
BRENZAVVY ORAL TABLET 20 MG	2	PA; QL
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	2	PA; QL
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML, 5 MCG/DOSE (250 MCG/ML) 1.2 ML	2	PA; QL
CYCLOSET ORAL TABLET 0.8 MG	3	
DUETACT ORAL TABLET 30-2 MG, 30-4 MG	3	QL
FARXIGA ORAL TABLET 10 MG, 5 MG	2	ST; QL
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
GLIPIZIDE ORAL TABLET 2.5 MG	3	
<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	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 2.5 MG, 5 MG	3	
<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	
GLYNASE ORAL TABLET 1.5 MG, 3 MG, 6 MG	3	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	2	ST; QL
INPEFA ORAL TABLET 200 MG	3	PA; QL
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	2	QL

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Drug Name	Drug Tier	Requirements / Limits
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	2	QL
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	QL
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	ST; QL
KAZANO ORAL TABLET 12.5-1,000 MG, 12.5-500 MG	3	ST; QL
<i>metformin oral solution 500 mg/5 ml</i>	1	PA
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
METFORMIN ORAL TABLET 625 MG	3	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	QL
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	2	PA; QL
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	3	ST; QL
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	QL
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA; QL
<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
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG	3	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
RIOMET ER ORAL SUSPENSION, EXTENDED REL RECON 500 MG/5 ML	3	PA

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Drug Name	Drug Tier	Requirements / Limits
RIOMET ORAL SOLUTION 500 MG/5 ML	3	PA
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	PA; QL
<i>saxagliptin oral tablet 2.5 mg, 5 mg</i>	1	QL
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg, 5-1,000 mg, 5-500 mg</i>	1	QL
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG	2	ST; QL
STEGLATRO ORAL TABLET 15 MG, 5 MG	2	ST; QL
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	2	ST; QL
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	2	QL
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	2	QL
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	2	ST; QL

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

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Drug Name	Drug Tier	Requirements / Limits
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG	3	
ERMEZA ORAL SOLUTION 30 MCG/ML	3	
<i>euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
LEVOTHYROXINE INTRAVENOUS SOLUTION 100 MCG/ML, 20 MCG/ML, 40 MCG/ML	3	
LEVOTHYROXINE ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	
<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	

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

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

Drug Name	Drug Tier	Requirements / Limits
ATROPINE IN 0.9 % SOD CHLORIDE INTRAVENOUS SYRINGE 1 MG/2.5 ML (0.4 MG/ML), 1.2 MG/3 ML (0.4 MG/ML)	3	
<i>atropine injection solution 0.4 mg/ml</i>	1	
<i>atropine injection syringe 0.1 mg/ml</i>	1	
<i>atropine intravenous solution 0.4 mg/ml, 1 mg/ml</i>	1	
<i>atropine intravenous syringe 0.25 mg/5 ml (0.05 mg/ml), 0.8 mg/2 ml (0.4 mg/ml)</i>	1	
<i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>	1	PA
BENTYL INTRAMUSCULAR SOLUTION 10 MG/ML	3	
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	1	
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)	3	
<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	

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Drug Name	Drug Tier	Requirements / Limits
<i>dicyclomine oral tablet 20 mg</i>	1	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	
DONNATAL ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML	3	
DONNATAL ORAL TABLET 16.2-0.1037 -0.0194 MG	3	
<i>ed-spaz oral tablet, disintegrating 0.125 mg</i>	1	
GLYCATE ORAL TABLET 1.5 MG	3	
GLYCOPYRROLATE (PF) IN WATER INJECTION SYRINGE 0.2 MG/ML	3	
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml), 1 mg/5 ml (0.2 mg/ml)</i>	1	
GLYCOPYRROLATE (PF) IN WATER INTRAVENOUS SYRINGE 0.6 MG/3 ML (0.2 MG/ML)	3	
<i>glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>glycopyrrolate injection solution 0.2 mg/ml</i>	1	
GLYCOPYRROLATE INTRAVENOUS SYRINGE 0.6 MG/3 ML (0.2 MG/ML), 1 MG/5 ML (0.2 MG/ML)	3	
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 1.5 mg, 2 mg</i>	1	
GLYRX-PF INJECTION SOLUTION 0.2 MG/ML	3	
GLYRX-PF INJECTION SYRINGE 0.6 MG/3 ML (0.2 MG/ML), 1 MG/5 ML (0.2 MG/ML)	3	
HYOSCYAMINE SULFATE INJECTION SOLUTION 0.5 MG/ML	3	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>	1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	1	
<i>hyoscyamine sulfate oral tablet, disintegrating 0.125 mg</i>	1	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	1	
<i>hyosyne oral drops 0.125 mg/ml</i>	1	
<i>hyosyne oral elixir 0.125 mg/5 ml</i>	1	
LEVBIID ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	3	
LEVSIN ORAL TABLET 0.125 MG	3	
LEVSIN/SL SUBLINGUAL TABLET 0.125 MG	3	
LIBRAX (WITH CLIDINIUM) ORAL CAPSULE 5-2.5 MG	3	
LOMOTIL ORAL TABLET 2.5-0.025 MG	3	
<i>loperamide oral capsule 2 mg</i>	1	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	1	
MOTOFEN ORAL TABLET 1-0.025 MG	3	

Drug Name	Drug Tier	Requirements / Limits
MYTESI ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG	4	
NULEV ORAL TABLET, DISINTEGRATING 0.125 MG	3	
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	1	
<i>oscimin oral tablet 0.125 mg</i>	1	
<i>oscimin sl sublingual tablet 0.125 mg</i>	1	
<i>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 - 0.0194 mg/5 ml</i>	1	
<i>phenobarb-hyoscy-atropine-scop oral tablet 16.2-0.1037 - 0.0194 mg</i>	1	
<i>phenohydro oral elixir 16.2-0.1037 - 0.0194 mg/5 ml</i>	1	
<i>phenohydro oral tablet 16.2-0.1037 - 0.0194 mg</i>	1	
ROBINUL FORTE ORAL TABLET 2 MG	3	
ROBINUL ORAL TABLET 1 MG	3	
SYMAX DUOTAB ORAL TABLET, EXTENDED RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG)	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>symax fastabs oral tablet, disintegrating 0.125 mg</i>	1	
<i>symax-sl sublingual tablet 0.125 mg</i>	1	
<i>symax-sr oral tablet extended release 12 hr 0.375 mg</i>	1	
MISCELLANEOUS AGENTS		
AURYXIA ORAL TABLET 210 MG IRON	3	PA
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	3	QL
FOSRENOL ORAL TABLET, CHEWABLE 1,000 MG, 500 MG, 750 MG	3	QL
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i>	1	QL
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	2	QL
RENVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM	3	QL
RENVELA ORAL TABLET 800 MG	3	QL
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	1	QL
<i>sevelamer carbonate oral tablet 800 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	1	QL
<i>sodium polystyrene sulfonate oral powder</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	
VELPHORO ORAL TABLET, CHEWABLE 500 MG	2	QL
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	2	QL
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG	3	
AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION 235 MG-0.25 MG /20 ML	3	
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	3	QL
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	1	
<i>alvimopan oral capsule 12 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
ANA-LEX KIT RECTAL KIT 2-2 %	3	
ANTIVERT ORAL TABLET 50 MG	3	PA
ANTIVERT ORAL TABLET,CHEWABLE 25 MG	3	
<i>anucort-hc rectal suppository 25 mg</i>	1	
ANZEMET ORAL TABLET 50 MG	3	
<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	3	ST
AZULFIDINE EN- TABS ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	3	ST
AZULFIDINE ORAL TABLET 500 MG	3	ST
<i>balsalazide oral capsule 750 mg</i>	1	
BARHEMSYS INTRAVENOUS SOLUTION 10 MG/4 ML (2.5 MG/ML), 5 MG/2 ML (2.5 MG/ML)	3	
<i>betaine oral powder 1 gram/scoop</i>	4	PA

Drug Name	Drug Tier	Requirements / Limits
BONJESTA ORAL TABLET,IR,DELA YED REL,BIPHASIC 20- 20 MG	3	PA; QL
<i>budesonide oral capsule,delayed,exte nd.release 3 mg</i>	1	
<i>budesonide oral tablet,delayed and ext.release 9 mg</i>	1	
<i>budesonide rectal foam 2 mg/actuation</i>	1	
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG	4	PA; LA; QL
BYLVAY ORAL PELLET 200 MCG, 600 MCG	4	PA; LA; QL
CHENODAL ORAL TABLET 250 MG	4	LA
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; QL
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	4	PA; LA; QL
CINVANTI INTRAVENOUS EMULSION 7.2 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 January 1, 2024.

Drug Name	Drug Tier	Requirements / Limits
<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
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML, 10 MG-3.5 GRAM- 12 GRAM/175 ML	5	ACA
COLAZAL ORAL CAPSULE 750 MG	3	ST
COMPAZINE ORAL TABLET 10 MG, 5 MG	3	
COMPAZINE RECTAL SUPPOSITORY 25 MG	3	
<i>compro rectal suppository 25 mg</i>	1	
<i>constulose oral solution 10 gram/15 ml</i>	1	
CORTENEMA RECTAL ENEMA 100 MG/60 ML	3	
CORTIFOAM RECTAL FOAM 10 % (80 MG)	3	

Drug Name	Drug Tier	Requirements / Limits
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/SCOOP	4	PA; LA
DICLEGIS ORAL TABLET,DELAYE D RELEASE (DR/EC) 10-10 MG	3	PA; QL
<i>dimenhydrinate injection solution 50 mg/ml</i>	1	
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec) 10-10 mg</i>	1	PA; QL
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	
<i>droperidol injection solution 2.5 mg/ml</i>	1	
<i>dulcolax (magnesium hydroxide) oral suspension 400 mg/5 ml</i>	5	ACA; OTC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 1, 2024.

