EXPRESS SCRIPTS PHARMACY BENEFIT SERVICES

2027 National Preferred Formulary

Exclusion list changes coming January 1, 2027

This is not an all-inclusive list of exclusions for the Express Scripts® Pharmacy Benefit Services National Preferred Formulary. The excluded medications shown below are not covered on the Express Scripts National Preferred Formulary beginning January 1, 2027 unless otherwise noted. If there is a clinical reason, identified by your doctor, that requires you to continue taking your current medication, your doctor can request a coverage review by visiting the Express Scripts online portal at esrx.com/PA.

Single-source brand and generic exclusions

DRUG CLASS	EXCLUDED MEDICATIONS	PREFERRED ALTERNATIVES
AUTONOMIC AND CENTRAL NERVOUS SYSTEM Antimigraine Agents	**zolmitriptan 5mg nasal,** ONZETRA XSAIL, **ZOLMITRIPTAN 2.5MG NASAL, ZOMIG NASAL**	sumatriptan nasal
CARDIOVASCULAR Beta Blockers & Combinations	**HEMANGEOL**	propranolol solution
Calcium Channel Blockers	**diltiazem er tablets, CARDIZEM LA**	diltiazem er capsules
	nisoldipine, SULAR	amlodipine, felodipine er
	verapamil er pm (100 mg, 200mg, 300mg)	verapamil er (120mg, 180mg, 240mg, 360mg)
Fenofibrates	**fenofibrate capsules (130mg), fenofibrate tablets (40mg, 120mg),** FENOFIBRATE CAPSULES (50MG, 150MG), LIPOFEN	fenofibrate capsules (43mg, 67mg,134mg, 200mg), fenofibrate tablets (48mg, 54mg, 145mg, 160mg), fenofibric acid dr
HMG & Cholesterol Inhibitor Combinations	fluvastatin, fluvastatin er, ALTOPREV, ATORVALIQ, LESCOL XL, **ZYPITAMAG**	atorvastatin, lovastatin, pitavastatin, pravastatin, rosuvastatin, simvastatin
Obstructive Hypertrophic Cardiomyopathy Agents	**MYQORZO**	CAMZYOS
Pulmonary Arterial Hypertension (PAH) Agents	**WINREVAIR**	Coverage may be approved for the treatment of Pulmonary Arterial Hypertension (PAH) under certain conditions.
DERMATOLOGICAL Miscellaneous Topical Dermatological Agents	**ZTLIDO**	lidocaine 5% patch
DIABETES Biguanide Agents	**metformin 625mg, 750mg tablets;** METFORMIN 625MG TABLETS	metformin 500mg, 850mg or 1,000mg tablets
Insulins	U-100: ADMELOG, APIDRA, FIASP, HUMALOG VIAL, INSULIN ASPART, KIRSTY, **LYUMJEV,** NOVOLOG, RELION NOVOLOG U-200: **LYUMJEV** Inhalation: AFREZZA	U-100: HUMALOG (CARTRIDGE, KWIKPEN, JUNIOR KWIKPEN), INSULIN LISPRO, MERILOG U-200: HUMALOG KWIKPEN
GASTROINTESTINAL Anti-Ulcer Agents	**sucralfate suspension,** CARAFATE	sucralfate tablets

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Single-source brand and generic exclusions (continued)

DRUG CLASS	EXCLUDED MEDICATIONS	PREFERRED ALTERNATIVES
MUSCULOSKELETAL & RHEUMATOLOGY Gout Therapy	**GLOPERBA**	colchicine, MITIGARE
ONCOLOGY Bruton Tyrosine Kinase Inhibitors	**BRUKINSA,** JAYPIRCA	For Mantle Cell Lymphoma: CALQUENCE For Chronic Lymphocytic Leukemia, Small Lymphocytic Lymphoma: CALQUENCE, IMBRUVICA For BRUKINSA only: Coverage may be approved for treatment of Waldenström's Macroglobulinemia under certain conditions.
OPHTHALMIC Ophthalmic Agents (Vascular Endothelial Growth Inhibitors)	**BYOOVIZ,** LUCENTIS	CIMERLI
Ophthalmic Anti-Inflammatory	BYQLOVI, CLOBETASOL DROPS, FLAREX, FML FORTE, **LOTEMAX OINTMENT, LOTEMAX SM,** MAXIDEX, PRED MILD	dexamethasone drops, difluprednate drops, fluorometholone drops, loteprednol 0.5% drops, prednisolone drops
Ophthalmic Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)	ACUVAIL, **ILEVRO,** NEVANAC	bromfenac drops, diclofenac drops, ketorolac drops
MISCELLANEOUS AGENTS Cardiomyopathy & Polyneuropathy of Hereditary Transthyretin-Mediated Amyloidosis	**AMVUTTRA**	HTTR-C: VYNDAMAX Coverage may be approved for treatment of Polyneuropathy of Hereditary Transthyretin-Mediated Amyloidosis (hATTR) under certain conditions.
	ATTRUBY	VYNDAMAX
Hypoactive Sexual Desire Disorder Agents	**ADDYI**	VYLESSI
Immune Globulins	GAMMAKED, **GAMMAPLEX, PANZYGA,** QIVIGY, YIMMUGO	IV: GAMMAGARD LIQUID, GAMMAGARD LIQUID ERC, GAMMAGARD S-D, GAMUNEX-C SC: GAMMAGARD LIQUID, GAMMAGARD LIQUID ERC, GAMUNEX-C, XEMBIFY
Infused Non-TNF Biologics - Ustekinumab Agents	OTULFI IV, PYZCHIVA IV, **SELARSDI IV,** STARJEMZA IV, STELARA IV, STEQEYMA IV, USTEKINUMAB IV, WEZLANA IV	IMULDOSA IV, USTEKINUMAB-TTWE IV (by Quallent), YESINTEK IV, ENTYVIO IV, OMVOH, SKYRIZI, TREMFYA

Indication-based management

DRUG CLASS	EXCLUDED MEDICATIONS	PREFERRED ALTERNATIVES
Adalimumab Products for Inflammatory Conditions‡	ADALIMUMAB-AACF, IDACIO ADALIMUMAB-AATY, YUFLYMA ADALIMUMAB-BWW ADADALIMUMAB-FKJP, HULIO ADALIMUMAB-RYVK (by Teva) ABRILADA AMJEVITA CYLTEZO HADLIMA HUMIRA HYRIMOZ YUSIMRY	ADALIMUMAB-ADAZ ADALIMUMAB-ADBM (by Boehringer Ingelheim & Quallent) SIMLANDI
Tocilizumab Products for Inflammatory Conditions‡	ACTEMRA SC, AVTOZMA SC	TYENNE SC**

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Indication-based management (continued)

DRUG CLASS	EXCLUDED MEDICATIONS	PREFERRED ALTERNATIVES
Ustekinumab Products for Inflammatory Conditions‡	OTULFI SC, PYZCHIVA SC, **SELARSDI SC,** STARJEMZA SC, STELARA SC, STEQEYMA SC, USTEKINUMAB SC, USTEKINUMAB-AAUZ SC, USTEKINUMAB-AEKN SC, WEZLANA SC	IMULDOSA SC, USTEKINUMAB-TTWE SC (by Quallent), YESINTEK SC
Referenced excluded medications for Inflammatory Conditions‡ as indicated	KINERET, SILIQ	See below for Preferred Alternatives

DRUG CLASS	OTHER MEDICATIONS	PREFERRED ALTERNATIVES
Inflammatory Conditions‡	All other Brand Name medications for Inflammatory Conditions may require a trial of one or more Preferred medications as part of the Formulary exceptions process.	Preferred: ADALIMUMAB-ADAZ, ADALIMUMAB-ADBM (by Boehringer Ingelheim & Quallent), COSENTYX SC, ENBREL, ICOTYDE, IMULDOSA SC, OMVOH SC, OTEZLA, OTEZLA XR, RINVOQ ER, RINVOQ LQ, SIMLANDI, SKYRIZI SC, SOTYKTU, TALTZ, TREMFYA SC, tofacitinib, tofacitinib er, USTEKINUMAB-TTWE SC (by Quallent), VELSIPITY, YESINTEK SC, ZYMFENTRA Preferred for Non-Radiographic Axial Spondyloarthritis (nr-axSpA) only: CIMZIA, COSENTYX SC, TALTZ **Preferred after use of one Preferred Medication: CIMZIA (for Crohn's Disease only), SIMPONI 100MG, TYENNE SC

Multi-source brand exclusions

The generic equivalents of the following brand-name medications are covered on the National Preferred Formulary FDA-approved generic medications meet strict standards and contain the same active ingredients as their corresponding brand-name medications, although they may have a different appearance.

XELJANZ
XELJANZ XR

Excluded to Preferred

LEDIPASVIR-SOFOSBUVIR
SOFOSBUVIR/VELPATASVIR

Bolded Excluded Medications are new for 01/01/2027

‡ Please note that PDL and product placement for treatment of Inflammatory and Atopic Conditions in the Inflammatory and Atopic Conditions Care Value (IACCV) Program are subject to change throughout the year based upon changes in market dynamics, new indications for existing products, biosimilar and new product launches.

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EVERNORTH HEALTH SERVICES

2027 Prescription Drug Formulary

National Preferred/National Preferred Plus



PLEASE READ:

This document contains information about the drugs we cover in your plan. This formulary was updated October 1, 2026 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.

C2480-RXX R10/26

MEDICAL MUTUAL®

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 اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجانًا. اتصل بالرقم 1-800-382-5729 (رقم هاتف الصم والبكم: 711).

Pennsylvania Dutch

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

Russian

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

French

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

Vietnamese

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

Navajo

Díí baa akó nínízin: Díí saad bee yáníłti' go Diné Bizaad, saad bee áká'ánída'áwo'dęę', t'áá jiik'eh, éí ná h**ó**l**ǫ**, **koj**į' **hód**íí**l**n**ih 1-800-382-5729 (TTY: 711).**

Oromo

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

Korean

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

Italian

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

Japanese

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

Dutch

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

Ukrainian

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

Romanian

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

Tagalog

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

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

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

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

Nondiscrimination Notice

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

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

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

Civil Rights Coordinator
Medical Mutual of Ohio
100 American Road
Cleveland, OH 44144
Call: 1-800-382-5729 (TTY: 771)
Email: CivilRightsCoordinator@MedMutual.com

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

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

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

MEDICAL MUTUAL®

National Preferred Plus Formulary

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

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

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

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

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

How do I use the National Preferred Plus formulary?
Covered medications are organized two ways in the National Preferred Plus formulary:

1. By condition
2. By name

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

When you visit your doctor or health provider, ask him or her to review this formulary at MedMutual.com/2027NPFdrugs he or she can see what medications are covered by your plan.

What if my doctor prescribes a medication that is not on the National Preferred Plus formulary?
Talk with your doctor or health provider to see if the formulary includes a medication to treat your condition. In most cases, your provider will find one that meets your needs.

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

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

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

How can I find a covered alternative if my medication is not on the formulary?
If you cannot find your current medication on the National Preferred Plus formulary, you can find covered alternatives in two ways:

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

Does the National Preferred Plus formulary include generics?
Yes. The National Preferred Plus formulary includes a variety of generic medications to help you pay less out of pocket. Generics are shown in this document in ***lower-case italic letters***.

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

Does the National Preferred Plus formulary include brand medications?
Yes. The National Preferred Plus formulary includes a selection of brand medications in each category. Brand medications are shown in this document in ALL CAPITAL LETTERS.

Why did the pharmacy give me a brand name drug instead of a generic?
In certain circumstances, brand-name drugs have the same price as their generic equivalents; therefore, we may allow you to fill a brand drug instead of its generic. In these cases, you will pay your applicable generic copay/cost share even though you will receive a brand-name product.

Does the National Preferred Plus formulary include specialty medications?
Yes. Specialty medications are used to treat certain complex medical conditions and may require special handling, instruction, or monitoring. Many specialty medications are included on the National Preferred Plus formulary. Most group benefits require that you fill these medications through one of Medical Mutual’s contracted specialty pharmacies, Accredo or Gentry. In addition, you can only get a 30-day supply for most specialty medications. Check your Certificate or Benefit Book for more information.

Does the National Preferred Plus formulary include contraceptives?
Yes. Certain prescription contraceptives are included on the National Preferred Plus formulary. If your group is subject to healthcare reform rules, most generic contraceptives are available at a $0 cost share. Prior authorization, step therapy and quantity limit programs may apply. If a non-preferred or non-formulary drug is medically necessary for you, your provider may contact our pharmacy benefit manager for a coverage review and/or a cost-share waiver (if your group is subject to healthcare reform rules). If an exception is made to cover a non-preferred or non-formulary contraceptive based on medical necessity, Medical Mutual will cover that contraceptive. You will pay your plan’s applicable cost share.

Are there other limitations or coverage rules in addition to what are listed in this guide?
Yes. Medications listed as covered may be subject to additional coverage rules and to your plan’s benefits. In addition, Medical Mutual may limit the dose and/or overall quantity of medications you are able to receive to protect your safety. These limits are developed from

evidence-based clinical best practices and both national and state prescribing guidelines. If you require a dose or quantity beyond the limits allowed, your doctor or your pharmacist can call Express Scripts at 1-800-753-2851 to begin the review process.

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

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

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

1. Complete the home delivery form you received in the mail from Express Scripts, and return it with your payment in the envelope provided. If you need another form, visit MedMutual.com and click "Member Forms" at the bottom of the page. Download and print the Prescription Drug Mail Order Form.
2. Ask your provider to call Express Scripts at 1-888-327-9791 for instructions on how to fax the prescription or use the e-prescribing system. Your provider must have your member ID number (which is on your 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. These medications may be available at $0 cost-share when used for primary prevention.

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	3	
amphotericin b injection recon soln 50 mg	1	
amphotericin b liposome intravenous suspension for reconstitution 50 mg	1	
ANCOBON ORAL CAPSULE 250 MG, 500 MG	3	
caspofungin intravenous recon soln 50 mg, 70 mg	1	
clotrimazole mucous membrane troche 10 mg	1	
CRESEMBA INTRAVENOUS RECON SOLN 372 MG	2	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	2	
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	3	
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG, 50 MG	2	
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	1	
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	1	
fluconazole oral tablet 100 mg, 200 mg, 50 mg	1	
fluconazole oral tablet 150 mg	1	QL
flucytosine oral capsule 250 mg, 500 mg	1	
griseofulvin microsize oral suspension 125 mg/5 ml	1	
griseofulvin microsize oral tablet 500 mg	1	
griseofulvin ultramicrosize oral tablet 125 mg, 165 mg, 250 mg	1	
itraconazole oral capsule 100 mg	1	QL
itraconazole oral solution 10 mg/ml	1	QL
ketoconazole oral tablet 200 mg	1	

Drug Name	Drug Tier	Requirements / Limits
MICAFUNGIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 100 MG/100 ML, 150 MG/150 ML, 50 MG/50 ML	3	
micafungin intravenous recon soln 100 mg, 50 mg	1	
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON 300 MG	2	
nystatin oral suspension 100,000 unit/ml	1	
nystatin oral tablet 500,000 unit	1	
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG	3	
posaconazole intravenous solution 300 mg/16.7 ml	1	
posaconazole oral suspension 200 mg/5 ml (40 mg/ml)	1	
posaconazole oral tablet,delayed release (dr/ec) 100 mg	1	
REZZAYO INTRAVENOUS RECON SOLN 200 MG	3	
SPORANOX ORAL CAPSULE 100 MG	3	QL
terbinafine hcl oral tablet 250 mg	1	
VFEND IV INTRAVENOUS RECON SOLN 200 MG	3	
VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML)	3	
VIVJOA ORAL CAPSULE 150 MG	4	PA; LA; QL
voriconazole intravenous recon soln 200 mg	1	
VORICONAZOLE INTRAVENOUS SOLUTION 10 MG/ML	3	
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	1	
voriconazole oral tablet 200 mg, 50 mg	1	
voriconazole-hpbcd intravenous recon soln 200 mg	1	
ANTIVIRALS		
abacavir oral solution 20 mg/ml	1	
abacavir oral tablet 300 mg	1	
abacavir-lamivudine oral tablet 600-300 mg	1	

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

Drug Name	Drug Tier	Requirements / Limits
ACYCLOVIR IN 0.9 % SODIUM CHLR INTRAVENOUS PIGGYBACK 200 MG/100 ML	3	
acyclovir oral capsule 200 mg	1	
acyclovir oral suspension 200 mg/5 ml	1	
acyclovir oral tablet 400 mg, 800 mg	1	
acyclovir sodium intravenous solution 50 mg/ml	1	
adefovir oral tablet 10 mg	1	
amantadine hcl oral capsule 100 mg	1	
amantadine hcl oral solution 50 mg/5 ml	1	
amantadine hcl oral tablet 100 mg	1	
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	5	ACA
APTIVUS ORAL CAPSULE 250 MG	2	
atazanavir oral capsule 150 mg, 200 mg, 300 mg	1	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	2	
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML	5	ACA
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	2	
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	4	PA; QL
cidofovir intravenous solution 75 mg/ml	1	
CIMDUO ORAL TABLET 300-300 MG	2	
darunavir oral tablet 600 mg, 800 mg	1	
DELSTRIGO ORAL TABLET 100-300-300 MG	2	
DESCOVY ORAL TABLET 120-15 MG	2	
DESCOVY ORAL TABLET 200-25 MG	5	ACA
DOVATO ORAL TABLET 50-300 MG	2	
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG	2	

Drug Name	Drug Tier	Requirements / Limits
efavirenz oral tablet 600 mg	1	
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg	1	
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg	1	
emtricitabine oral capsule 200 mg	1	
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	5	ACA
emtricita-rilpivirine-tenof df oral tablet 200-25-300 mg	1	
EMTRIVA ORAL CAPSULE 200 MG	3	
EMTRIVA ORAL SOLUTION 10 MG/ML	2	
ENFLONSIA INTRAMUSCULAR SYRINGE 105 MG/0.7 ML	5	ACA
entecavir oral tablet 0.5 mg, 1 mg	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 ORAL SOLUTION 10 MG/ML	3	
EPIVIR ORAL TABLET 150 MG, 300 MG	3	
etravirine oral tablet 100 mg, 200 mg	1	
EVOTAZ ORAL TABLET 300-150 MG	3	
famciclovir oral tablet 125 mg, 250 mg, 500 mg	1	QL
FLUMADINE ORAL TABLET 100 MG	3	
fosamprenavir oral tablet 700 mg	1	
foscarnet intravenous solution 24 mg/ml	1	
FOSCAVIR INTRAVENOUS SOLUTION 24 MG/ML	3	
ganciclovir sodium intravenous recon soln 500 mg	1	
ganciclovir sodium intravenous solution 50 mg/ml	1	
GENVOYA ORAL TABLET 150-150-200-10 MG	2	

Drug Name	Drug Tier	Requirements / Limits
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	4	PA; LA; QL
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	4	PA; LA; QL
IDVYNSO ORAL TABLET 100-0.25 MG	2	
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	2	QL
lamivudine oral solution 10 mg/ml	1	
lamivudine oral tablet 100 mg, 150 mg, 300 mg	1	
lamivudine-zidovudine oral tablet 150-300 mg	1	
LIVTENCITY ORAL TABLET 200 MG	3	PA; LA; QL
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	1	
maraviroc oral tablet 150 mg, 300 mg	1	
nevirapine oral suspension 50 mg/5 ml	1	
nevirapine oral tablet 200 mg	1	
nevirapine oral tablet extended release 24 hr 400 mg	1	
NORVIR ORAL POWDER IN PACKET 100 MG	2	
NORVIR ORAL TABLET 100 MG	3	
ODEFSEY ORAL TABLET 200-25-25 MG	2	
oseltamivir oral capsule 30 mg, 45 mg, 75 mg	1	QL
oseltamivir oral suspension for reconstitution 6 mg/ml	1	QL

Drug Name	Drug Tier	Requirements / Limits
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10), 150 MG (6)- 100 MG (5), 300 MG (150 MG X 2)-100 MG	2	QL
PIFELTRO ORAL TABLET 100 MG	2	
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML, 480 MG/24 ML	2	
PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG	2	QL
PREVYMIS ORAL TABLET 240 MG, 480 MG	2	QL
PREZISTA ORAL SUSPENSION 100 MG/ML	2	
PREZISTA ORAL TABLET 150 MG, 75 MG	2	
PREZISTA ORAL TABLET 600 MG, 800 MG	3	
RAPIVAB (PF) INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	2	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	3	QL
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	2	
RETROVIR ORAL CAPSULE 100 MG	3	
RETROVIR ORAL SYRUP 10 MG/ML	3	
REYATAZ ORAL CAPSULE 200 MG, 300 MG	3	
REYATAZ ORAL POWDER IN PACKET 50 MG	2	
ribavirin inhalation recon soln 6 gram	1	
ribavirin oral capsule 200 mg	4	LA
ribavirin oral tablet 200 mg	4	LA
rilpivirine hcl oral tablet 25 mg	1	
rimantadine oral tablet 100 mg	1	
ritonavir oral tablet 100 mg	1	
SELZENTRY ORAL SOLUTION 20 MG/ML	2	
SELZENTRY ORAL TABLET 150 MG, 300 MG	3	
SUNLENCA ORAL TABLET 300 MG	4	PA; LA
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	4	PA; LA

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

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 75 MG	3	QL
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML	3	QL
TEMBEXA ORAL SUSPENSION 10 MG/ML	3	
TEMBEXA ORAL TABLET 100 MG	3	
tenofovir disoproxil fumarate oral tablet 300 mg	1	
TIVICAY ORAL TABLET 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	
TYBOST ORAL TABLET 150 MG	3	
valacyclovir oral tablet 1 gram, 500 mg	1	QL
VALCYTE ORAL RECON SOLN 50 MG/ML	3	
valganciclovir oral recon soln 50 mg/ml	1	
valganciclovir oral tablet 450 mg	1	
VEMLIDY ORAL TABLET 25 MG	2	
VIRACEPT ORAL TABLET 250 MG, 625 MG	2	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	3	
VOSEVI ORAL TABLET 400-100-100 MG	4	PA; LA; QL
XOCOVA ORAL TABLET 125 MG	3	
XOFLUZA ORAL TABLET 40 MG, 80 MG	3	QL
YEZTUGO ORAL TABLET 300 MG	5	ACA
YEZTUGO SUBCUTANEOUS SOLUTION 309 MG/ML	5	ACA
ZEPATIER ORAL TABLET 50-100 MG	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
ZIAGEN ORAL SOLUTION 20 MG/ML	3	
zidovudine oral capsule 100 mg	1	
zidovudine oral syrup 10 mg/ml	1	
zidovudine oral tablet 300 mg	1	
CEPHALOSPORINS		
AVYCAZ INTRAVENOUS RECON SOLN 2.5 GRAM	2	
cefaclor oral capsule 250 mg, 500 mg	1	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	1	
cefaclor oral tablet extended release 12 hr 500 mg	1	
cefadroxil oral capsule 500 mg	1	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	1	
cefadroxil oral tablet 1 gram	1	
cefazolin in 0.9% sod chloride intravenous piggyback 3 gram/100 ml	1	
cefazolin in 0.9% sod chloride intravenous solution 2 gram/100 ml	1	
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	1	
CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML, 3 GRAM/150 ML, 3 GRAM/50 ML	3	
cefazolin in dextrose 5 % intravenous solution 2 gram/100 ml	1	
cefazolin in sterile water intravenous syringe 1 gram/10 ml, 2 gram/20 ml	1	
CEFAZOLIN IN STERILE WATER INTRAVENOUS SYRINGE 2 GRAM/10 ML	3	
cefazolin injection recon soln 1 gram, 100 gram, 3 gram, 300 gram, 500 mg	1	
CEFAZOLIN INJECTION RECON SOLN 2 GRAM	3	
cefazolin intravenous recon soln 1 gram, 10 gram, 20 gram	1	

Drug Name	Drug Tier	Requirements / Limits
CEFAZOLIN INTRAVENOUS RECON SOLN 2 GRAM, 3 GRAM	3	
cefdinir oral capsule 300 mg	1	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML	3	
cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml	1	
cefepime injection recon soln 1 gram, 2 gram	1	
CEFEPIME INTRAVENOUS RECON SOLN 100 GRAM	3	
cefixime oral capsule 400 mg	1	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	1	
cefixime oral tablet 400 mg	1	

Drug Name	Drug Tier	Requirements / Limits
CEFOTAN INJECTION RECON SOLN 1 GRAM, 2 GRAM	3	
cefotaxime injection recon soln 1 gram, 2 gram	1	
cefotetan injection recon soln 1 gram, 2 gram	1	
cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	1	
cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram	1	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	1	
cefpodoxime oral tablet 100 mg, 200 mg	1	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
cefprozil oral tablet 250 mg, 500 mg	1	
ceftaroline fosamil intravenous recon soln 400 mg, 600 mg	1	
ceftazidime injection recon soln 1 gram, 2 gram, 6 gram	1	