Drug Name	Drug Tier	Requirements / Limits
EMEND (FOSAPREPITANT) INTRAVENOUS RECON SOLN 150 MG	3	
EMEND ORAL CAPSULE 80 MG	3	QL
EMEND ORAL CAPSULE,DOSE PACK 125 MG (1)-80 MG (2)	3	QL
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ML FINAL CONC.)	3	QL
ENTEREG ORAL CAPSULE 12 MG	3	
ENTYVIO INTRAVENOUS RECON SOLN 300 MG	4	PA; LA
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	4	PA; LA
<i>enulose oral solution 10 gram/15 ml</i>	1	
<i>fleet laxative (bisacodyl) oral tablet, delayed release (dr/ec) 5 mg</i>	5	ACA; OTC
<i>fosaprepitant intravenous recon soln 150 mg</i>	1	
GASTROCROM ORAL CONCENTRATE 100 MG/5 ML	3	

Drug Name	Drug Tier	Requirements / Limits
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	4	PA; LA; QL
<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>generlac oral solution 10 gram/15 ml</i>	1	
<i>gentle laxative (bisacodyl) oral tablet, delayed release (dr/ec) 5 mg</i>	5	ACA; OTC
<i>gentlelax oral powder 17 gram/dose</i>	5	ACA; OTC
GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	3	
<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>hemmorex-hc rectal suppository 25 mg</i>	1	
<i>hydrocortisone acetate rectal suppository 25 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	1	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	1	
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	1	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)</i>	1	ST
KINEVAC INJECTION RECON SOLN 5 MCG	2	
KRISTALOSE ORAL PACKET 10 GRAM, 20 GRAM	3	
<i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i>	1	
<i>laxative (bisacodyl) oral tablet, delayed release (dr/ec) 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	
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL 3 %-2.5 % (7 GRAM)	3	

Drug Name	Drug Tier	Requirements / Limits
<i>lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram), 3-0.5 %, 3-1 % (7 gram)</i>	1	
<i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>	1	
<i>lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)</i>	1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	2	QL
LIVMARLI ORAL SOLUTION 9.5 MG/ML	4	PA; LA
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	1	QL
<i>magnesium citrate oral solution</i>	5	ACA; OTC
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG	3	
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
MECLIZINE ORAL TABLET 50 MG	3	PA
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	1	
<i>mesalamine oral capsule, extended release 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 January 1, 2024.

Drug Name	Drug Tier	Requirements / Limits
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	1	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram, 800 mg</i>	1	
<i>mesalamine rectal enema 4 gram/60 ml</i>	1	
<i>mesalamine rectal suppository 1,000 mg</i>	1	
<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 oral solution 5 mg/5 ml</i>	1	ST
<i>metoclopramide hcl oral tablet 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
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	2	PA; QL
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM	3	

Drug Name	Drug Tier	Requirements / Limits
<i>natura-lax oral powder 17 gram/dose</i>	5	ACA; OTC
OCALIVA 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	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	1	QL
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	QL
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1	QL
<i>onelax magnesium citrate oral solution</i>	5	ACA; OTC
<i>oral saline laxative oral liquid 7.2-2.7 gram/15 ml</i>	5	ACA; OTC
ORTIKOS ORAL CAPSULE, EXTENDED RELEASE 6 MG, 9 MG	3	
PALONOSETRON INTRAVENOUS SOLUTION 0.25 MG/2 ML	3	
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>palonosetron intravenous syringe 0.25 mg/5 ml</i>	1	
PANCREAZE ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800-98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700-83,900 UNIT, 37,000-97,300-149,900 UNIT, 4,200-14,200-24,600 UNIT	2	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	5	ACA
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i>	5	ACA
<i>peg-electrolyte soln oral recon soln 420 gram</i>	5	ACA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	2	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	3	
<i>phosphate laxative oral liquid 7.2-2.7 gram/15 ml</i>	5	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	5	ACA
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i>	5	ACA; OTC
<i>powderlax oral powder 17 gram/dose</i>	5	ACA; OTC
<i>prochlorperazine 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	
PROCORT RECTAL CREAM 1.85-1.15 %	3	
<i>procto-med hc topical cream with perineal applicator 2.5 %</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	
<i>purelax oral powder 17 gram/dose</i>	5	ACA; OTC
RECTIV RECTAL OINTMENT 0.4 % (W/W)	2	

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Drug Name	Drug Tier	Requirements / Limits
REGLAN ORAL TABLET 10 MG, 5 MG	3	ST
RELISTOR ORAL TABLET 150 MG	2	PA
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
RELTONE ORAL CAPSULE 200 MG, 400 MG	3	
ROWASA RECTAL ENEMA KIT 4 GRAM/60 ML	3	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	3	QL
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	1	
SFROWASA RECTAL ENEMA 4 GRAM/60 ML	3	
SINCALIDE INJECTION RECON SOLN 5 MCG	3	

Drug Name	Drug Tier	Requirements / Limits
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	4	PA; LA; QL
<i>smoothlax oral powder 17 gram/dose</i>	5	ACA; OTC
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	5	ACA
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	4	PA; LA
SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM	2	
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet,delayed release (dr/ec) 500 mg</i>	1	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	2	
SUSTOL SUBCUTANEOUS LIQUID,EXTENDED RELEASE SYRING 10 MG/0.4 ML	3	
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
SYMPROIC ORAL TABLET 0.2 MG	2	PA
SYNDROS ORAL SOLUTION 5 MG/ML	3	
TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML	3	
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS	3	
<i>trimethobenzamide oral capsule 300 mg</i>	1	
TRULANCE ORAL TABLET 3 MG	2	
UCERIS ORAL TABLET, DELAYED AND EXT.RELEASE 9 MG	3	
UCERIS RECTAL FOAM 2 MG/ACTUATION	2	
URSO 250 ORAL TABLET 250 MG	3	
URSO FORTE ORAL TABLET 500 MG	3	
<i>ursodiol oral capsule 200 mg, 300 mg, 400 mg</i>	1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	
VARUBI ORAL TABLET 90 MG	2	QL

Drug Name	Drug Tier	Requirements / Limits
VIBERZI ORAL TABLET 100 MG, 75 MG	2	PA
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT	2	
VOWST ORAL CAPSULE	4	PA; LA
<i>women's gentle laxative(bisac) oral tablet, delayed release (dr/ec) 5 mg</i>	5	ACA; OTC
ZELNORM ORAL TABLET 6 MG	3	PA
ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	2	
<b>ULCER THERAPY</b>		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg</i>	1	
CARAFATE ORAL SUSPENSION 100 MG/ML	3	
CARAFATE ORAL TABLET 1 GRAM	3	
<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	
CYTOTEC ORAL TABLET 100 MCG, 200 MCG	3	
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i>	1	ST; QL
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>	1	ST
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	1	ST; QL
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	1	ST
<i>esomeprazole sodium intravenous recon soln 20 mg, 40 mg</i>	1	
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i>	1	
<i>famotidine intravenous solution 10 mg/ml</i>	1	
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	1	ST; QL
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	1	ST
<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg</i>	1	ST; QL
<i>lansoprazole oral tablet, disintegrat, delay rel 30 mg</i>	1	ST
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	
NEXIUM IV INTRAVENOUS RECON SOLN 40 MG	3	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	1	
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)	3	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg</i>	1	QL
<i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>	1	
<i>pantoprazole intravenous recon soln 40 mg</i>	1	
<i>pantoprazole oral granules dr for susp in packet 40 mg</i>	1	ST
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	QL
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	
PEPCID ORAL TABLET 20 MG, 40 MG	3	
PROTONIX INTRAVENOUS RECON SOLN 40 MG	3	
PYLERA ORAL CAPSULE 140-125-125 MG	3	
RABEPRAZOLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG	3	ST; QL
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	ST

Drug Name	Drug Tier	Requirements / Limits
<i>sucralfate oral suspension 100 mg/ml</i>	1	
<i>sucralfate oral tablet 1 gram</i>	1	
TALICIA ORAL CAPSULE, IR - DELAY REL, BIPHASE 10-250-12.5 MG	2	QL
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)	3	
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG	3	

## IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

### ANTIVIRALS

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

### BIOTECHNOLOGY DRUGS

ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA; LA
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 1, 2024.

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
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	4	PA; LA; QL
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PA; LA
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; LA; QL
FYLNTRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; LA; QL
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA; LA
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	4	PA; LA
LEUKINE INJECTION RECON SOLN 250 MCG	4	PA; LA
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 120 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	4	PA; LA
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	4	LA
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	4	PA; LA; QL
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	4	PA; LA
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA; LA
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	4	PA; LA
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA; LA
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; LA; QL
<i>plerixafor subcutaneous solution 24 mg/1.2 ml (20 mg/ml)</i>	4	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
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	4	LA

Drug Name	Drug Tier	Requirements / Limits
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG	4	PA; LA
RELEUKO INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	4	PA; LA
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA; LA
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	4	PA; LA
ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML	4	PA; LA; QL
STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; LA; QL
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML	4	PA; LA; QL
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA; LA
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; LA; QL
<b>GROWTH HORMONES</b>		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	4	PA; LA
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	4	PA; LA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	4	PA; LA
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
NGENLA SUBCUTANEOUS PEN INJECTOR 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML)	4	PA
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	4	PA; LA
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	4	PA; LA
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	4	PA; LA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	4	PA; LA
SAIZEN SUBCUTANEOUS RECON SOLN 5 MG	3	PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 1, 2024.

Drug Name	Drug Tier	Requirements / Limits
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	4	PA; LA
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	4	PA; LA
SOGROYA SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	4	PA; LA
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG	4	PA; LA
<b>INTERFERONS</b>		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	4	PA; LA
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	2	
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	4	PA; LA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	4	LA; QL

Drug Name	Drug Tier	Requirements / Limits
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	4	LA; QL
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AUBAGIO ORAL TABLET 14 MG, 7 MG	4	PA; LA; QL
AVONEX INTRAMUSCULA R PEN INJECTOR KIT 30 MCG/0.5 ML	4	PA; LA; QL
AVONEX INTRAMUSCULA R SYRINGE KIT 30 MCG/0.5 ML	4	PA; LA; QL
BAFIERTAM ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 95 MG	4	PA; LA; QL
BETASERON SUBCUTANEOUS KIT 0.3 MG	4	PA; LA; QL
BRIUMVI INTRAVENOUS SOLUTION 25 MG/ML	4	PA; LA
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	4	PA; LA; QL
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i>	4	PA; LA; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 1, 2024.