Drug Name	Drug Tier	Requirements / Limits
ceftriaxone in dextrose,iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	1	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	1	
CEFTRIAXONE INJECTION RECON SOLN 100 GRAM	3	
ceftriaxone intravenous recon soln 1 gram, 2 gram	1	
cefuroxime axetil oral tablet 250 mg, 500 mg	1	
cefuroxime sodium injection recon soln 750 mg	1	
cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram	1	
cephalexin oral capsule 250 mg, 500 mg, 750 mg	1	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
cephalexin oral tablet 250 mg, 500 mg	1	
FETROJA INTRAVENOUS RECON SOLN 1 GRAM	3	
tazicef injection recon soln 1 gram, 2 gram, 6 gram	1	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	3	
ZERBAXA INTRAVENOUS RECON SOLN 1.5 GRAM	2	
ZEVTERA INTRAVENOUS RECON SOLN 667 MG	3	
ERYTHROMYCINS & OTHER MACROLIDES		
azithromycin intravenous recon soln 500 mg	1	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
clarithromycin oral tablet 250 mg, 500 mg	1	
clarithromycin oral tablet extended release 24 hr 500 mg	1	

Drug Name	Drug Tier	Requirements / Limits
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	3	QL
DIFICID ORAL TABLET 200 MG	3	QL
e.e.s. 400 oral tablet 400 mg	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	
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	1	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	3	
erythrocin (as stearate) oral tablet 250 mg	1	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml	1	
erythromycin ethylsuccinate oral tablet 400 mg	1	
erythromycin lactobionate intravenous recon soln 500 mg	1	
erythromycin oral capsule,delayed release(dr/ec) 250 mg	1	
erythromycin oral tablet 250 mg, 500 mg	1	
erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg	1	
fidaxomicin oral tablet 200 mg	1	QL
ZITHROMAX INTRAVENOUS RECON SOLN 500 MG	3	
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML	3	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	

Drug Name	Drug Tier	Requirements / Limits
ZITHROMAX TRI-PAK ORAL TABLET 500 MG	3	
ZITHROMAX Z-PAK ORAL TABLET 250 MG	3	
MISCELLANEOUS ANTIINFECTIVES		
albendazole oral tablet 200 mg	1	QL
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	2	QL
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml	1	
ARAKODA ORAL TABLET 100 MG	3	QL
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	4	PA; LA
ARTESUNATE INTRAVENOUS RECON SOLN 110 MG	3	
atovaquone oral suspension 750 mg/5 ml	1	
atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg	1	QL
AZACTAM INJECTION RECON SOLN 1 GRAM, 2 GRAM	3	
aztreonam injection recon soln 1 gram, 2 gram	1	
bacitracin intramuscular recon soln 50,000 unit	1	
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	2	QL
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	4	LA; QL
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	4	PA; LA; QL
chloroquine phosphate oral tablet 250 mg, 500 mg	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	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	1	

Drug Name	Drug Tier	Requirements / Limits
CLINDAMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK 300 MG/50 ML, 600 MG/50 ML, 900 MG/50 ML	3	
clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml	1	
clindamycin pediatric oral recon soln 75 mg/5 ml	1	
clindamycin phosphate injection solution 150 mg/ml	1	
COARTEM ORAL TABLET 20-120 MG	2	QL
colistin (colistimethate na) injection recon soln 150 mg	1	LA
COLY-MYCIN M PARENTERAL INJECTION RECON SOLN 150 MG	3	
cycloserine oral capsule 250 mg	1	
dalbavancin intravenous solution 500 mg	1	
DALVANCE INTRAVENOUS SOLUTION 500 MG	3	
dapsone oral tablet 100 mg, 25 mg	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	
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	3	
daptomycin intravenous recon soln 500 mg	1	
DARAPRIM ORAL TABLET 25 MG	4	LA
EMVERM ORAL TABLET,CHEWABLE 100 MG	2	QL
ertapenem injection recon soln 1 gram	1	
ethambutol oral tablet 100 mg, 400 mg	1	
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml	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	

Drug Name	Drug Tier	Requirements / Limits
gentamicin injection solution 40 mg/ml	1	
gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml	1	
HUMATIN ORAL CAPSULE 250 MG	4	LA
hydroxychloroquine oral tablet 100 mg, 200 mg, 300 mg, 400 mg	1	
imipenem-cilastatin intravenous recon soln 250 mg, 500 mg	1	
IMPAVIDO ORAL CAPSULE 50 MG	2	QL
isoniazid injection solution 100 mg/ml	1	
isoniazid oral solution 50 mg/5 ml	1	
isoniazid oral tablet 100 mg, 300 mg	1	
ivermectin oral tablet 3 mg	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
LINCOCIN INJECTION SOLUTION 300 MG/ML	3	
lincomycin injection solution 300 mg/ml	1	
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml	1	
linezolid oral suspension for reconstitution 100 mg/5 ml	1	
linezolid oral tablet 600 mg	1	
LINEZOLID-0.9% SODIUM CHLORIDE INTRAVENOUS PARENTERAL SOLUTION 600 MG/300 ML	3	
MALARONE ORAL TABLET 250-100 MG	3	QL
MALARONE PEDIATRIC ORAL TABLET 62.5-25 MG	3	QL
mefloquine oral tablet 250 mg	1	QL
MEPRON ORAL SUSPENSION 750 MG/5 ML	3	
meropenem intravenous recon soln 1 gram, 2 gram, 500 mg	1	

Drug Name	Drug Tier	Requirements / Limits
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 500 MG/50 ML	2	
metro i.v. intravenous piggyback 500 mg/100 ml	1	
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	1	
metronidazole oral capsule 375 mg	1	
metronidazole oral tablet 250 mg, 500 mg	1	
NEBUPENT INHALATION RECON SOLN 300 MG	3	QL
neomycin oral tablet 500 mg	1	
nitazoxanide oral tablet 500 mg	1	QL
ORBACTIV INTRAVENOUS RECON SOLN 400 MG	2	
PENTAM INJECTION RECON SOLN 300 MG	3	
pentamidine inhalation recon soln 300 mg	1	QL
pentamidine injection recon soln 300 mg	1	
polymyxin b sulfate injection recon soln 500,000 unit	1	
praziquantel oral tablet 600 mg	1	
PRETOMANID ORAL TABLET 200 MG	3	
PRIFTIN ORAL TABLET 150 MG	2	
primaquine oral tablet 26.3 mg (15 mg base)	1	QL
PRIMAXIN IV INTRAVENOUS RECON SOLN 500 MG	3	
pyrazinamide oral tablet 500 mg	1	
pyrimethamine oral tablet 25 mg	1	
quinine sulfate oral capsule 324 mg	1	QL
RECARBRIO INTRAVENOUS RECON SOLN 1.25 GRAM	3	
rifabutin oral capsule 150 mg	1	
RIFADIN INTRAVENOUS RECON SOLN 600 MG	3	
rifampin intravenous recon soln 600 mg	1	

Drug Name	Drug Tier	Requirements / Limits
rifampin oral capsule 150 mg, 300 mg	1	
rifapentine oral tablet 150 mg	1	
SIRTURO ORAL TABLET 100 MG, 20 MG	2	
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG	3	
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM	2	QL
STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM	2	
STROMECTOL ORAL TABLET 3 MG	3	PA; QL
tigecycline intravenous recon soln 50 mg	1	
tinidazole oral tablet 250 mg, 500 mg	1	QL
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	4	PA; LA; QL
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	4	LA; QL
tobramycin inhalation solution for nebulization 300 mg/4 ml	4	LA; QL
tobramycin sulfate injection recon soln 1.2 gram	1	
tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml	1	
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	4	LA; QL
TYGACIL INTRAVENOUS RECON SOLN 50 MG	3	
VABOMERE INTRAVENOUS RECON SOLN 2 GRAM	3	
XACDURO INTRAVENOUS RECON SOLN 1 GRAM-1 GRAM (0.5 GRAM X 2)	3	
XENLETA INTRAVENOUS SOLUTION 150 MG/15 ML	3	
XENLETA ORAL TABLET 600 MG	3	
XIFAXAN ORAL TABLET 200 MG, 550 MG	2	QL

Drug Name	Drug Tier	Requirements / Limits
ZEMDRI INTRAVENOUS SOLUTION 50 MG/ML	3	
ZYVOX INTRAVENOUS PIGGYBACK 600 MG/300 ML	3	
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	3	
PENICILLINS		
amoxicillin oral capsule 250 mg, 500 mg	1	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	1	
amoxicillin oral tablet 500 mg, 875 mg	1	
amoxicillin oral tablet,chewable 125 mg, 250 mg	1	
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	1	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	1	
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	1	
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg	1	
ampicillin oral capsule 500 mg	1	
ampicillin sodium injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	1	
ampicillin sodium intravenous recon soln 1 gram, 2 gram	1	
ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram	1	
ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram	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	

Drug Name	Drug Tier	Requirements / Limits
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)	2	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	2	
dicloxacillin oral capsule 250 mg, 500 mg	1	
EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT	3	
LENTOCILIN S (WITH LIDOCAINE) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT-1.5 %	3	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG	3	
nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml	1	
nafcillin injection recon soln 1 gram, 10 gram, 2 gram	1	
oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml	1	
oxacillin injection recon soln 1 gram, 10 gram, 2 gram	1	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	2	
penicillin g potassium injection recon soln 20 million unit, 5 million unit	1	
penicillin g sodium injection recon soln 5 million unit	1	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	1	
penicillin v potassium oral tablet 250 mg, 500 mg	1	
pfizerpen-g injection recon soln 20 million unit, 5 million unit	1	

Drug Name	Drug Tier	Requirements / Limits
PIPERACILLIN-TAZOBACTAM INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML	3	
piperacillin-tazobactam intravenous recon soln 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram	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	
QUINOLONES		
BAXDELA INTRAVENOUS RECON SOLN 300 MG	2	
BAXDELA ORAL TABLET 450 MG	2	QL
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	3	
CIPRO ORAL TABLET 250 MG, 500 MG	3	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1	
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	1	
ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml	1	
levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml	1	
levofloxacin oral solution 250 mg/10 ml	1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1	
moxifloxacin oral tablet 400 mg	1	
MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK 400 MG/250 ML	2	
moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml	1	

Drug Name	Drug Tier	Requirements / Limits
ofloxacin oral tablet 400 mg	1	
SULFA'S & RELATED AGENTS		
BACTRIM DS ORAL TABLET 800-160 MG	3	
BACTRIM ORAL TABLET 400-80 MG	3	
sulfadiazine oral tablet 500 mg	1	
sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	
sulfatrim oral suspension 200-40 mg/5 ml	1	
TETRACYCLINES		
AVIDOXY DK KIT 100 MG-2 % -SPF 30	3	ST
avidoxy oral tablet 100 mg	1	
demeclocycline oral tablet 150 mg, 300 mg	1	
doxy-100 intravenous recon soln 100 mg	1	
doxycycline hyclate intravenous recon soln 100 mg	1	
doxycycline hyclate oral capsule 100 mg, 50 mg	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	1	ST
doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	1	ST
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral capsule 150 mg	1	ST
doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg	1	ST
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml	1	
doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	1	
MINOCIN INTRAVENOUS RECON SOLN 100 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 October 1, 2026.

Drug Name	Drug Tier	Requirements / Limits
minocycline oral capsule 100 mg, 50 mg, 75 mg	1	
minocycline oral tablet 100 mg, 50 mg, 75 mg	1	ST
minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg	1	ST
mondoxyne nl oral capsule 100 mg	1	
MORGIDOX 1X 50 KIT 50 MG	3	ST
MORGIDOX 1X100 KIT 100 MG	3	ST
NUZYRA INTRAVENOUS RECON SOLN 100 MG	3	
NUZYRA ORAL TABLET 150 MG	3	QL
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG	3	ST
tetracycline oral capsule 250 mg, 500 mg	1	
tetracycline oral tablet 250 mg, 500 mg	1	ST
XERAVA INTRAVENOUS RECON SOLN 100 MG, 50 MG	3	
URINARY TRACT AGENTS		
CONTEPO INTRAVENOUS RECON SOLN 6 GRAM	3	
FURADANTIN ORAL SUSPENSION 25 MG/5 ML	3	
MACROBID ORAL CAPSULE 100 MG	3	
methenamine hippurate oral tablet 1 gram	1	
methenamine mandelate oral tablet 0.5 gram, 1 gram	1	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	1	
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	1	
nitrofurantoin oral suspension 25 mg/5 ml	1	
PRIMSOL ORAL SOLUTION 50 MG/5 ML	3	
trimethoprim oral tablet 100 mg	1	
VANCOMYCIN		