Drug Name	Drug Tier	Requirements / Limits
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	4	PA; LA; QL
EXTAVIA SUBCUTANEOUS RECON SOLN 0.3 MG	4	PA; LA; QL
<i>fingolimod oral capsule 0.5 mg</i>	4	PA; LA; QL
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG	4	PA; LA; QL
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	4	PA; LA; QL
<i>glatopa subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	4	PA; LA; QL
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	4	PA; LA; QL
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	4	PA; LA; QL
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	4	PA; LA; QL
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	4	PA; LA; QL
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	4	PA; LA; QL
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	4	PA; LA; QL
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	4	PA; LA; QL
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	4	PA; LA; QL
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	4	PA; LA; QL
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	4	PA; LA; QL
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	4	PA; LA; QL
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; LA; QL
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; LA; QL
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3)	4	PA; LA; QL
PONVORY ORAL TABLET 20 MG	4	PA; LA; QL
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; LA; QL
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; LA; QL
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG, 0.5 MG	4	PA; LA; QL
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG	4	PA; LA; QL
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	4	PA; LA; QL
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	4	PA; LA; QL
<b>VACCINES &amp; MISCELLANEOUS IMMUNOLOGICALS</b>		
ABRYSVO INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	5	ACA
ACAM2000 (NATIONAL STOCKPILE) PERCUTANEOUS RECON SOLN 1-5X10EXP8 UNIT/ML	5	ACA
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	5	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	5	ACA
AFLURIA QD 2023-24(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	5	ACA
AFLURIA QUAD 2023-2024(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	5	ACA
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	5	ACA
ASCENIV INTRAVENOUS SOLUTION 10 %	4	LA
ATGAM INTRAVENOUS SOLUTION 50 MG/ML	2	

Drug Name	Drug Tier	Requirements / Limits
BABYBIG INTRAVENOUS RECON SOLN 100 MG	3	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	2	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	5	ACA
BIOTHRAX INTRAMUSCULAR SUSPENSION 0.5 ML/DOSE	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
COMIRNATY 2023-24 (12Y UP)(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
COMIRNATY 2023-24 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	5	ACA
CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 %	4	PA; LA
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %)	4	PA; LA
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	5	ACA
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	2	
DYSPORT INTRAMUSCULAR RECON SOLN 300 UNIT, 500 UNIT	4	PA; LA
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	5	ACA

Drug Name	Drug Tier	Requirements / Limits
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	5	ACA
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	5	ACA
FLUAD QUAD 2023-24(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	5	ACA
FLUARIX QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	5	ACA
FLUBLOK QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	5	ACA
FLUCELVAX QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	5	ACA
FLUCELVAX QUAD 2023-2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
FLULAVAL QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	5	ACA
FLUMIST QUAD 2023-2024 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	5	ACA
FLUZONE HIGHDOSE QUAD 23-24 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML	5	ACA
FLUZONE QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	5	ACA
FLUZONE QUAD 2023-2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	5	ACA
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	4	
GAMASTAN S/D INTRAMUSCULAR SOLUTION 15-18 % RANGE	4	
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	5	ACA

Drug Name	Drug Tier	Requirements / Limits
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	5	ACA
GRASTEK SUBLINGUAL TABLET 2,800 BAU	2	PA
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	5	ACA
HEPAGAM B INJECTION SOLUTION >312 UNIT/ML, GREATER THAN 312 UNIT/ML (5 ML)	2	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	5	ACA
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	5	ACA
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	4	PA; LA
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML, 220 UNIT/ML (5 ML)	2	
HYPERHEP B NEONATAL INTRAMUSCULAR SYRINGE 110 UNIT/0.5 ML	2	
HYPERRAB (PF) INTRAMUSCULAR SOLUTION 300 UNIT/ML	2	
HYPERTET (PF) INTRAMUSCULAR SYRINGE 250 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	

Drug Name	Drug Tier	Requirements / Limits
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	2	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	5	ACA
IPOLE INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	5	ACA
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	2	
JYNNEOS (PF)(STOCKPILE) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	5	ACA
KEDRAB (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	5	ACA
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	5	ACA
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	5	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	5	ACA
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	5	ACA
MODERNA COVID 23-24(6M-11Y)PF INTRAMUSCULAR SUSPENSION 25 MCG/0.25 ML	5	ACA
MYOBLOC INTRAMUSCULAR SOLUTION 10,000 UNIT/2 ML, 2,500 UNIT/0.5 ML, 5,000 UNIT/ML	4	PA; LA
NABI-HB INTRAMUSCULAR SOLUTION GREATER THAN 1,560 UNIT/5 ML, GREATER THAN 312 UNIT/ML	3	
NOVAVAX COVID 2023-24(PF)(EUA) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML	5	ACA
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM	2	PA

Drug Name	Drug Tier	Requirements / Limits
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	4	PA; LA
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3)	4	PA; LA; QL
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6)	4	PA; LA; QL
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1)	4	PA; LA; QL
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG	4	PA; LA; QL
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2)	4	PA; LA; QL
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4)	4	PA; LA; QL
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1)	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1)	4	PA; LA; QL
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2)	4	PA; LA; QL
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2)	4	PA; LA; QL
PALFORZIA INITIAL DOSE ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG	4	PA; LA; QL
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG	4	PA; LA; QL
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	5	ACA
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	5	ACA
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	5	ACA

Drug Name	Drug Tier	Requirements / Limits
PFIZER COVID 2023-24(5Y-11Y)PF INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	5	ACA
PFIZER COVID 2023-24(6MO-4Y)PF INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 MCG/0.3 ML	5	ACA
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML	5	ACA
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	5	ACA
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	5	ACA
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	5	ACA
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	5	ACA
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2-3.3CCID50/0.5ML	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTIO N 10EXP3-4.3-3- 3.99 TCID50/0.5	5	ACA
QUADRACEL (PF) INTRAMUSCULA R SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	5	ACA
QUADRACEL (PF) INTRAMUSCULA R SYRINGE 15 LF- 48 MCG- 5 LF UNIT/0.5ML	5	ACA
RABAVERT (PF) INTRAMUSCULA R SUSPENSION FOR RECONSTITUTIO N 2.5 UNIT	2	
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT	2	PA
RECOMBIVAX HB (PF) INTRAMUSCULA R SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	5	ACA
RECOMBIVAX HB (PF) INTRAMUSCULA R SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	5	ACA

Drug Name	Drug Tier	Requirements / Limits
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	5	ACA
ROTATEQ VACCINE ORAL SOLUTION 2 ML	5	ACA
SHINGRIX (PF) INTRAMUSCULA R SUSPENSION FOR RECONSTITUTIO N 50 MCG/0.5 ML	5	ACA; QL
SPIKEVAX 2023- 2024(12Y UP)(PF) INTRAMUSCULA R SUSPENSION 50 MCG/0.5 ML	5	ACA
SPIKEVAX 2023- 2024(12Y UP)(PF) INTRAMUSCULA R SYRINGE 50 MCG/0.5 ML	5	ACA
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTIO N 1,000 UNIT/0.5 ML	2	
TDVAX INTRAMUSCULA R SUSPENSION 2- 2 LF UNIT/0.5 ML	5	ACA
TENIVAC (PF) INTRAMUSCULA R SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	5	ACA
TENIVAC (PF) INTRAMUSCULA R SYRINGE 5-2 LF UNIT/0.5 ML	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG	2	
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	2	
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML	2	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	5	ACA
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	5	ACA
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	2	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	2	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	5	ACA
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	5	ACA

Drug Name	Drug Tier	Requirements / Limits
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	5	ACA
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML	2	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	2	
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML	5	ACA
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML	5	ACA
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML	5	ACA
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	2	

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Drug Name	Drug Tier	Requirements / Limits
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	4	PA; LA
XEOMIN INTRAMUSCULA R RECON SOLN 100 UNIT, 200 UNIT, 50 UNIT	4	PA; LA
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTIO N 10 EXP4.74 UNIT/0.5 ML	2	
ZINPLAVA INTRAVENOUS SOLUTION 25 MG/ML	3	
<b>IMMUNOLOGY</b>		
<b>INTERLEUKINS</b>		
<i>imiquimod topical cream in packet 3.75 %, 5 %</i>	1	
<b>MUSCULOSKELETAL &amp; RHEUMATOLOGY</b>		
<b>GOUT THERAPY</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
ALLOPURINOL ORAL TABLET 200 MG	3	

Drug Name	Drug Tier	Requirements / Limits
<i>allopurinol sodium intravenous recon soln 500 mg</i>	1	
<i>aloprim intravenous recon soln 500 mg</i>	1	
COLCHICINE ORAL CAPSULE 0.6 MG	3	
<i>colchicine oral tablet 0.6 mg</i>	1	
COLCRYS ORAL TABLET 0.6 MG	3	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	1	ST
MITIGARE ORAL CAPSULE 0.6 MG	2	
<i>probenecid oral tablet 500 mg</i>	1	
<i>probenecid- colchicine oral tablet 500-0.5 mg</i>	1	
ZYLOPRIM ORAL TABLET 100 MG	3	
<b>OSTEOPOROSIS THERAPY</b>		
ACTONEL ORAL TABLET 150 MG, 35 MG	3	ST; QL
<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
ATELVIA ORAL TABLET, DELAYE D RELEASE (DR/EC) 35 MG	3	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
BINOSTO ORAL TABLET, EFFERVESCENT 70 MG	3	ST; QL
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML ( 105MG/1.17MLX2)	4	PA; LA; QL
EVISTA ORAL TABLET 60 MG	3	
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	4	PA; LA; QL
FOSAMAX ORAL TABLET 70 MG	3	ST; QL
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	3	ST; QL
<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
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	4	LA; QL
<i>raloxifene oral tablet 60 mg</i>	1	ACA
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>	1	QL
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	4	PA; LA; QL
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	4	PA; LA; QL
<b>OTHER RHEUMATOLOGICALS</b>		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	4	PA; LA; QL
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	4	PA; LA; QL
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML	4	PA; LA; QL
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	4	PA; LA; QL
ADALIMUMAB-ADB M SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; LA; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 1, 2024.