Drug Name	Drug Tier	Requirements / Limits
TYZAVAN INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 1.25 GRAM/250 ML, 1.5 GRAM/300 ML, 1.75 GRAM/350 ML, 2 GRAM/400 ML, 500 MG/100 ML, 750 MG/150 ML	3	
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	
vancomycin in 0.9 % sodium chl intravenous solution 1 gram/250 ml, 1.25 gram/250 ml, 1.5 gram/250 ml, 1.5 gram/500 ml, 1.75 gram/500 ml, 2 gram/500 ml	1	
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS SOLUTION 1.75 GRAM/250 ML, 750 MG/150 ML, 750 MG/250 ML	2	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 1.25 GRAM/250 ML, 1.5 GRAM/300 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	
vancomycin intravenous recon soln 1,000 mg, 1.25 gram, 1.5 gram, 10 gram, 5 gram, 500 mg, 750 mg	1	
VANCOMYCIN INTRAVENOUS RECON SOLN 1.75 GRAM, 2 GRAM	3	
vancomycin oral capsule 125 mg, 250 mg	1	QL
vancomycin oral recon soln 25 mg/ml, 50 mg/ml	1	QL

Drug Name	Drug Tier	Requirements / Limits
VANCOMYCIN-DILUENT COMBO NO.1 INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 1.25 GRAM/250 ML, 1.5 GRAM/300 ML, 1.75 GRAM/350 ML, 2 GRAM/400 ML, 500 MG/100 ML, 750 MG/150 ML	3	
VIBATIV INTRAVENOUS RECON SOLN 750 MG	2	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
BILPREVDA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	4	LA; QL
dexrazoxane hcl intravenous recon soln 250 mg, 500 mg	1	
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG	2	
ETHYOL INTRAVENOUS RECON SOLN 500 MG	3	
KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG	4	LA
KHAPZORY INTRAVENOUS RECON SOLN 175 MG	3	
leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg	1	
leucovorin calcium injection solution 10 mg/ml	1	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	1	
levoleucovorin calcium intravenous solution 10 mg/ml	1	
mesna intravenous solution 100 mg/ml	1	
MESNEX INTRAVENOUS SOLUTION 100 MG/ML	3	
MESNEX ORAL TABLET 400 MG	3	
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	4	LA; QL
VORAXAZE INTRAVENOUS RECON SOLN 1,000 UNIT	2	
XTRENBO SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	4	QL
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		

Drug Name	Drug Tier	Requirements / Limits
abiraterone oral tablet 250 mg	4	LA; QL
abiraterone oral tablet 500 mg	4	PA; LA; QL
abirtega oral tablet 250 mg	4	QL
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML	4	PA; LA
adrucil intravenous solution 2.5 gram/50 ml	1	
ALECENSA ORAL CAPSULE 150 MG	4	PA; LA; QL
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
anastrozole oral tablet 1 mg	5	ACA
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
AUGTYRO ORAL CAPSULE 160 MG, 40 MG	4	PA; LA
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG	4	PA; LA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	4	PA; LA; QL
AZASAN ORAL TABLET 100 MG, 75 MG	3	ST
azathioprine oral tablet 100 mg, 50 mg, 75 mg	1	
azathioprine sodium injection recon soln 100 mg	1	
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	4	PA; LA
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	4	LA
bexarotene oral capsule 75 mg	4	PA; LA
bexarotene topical gel 1 %	4	PA; LA
bicalutamide oral tablet 50 mg	1	

Drug Name	Drug Tier	Requirements / Limits
BICNU INTRAVENOUS RECON SOLN 100 MG	3	
bleomycin injection recon soln 15 unit, 30 unit	1	
BOSULIF ORAL CAPSULE 100 MG, 50 MG	4	PA; LA; QL
bosutinib oral tablet 100 mg, 400 mg, 500 mg	4	PA; LA; QL
BRAFTOVI ORAL CAPSULE 75 MG	4	PA; LA; QL
busulfan intravenous solution 60 mg/10 ml	1	
BUSULFEX INTRAVENOUS SOLUTION 60 MG/10 ML	3	
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	4	PA; LA; QL
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	4	PA; LA; QL
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5 ML, 300 MG/15 ML, 40 MG/2 ML	3	
capecitabine oral tablet 150 mg, 500 mg	4	LA; QL
CAPRELSA ORAL TABLET 100 MG, 300 MG	4	PA; LA; QL
carmustine intravenous recon soln 100 mg	1	
CASODEX ORAL TABLET 50 MG	3	
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	
cisplatin intravenous solution 1 mg/ml	1	
cladribine intravenous solution 10 mg/10 ml	1	
clofarabine intravenous solution 1 mg/ml	1	
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

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Drug Name	Drug Tier	Requirements / Limits
COTELLIC ORAL TABLET 20 MG	4	PA; LA; QL
cyclophosphamide oral capsule 25 mg, 50 mg	1	
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	3	
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	1	
cyclosporine modified oral solution 100 mg/ml	1	
cyclosporine oral capsule 100 mg, 25 mg	1	
cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml	1	
cytarabine injection solution 20 mg/ml	1	
dacarbazine intravenous recon soln 100 mg, 200 mg	1	
dactinomycin intravenous recon soln 0.5 mg	1	
DANZITEN ORAL TABLET 71 MG, 95 MG	4	PA; LA
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML	4	PA; LA
dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg	4	PA; LA; QL
daunorubicin intravenous solution 5 mg/ml	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
ELLENCE INTRAVENOUS SOLUTION 200 MG/100 ML, 50 MG/25 ML	3	
ELZONRIS INTRAVENOUS SOLUTION 1,000 MCG/ML	4	LA

Drug Name	Drug Tier	Requirements / Limits
ENHERTU INTRAVENOUS RECON SOLN 100 MG	4	LA
ENSACOVE ORAL CAPSULE 100 MG, 25 MG	4	PA; LA
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	4	PA; LA
epirubicin intravenous solution 200 mg/100 ml	1	
ERIVEDGE ORAL CAPSULE 150 MG	4	PA; LA; QL
ERLEADA ORAL TABLET 240 MG, 60 MG	4	PA; LA; QL
erlotinib oral tablet 100 mg, 150 mg, 25 mg	4	PA; LA; QL
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	2	
etoposide intravenous solution 20 mg/ml	1	
etoposide oral capsule 50 mg	1	
EULEXIN ORAL CAPSULE 125 MG	3	
everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	4	PA; LA; QL
everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg	4	PA; LA; QL
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	
EVOMELA INTRAVENOUS RECON SOLN 50 MG	4	LA
exemestane oral tablet 25 mg	5	ACA
FARESTON ORAL TABLET 60 MG	3	
FEMARA ORAL TABLET 2.5 MG	3	
FENSOLVI SUBCUTANEOUS SYRINGE 45 MG	4	PA; LA
floxuridine injection recon soln 0.5 gram	1	
fludarabine intravenous recon soln 50 mg	1	
fludarabine intravenous solution 50 mg/2 ml	1	
fluorouracil intravenous solution 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml	1	

Drug Name	Drug Tier	Requirements / Limits
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML)	4	LA
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	4	PA; LA
GAVRETO ORAL CAPSULE 100 MG	4	PA; LA; QL
gefitinib oral tablet 250 mg	4	PA; LA; QL
gengraf oral capsule 100 mg, 25 mg	1	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	4	PA; LA; QL
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	3	
GLIADEL WAFER IMPLANT WAFER 7.7 MG	3	
GOMEKLI ORAL CAPSULE 1 MG, 2 MG	4	PA; LA
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	4	PA; LA
HEPZATO (50 MM CATHETER) INTRA-ARTERIAL RECON SOLN 50 MG	4	LA
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	4	LA
HYDREA ORAL CAPSULE 500 MG	3	
hydroxyurea oral capsule 500 mg	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
IBTROZI ORAL CAPSULE 200 MG	4	PA; LA
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	4	PA; LA; QL
IDAMYCIN PFS INTRAVENOUS SOLUTION 1 MG/ML	3	
idarubicin intravenous solution 1 mg/ml	1	
IDHIFA ORAL TABLET 100 MG, 50 MG	4	PA; LA; QL
IFEX INTRAVENOUS RECON SOLN 1 GRAM, 3 GRAM	3	
ifosfamide intravenous recon soln 1 gram, 3 gram	1	
ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml	1	
imatinib oral tablet 100 mg, 400 mg	4	LA; QL

Drug Name	Drug Tier	Requirements / Limits
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	4	PA; LA; QL
IMBRUVICA ORAL SUSPENSION 70 MG/ML	4	PA; LA; QL
IMBRUVICA ORAL TABLET 420 MG	4	PA; LA; QL
IMKELDI ORAL SOLUTION 80 MG/ML	4	PA; LA
IMURAN ORAL TABLET 50 MG	3	ST
INLURIYO ORAL TABLET 200 MG	4	PA; LA
INLYTA ORAL TABLET 1 MG, 5 MG	4	PA; LA; QL
IRESSA ORAL TABLET 250 MG	4	PA; LA; QL
irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml	1	
IWILFIN ORAL TABLET 192 MG	4	PA; LA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	4	PA; LA; QL
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG, 33 MG, 44 MG, 55 MG	4	PA; LA
JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG X 2	4	LA
kemoplat intravenous solution 1 mg/ml	1	
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	4	PA; LA; QL
KOMZIFTI ORAL CAPSULE 200 MG	4	PA; LA
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	4	PA; LA
KOSELUGO ORAL CAPSULE, SPRINKLE 5 MG, 7.5 MG	4	PA; LA
lanreotide subcutaneous syringe 120 mg/0.5 ml	4	QL
lapatinib oral tablet 250 mg	4	PA; LA; QL
LAZCLUZE ORAL TABLET 240 MG, 80 MG	4	PA; LA
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	4	PA; LA; QL
letrozole oral tablet 2.5 mg	1	
LEUKERAN ORAL TABLET 2 MG	2	
leuprolide subcutaneous kit 1 mg/0.2 ml	4	PA; LA
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML	4	PA; LA
lomustine oral capsule 10 mg, 100 mg, 40 mg	1	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	4	PA; LA
LORBRENA ORAL TABLET 100 MG, 25 MG	4	PA; LA; QL
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG	4	PA; LA
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
LUTRATE DEPOT (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 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 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	4	PA; LA
MATULANE ORAL CAPSULE 50 MG	4	LA

Drug Name	Drug Tier	Requirements / Limits
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)	1	
megestrol oral tablet 20 mg, 40 mg	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
melphalan hcl intravenous recon soln 50 mg	1	
mercaptopurine oral suspension 20 mg/ml	4	LA
mercaptopurine oral tablet 50 mg	1	
METHOTREXATE (PF) IN NACL,ISO INTRAMUSCULAR SYRINGE 125 MG/5 ML (25 MG/ML)	3	
methotrexate sodium (pf) injection recon soln 1 gram	1	
methotrexate sodium (pf) injection solution 25 mg/ml	1	
methotrexate sodium injection solution 25 mg/ml	1	
methotrexate sodium oral tablet 2.5 mg	1	
mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg	1	
mitoxantrone intravenous concentrate 2 mg/ml	4	LA
MODEYSO ORAL CAPSULE 125 MG	4	PA; LA
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	4	PA; LA; QL
mycophenolate mofetil (hcl) intravenous recon soln 500 mg	1	
mycophenolate mofetil oral capsule 250 mg	1	
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	1	
mycophenolate mofetil oral tablet 500 mg	1	
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	1	
MYFORTIC ORAL TABLET,DELAYED RELEASE (DR/EC) 180 MG, 360 MG	3	ST

Drug Name	Drug Tier	Requirements / Limits
MYHIBBIN ORAL SUSPENSION 200 MG/ML	2	ST; LA
MYLERAN ORAL TABLET 2 MG	2	
NEMLUVIO SUBCUTANEOUS PEN INJECTOR 30 MG	4	PA; LA; QL
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
nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg	4	PA; LA; QL
nilutamide oral tablet 150 mg	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	
octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	4	LA
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	4	LA
octreotide,microspheres intramuscular suspension,extended rel recon 10 mg, 20 mg, 30 mg	4	LA; QL
ODOMZO ORAL CAPSULE 200 MG	4	PA; LA; QL
OGSIVEO ORAL TABLET 100 MG, 150 MG	4	PA; LA
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	4	PA; LA
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)	4	PA; LA
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	2	
ORGOVYX ORAL TABLET 120 MG	4	PA; LA; QL
ORSERDU ORAL TABLET 345 MG, 86 MG	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
paclitaxel intravenous concentrate 6 mg/ml	1	
pazopanib oral tablet 200 mg	4	PA; LA; QL
PAZOPANIB ORAL TABLET 400 MG	4	PA; LA; QL
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	4	PA; LA; QL
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
POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG	4	LA
pomalidomide 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
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG	4	PA; LA; QL
REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG	4	PA; LA
REZUROCK ORAL TABLET 200 MG	3	PA; LA; QL
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	4	PA; LA; QL
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	4	PA; LA; QL
ROZLYTREK ORAL PELLETS IN PACKET 50 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	