Drug Name	Drug Tier	Requirements / Limits
ADALIMUMAB- ADB SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	4	PA; LA; QL
ADALIMUMAB- ADB(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; LA; QL
ADALIMUMAB- ADB(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; LA; QL
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	4	PA; LA; QL
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	4	PA; LA; QL
ARAVA ORAL TABLET 10 MG, 20 MG	3	QL
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	4	PA; LA; QL
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
CYLTEZO(CF) PEN CROHN'S-UC- HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; LA; QL
CYLTEZO(CF) PEN PSORIASIS- UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; LA; QL
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; LA; QL
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	4	PA; LA; QL
DEPEN TITRATABS ORAL TABLET 250 MG	3	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	4	PA; LA; QL
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	4	PA; LA; QL
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	4	PA; LA; QL
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; LA; QL
HUMIRA PEN PSOR-UEVITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; LA; QL
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; LA; QL
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; LA; QL
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; LA; QL
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA; LA; QL
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; LA; QL
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; LA; QL
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	4	PA; LA; QL
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	4	PA; LA; QL
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR 80MG/0.8ML(X1)-40 MG/0.4ML(X2)	4	PA; LA; QL
HYRIMOZ PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML	4	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
HYRIMOZ SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	4	PA; QL
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML, 80 MG/0.8 ML- 40 MG/0.4 ML	4	PA; LA; QL
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML	4	PA; LA; QL
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	4	PA; LA; QL
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	4	PA; LA; QL
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	4	PA; LA; QL
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	4	PA; LA; QL
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	4	PA; LA; QL
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	4	PA; LA; QL
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	4	PA; LA; QL
OTEZLA ORAL TABLET 30 MG	4	PA; LA; QL
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (4)-30 MG (47)	4	PA; LA; QL
<i>penicillamine oral tablet 250 mg</i>	1	PA
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	2	ST

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Drug Name	Drug Tier	Requirements / Limits
REDITREX (PF) SUBCUTANEOUS SYRINGE 10 MG/0.4 ML, 12.5 MG/0.5 ML, 15 MG/0.6 ML, 17.5 MG/0.7 ML, 20 MG/0.8 ML, 22.5 MG/0.9 ML, 25 MG/ML, 7.5 MG/0.3 ML	3	ST
RIDAURA ORAL CAPSULE 3 MG	2	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	4	PA; LA; QL
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	2	ST; QL
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	2	ST; QL
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	4	PA; LA; QL
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	4	PA; LA; QL
XELJANZ ORAL SOLUTION 1 MG/ML	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
XELJANZ ORAL TABLET 10 MG, 5 MG	4	PA; LA; QL
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	4	PA; LA; QL

## OBSTETRICS & GYNECOLOGY

### DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

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

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Drug Name	Drug Tier	Requirements / Limits
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24 HOURS (8 YRS) 52 MG	5	ACA; LA
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	5	ACA; LA
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HRS (3 YRS) 13.5 MG	5	ACA; LA
TRUSTEX LUBRICATED CONDOMS DEVICE	5	ACA; OTC
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	5	ACA; OTC
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM	5	ACA
<b>ESTROGENS &amp; PROGESTINS</b>		
ACTIVELLA ORAL TABLET 1-0.5 MG	3	
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	3	

Drug Name	Drug Tier	Requirements / Limits
AYGESTIN ORAL TABLET 5 MG	3	
BIJUVA ORAL CAPSULE 1-100 MG	3	
<i>camila oral tablet 0.35 mg</i>	5	ACA
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.06 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	3	QL
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	2	
<i>covaryx h.s. oral tablet 0.625-1.25 mg</i>	1	
<i>covaryx oral tablet 1.25-2.5 mg</i>	1	
CRINONE VAGINAL GEL 4 %	3	
CRINONE VAGINAL GEL 8 %	4	LA
<i>deblitane oral tablet 0.35 mg</i>	5	ACA
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML, 40 MG/ML	3	

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Drug Name	Drug Tier	Requirements / Limits
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	2	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	QL
DEPO-PROVERA INTRAMUSCULAR SYRINGE 150 MG/ML	3	QL
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	5	ACA; QL
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %), 1.25 MG/1.25 GRAM (0.1 %)	2	ST; QL
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL
DUAVEE ORAL TABLET 0.45-20 MG	2	
<i>eemt hs oral tablet 0.625-1.25 mg</i>	1	
<i>eemt oral tablet 1.25-2.5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ENDOMETRIN VAGINAL INSERT 100 MG	4	LA
<i>errin oral tablet 0.35 mg</i>	5	ACA
ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG	3	
ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM)	3	
ESTRADIOL IMPLANT PELLETT 6 MG	3	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%), 1 mg/gram (0.1 %), 1.25 mg/1.25 gram (0.1 %)</i>	1	ST; QL
<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 cream 0.01 % (0.1 mg/gram)</i>	1	
<i>estradiol vaginal tablet 10 mcg</i>	1	
<i>estradiol valerate intramuscular oil 10 mg/ml, 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	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	2	
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>	1	
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%)	3	ST; QL
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	3	
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>heather oral tablet 0.35 mg</i>	5	ACA
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	1	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	3	PA; QL
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG	3	PA; QL
<i>incassia oral tablet 0.35 mg</i>	5	ACA
<i>jencycla oral tablet 0.35 mg</i>	5	ACA
<i>jinteli oral tablet 1-5 mg-mcg</i>	1	
<i>lyleq oral tablet 0.35 mg</i>	5	ACA
<i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL
<i>lyza oral tablet 0.35 mg</i>	5	ACA
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	5	ACA; QL
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	5	ACA; QL

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Drug Name	Drug Tier	Requirements / Limits
<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, 2.5 MG	3	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	3	QL
<i>mimvey oral tablet 1-0.5 mg</i>	1	
MINIVELLE TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	3	QL
<i>nora-be oral tablet 0.35 mg</i>	5	ACA
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	5	ACA
<i>norethindrone acetate oral tablet 5 mg</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
PREMARIN INJECTION RECON SOLN 25 MG	2	

Drug Name	Drug Tier	Requirements / Limits
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	2	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	2	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	2	
<i>progesterone intramuscular oil 50 mg/ml</i>	4	LA
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	1	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	
<i>sharobel oral tablet 0.35 mg</i>	5	ACA
<i>tulana oral tablet 0.35 mg</i>	5	ACA
VAGIFEM VAGINAL TABLET 10 MCG	3	

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Drug Name	Drug Tier	Requirements / Limits
VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	3	QL
<i>yuvafem vaginal tablet 10 mcg</i>	1	
<b>MISCELLANEOUS OB/GYN</b>		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	5	ST; ACA; QL
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG	3	
CLEOCIN VAGINAL CREAM 2 %	3	
CLEOCIN VAGINAL SUPPOSITORY 100 MG	3	
<i>clindamycin phosphate vaginal cream 2 %</i>	1	
CLINDESSE VAGINAL CREAM,EXTENDE D RELEASE 2 %	3	
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	5	ACA
<i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i>	5	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	5	ACA
GYNAZOLE-1 VAGINAL CREAM 2 %	3	
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	5	ACA
INTRAROSA VAGINAL INSERT 6.5 MG	3	PA
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	
<i>miconazole-3 vaginal suppository 200 mg</i>	1	
MYFEMBREE ORAL TABLET 40- 1-0.5 MG	2	PA
NEXPLANON SUBDERMAL IMPLANT 68 MG	5	ACA; LA
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	3	ST
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM)	3	
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300- 1-0.5MG(AM) /300 MG(PM)	2	PA
OSPHENA ORAL TABLET 60 MG	3	PA

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Drug Name	Drug Tier	Requirements / Limits
PREPIDIL VAGINAL GEL 0.5 MG/3 G	3	
RELAGARD VAGINAL GEL 0.9-0.025 %	3	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	1	
<i>tranexamic acid oral tablet 650 mg</i>	1	
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 %	2	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR	5	ST; ACA
<i>vandazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	5	ACA; OTC
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	5	ACA; OTC
VEOZAH ORAL TABLET 45 MG	3	PA
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	5	ACA
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	5	ACA

**ORAL CONTRACEPTIVES & RELATED AGENTS**

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

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

Drug Name	Drug Tier	Requirements / Limits
<i>camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	5	ACA
<i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	5	ACA
<i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	5	ACA
<i>charlotte 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	5	ACA
<i>chateal (28) oral tablet 0.15-0.03 mg</i>	5	ACA
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	5	ACA
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	5	ACA
<i>curae oral tablet 1.5 mg</i>	5	ACA; OTC; QL
<i>cyred eq oral tablet 0.15-0.03 mg</i>	5	ACA
<i>cyred oral tablet 0.15-0.03 mg</i>	5	ACA
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	5	ACA
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	5	ACA
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	5	ACA

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

Drug Name	Drug Tier	Requirements / Limits
<i>femynor oral tablet 0.25-35 mg-mcg</i>	5	ACA
<i>finzala oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	5	ACA
<i>gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	5	ACA
GENERESS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	3	ST
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	5	ACA
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	5	ACA
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	5	ACA
<i>hailey oral tablet 1.5-30 mg-mcg</i>	5	ACA
<i>her style oral tablet 1.5 mg</i>	5	ACA; OTC; QL
<i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	5	ACA
<i>isibloom oral tablet 0.15-0.03 mg</i>	5	ACA
<i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	5	ACA
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	5	ACA

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

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

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

Drug Name	Drug Tier	Requirements / Limits
<i>loryna (28) oral tablet 3-0.02 mg</i>	5	ACA
LOSEASONIQUE ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	3	ST
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	5	ACA
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	5	ACA
<i>lutera (28) oral tablet 0.1-20 mg-mcg</i>	5	ACA
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	5	ACA
<i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	5	ACA
<i>mibelas 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	5	ACA
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	5	ACA
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	5	ACA
<i>microgestin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	5	ACA
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	5	ACA
<i>mili oral tablet 0.25-35 mg-mcg</i>	5	ACA
MINASTRIN 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	3	ST
MIRCETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	3	ST
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	5	ACA
<i>my choice oral tablet 1.5 mg</i>	5	ACA; OTC; QL
<i>my way oral tablet 1.5 mg</i>	5	ACA; OTC; QL
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	5	ST; ACA
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	5	ACA
<i>new day oral tablet 1.5 mg</i>	5	ACA; OTC; QL
NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28)	5	ST; ACA
<i>nikki (28) oral tablet 3-0.02 mg</i>	5	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)</i>	5	ACA
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	5	ACA
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	5	ACA
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9), 1.5 mg-30 mcg (21)/75 mg (7)</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
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	5	ACA
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	5	ACA
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	5	ACA
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i>	5	ACA
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	5	ACA
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	5	ACA
<i>ocella oral tablet 3-0.03 mg</i>	5	ACA
<i>opcicon one-step oral tablet 1.5 mg</i>	5	ACA; OTC; QL
<i>option-2 oral tablet 1.5 mg</i>	5	ACA; OTC; QL
<i>philith oral tablet 0.4-35 mg-mcg</i>	5	ACA
<i>pimtree (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 28 oral tablet 0.15-0.03 mg</i>	5	ACA
QUARTETTE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	3	ST
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	5	ACA

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

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Drug Name	Drug Tier	Requirements / Limits
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	5	ACA
<i>taysofy oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	5	ACA
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	3	ST
<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
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	5	ACA
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	5	ACA
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	5	ACA
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	5	ACA
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	5	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	5	ACA
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	5	ACA
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	5	ACA
<i>tri-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
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	5	ACA
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	5	ACA
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG	5	ST; ACA
<i>tydemy oral tablet 3-0.03-0.451 mg (21) (7)</i>	5	ACA
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	5	ACA
<i>vestura (28) oral tablet 3-0.02 mg</i>	5	ACA
<i>vienva oral tablet 0.1-20 mg-mcg</i>	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	5	ACA
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	5	ACA
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	5	ACA
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	5	ACA
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	5	ACA
<i>wymzya fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	5	ACA
YASMIN (28) ORAL TABLET 3-0.03 MG	3	ST
YAZ (28) ORAL TABLET 3-0.02 MG	3	ST
<i>zarah oral tablet 3-0.03 mg</i>	5	ACA
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	5	ACA
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	5	ACA
<b>OXYTOCICS</b>		
<i>methylergonovine oral tablet 0.2 mg</i>	1	QL
<i>oxytocin injection solution 10 unit/ml</i>	1	
<b>OPHTHALMOLOGY</b>		
<b>ANTIBIOTICS</b>		

Drug Name	Drug Tier	Requirements / Limits
AZASITE OPHTHALMIC (EYE) DROPS 1 %	2	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	3	
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 %	3	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	3	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	1	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	1	
MOXIFLOXACIN (PF)-BSS INTRACAMERAL SOLUTION 1 MG/ML	3	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	1	
MOXIFLOXACIN-SOD CHLOR,ISO(PF) INTRAOCULAR SOLUTION 0.8 MG/0.8 ML, 4 MG/0.8 ML, 5 MG/ML	3	
MOXIFLOXACIN-SOD CHLOR,ISO(PF) INTRAOCULAR SYRINGE 0.3 MG/0.3 ML, 1.6 MG/ML	3	
NATACYN OPTHALMIC (EYE) DROPS,SUSPENSION 5 %	2	

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

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Drug Name	Drug Tier	Requirements / Limits
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	3	
VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 %	3	
ZYMAXID OPHTHALMIC (EYE) DROPS 0.5 %	3	
<b>ANTIVIRALS</b>		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	3	
<b>BETA-BLOCKERS</b>		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSIO N 0.25 %	3	
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	1	
<b>CHOLINESTERASE INHIBITOR MIOTICS</b>		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	4	LA
<b>CYCLOPLEGIC MYDRIATICS</b>		
<i>atropine ophthalmic (eye) drops 1 %</i>	1	
<i>atropine ophthalmic (eye) ointment 1 %</i>	1	
ATROPINE SULFATE (PF) OPHTHALMIC (EYE) DROPPERETTE 1 %	3	
CYCLOGYL OPHTHALMIC (EYE) DROPS 0.5 %, 1 %, 2 %	3	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	1	
<i>homatropaire ophthalmic (eye) drops 5 %</i>	1	
ISOPTO ATROPINE OPHTHALMIC (EYE) DROPS 1 %	3	

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Drug Name	Drug Tier	Requirements / Limits
MYDRIACYL OPHTHALMIC (EYE) DROPS 1 %	3	
PHENYLEPH- TROPICAMIDE IN WATER OPHTHALMIC (EYE) DROPS 2.5-1 %	3	
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	1	
<b>DIRECT ACTING MIOTICS</b>		
MIOCHOL-E INTRAOCULAR KIT 1 % (10 MG/ML)	3	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
<b>MISCELLANEOUS OPHTHALMOLOGICS</b>		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %	3	
ALCAINE OPHTHALMIC (EYE) DROPS 0.5 %	3	
ALOCRIAL OPHTHALMIC (EYE) DROPS 2 %	3	
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	3	
<i>altacaine ophthalmic (eye) drops 0.5 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25- 0.4 %	3	
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1	
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i>	1	
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	3	PA; QL
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	1	PA; QL
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	4	LA
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	4	LA
DEXAMET- MOXIFL- KETORO- NACL(PF) INTRAOCULAR SOLUTION 1-0.5- 0.4 MG/ML	3	
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
FLUORESCEIN-BENOXINATE OPHTHALMIC (EYE) DROPS 0.3-0.4 %	3	
<i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>	1	
IHEEZO (PF) OPHTHALMIC (EYE) DROPPERETTE, GEL 3 %	3	
KLARITY-A (AZITHROMYDIN)(PF) OPHTHALMIC (EYE) DROPS 1-0.25 %	3	
KLARITY-L (LOTEPRENOLIN)(PF) OPHTHALMIC (EYE) DROPS 0.5-0.25 %	3	
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG	3	PA; QL
OMIDRIA INTRAOCULAR CONCENTRATE 1-0.3 %	3	
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS 0.146 % -0.146 %	3	
PHOTREXA VISCOUS OPHTHALMIC (EYE) DROPS, VISCOUS 0.146 %	3	
PREDNISOLONE ACETATE-BROMFENAC OPHTHALMIC (EYE) DROPS, SUSPENSION 1-0.5-0.075 %	3	
PREDNISOLONE ACETATE-BROMFENAC OPHTHALMIC (EYE) DROPS, SUSPENSION 1-0.5-0.075 %	3	
PREDNISOLONE ACETATE-BROMFENAC OPHTHALMIC (EYE) DROPS, SUSPENSION 1-0.5-0.075 %	3	
PREDNISOLONE ACETATE-BROMFENAC OPHTHALMIC (EYE) DROPS, SUSPENSION 1-0.5-0.075 %	3	
PREDNISOLONE ACETATE-BROMFENAC OPHTHALMIC (EYE) DROPS, SUSPENSION 1-0.5-0.075 %	3	
PREDNISOLONE ACETATE-BROMFENAC OPHTHALMIC (EYE) DROPS, SUSPENSION 1-0.5-0.075 %	3	

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Drug Name	Drug Tier	Requirements / Limits
PREDNISOLONE ACETATE-NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.1 %	3	
PREDNISOLONE-MOXIFLO-NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5-0.1 %	3	
PREDNISOLONE-MOXIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5-0.075 %	3	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	1	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	2	PA; QL
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	3	PA; QL
TETRACAINE HCL (PF) OPHTHALMIC (EYE) DROPS 0.5 %	3	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY	3	PA
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 %	3	PA; QL
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	2	PA; QL
ZERVIATE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	3	ST
<b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>		
ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 %	3	ST
ACULAR OPHTHALMIC (EYE) DROPS 0.5 %	3	ST
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	3	ST
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	1	ST

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Drug Name	Drug Tier	Requirements / Limits
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	3	ST
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	3	ST
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	1	
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	ST
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	3	ST

#### 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

Drug Name	Drug Tier	Requirements / Limits
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	1	ST
BRIMONIDINE- DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS 0.15- 2 %	3	
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	1	
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>	1	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2- 0.5 %	3	ST
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2- 0.5 %	3	ST
COSOPT OPHTHALMIC (EYE) DROPS 22.3- 6.8 MG/ML	3	ST
DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS 2 %	3	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	1	
DORZOLAMIDE-TIMOLOL (PF) OPHTHALMIC (EYE) DROPS 2-0.5 %	3	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	1	
IYUZEH OPHTHALMIC (EYE) DROPPERETTE 0.005 %	3	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	
<i>miostat intraocular solution 0.01 %</i>	1	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	3	
<i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i>	1	ST
TIMOLOL-BRIMONIDI-DORZOLAM(PF) OPHTHALMIC (EYE) DROPS 0.5-0.15-2 %	3	

Drug Name	Drug Tier	Requirements / Limits
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	1	
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	3	ST
XALATAN OPHTHALMIC (EYE) DROPS 0.005 %	3	ST
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %	3	ST
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	3	ST
<b>STEROID-ANTIBIOTIC COMBINATIONS</b>		
DEXAMETH-MOXIFLOX(PF)-NACL,ISO INTRAOCULAR SOLUTION 1-5 MG/ML	3	
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION 3.5MG/ML-10,000 UNIT/ML-0.1 %	3	
MAXITROL OPHTHALMIC (EYE) OINTMENT 3.5 MG/G-10,000 UNIT/G-0.1 %	3	