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Drug Name	Drug Tier	Requirements / Limits
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	3	ST
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	4	LA
SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 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
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG	2	
sirolimus oral solution 1 mg/ml	1	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	1	
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	3	
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	4	LA; QL
sorafenib oral tablet 200 mg	4	PA; LA; QL
STIVARGA ORAL TABLET 40 MG	4	PA; LA; QL
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	4	PA; LA; QL
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	4	PA; LA
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	4	PA; LA; QL
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	4	LA
TABLOID ORAL TABLET 40 MG	3	
TABRECTA ORAL TABLET 150 MG, 200 MG	4	PA; LA
TACROLIMUS INTRAVENOUS SOLUTION 5 MG/ML	3	LA
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	1	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	4	PA; LA; QL
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	4	PA; LA; QL
TAGRISSO ORAL TABLET 40 MG, 80 MG	4	PA; LA; QL
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
tamoxifen oral tablet 10 mg, 20 mg	5	ACA
TARGRETIN TOPICAL GEL 1 %	4	PA; LA
TEMODAR INTRAVENOUS RECON SOLN 100 MG	4	PA; LA
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	4	LA
temsirolimus intravenous recon soln 25 mg/ml (dilute10mg/ml)	4	LA
THALOMID ORAL CAPSULE 100 MG, 50 MG	4	PA; LA; QL
thiotepa injection recon soln 100 mg, 15 mg	1	
TIBSOVO ORAL TABLET 250 MG	4	PA; LA
topotecan intravenous recon soln 4 mg	4	LA
topotecan intravenous solution 4 mg/4 ml (1 mg/ml)	4	LA
toremifene oral tablet 60 mg	1	
TORISEL INTRAVENOUS RECON SOLN 25 MG/ML (DILUTE10MG/ML)	4	LA
torpenz oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	4	PA; LA; QL
tretinoin (antineoplastic) oral capsule 10 mg	1	
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	4	PA; LA
TRUQAP ORAL TABLET 160 MG, 200 MG	4	PA; LA
TUKYSA ORAL TABLET 150 MG, 50 MG	4	PA; LA; QL
TURALIO ORAL CAPSULE 125 MG	4	PA; LA; QL
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	4	LA
valrubicin intravesical solution 40 mg/ml	4	LA
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	4	PA; LA; QL
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	4	PA; LA; QL
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
vinblastine intravenous solution 1 mg/ml	1	
vincasar pfs intravenous solution 1 mg/ml, 2 mg/2 ml	1	
vincristine intravenous solution 1 mg/ml, 2 mg/2 ml	1	
vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml	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
VORANIGO ORAL TABLET 10 MG, 40 MG	4	PA; LA
VOTRIENT ORAL TABLET 200 MG	4	PA; LA; QL
WELIREG ORAL TABLET 40 MG	4	PA; LA
XALKORI ORAL CAPSULE 200 MG, 250 MG	4	PA; LA; QL
XALKORI ORAL PELLET 150 MG, 20 MG, 50 MG	4	PA; LA; QL
XERMELO ORAL TABLET 250 MG	4	PA; LA; QL
XOSPATA ORAL TABLET 40 MG	4	PA; LA; QL
XTANDI ORAL CAPSULE 40 MG	4	PA; LA; QL
XTANDI ORAL TABLET 40 MG, 80 MG	4	PA; LA; QL
YONSA ORAL TABLET 125 MG	4	PA; LA; QL
yulithira oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	4	QL
ZELBORAF ORAL TABLET 240 MG	4	PA; LA; QL
ZEVALIN (Y-90) INTRAVENOUS KIT 3.2 MG/2 ML	2	
ZOLINZA ORAL CAPSULE 100 MG	4	PA; LA; QL
ZYDELIG ORAL TABLET 100 MG, 150 MG	4	PA; LA; QL
ZYKADIA ORAL TABLET 150 MG	4	PA; LA; QL
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	3	
brivaracetam intravenous solution 50 mg/5 ml	1	
brivaracetam oral solution 10 mg/ml	1	ST

Drug Name	Drug Tier	Requirements / Limits
brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	1	ST
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	3	
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	1	
carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml	1	
carbamazepine oral tablet 200 mg	1	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	1	
carbamazepine oral tablet,chewable 100 mg	1	
CARBAMAZEPINE ORAL TABLET,CHEWABLE 200 MG	3	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	3	
CELONTIN ORAL CAPSULE 300 MG	3	
CEREBYX INJECTION SOLUTION 100 MG PE/2 ML, 500 MG PE/10 ML	3	
clobazam oral suspension 2.5 mg/ml	1	
clobazam oral tablet 10 mg, 20 mg	1	
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	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
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	1	
DILANTIN EXTENDED ORAL CAPSULE 100 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 October 1, 2026.

Drug Name	Drug Tier	Requirements / Limits
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG	3	
DILANTIN ORAL CAPSULE 30 MG	2	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	3	
divalproex oral capsule, delayed rel sprinkle 125 mg	1	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	1	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	1	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG, 1,500 MG	3	ST
EPIDIOLEX ORAL SOLUTION 100 MG/ML	4	PA; LA
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	3	
eslicarbazepine oral tablet 200 mg, 400 mg, 600 mg, 800 mg	1	
ethosuximide oral capsule 250 mg	1	
ethosuximide oral solution 250 mg/5 ml	1	
felbamate oral suspension 600 mg/5 ml	1	
felbamate oral tablet 400 mg, 600 mg	1	
FELBATOL ORAL TABLET 400 MG, 600 MG	3	
fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml	1	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	2	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	2	
gabapentin oral capsule 100 mg, 300 mg, 400 mg	1	
gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)	1	
gabapentin oral tablet 600 mg, 800 mg	1	
gabapentin oral tablet extended release 24 hr 300 mg, 450 mg, 600 mg, 750 mg, 900 mg	1	ST
lacosamide intravenous solution 200 mg/20 ml	1	

Drug Name	Drug Tier	Requirements / Limits
lacosamide oral solution 10 mg/ml	1	
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	1	
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)	3	
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	3	
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	3	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
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)	1	
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	1	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	1	
lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg	1	
lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)	1	
levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml	1	
LEVETIRACETAM IN NACL (ISO-OS) INTRAVENOUS PIGGYBACK 250 MG/50 ML	3	
levetiracetam intravenous solution 500 mg/5 ml	1	
levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)	1	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	1	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	1	

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Drug Name	Drug Tier	Requirements / Limits
methsuximide oral capsule 300 mg	1	
MIDAZOLAM INTRAMUSCULAR AUTO-INJECTOR 10 MG/0.7 ML	3	
MYSOLINE ORAL TABLET 250 MG, 50 MG	3	
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)	2	PA; QL
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	1	
oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg, 600 mg	1	ST
perampanel oral suspension 0.5 mg/ml	1	
perampanel oral tablet 10 mg, 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	1	
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	1	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	1	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	3	
phenytoin oral suspension 125 mg/5 ml	1	
phenytoin oral tablet,chewable 50 mg	1	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	1	
phenytoin sodium intravenous solution 50 mg/ml	1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	1	
pregabalin oral solution 20 mg/ml	1	
pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg	1	ST
primidone oral tablet 250 mg, 50 mg	1	
relgaabi oral capsule 300 mg, 400 mg	1	
roweepra oral tablet 500 mg	1	
rufinamide oral suspension 40 mg/ml	1	
rufinamide oral tablet 200 mg, 400 mg	1	

Drug Name	Drug Tier	Requirements / Limits
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	3	ST
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
subvenite starter (blue) kit oral tablets,dose pack 25 mg (35)	1	
subvenite starter (green) kit oral tablets,dose pack 25 mg (84) -100 mg (14)	1	
subvenite starter (orange) kit oral tablets,dose pack 25 mg (42) -100 mg (7)	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	
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg	1	
topiramate oral capsule, sprinkle 15 mg, 25 mg	1	
topiramate oral capsule,extended release 24hr 100 mg, 200 mg, 25 mg, 50 mg	1	ST
topiramate oral capsule,sprinkle,er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	1	ST
topiramate oral solution 25 mg/ml	1	ST
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	
valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)	1	
valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)	1	
valproic acid oral capsule 250 mg	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)	2	PA; QL
vigabatrin oral powder in packet 500 mg	4	LA; QL
vigabatrin oral tablet 500 mg	4	LA; QL

Drug Name	Drug Tier	Requirements / Limits
vigadrone oral powder in packet 500 mg	4	LA; QL
vigadrone oral tablet 500 mg	4	LA; QL
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	3	PA; QL
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	3	PA; QL
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	
zonisamide oral capsule 100 mg, 25 mg, 50 mg	1	
ZTALMY ORAL SUSPENSION 50 MG/ML	4	PA; LA
ANTIPARKINSONISM AGENTS		
apomorphine subcutaneous cartridge 10 mg/ml	4	PA; LA; QL
AZILECT ORAL TABLET 0.5 MG, 1 MG	3	
benztropine injection solution 1 mg/ml	1	
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	1	
bromocriptine oral capsule 5 mg	1	
bromocriptine oral tablet 2.5 mg	1	
carbidopa oral tablet 25 mg	1	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	1	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	1	
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg	1	
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	1	

Drug Name	Drug Tier	Requirements / Limits
CREXONT ORAL CAPSULE,IR - EXTEND REL,BIPHASE 35-140 MG, 52.5-210 MG, 70-280 MG, 87.5-350 MG	3	ST
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML	4	LA
entacapone oral tablet 200 mg	1	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	4	PA; LA; QL
LODOSYN ORAL TABLET 25 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	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	3	PA; QL
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	
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	1	
rasagiline oral tablet 0.5 mg, 1 mg	1	
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1	
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	1	
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	3	ST
selegiline hcl oral capsule 5 mg	1	
selegiline hcl oral tablet 5 mg	1	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	
TASMAR ORAL TABLET 100 MG	3	
tolcapone oral tablet 100 mg	1	
trihexyphenidyl oral elixir 0.4 mg/ml	1	
trihexyphenidyl oral tablet 2 mg, 5 mg	1	
MIGRAINE & CLUSTER HEADACHE THERAPY		

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Drug Name	Drug Tier	Requirements / Limits
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
almotriptan malate oral tablet 12.5 mg, 6.25 mg	1	ST; QL
dihydroergotamine injection solution 1 mg/ml	1	
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	1	ST; QL
eletriptan oral tablet 20 mg, 40 mg	1	ST; 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	
frovatriptan oral tablet 2.5 mg	1	ST; QL
migergot rectal suppository 2-100 mg	1	
MIGRANAL NASAL SPRAY,NON-AEROSOL 0.5 MG/PUMP ACT. (4 MG/ML)	3	ST; QL
naratriptan oral tablet 1 mg, 2.5 mg	1	ST; QL
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	2	PA; QL
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	2	PA; QL
REYVOW ORAL TABLET 100 MG, 50 MG	3	PA; QL
rizatriptan oral tablet 10 mg, 5 mg	1	QL
rizatriptan oral tablet,disintegrating 10 mg, 5 mg	1	QL
sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation	1	QL
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	1	QL
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	1	QL

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Drug Name	Drug Tier	Requirements / Limits
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	1	QL
TOSYMRA NASAL SPRAY,NON-AEROSOL 10 MG/ACTUATION	3	ST; QL
UBRELVY ORAL TABLET 100 MG, 50 MG	2	PA; QL
zolmitriptan oral tablet 2.5 mg, 5 mg	1	ST; QL
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg	1	ST; QL
MISCELLANEOUS NEUROLOGICAL THERAPY		
ANTICHOLIUM INTRAVENOUS SOLUTION 0.4 MG/ML	3	
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG	3	
dalfampridine oral tablet extended release 12 hr 10 mg	4	PA; LA; QL
dextromethorphan-quinidine oral capsule 20-10 mg	1	PA
dichlorphenamide oral tablet 50 mg	4	PA; LA
donepezil oral tablet 10 mg, 23 mg, 5 mg	1	
donepezil oral tablet,disintegrating 10 mg, 5 mg	1	
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	4	PA; LA; QL
EVRYSDI ORAL TABLET 5 MG	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
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	1	
galantamine oral solution 4 mg/ml	1	
galantamine oral tablet 12 mg, 4 mg, 8 mg	1	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG	3	ST
INGREZZA INITIATION PK(TARDIV) 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

Drug Name	Drug Tier	Requirements / Limits
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	4	PA; LA; QL
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg	1	
memantine oral solution 2 mg/ml	1	
memantine oral tablet 10 mg, 5 mg	1	
MEMANTINE ORAL TABLETS,DOSE PACK 5-10 MG	3	
memantine-donepezil oral capsule,sprinkle,er 24hr 14-10 mg, 21-10 mg, 28-10 mg	1	
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG	3	
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	2	
NUEDEXTA ORAL CAPSULE 20-10 MG	2	PA
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG	4	PA; LA
ormalvi oral tablet 50 mg	4	PA; LA
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	4	PA; LA
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	1	
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	1	
SKYCLARYS ORAL CAPSULE 50 MG	4	PA; LA
tetrabenazine oral tablet 12.5 mg, 25 mg	4	PA; LA; QL
ZEPOSIA ORAL CAPSULE 0.92 MG	4	PA; LA; QL
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21)	4	PA; LA; QL
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)-0.46 MG (3)	4	PA; LA; QL
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
atracurium intravenous solution 10 mg/ml	1	

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Drug Name	Drug Tier	Requirements / Limits
baclofen oral solution 10 mg/5 ml (2 mg/ml), 5 mg/5 ml	1	PA
baclofen oral suspension 25 mg/5 ml (5 mg/ml)	1	
baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg	1	
BLOXIVERZ INTRAVENOUS SOLUTION 0.5 MG/ML	3	
BLOXIVERZ INTRAVENOUS SYRINGE 5 MG/5 ML (1 MG/ML)	3	
carisoprodol oral tablet 250 mg, 350 mg	1	PA
chlorzoxazone oral tablet 500 mg	1	
cisatracurium intravenous solution 2 mg/ml	1	
cyclobenzaprine oral tablet 10 mg, 5 mg	1	
DANTRIUM INTRAVENOUS RECON SOLN 20 MG	3	
DANTRIUM ORAL CAPSULE 25 MG	3	
dantrolene intravenous recon soln 20 mg	1	
dantrolene oral capsule 100 mg, 25 mg, 50 mg	1	
meprobamate oral tablet 200 mg, 400 mg	1	
metaxalone oral tablet 400 mg, 800 mg	1	
methocarbamol injection solution 100 mg/ml	1	
methocarbamol oral tablet 500 mg, 750 mg	1	
neostigmine in sterile water injection syringe 5 mg/5 ml	1	
neostigmine methylsulfate intravenous solution 0.5 mg/ml, 1 mg/ml	1	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SYRINGE 2 MG/2 ML (1 MG/ML), 4 MG/4 ML (1 MG/ML)	3	
neostigmine methylsulfate intravenous syringe 3 mg/3 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml)	1	
orphenadrine citrate injection solution 30 mg/ml	1	
orphenadrine citrate oral tablet extended release 100 mg	1	

Drug Name	Drug Tier	Requirements / Limits
PREVDUO INTRAVENOUS SYRINGE 0.6 MG-3 MG/3ML (0.2 MG-1MG/ML)	3	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	3	
pyridostigmine bromide oral tablet 60 mg	1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET EXTENDED RELEASE 105 MG	3	
pyridostigmine bromide oral tablet extended release 180 mg	1	
regonol injection solution 5 mg/ml	1	
revonto intravenous recon soln 20 mg	1	
ROBAXIN INJECTION SOLUTION 100 MG/ML	3	
SOMA ORAL TABLET 250 MG, 350 MG	3	PA
tizanidine oral tablet 2 mg, 4 mg	1	
vanadom oral tablet 350 mg	1	PA
VYVGART HYTRULO SUBCUTANEOUS SYRINGE 1,000 MG-10,000 UNIT/5 ML	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
NARCOTIC ANALGESICS		
acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg	1	PA; QL
acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml	1	PA; QL
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	1	PA; QL
ascomp with codeine oral capsule 30-50-325-40 mg	1	PA; QL
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	2	PA; QL
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 128 MG/0.36 ML, 16 MG/0.32 ML, 24 MG/0.48 ML, 32 MG/0.64 ML, 64 MG/0.18 ML, 8 MG/0.16 ML, 96 MG/0.27 ML	4	LA
buprenorphine hcl injection solution 0.3 mg/ml	1	PA; QL
buprenorphine hcl injection syringe 0.3 mg/ml	1	PA; QL

Drug Name	Drug Tier	Requirements / Limits
buprenorphine hcl sublingual tablet 2 mg, 8 mg	1	
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	1	PA; QL
butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	1	PA; QL
butalbital-acetaminophen oral capsule 50-300 mg	1	
butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg	1	
butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg	1	
butalbital-acetaminophen-caff oral solution 50-325-40 mg/15 ml	1	
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	1	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1	
butalbital-aspirin-caffeine oral tablet 50-325-40 mg	1	
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg	1	PA; QL
codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg	1	PA; QL
DEMEROL (PF) INJECTION SYRINGE 25 MG/ML, 50 MG/ML	3	PA; QL
DEMEROL INJECTION SOLUTION 50 MG/ML	3	PA; QL
DILAUDID (PF) INJECTION SYRINGE 0.2 MG/ML, 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML	3	PA; QL
DILAUDID ORAL LIQUID 1 MG/ML	3	PA; QL
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG	3	PA; QL
diskets oral tablet,soluble 40 mg	1	PA; QL
duramorph (pf) injection solution 0.5 mg/ml, 1 mg/ml	1	PA; QL
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	PA; QL
fentanyl (pf)-bupivacaine-nacl injection prefilled pump reservoir 2-0.0625 mcg/ml-%	1	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 October 1, 2026.

Drug Name	Drug Tier	Requirements / Limits
fentanyl (pf)-bupivacaine-nacl injection solution 2 mcg/ml- 0.0625 %, 2 mcg/ml- 0.1 %, 2 mcg/ml- 0.125 %	1	PA; QL
FENTANYL (PF)-BUPIVACAINE-NACL INJECTION SOLUTION 4 MCG/ML- 0.125 %	3	PA; QL
fentanyl citrate (pf) injection solution 50 mcg/ml	1	PA; QL
fentanyl citrate (pf) injection syringe 100 mcg/2 ml (50 mcg/ml), 50 mcg/ml	1	PA; QL
FENTANYL CITRATE (PF) INJECTION SYRINGE 25 MCG/0.5 ML	3	PA; QL
FENTANYL CITRATE (PF) INTRAVENOUS PATIENT CONTROL.ANALGESIA SOLN 1,500 MCG/30 ML (50 MCG/ML)	3	PA; QL
fentanyl citrate (pf) intravenous prefilled pump reservoir 2,500 mcg/50 ml (50 mcg/ml)	1	PA; QL
fentanyl citrate (pf) intravenous pt controlled analgesia syring 1,000 mcg/20 ml (50 mcg/ml), 2,500 mcg/50 ml (50 mcg/ml)	1	PA; QL
FENTANYL CITRATE (PF) INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 1,250 MCG/25 ML (50 MCG/ML), 1,500 MCG/30 ML (50 MCG/ML), 2,750 MCG/55 ML (50 MCG/ML)	3	PA; QL
fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)	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
fentanyl citrate (pf)-0.9%nacl injection pt controlled analgesia syring 1,250 mcg/25 ml	1	PA; QL

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), 1,000 MCG/50 ML (20 MCG/ML), 500 MCG/50 ML (10 MCG/ML)	3	PA; QL
fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syring 1,500 mcg/30 ml (50 mcg/ml), 2,500 mcg/50 ml (50 mcg/ml)	1	PA; QL
fentanyl citrate (pf)-0.9%nacl intravenous solution 10 mcg/ml, 20 mcg/ml, 5 mcg/ml, 50 mcg/ml	1	PA; QL
fentanyl citrate (pf)-0.9%nacl intravenous syringe 10 mcg/ml, 50 mcg/5 ml (10 mcg/ml)	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/ML	3	PA; QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour	1	PA; QL
FENTANYL-ROPIVACAINE-NACL (PF) INJECTION PREFILLED PUMP RESERVOIR 2 MCG/ML-0.1 %	3	PA; QL
fentanyl-ropivacaine-nacl (pf) injection solution 2-0.2 mcg/ml-%	1	PA; QL
FIORICET ORAL CAPSULE 50-300-40 MG	3	PA

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Drug Name	Drug Tier	Requirements / Limits
FIORICET WITH CODEINE ORAL CAPSULE 50-300-40-30 MG	3	PA; QL
hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	1	PA; QL
hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	1	PA; QL
hydrocodone-acetaminophen oral solution 10-300 mg/15 ml, 10-325 mg/15 ml, 10-325 mg/15 ml(15 ml), 7.5-325 mg/15 ml	1	PA; QL
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	PA; QL
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	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
hydromorphone (pf) injection solution 10 mg/ml, 2 mg/ml	1	PA; QL
hydromorphone (pf) injection syringe 0.2 mg/ml, 0.5 mg/0.5 ml, 1 mg/ml	1	PA; QL
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PATIENT CONTROL.ANALGESIA SOLN 30 MG/30 ML (1 MG/ML), 6 MG/30 ML (0.2 MG/ML)	3	PA; QL
hydromorphone (pf)-0.9 % nacl intravenous prefilled pump reservoir 10 mg/50 ml (0.2 mg/ml)	1	PA; QL

Drug Name	Drug Tier	Requirements / Limits
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PREFILLED PUMP RESERVOIR 20 MG/100 ML (0.2 MG/ML), 50 MG/50 ML (1 MG/ML)	3	PA; QL
hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syring 10 mg/50 ml (0.2 mg/ml), 15 mg/30 ml (0.5 mg/ml), 25 mg/50 ml (0.5 mg/ml), 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml)	1	PA; QL
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 25 MG/25 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, 1 mg/ml	1	PA; QL
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS SOLUTION 0.5 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
hydromorphone in 0.9 % nacl injection prefilled pump reservoir 100 mg/100 ml (1 mg/ml)	1	PA; QL
hydromorphone in 0.9 % nacl intravenous prefilled pump reservoir 10 mg/50 ml (0.2 mg/ml)	1	PA; QL
HYDROMORPHONE IN 0.9 % NACL INTRAVENOUS PREFILLED PUMP RESERVOIR 20 MG/100 ML (0.2 MG/ML), 50 MG/50 ML (1 MG/ML)	3	PA; QL
hydromorphone in 0.9 % nacl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)	1	PA; QL
hydromorphone injection solution 2 mg/ml	1	PA; QL
HYDROMORPHONE INJECTION SYRINGE 0.25 MG/0.5 ML, 0.5 MG/0.5 ML	3	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml	1	PA; QL
hydromorphone oral liquid 1 mg/ml	1	PA; QL
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	1	PA; QL
hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg	1	PA; QL
hydromorphone rectal suppository 3 mg	1	PA; QL
HYDROMORPHONE(PF)-NACL,ISO-OSM INJECTION SYRINGE 0.2 MG/ML, 0.5 MG/ML	3	PA; QL
hydromorphone(pf)-nacl,iso-osm injection syringe 2 mg/10 ml (0.2 mg/ml)	1	PA; QL
HYDROMORPHONE(PF)-NACL,ISO-OSM INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 10 MG/50 ML (0.2 MG/ML), 30 MG/30 ML (1 MG/ML), 50 MG/50 ML (1 MG/ML)	3	PA; QL
hydromorphone(pf)-nacl,iso-osm intravenous pt controlled analgesia syring 6 mg/30 ml (0.2 mg/ml)	1	PA; QL
HYDROMORPHONE(PF)-NACL,ISO-OSM INTRAVENOUS SOLUTION 0.5 MG/ML	3	PA; QL
hydromorphone(pf)-nacl,iso-osm intravenous solution 1 mg/ml	1	PA; QL
HYDROMORPHONE(PF)-NACL,ISO-OSM INTRAVENOUS SYRINGE 0.4 MG/2 ML (0.2 MG/ML)	3	PA; QL
INFUMORPH P/F INJECTION SOLUTION 10 MG/ML, 25 MG/ML	2	PA; QL
meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml	1	PA; QL
meperidine oral solution 50 mg/5 ml	1	PA; QL
meperidine oral tablet 50 mg	1	PA; QL
METHADONE IN 0.9 % SOD.CHLORID INTRAVENOUS SYRINGE 5 MG/5 ML	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
METHADONE IN SOD CHLOR,ISO-OSM INTRAVENOUS SYRINGE 10 MG/ML	3	PA; QL
methadone intravenous syringe 10 mg/ml	1	PA; QL
methadone oral tablet 10 mg, 5 mg	1	PA; QL
methadone oral tablet,soluble 40 mg	1	PA; QL
methadose oral tablet,soluble 40 mg	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), 250 MG/50 ML (5 MG/ML), 50 MG/50 ML (1 MG/ML)	3	PA; QL
MORPHINE (PF) IN 0.9 % SOD CHL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 150 MG/30 ML (5 MG/ML), 25 MG/25 ML (1 MG/ML), 55 MG/55 ML (1 MG/ML)	3	PA; QL
morphine (pf) in 0.9 % sod chl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml)	1	PA; QL
morphine (pf) in 0.9 % sod chl intravenous solution 1 mg/ml	1	PA; QL
morphine (pf) in 0.9 % sod chl intravenous syringe 1 mg/ml, 2 mg/2 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml)	1	PA; QL
MORPHINE (PF) IN 0.9 % SOD CHL INTRAVENOUS SYRINGE 2 MG/ML, 4 MG/ML	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml	1	PA; QL
morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml (1 mg/ml)	1	PA; QL
MORPHINE (PF) INTRAVENOUS SYRINGE 1 MG/2 ML	3	PA; QL
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	1	PA; QL
MORPHINE IN 0.9 % SODIUM CHLOR INJECTION PT CONTROLLED ANALGESIA SYRING 55 MG/55 ML (1 MG/ML)	3	PA; QL
morphine in 0.9 % sodium chlor intravenous prefilled pump reservoir 100 mg/100 ml (1 mg/ml), 250 mg/50 ml (5 mg/ml), 50 mg/50 ml (1 mg/ml)	1	PA; QL
morphine in 0.9 % sodium chlor intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml)	1	PA; QL
MORPHINE IN 0.9 % SODIUM CHLOR INTRAVENOUS SOLUTION 1 MG/ML, 5 MG/ML	3	PA; QL
MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML	3	PA; QL
MORPHINE INJECTION SYRINGE 2 MG/ML	3	PA; QL
morphine injection syringe 4 mg/ml	1	PA; QL
MORPHINE INTRAMUSCULAR PEN INJECTOR 10 MG/0.7 ML	3	PA; QL
morphine intravenous solution 10 mg/ml, 4 mg/ml, 50 mg/ml	1	PA; QL
MORPHINE INTRAVENOUS SOLUTION 8 MG/ML	3	PA; QL
MORPHINE INTRAVENOUS SYRINGE 10 MG/ML	3	PA; QL
morphine intravenous syringe 2 mg/ml, 4 mg/ml	1	PA; QL