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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	
PREDNISOLONE SOD PH-MOXIFLOX OPTHALMIC (EYE) DROPS 1-0.5 %	3	
PREDNISOLONE-MOXIFLOXACIN HCL OPTHALMIC (EYE) DROPS,SUSPENSION 1-0.5 %	3	

Drug Name	Drug Tier	Requirements / Limits
TOBRADEX OPTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.1 %	3	
TOBRADEX OPTHALMIC (EYE) OINTMENT 0.3-0.1 %	3	
TOBRADEX ST OPTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	3	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	1	
ZYLET OPTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	3	
<b>STERIODS</b>		
ALREX OPTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	3	ST
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	
DEXYCU (PF) INTRAOCULAR SUSPENSION 9 %	3	
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	1	ST

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Drug Name	Drug Tier	Requirements / Limits
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	3	ST
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	PA; QL
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	ST
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	1	
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	ST
FML LIQUIFILM OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	ST
ILUVIEN INTRAVITREAL IMPLANT 0.19 MG	4	LA
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	ST
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	3	ST

Drug Name	Drug Tier	Requirements / Limits
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 %	3	ST
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	3	ST
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	3	ST
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	1	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	1	
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	ST
PRED FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	3	ST

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Drug Name	Drug Tier	Requirements / Limits
PREDNISOLONE ACETATE (PF) OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	
RETISERT INTRAVITREAL IMPLANT 0.59 MG	4	LA
YUTIQ INTRAVITREAL IMPLANT 0.18 MG	4	LA
<b>STEROID-SULFONAMIDE COMBINATIONS</b>		
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	
<b>SULFONAMIDES</b>		
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	1	
<b>SYMPATHOMIMETICS</b>		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %, 0.15 %	3	ST

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

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Drug Name	Drug Tier	Requirements / Limits
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>cetirizine oral solution 1 mg/ml</i>	1	
CLARINEX ORAL TABLET 5 MG	3	QL
<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
DIPHEN ORAL ELIXIR 12.5 MG/5 ML	3	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>diphenhydramine hcl injection syringe 50 mg/ml</i>	1	
EPINEPHRINE HCL (PF) INJECTION SOLUTION 1 MG/ML (1 ML)	3	

Drug Name	Drug Tier	Requirements / Limits
EPINEPHRINE INJECTION 0.15 MG AUTO-INJECTOR (IMPAX, LINEAGE GENERIC) 0.15 MG/0.15 ML	3	QL
<i>epinephrine injection auto-injector (mylan generic) 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	QL
<i>epinephrine injection syringe 0.1 mg/ml</i>	1	
EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	2	ST; QL
EPIPEN JR 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	
KARBINAL ER ORAL SUSPENSION, EXTENDED REL 12 HR 4 MG/5 ML	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	1	
<i>levocetirizine oral tablet 5 mg</i>	1	QL
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML	3	
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	
QUZYTIR INTRAVENOUS SOLUTION 10 MG/ML	3	
RACEPINEPH IN SOD CHL,ISO (PF) INJECTION SYRINGE 1 MG/ML	3	
RYCLORA ORAL SOLUTION 2 MG/5 ML	3	
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML	2	QL

Drug Name	Drug Tier	Requirements / Limits
VISTARIL ORAL CAPSULE 25 MG, 50 MG	3	
<b>COUGH &amp; COLD THERAPY</b>		
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	1	
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML	1	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	1	
CAPCOF ORAL LIQUID 2-5-10 MG/5 ML	3	
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG	3	QL
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	1	
CODITUSSIN AC ORAL LIQUID 10-200 MG/5 ML	3	
CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5 ML	3	
<i>g tussin ac oral liquid 10-100 mg/5 ml</i>	1	
<i>guaiatussin ac oral liquid 10-100 mg/5 ml</i>	1	
HISTEX-AC ORAL SYRUP 2.5-10-10 MG/5 ML	3	

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Drug Name	Drug Tier	Requirements / Limits
HYCODAN (WITH HOMATROPINE) ORAL SYRUP 5-1.5 MG/5 ML	3	
HYCODAN (WITH HOMATROPINE) ORAL TABLET 5-1.5 MG	3	
<i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr 10-8 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	1	
<i>hydromet oral syrup 5-1.5 mg/5 ml</i>	1	
MAR-COF CG ORAL LIQUID 7.5-225 MG/5 ML	3	
<i>maxi-tuss ac oral liquid 10-100 mg/5 ml</i>	1	
MAXI-TUSS CD ORAL LIQUID 4-10-10 MG/5 ML	3	
NINJACOF-XG ORAL LIQUID 8-200 MG/5 ML	3	
<i>pe-guai oral drops 1.5-20 mg/ml</i>	1	
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML	3	

Drug Name	Drug Tier	Requirements / Limits
<i>promethazine vc oral syrup 6.25-5 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	
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG	3	
<i>r-tanna oral tablet 9-25 mg</i>	1	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG	3	
<b>PULMONARY AGENTS</b>		
ACCOLATE ORAL TABLET 10 MG, 20 MG	3	
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	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; QL

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Drug Name	Drug Tier	Requirements / Limits
ADRENALIN NASAL SOLUTION 1 MG/ML	3	
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	3	QL
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION , 230-21 MCG/ACTUATION , 45-21 MCG/ACTUATION	2	QL
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG-14 MCG/ACTUATION , 232-14 MCG/ACTUATION , 55-14 MCG/ACTUATION	3	ST; QL
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	1	QL
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	1	
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION , 80 MCG/ACTUATION	3	ST; QL
<i>alyq oral tablet 20 mg</i>	4	PA; LA; QL
<i>ambriasantan oral tablet 10 mg, 5 mg</i>	4	PA; LA; QL
<i>aminophylline intravenous solution 250 mg/10 ml</i>	1	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	2	QL
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	1	QL
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 200 MCG/ACTUATION , 50 MCG/ACTUATION	2	QL

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Drug Name	Drug Tier	Requirements / Limits
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION , 200 MCG/ACTUATION , 50 MCG/ACTUATION	2	QL
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	QL
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	3	QL
<i>azelastine-fluticasone nasal spray, non-aerosol 137-50 mcg/spray</i>	1	ST; QL
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	3	QL
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	4	PA; LA; QL
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	2	QL
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE	2	
<i>breyana inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	1	QL
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	2	QL
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	4	PA; LA
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	3	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	1	QL
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	1	QL
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	4	PA; LA; QL
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	QL
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	1	
DALIRESPI ORAL TABLET 250 MCG	3	PA; QL
DALIRESPI ORAL TABLET 500 MCG	3	PA
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION	3	QL

Drug Name	Drug Tier	Requirements / Limits
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION , 200-5 MCG/ACTUATION , 50-5 MCG/ACTUATION	2	QL
DYMISTA NASAL SPRAY, NON-AEROSOL 137-50 MCG/ACTUATION	3	ST; QL
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	3	
<i>epinephrine hcl nasal solution 1 mg/ml</i>	1	
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	4	PA; LA; QL
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	4	PA; LA; QL
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	4	PA; LA; QL
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 250 MCG/ACTUATION , 50 MCG/ACTUATION	3	QL

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Drug Name	Drug Tier	Requirements / Limits
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION , 220 MCG/ACTUATION , 44 MCG/ACTUATION	3	QL
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	1	QL
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i>	1	QL
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	QL
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	1	ST; QL
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	4	PA; LA; QL
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %, 7 %	3	
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	4	PA; QL

Drug Name	Drug Tier	Requirements / Limits
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	2	QL
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1	QL
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML)	4	PA; LA; QL
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 50 MG, 75 MG	4	PA; LA; QL
KALYDECO ORAL GRANULES IN PACKET 5.8 MG	4	PA
KALYDECO ORAL TABLET 150 MG	4	PA; LA; QL
LETAIRIS ORAL TABLET 10 MG, 5 MG	4	PA; LA; QL
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	1	
LIQREV ORAL SUSPENSION 10 MG/ML	4	PA; LA; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 1, 2024.

Drug Name	Drug Tier	Requirements / Limits
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	1	ST; QL
<i>montelukast oral granules in packet 4 mg</i>	1	
<i>montelukast oral tablet 10 mg</i>	1	
<i>montelukast oral tablet,chewable 4 mg, 5 mg</i>	1	
<i>nebusal inhalation solution for nebulization 3 %</i>	1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	3	
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	4	PA; LA; QL
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	4	PA; LA; QL
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; LA; QL
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	4	PA; QL
OFEV ORAL CAPSULE 100 MG, 150 MG	4	PA; LA; QL
OPSUMIT ORAL TABLET 10 MG	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	4	PA; LA; QL
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	4	PA; LA; QL
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	4	PA; LA; QL
<i>pirfenidone oral capsule 267 mg</i>	4	PA; LA; QL
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	4	PA; LA; QL
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML	3	QL
<i>pulmosal inhalation solution for nebulization 7 %</i>	1	
PULMOZYME INHALATION SOLUTION 1 MG/ML	4	PA; LA
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION , 80 MCG/ACTUATION	2	QL

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Drug Name	Drug Tier	Requirements / Limits
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5 ML	4	LA
REVATIO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML	4	PA; LA; QL
REVATIO ORAL TABLET 20 MG	4	PA; LA; QL
<i>roflumilast oral tablet 250 mcg</i>	1	PA; QL
<i>roflumilast oral tablet 500 mcg</i>	1	PA
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	4	PA; LA; QL
<i>sajazir subcutaneous syringe 30 mg/3 ml</i>	4	PA; LA; QL
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	2	QL
<i>sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml</i>	4	LA
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	4	PA; LA; QL
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	4	PA; LA; QL
SINGULAIR ORAL GRANULES IN PACKET 4 MG	3	