Drug Name	Drug Tier	Requirements / Limits
morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	1	PA; QL
morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	1	PA; QL
morphine oral solution 10 mg/5 ml (2 mg/ml), 20 mg/5 ml (4 mg/ml)	1	PA; QL
morphine oral tablet 15 mg, 30 mg	1	PA; QL
morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	1	PA; QL
morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg	1	PA; QL
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG, 60 MG	3	ST; QL
oxycodone oral capsule 5 mg	1	PA; QL
oxycodone oral concentrate 20 mg/ml	1	PA; QL
oxycodone oral solution 5 mg/5 ml	1	PA; QL
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	PA; QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	PA; QL
oxymorphone oral tablet 10 mg, 5 mg	1	PA; QL
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg	1	PA; QL
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	PA; QL
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML	4	LA
tencon oral tablet 50-325 mg	1	
TREZIX ORAL CAPSULE 320.5-30-16 MG	3	PA; QL
NON-NARCOTIC ANALGESICS		
adult aspirin regimen oral tablet,delayed release (dr/ec) 81 mg	5	ACA; OTC
aspirin childrens oral tablet,chewable 81 mg	5	ACA; OTC
aspirin oral tablet,chewable 81 mg	5	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
aspirin oral tablet,delayed release (dr/ec) 81 mg	5	ACA; OTC
bayer low dose aspirin oral tablet,delayed release (dr/ec) 81 mg	5	ACA; OTC
buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	1	
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	1	
butorphanol injection solution 1 mg/ml, 2 mg/ml	1	PA; QL
butorphanol nasal spray,non-aerosol 10 mg/ml	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	
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	1	
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium oral tablet extended release 24 hr 100 mg	1	
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg	1	
diclofenac sodium topical drops 1.5 %	1	QL
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg	1	
diflunisal oral tablet 500 mg	1	
ecotrin low strength oral tablet,delayed release (dr/ec) 81 mg	5	ACA; OTC
etodolac oral capsule 200 mg, 300 mg	1	
etodolac oral tablet 400 mg, 500 mg	1	
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg	1	
flurbiprofen oral tablet 100 mg	1	
ibu oral tablet 400 mg, 600 mg, 800 mg	1	
ibuprofen oral suspension 100 mg/5 ml	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin oral capsule 25 mg, 50 mg	1	

Drug Name	Drug Tier	Requirements / Limits
indomethacin oral capsule, extended release 75 mg	1	
JOURNAVX ORAL TABLET 50 MG	3	QL
ketoprofen oral capsule 75 mg	1	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	1	ST
ketorolac injection solution 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml)	1	
ketorolac injection syringe 15 mg/ml, 30 mg/ml	1	
ketorolac intramuscular solution 60 mg/2 ml	1	
ketorolac intramuscular syringe 60 mg/2 ml	1	
ketorolac oral tablet 10 mg	1	QL
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION	2	QL
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	2	ST; QL
lofexidine oral tablet 0.18 mg	1	QL
LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG	3	
meloxicam oral tablet 15 mg, 7.5 mg	1	QL
nabumetone oral tablet 500 mg, 750 mg	1	
nalbuphine injection solution 10 mg/ml, 20 mg/ml	1	PA; QL
NALMEFENE INJECTION SOLUTION 1 MG/ML	3	
naloxone injection solution 0.4 mg/ml	1	
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	1	
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG	3	
naltrexone oral tablet 50 mg	1	
naproxen oral suspension 125 mg/5 ml	1	ST
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	
naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
OPVEE NASAL SPRAY,NON-AEROSOL 2.7 MG/ACTUATION	3	

Drug Name	Drug Tier	Requirements / Limits
oxaprozin oral tablet 600 mg	1	
pentazocine-naloxone oral tablet 50-0.5 mg	1	PA; QL
piroxicam oral capsule 10 mg, 20 mg	1	
REXTOVY NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	2	QL
salsalate oral tablet 500 mg, 750 mg	1	
st joseph aspirin oral tablet,chewable 81 mg	5	ACA; OTC
st. joseph aspirin oral tablet,delayed release (dr/ec) 81 mg	5	ACA; OTC
sulindac oral tablet 150 mg, 200 mg	1	
tapentadol oral tablet 100 mg, 50 mg, 75 mg	1	PA; QL
tramadol oral tablet 50 mg	1	PA; QL
tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg	1	PA; QL
tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg	1	PA; QL
tramadol-acetaminophen oral tablet 37.5-325 mg	1	PA; QL
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	4	LA
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	2	
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML, 960 MG/3.2 ML	2	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	2	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	2	

Drug Name	Drug Tier	Requirements / Limits
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	3	
ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	3	ST
alprazolam intensol oral concentrate 1 mg/ml	1	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	
alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg	1	
alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg	1	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	1	
amphetamine oral tablet,disinteg er biphase 24h 12.5 mg, 15.7 mg, 18.8 mg, 3.1 mg, 6.3 mg, 9.4 mg	1	ST
amphetamine sulfate oral tablet 10 mg, 5 mg	1	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG	3	
aripiprazole oral solution 1 mg/ml	1	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	1	QL
aripiprazole oral tablet,disintegrating 10 mg, 15 mg	1	QL
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	2	
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML, 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML	2	
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	1	QL

Drug Name	Drug Tier	Requirements / Limits
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	1	QL
ATIVAN INJECTION SOLUTION 2 MG/ML, 4 MG/ML	3	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG	3	
atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	1	
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	3	ST; QL
AUVELITY ORAL TABLET,IR ER BIPHASIC,DOSEPACK 30 MG-105 MG /45 MG-105 MG	3	ST
AZSTARYS ORAL CAPSULE 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG	2	ST
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	ST; QL
bupropion hcl oral tablet 100 mg, 75 mg	1	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	1	QL
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	1	QL
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1	
BYFAVO INTRAVENOUS RECON SOLN 20 MG	3	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	3	ST; QL
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	1	
chlorpromazine injection solution 25 mg/ml	1	
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	1	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	1	
citalopram oral solution 10 mg/5 ml	1	
citalopram oral tablet 10 mg, 20 mg, 40 mg	1	QL
clomipramine oral capsule 25 mg, 50 mg, 75 mg	1	
clonidine hcl oral tablet extended release 12 hr 0.1 mg	1	

Drug Name	Drug Tier	Requirements / Limits
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	1	
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	1	
CLOZARIL ORAL TABLET 100 MG, 25 MG	3	
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 17.3 MG, 25.9 MG, 8.6 MG	3	ST
DAYVIGO ORAL TABLET 10 MG, 5 MG	3	ST; QL
desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
DESOXYN ORAL TABLET 5 MG	3	
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 50 MG	3	ST; QL
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	1	ST; QL
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG, 15 MG	3	ST
dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	1	
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	1	
dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg	1	
dextroamphetamine sulfate oral solution 5 mg/5 ml	1	
dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	1	
dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg	1	
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	1	

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

Drug Name	Drug Tier	Requirements / Limits
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	1	
diazepam injection solution 5 mg/ml	1	
diazepam injection syringe 5 mg/ml	1	
diazepam intensol oral concentrate 5 mg/ml	1	
diazepam oral solution 5 mg/5 ml (1 mg/ml)	1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	1	
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
doxepin oral concentrate 10 mg/ml	1	
doxepin oral tablet 3 mg, 6 mg	1	ST; QL
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	1	QL
duloxetine oral capsule,delayed release(dr/ec) 40 mg	1	ST; QL
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG	3	ST; QL
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	3	
ergoloid oral tablet 1 mg	1	
ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 351 MG/2.25 ML, 39 MG/0.25 ML, 78 MG/0.5 ML	2	
escitalopram oxalate oral solution 5 mg/5 ml	1	ST
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	1	QL
estazolam oral tablet 1 mg, 2 mg	1	QL
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	1	QL
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26)	2	ST; QL
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	2	ST; QL
fluoxetine oral capsule 10 mg, 40 mg	1	QL

Drug Name	Drug Tier	Requirements / Limits
fluoxetine oral capsule 20 mg	1	
fluoxetine oral capsule,delayed release(dr/ec) 90 mg	1	ST; QL
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	1	
fluoxetine oral tablet 10 mg	1	ST; QL
fluoxetine oral tablet 20 mg, 60 mg	1	ST
fluphenazine decanoate injection solution 25 mg/ml	1	
fluphenazine hcl injection solution 2.5 mg/ml	1	
fluphenazine hcl oral concentrate 5 mg/ml	1	
fluphenazine hcl oral elixir 2.5 mg/5 ml	1	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	1	
flurazepam oral capsule 15 mg, 30 mg	1	QL
fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg	1	ST; QL
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	1	QL
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	1	
HALCION ORAL TABLET 0.25 MG	3	QL
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	1	
haloperidol lactate injection solution 5 mg/ml	1	
haloperidol lactate oral concentrate 2 mg/ml	1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	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	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	1	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML, 1,560 MG/5 ML	2	

Drug Name	Drug Tier	Requirements / Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML	2	
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML, 410 MG/1.32 ML, 546 MG/1.75 ML, 819 MG/2.63 ML	2	
JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	3	ST
lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	1	QL
lisdexamfetamine oral tablet,chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	1	ST; QL
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	1	
lithium carbonate oral tablet 300 mg	1	
lithium carbonate oral tablet extended release 300 mg, 450 mg	1	
lithium citrate oral solution 8 meq/5 ml	1	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG	3	
lorazepam injection solution 2 mg/ml, 4 mg/ml	1	
lorazepam injection syringe 2 mg/ml	1	
lorazepam intensol oral concentrate 2 mg/ml	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	1	
LUMRYZ ORAL EXTEND RELEASE GRANULES,PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM	4	PA; LA; QL
LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK 4.5-6-7.5 GRAM	4	PA; QL
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	QL

Drug Name	Drug Tier	Requirements / Limits
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	3	PA; QL
MARPLAN ORAL TABLET 10 MG	3	
METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	3	ST
methamphetamine oral tablet 5 mg	1	
METHYLIN ORAL SOLUTION 10 MG/5 ML, 5 MG/5 ML	3	
methylphenidate hcl oral cap,er sprinkle,biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	1	ST
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	1	
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg	1	
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	1	
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	1	
methylphenidate hcl oral tablet extended release 10 mg, 20 mg	1	
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	1	
methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg	1	
methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr	1	ST
MIDAZOLAM (PF) IN 0.9 % NACL INTRAVENOUS PREFILLED PUMP RESERVOIR 100 MG/100 ML (1 MG/ML)	3	
midazolam (pf) in 0.9 % nacl intravenous solution 1 mg/ml	1	
MIDAZOLAM (PF) IN 0.9 % NACL INTRAVENOUS SYRINGE 2 MG/2 ML (1 MG/ML), 5 MG/5 ML (1 MG/ML), 50 MG/50 ML (1 MG/ML), 55 MG/55 ML (1 MG/ML)	3	
midazolam (pf) injection solution 1 mg/ml, 5 mg/ml	1	