Drug Name	Drug Tier	Requirements / Limits
SINGULAIR ORAL TABLET 10 MG	3	
SINGULAIR ORAL TABLET,CHEWABLE 4 MG, 5 MG	3	
SINUVA SINUS IMPLANT 1,350 MCG	4	PA; LA
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %</i>	1	
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION , 2.5 MCG/ACTUATION	2	QL
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	2	QL
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	QL
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	2	QL
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION , 80-4.5 MCG/ACTUATION	3	QL

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Drug Name	Drug Tier	Requirements / Limits
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	4	PA; LA; QL
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	4	PA; LA; QL
TADLIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	4	PA; LA
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	4	PA; LA; QL
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)	4	PA; LA; QL
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1	
<i>terbutaline subcutaneous solution 1 mg/ml</i>	1	
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)	4	PA; LA; QL
TEZSPIRE SUBCUTANEOUS SYRINGE 210 MG/1.91 ML (110 MG/ML)	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	3	
<i>theophylline oral elixir 80 mg/15 ml</i>	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	
<i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i>	1	
TRACLEER ORAL TABLET 125 MG, 62.5 MG	4	PA; LA; QL
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	4	PA; LA; QL
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	2	QL

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Drug Name	Drug Tier	Requirements / Limits
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	4	PA; LA; QL
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	4	PA; LA; QL
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16 MCG (112)- 32 MCG (84), 16(112)-32(112) - 48(28) MCG, 32 MCG, 48 MCG, 64 MCG	4	PA; LA
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	4	PA; LA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	4	PA; LA
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	4	PA; LA
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	2	QL
<i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	QL
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	4	PA; LA; QL
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	4	PA; LA; QL
XOPENEX INHALATION SOLUTION FOR NEBULIZATION 0.63 MG/3 ML, 1.25 MG/3 ML	3	
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	2	QL
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1	
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	1	PA

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Drug Name	Drug Tier	Requirements / Limits
ZYFLO ORAL TABLET 600 MG	3	PA
<b>UROLOGICALS</b>		
<b>ANTICHOLINERGICS &amp; ANTISPASMODICS</b>		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	1	ST
DETROL ORAL TABLET 1 MG, 2 MG	3	ST
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 5 MG	3	ST
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i>	1	
<i>flavoxate oral tablet 100 mg</i>	1	
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM)	2	QL
GEMTESA ORAL TABLET 75 MG	3	
MYRBETRIQ ORAL SUSPENSION, EXTENDED RELEASE 8 MG/ML	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	2	

Drug Name	Drug Tier	Requirements / Limits
<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	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR	3	ST; QL
<i>solifenacin oral tablet 10 mg, 5 mg</i>	1	ST
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	1	ST
<i>tolterodine oral tablet 1 mg, 2 mg</i>	1	ST
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	3	ST
<i>trospium oral capsule, extended release 24hr 60 mg</i>	1	ST
<i>trospium oral tablet 20 mg</i>	1	
<b>BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY</b>		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	1	
CIALIS ORAL TABLET 2.5 MG, 5 MG	3	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>dutasteride oral capsule 0.5 mg</i>	1	ST
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	1	ST
<i>finasteride oral tablet 5 mg</i>	1	
FLOMAX ORAL CAPSULE 0.4 MG	3	
RAPAFLO ORAL CAPSULE 4 MG, 8 MG	3	
<i>silodosin oral capsule 4 mg, 8 mg</i>	1	
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	QL
<i>tamsulosin oral capsule 0.4 mg</i>	1	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR 10 MG	3	
<b>CHOLINERGIC STIMULANTS</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<b>MISCELLANEOUS UROLOGICALS</b>		
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG	2	QL
CAVERJECT INTRACAVERNOSAL RECON SOLN 20 MCG, 40 MCG	2	QL

Drug Name	Drug Tier	Requirements / Limits
CAVERJECT INTRACAVERNOSAL SYRINGE 10 MCG, 20 MCG	2	QL
CIALIS ORAL TABLET 10 MG, 20 MG	3	ST; QL
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	LA
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG	3	QL
ELMIRON ORAL CAPSULE 100 MG	2	
IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION 30 MG- 1 MG/ML	3	QL
IFE-PG20 INTRACAVERNOSAL SOLUTION 20 MCG/ML	3	QL
K-PHOS NO 2 ORAL TABLET 305-700 MG	3	
K-PHOS ORIGINAL ORAL TABLET, SOLUBLE 500 MG	2	
<i>methen-sod phosph-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i>	1	
MUSE INTRA-URETHRAL SUPPOSITORY 1,000 MCG, 250 MCG, 500 MCG	2	QL

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Drug Name	Drug Tier	Requirements / Limits
ORACIT ORAL SOLUTION 490-640 MG/5 ML	3	
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML	4	PA; LA
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	1	
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	4	PA; LA
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG	4	PA; LA
PROSTIN VR PEDIATRIC INJECTION SOLUTION 500 MCG/ML	3	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	2	
<i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG	3	ST; QL
<i>tadalafil oral tablet 10 mg, 20 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
TRI-MIX (PAPAVRN-PHNTLMN-PGE1) INTRACAVERNOSAL RECON SOLN 150 MG-5 MG- 50 MCG	3	QL
URELLE ORAL TABLET 81-10.8-40.8 MG	3	
<i>uretron d-s oral tablet 81.6-10.8-40.8 mg</i>	1	
URIBEL ORAL CAPSULE 118-10-40.8-36 MG	3	
URIMAR-T ORAL CAPSULE 120-10.8-40.8 MG	3	
<i>urimar-t oral tablet 120-10.8-0.12 mg</i>	1	
URNEVA ORAL CAPSULE 120-10.8-40.8 MG	3	
<i>uro-458 oral tablet 81-10.8-40.8 mg</i>	1	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1,080 MG)	3	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ	3	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	3	

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Drug Name	Drug Tier	Requirements / Limits
<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	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG	3	
<i>uro-sp oral capsule 118-10-40.8-36 mg</i>	1	
<i>uryl oral tablet 81.6-40.8-0.12 mg</i>	1	
<i>varденаfil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	ST; QL
<i>varденаfil oral tablet, disintegrating 10 mg</i>	1	ST; QL
<b>URINARY ANESTHETICS</b>		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
PYRIDIUM ORAL TABLET 100 MG, 200 MG	3	
<b>VITAMINS, HEMATINICS &amp; ELECTROLYTES</b>		
<b>ELECTROLYTES</b>		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	1	QL
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
CALCIUM GLUC IN NACL, ISO-OSM INTRAVENOUS SOLUTION 1 GRAM/100 ML	3	
<i>calcium gluc in nacl, iso-osm intravenous solution 1 gram/50 ml, 2 gram/100 ml</i>	1	
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	3	
<i>effer-k oral tablet, effervescent 25 meq</i>	1	
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)	3	
<i>klor-con 10 oral tablet extended release 10 meq</i>	1	
<i>klor-con 8 oral tablet extended release 8 meq</i>	1	
<i>klor-con m10 oral tablet, er particles/crystals 10 meq</i>	1	
<i>klor-con m15 oral tablet, er particles/crystals 15 meq</i>	1	
<i>klor-con m20 oral tablet, er particles/crystals 20 meq</i>	1	
<i>klor-con oral packet 20 meq</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>klor-con/ef oral tablet, effervescent 25 meq</i>	1	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	
<i>lugols oral solution 5 %</i>	1	
<i>magnesium chloride injection solution 200 mg/ml (20 %)</i>	1	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	2	
<i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)</i>	1	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)</i>	1	
<i>magnesium sulfate injection solution 4 meq/ml (50 %)</i>	1	
<i>magnesium sulfate injection syringe 4 meq/ml</i>	1	
NORMOSOL-R INTRAVENOUS PARENTERAL SOLUTION	3	

Drug Name	Drug Tier	Requirements / Limits
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	2	QL
POKONZA ORAL PACKET 10 MEQ	3	
<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, 15 meq, 20 meq</i>	1	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	1	
<i>sodium chloride 3 % hypertonic intravenous parenteral solution 3 %</i>	1	
<i>sodium chloride 5 % hypertonic intravenous parenteral solution 5 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>sodium chloride intravenous parenteral solution 2.5 meq/ml, 4 meq/ml</i>	1	
<i>strong iodine oral solution 5 %</i>	1	
<b>MISCELLANEOUS VITAMINS, HEMATINICS, &amp; ELECTROLYTES</b>		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	4	PA; LA
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	2	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	2	
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	2	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	2	
<b>VITAMINS &amp; HEMATINICS</b>		
ASCOR INTRAVENOUS SOLUTION 500 MG/ML	3	
<i>ascorbic acid (vitamin c) injection solution 500 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>b complex 100 injection solution 100-2-100-2-2 mg/ml</i>	1	
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP, DR 27 MG IRON-1 MG - 374 MG	3	
<i>bal-care dha oral combo pack, tablet and cap, dr 27-1-430 mg</i>	1	
CITRANATAL (DUAL-IRON) ORAL TABLET 27 MG IRON-1 MG - 50 MG	3	
CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK 90 MG IRON-1 MG -50 MG-300 MG	3	
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG - 50 MG-300 MG	3	
CITRANATAL B-CALM (FE GLUC) ORAL TABLETS, SEQUENTIAL 20 MG IRON-1 MG - 25 MG/25 MG	3	
CITRANATAL BLOOM ORAL TABLET 90-1-12-50 MG-MG-MCG-MG	3	

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Drug Name	Drug Tier	Requirements / Limits
CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK 27 MG IRON-1 MG -50 MG-250 MG	3	
CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE 27 MG IRON-1 MG -50 MG-260 MG	3	
CITRANATAL MEDLEY ORAL CAPSULE 27 MG IRON-1 MG -200 MG	3	
<i>c-nate dha oral capsule 28 mg iron-1 mg -200 mg</i>	1	
<i>complete natal dha oral combo pack 29 mg iron- 1 mg-200 mg</i>	1	
CONCEPT DHA ORAL CAPSULE 35-1-200 MG	3	
CONCEPT OB ORAL CAPSULE 85-1 MG	3	
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	1	
<i>dodex injection solution 1,000 mcg/ml</i>	1	
DRISDOL ORAL CAPSULE 1,250 MCG (50,000 UNIT)	3	

Drug Name	Drug Tier	Requirements / Limits
DUET DHA WITH OMEGA-3 ORAL COMBO PACK 25 MG IRON-1 MG -400 MG	3	
<i>elite-ob oral tablet 50 mg iron- 1.25 mg</i>	1	
ENBRACE HR ORAL CAPSULE,IR - DELAY REL,BIPHASE 1.5 MG IRON- 8.73 MG-6.4 MG	3	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	
FERAHEME INTRAVENOUS SOLUTION 510 MG/17 ML (30 MG/ML)	3	
<i>ferumoxytol intravenous solution 510 mg/17 ml (30 mg/ml)</i>	1	
FLORIVA (FLUORIDE-VITAMIN D3) ORAL DROPS 0.25 MG (0.55 MG)-400 UNIT/ML	3	OTC
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	5	ACA; OTC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 1, 2024.



Drug Name	Drug Tier	Requirements / Limits
<i>fluoride (sodium) oral tablet, chewable 0.25 mg (0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	5	ACA; OTC
<i>folic acid injection solution 5 mg/ml</i>	1	
<i>folic acid oral tablet 1 mg</i>	1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	5	ACA; OTC
<i>folivane-ob oral capsule 85-1 mg</i>	1	
<i>hydroxocobalamin intramuscular solution 1,000 mcg/ml</i>	1	
INFED INJECTION SOLUTION 50 MG/ML	2	
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION 80 MG-400 UNIT- 200 MCG/5 ML	2	
INJECTAFER INTRAVENOUS SOLUTION 100 MG IRON/2 ML, 50 MG IRON/ML	3	
KOSHER PRENATAL PLUS IRON ORAL TABLET 30 MG IRON- 1 MG	3	

Drug Name	Drug Tier	Requirements / Limits
<i>luent fluoride oral tablet, chewable 0.25 mg (0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	5	ACA; OTC
MARNATAL-F ORAL CAPSULE 60 MG IRON-1 MG	3	
MECOBALAMIN (VITAMIN B12) INJECTION RECON SOLN 10,000 MCG	3	
<i>m-natal plus oral tablet 27 mg iron- 1 mg</i>	1	
MONOFERRIC INTRAVENOUS SOLUTION 100 MG IRON/ML	3	
<i>multi-vitamin with fluoride oral drops 0.25 mg/ml, 0.5 mg/ml</i>	5	ACA; OTC
<i>multi-vitamin with fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg</i>	5	ACA; OTC
<i>mvc-fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg</i>	5	ACA; OTC
<i>mynatal oral capsule 65 mg iron- 1 mg</i>	1	
<i>mynatal oral tablet 90-1-50 mg</i>	1	
<i>mynatal plus oral tablet 65 mg iron- 1 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>mynatal-z oral tablet 65 mg iron- 1 mg</i>	1	
NASCOBAL NASAL SPRAY, NON-AEROSOL 500 MCG/SPRAY	2	ST; QL
NATACHEW (FE BIS-GLYCINATE) ORAL TABLET, CHEWABLE 28 MG IRON -1 MG	3	
NATAL PNV ORAL TABLET 6 MG IRON- 833.5 MCG DFE	3	
NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE 27 MG IRON-1.13 MG-581.92 MG	3	
NEONATAL PLUS VITAMIN ORAL TABLET 27 MG IRON- 1 MG	3	
NEONATAL-DHA ORAL COMBO PACK 29-1-200-500 MG	3	
NESTABS ABC ORAL COMBO PACK 32 MG IRON-1 MG -120 MG-180 MG	3	
NESTABS DHA ORAL COMBO PACK 32 MG IRON- 1,000 MCG-230MG	3	

Drug Name	Drug Tier	Requirements / Limits
NESTABS ONE ORAL CAPSULE 38-1-225 MG	3	
NESTABS ORAL TABLET 32-1,000 MG-MCG	3	
<i>newgen oral tablet 32-1,000 mg-mcg</i>	1	
OB COMPLETE ONE ORAL CAPSULE 40-10-1-300 MG	3	
OB COMPLETE ORAL TABLET 50 MG IRON- 1.25 MG	3	
OB COMPLETE PETITE ORAL CAPSULE 35 MG IRON-5 MG IRON-1 MG	3	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG	3	
OB COMPLETE WITH DHA ORAL CAPSULE 30 MG IRON-10 MG IRON-1 MG	3	
OBSTETRIX EC ORAL TABLET, DELAYED RELEASE (DR/EC) 29 MG IRON-1 MG -50 MG	3	
OBTREX DHA ORAL COMBO PACK, TABLET AND CAP, DR 29 MG IRON-1 MG -50 MG	3	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 1, 2024.

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

Drug Name	Drug Tier	Requirements / Limits
PRENATA ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	3	
<i>prenatabs fa oral tablet 29-1 mg</i>	1	
<i>prenatabs rx oral tablet 29 mg iron- 1 mg</i>	1	
PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG- 25 MG	3	
<i>prenatal plus (calcium carb) oral tablet 27 mg iron- 1 mg</i>	1	
PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG - 312 MG-250 MG	3	
<i>prenatal plus oral tablet 29 mg iron- 1 mg</i>	1	
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET 27 MG IRON- 1 MG	3	
<i>prenatal-u oral capsule 106.5-1 mg</i>	1	
PRENATE AM ORAL TABLET 1-500 MG	3	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 1, 2024.

Drug Name	Drug Tier	Requirements / Limits
PRENATE CHEWABLE ORAL TABLET,CHEWABLE 1 MG	3	
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE 18 MG IRON-1 MG -300 MG	3	
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET 20 MG IRON- 1 MG	3	
PRENATE ENHANCE ORAL CAPSULE 28 MG IRON- 1 MG-400 MG	3	
PRENATE ESSENTIAL(IRON-ASP-GL) ORAL CAPSULE 18 MG IRON- 1 MG-300 MG	3	
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE 18-1-350 MG	3	
PRENATE PIXIE ORAL CAPSULE 10 MG IRON- 1 MG-200 MG	3	
PRENATE RESTORE ORAL CAPSULE 27 MG IRON- 1 MG-400 MG	3	

Drug Name	Drug Tier	Requirements / Limits
PRENATE STAR ORAL TABLET 20 MG IRON- 1 MG	3	
PRIMACARE ORAL CAPSULE 30-1-300 MG	3	
PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG	3	
R-NATAL OB ORAL CAPSULE 20 MG IRON- 1 MG-320 MG	3	
SELECT-OB (FOLIC ACID) ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	3	
SELECT-OB + DHA ORAL COMBO PACK 29 MG IRON-1 MG - 250 MG	3	
SELECT-OB ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	3	
<i>se-natal 19 chewable oral tablet,chewable 29 mg iron- 1 mg</i>	1	
<i>se-natal-19 oral tablet 29 mg iron- 1 mg</i>	1	
<i>taron-c dha oral capsule 35-1-200 mg</i>	1	
<i>taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated January 1, 2024.

Drug Name	Drug Tier	Requirements / Limits
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG	3	
TRICARE ORAL TABLET 27 MG IRON- 1 MG	3	
TRIFERIC HEMODIALYSIS POWDER IN PACKET 272 MG IRON	3	
TRIFERIC HEMODIALYSIS SOLUTION 27.2 MG IRON/5 ML	3	
<i>trinatal rx 1 oral tablet 60 mg iron-1 mg</i>	1	
<i>trinate oral tablet 28 mg iron- 1 mg</i>	1	
TRISTART DHA ORAL CAPSULE 31 MG IRON- 1 MG-200 MG	3	
<i>tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	5	ACA; OTC
VENOFER INTRAVENOUS SOLUTION 100 MG IRON/5 ML, 200 MG IRON/10 ML, 50 MG IRON/2.5 ML	2	
VITAFOL FE PLUS ORAL CAPSULE 90 MG IRON- 1 MG-200 MG	3	

Drug Name	Drug Tier	Requirements / Limits
VITAFOL GUMMIES ORAL TABLET,CHEWABLE 3.33 MG IRON-0.33 MG	3	
VITAFOL NANO ORAL TABLET 18 MG IRON- 1 MG	3	
VITAFOL ULTRA ORAL CAPSULE 29 MG IRON- 1 MG-200 MG	3	
VITAFOL-OB ORAL TABLET 65-1 MG	3	
VITAFOL-OB+DHA ORAL COMBO PACK 65-1-250 MG	3	
VITAFOL-ONE ORAL CAPSULE 29 MG IRON- 1 MG-200 MG	3	
VITALIPID N INFANT INTRAVENOUS SOLUTION 69 MCG-1 MCG-0. 64 MG-20 MCG/ML	3	
VITAMED MD ONE RX ORAL CAPSULE 30 MG IRON-1MG -200 MG	3	
VITAMEDMD REDICHEW RX ORAL TABLET,CHEW,IR - DR,BIPHASE 1.4 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>vitamins a,c,d and fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	5	ACA; OTC
VITAPEARL ORAL CAPSULE,IR - DELAY REL,BIPHASE 30-1.4-200 MG	3	
VITATRUE ORAL COMBO PACK 30 MG IRON- 1.4 MG-300 MG	3	
VITLIPID N INFANT INTRAVENOUS SOLUTION 69 MCG-1 MCG-0. 64 MG-20 MCG/ML	3	
<i>wescap-c dha oral capsule 35-1-200 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>wescap-pn dha oral capsule 27 mg iron- 1 mg -300 mg</i>	1	
<i>wesnatal dha complete oral combo pack 29 mg iron- 1 mg-200 mg</i>	1	
<i>wesnate dha oral capsule 28 mg iron- 1 mg -200 mg</i>	1	
<i>westab plus oral tablet 27 mg iron- 1 mg</i>	1	
<i>westgel dha oral capsule 31 mg iron- 1 mg-200 mg</i>	1	
<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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