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Drug Name	Drug Tier	Requirements / Limits
midazolam (pf) injection syringe 2 mg/2 ml (1 mg/ml), 5 mg/ml	1	
MIDAZOLAM IN 0.9 % SOD CHLORID INTRAVENOUS SOLUTION 1 MG/ML	3	
MIDAZOLAM IN 0.9 % SOD CHLORID INTRAVENOUS SYRINGE 2 MG/2 ML (1 MG/ML), 5 MG/5 ML (1 MG/ML)	3	
MIDAZOLAM IN NACL, ISO-OSMOTIC INJECTION SYRINGE 3 MG/3 ML (1 MG/ML)	3	
MIDAZOLAM IN NACL, ISO-OSMOTIC INTRAVENOUS SOLUTION 1 MG/ML	3	
MIDAZOLAM IN NACL, ISO-OSMOTIC INTRAVENOUS SYRINGE 30 MG/30 ML (1 MG/ML), 50 MG/50 ML (1 MG/ML)	3	
MIDAZOLAM IN NACL,ISO-OSMO(PF) INTRAVENOUS SOLUTION 1 MG/ML	3	
MIDAZOLAM IN NACL,ISO-OSMO(PF) INTRAVENOUS SYRINGE 2 MG/2 ML (1 MG/ML), 25 MG/25 ML (1 MG/ML), 50 MG/50 ML (1 MG/ML)	3	
midazolam injection solution 1 mg/ml, 5 mg/ml	1	
MIDAZOLAM INTRAVENOUS SYRINGE 150 MG/30 ML (5 MG/ML)	3	
midazolam oral syrup 2 mg/ml	1	
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	1	
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	1	
modafinil oral tablet 100 mg, 200 mg	1	QL
molindone oral tablet 10 mg, 25 mg, 5 mg	1	
NARDIL ORAL TABLET 15 MG	3	

Drug Name	Drug Tier	Requirements / Limits
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	1	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	1	
nortriptyline oral solution 10 mg/5 ml	1	
NUPLAZID ORAL CAPSULE 34 MG	4	PA; LA; QL
NUPLAZID ORAL TABLET 10 MG	4	PA; LA; QL
olanzapine intramuscular recon soln 10 mg	1	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	1	QL
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	1	QL
olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	1	
oxazepam oral capsule 10 mg, 15 mg, 30 mg	1	
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg	1	QL
PAMELOR ORAL CAPSULE 10 MG	3	
PARNATE ORAL TABLET 10 MG	3	
paroxetine hcl oral suspension 10 mg/5 ml	1	ST
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	1	QL
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	1	ST; QL
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	1	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	1	
PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG	3	
phenelzine oral tablet 15 mg	1	
pimozide oral tablet 1 mg, 2 mg	1	
procentra oral solution 5 mg/5 ml	1	
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG	3	PA
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1	QL

Drug Name	Drug Tier	Requirements / Limits
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	1	QL
QUVIVIQ ORAL TABLET 25 MG, 50 MG	3	ST; QL
ramelteon oral tablet 8 mg	1	QL
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	QL
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	ST; QL
risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml	1	
risperidone oral solution 1 mg/ml	1	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	QL
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	QL
RYKINDO INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	2	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	3	QL
sertraline oral concentrate 20 mg/ml	1	
sertraline oral tablet 100 mg, 25 mg, 50 mg	1	QL
sodium oxybate oral solution 500 mg/ml	4	PA; LA; QL
SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	4	PA
SUNOSI ORAL TABLET 150 MG, 75 MG	2	PA; QL
tasimelteon oral capsule 20 mg	4	PA; LA; QL
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	1	QL

Drug Name	Drug Tier	Requirements / Limits
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
tranylcypromine oral tablet 10 mg	1	
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg	1	
triazolam oral tablet 0.125 mg, 0.25 mg	1	QL
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	1	
trimipramine oral capsule 100 mg, 25 mg, 50 mg	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	ST; QL
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML, 125 MG/0.35 ML, 150 MG/0.42 ML, 200 MG/0.56 ML, 250 MG/0.7 ML, 50 MG/0.14 ML, 75 MG/0.21 ML	2	
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg	1	QL
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	QL
VERSACLOZ ORAL SUSPENSION 50 MG/ML	3	
vilazodone oral tablet 10 mg, 20 mg, 40 mg	1	ST; QL
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG	3	ST
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	3	ST; QL
VYLEESI SUBCUTANEOUS AUTO-INJECTOR 1.75 MG/0.3 ML	4	PA; LA; QL
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	4	PA; LA; QL
XYWAV ORAL SOLUTION 0.5 GRAM/ML	4	PA; QL
zaleplon oral capsule 10 mg, 5 mg	1	QL
zenzedi oral tablet 10 mg, 5 mg	1	
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	1	QL

Drug Name	Drug Tier	Requirements / Limits
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)	1	
zolpidem oral tablet 10 mg, 5 mg	1	QL
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg	1	QL
zolpidem sublingual tablet 1.75 mg, 3.5 mg	1	ST; QL
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG	4	PA; QL
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG	3	
AUTONOMIC & CNS DRUGS, NEUROLOGY		
MULTIPLE SCLEROSIS AGENTS		
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	4	PA; LA; QL
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	4	PA; LA; QL
BETASERON SUBCUTANEOUS KIT 0.3 MG	4	PA; LA; QL
cladribine(multiple sclerosis) oral tablet 10 mg	4	PA; QL
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)	4	PA; LA; QL
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg, 240 mg	4	PA; QL
fingolimod oral capsule 0.5 mg	4	PA; LA; QL
glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml	4	PA; LA; QL
glatopa subcutaneous syringe 20 mg/ml, 40 mg/ml	4	PA; LA; QL
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	4	PA; LA; QL
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

Drug Name	Drug Tier	Requirements / Limits
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
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920 MG-23,000 UNIT/23 ML	4	PA; LA; QL
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	4	PA; LA; QL
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; LA; QL
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; LA; QL
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; LA; QL
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; LA; QL
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; LA; QL
teriflunomide oral tablet 14 mg, 7 mg	4	PA; LA; QL
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	4	PA; LA; QL
CARDIOVASCULAR, HYPERTENSION & LIPIDS		
ANTIARRHYTHMIC AGENTS		
adenosine intravenous solution 3 mg/ml	1	
amiodarone intravenous solution 50 mg/ml	1	
amiodarone intravenous syringe 150 mg/3 ml	1	
amiodarone oral tablet 100 mg, 200 mg, 400 mg	1	
disopyramide phosphate oral capsule 100 mg, 150 mg	1	

Drug Name	Drug Tier	Requirements / Limits
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	1	
flecainide oral tablet 100 mg, 150 mg, 50 mg	1	
lidocaine (pf) intravenous solution 20 mg/ml (2 %)	1	
lidocaine (pf) intravenous syringe 100 mg/5 ml (2 %)	1	
lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)	1	
mexiletine oral capsule 150 mg, 200 mg, 250 mg	1	
MULTAQ ORAL TABLET 400 MG	2	
NEXTERONE INTRAVENOUS SOLUTION 150 MG/100 ML (1.5 MG/ML), 360 MG/200 ML (1.8 MG/ML)	3	
pacerone oral tablet 100 mg, 200 mg	1	
procainamide injection solution 100 mg/ml, 500 mg/ml	1	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	1	
propafenone oral tablet 150 mg, 225 mg, 300 mg	1	
quinidine gluconate oral tablet extended release 324 mg	1	
quinidine sulfate oral tablet 200 mg, 300 mg	1	
sotalol af oral tablet 120 mg, 160 mg, 80 mg	1	
SOTALOL INTRAVENOUS SOLUTION 150 MG/10 ML (15 MG/ML)	3	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML	2	
ANTIHYPERTENSIVE THERAPY		
acebutolol oral capsule 200 mg, 400 mg	1	
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG	3	
aliskiren oral tablet 150 mg, 300 mg	1	
ALTACE ORAL CAPSULE 1.25 MG, 5 MG	3	
amiloride oral tablet 5 mg	1	

Drug Name	Drug Tier	Requirements / Limits
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	1	
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1	
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	
azilsartan medoxomil oral tablet 40 mg, 80 mg	1	
benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1	
betaxolol oral tablet 10 mg, 20 mg	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	
BREVIBLOC IN NACL (ISO-OSM) INTRAVENOUS PARENTERAL SOLUTION 2,000 MG/100 ML, 2,500 MG/250 ML (10 MG/ML)	3	
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10 ML (10 MG/ML)	3	
bumetanide injection solution 0.25 mg/ml	1	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	1	
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	1	

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Drug Name	Drug Tier	Requirements / Limits
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	1	
CARDAMYST NASAL SPRAY,NON-AEROSOL 70 MG/2 SPRAY	3	PA
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG, 360 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
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg	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
chlorothiazide sodium intravenous recon soln 500 mg	1	
chlorthalidone oral tablet 25 mg, 50 mg	1	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr	1	QL
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	1	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	1	

Drug Name	Drug Tier	Requirements / Limits
diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	1	
DIURIL ORAL SUSPENSION 250 MG/5 ML	3	
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1	QL
EDECRIN ORAL TABLET 25 MG	3	
enalapril maleate oral solution 1 mg/ml	1	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
enalaprilat intravenous solution 1.25 mg/ml	1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	
eplerenone oral tablet 25 mg, 50 mg	1	
epoprostenol intravenous recon soln 0.5 mg, 1.5 mg	4	PA; LA
esmolol in nacl (iso-osm) intravenous parenteral solution 2,000 mg/100 ml, 2,500 mg/250 ml (10 mg/ml)	1	
ESMOLOL IN STERILE WATER INTRAVENOUS PARENTERAL SOLUTION 2,000 MG/100 ML (20 MG/ML), 2,500 MG/250 ML (10 MG/ML)	3	
esmolol intravenous solution 100 mg/10 ml (10 mg/ml)	1	
esmolol intravenous syringe 100 mg/10 ml (10 mg/ml)	1	
ethacrynate sodium intravenous recon soln 50 mg	1	
ethacrynic acid oral tablet 25 mg	1	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	1	
fosinopril oral tablet 10 mg, 20 mg, 40 mg	1	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	1	

Drug Name	Drug Tier	Requirements / Limits
FUROSEMIDE IN 0.9 % NACL INTRAVENOUS PIGGYBACK 100 MG/100 ML (1 MG/ML)	3	
furosemide injection solution 10 mg/ml	1	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	
guanfacine oral tablet 1 mg, 2 mg	1	
hydralazine injection solution 20 mg/ml	1	
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
hydrochlorothiazide oral capsule 12.5 mg	1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	
indapamide oral tablet 1.25 mg, 2.5 mg	1	
INSPRA ORAL TABLET 25 MG, 50 MG	3	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1	
isosorbide-hydralazine oral tablet 20-37.5 mg	1	
isradipine oral capsule 2.5 mg, 5 mg	1	
KERENDIA ORAL TABLET 10 MG, 20 MG	2	PA; QL
KERENDIA ORAL TABLET 40 MG	2	PA
labetalol intravenous solution 5 mg/ml	1	
LABETALOL INTRAVENOUS SYRINGE 10 MG/2 ML (5 MG/ML)	3	
labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)	1	
labetalol oral tablet 100 mg, 200 mg, 300 mg, 400 mg	1	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG	3	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
losartan oral tablet 100 mg, 25 mg, 50 mg	1	

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

Drug Name	Drug Tier	Requirements / Limits
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	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	
methyldopa oral tablet 250 mg, 500 mg	1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	1	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	1	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1	
metoprolol tartrate intravenous solution 5 mg/5 ml	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
metyrosine oral capsule 250 mg	1	PA
minoxidil oral tablet 10 mg, 2.5 mg	1	
moexipril oral tablet 15 mg, 7.5 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
nicardipine oral capsule 20 mg, 30 mg	1	
nifedipine oral capsule 10 mg, 20 mg	1	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	1	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	1	
nimodipine oral capsule 30 mg	1	
nimodipine oral solution 60 mg/20 ml	1	
NYMALIZE ORAL SOLUTION 60 MG/10 ML	3	
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML	3	
olmesartan oral tablet 20 mg, 40 mg, 5 mg	1	
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	1	

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Drug Name	Drug Tier	Requirements / Limits
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	1	
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)-0.25 MG (42)	4	PA; LA; QL
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)-0.25 MG (210)	4	PA; LA; QL
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)-0.25 MG(42)-1MG	4	PA; LA; QL
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	4	PA; LA; QL
papaverine injection solution 30 mg/ml	1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	1	
phenoxybenzamine oral capsule 10 mg	1	PA
pindolol oral tablet 10 mg, 5 mg	1	
prazosin oral capsule 1 mg, 2 mg, 5 mg	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	3	
propranolol intravenous solution 1 mg/ml	1	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	1	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	

Drug Name	Drug Tier	Requirements / Limits
spironolactone oral suspension 25 mg/5 ml	1	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	1	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	1	
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	1	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	QL
tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	3	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1	
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	1	
triamterene oral capsule 100 mg, 50 mg	1	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	1	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	1	
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	4	PA; LA; QL
UPTRAVI ORAL TABLET 100 MCG, 150 MCG	4	PA; LA
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	4	PA; LA; QL
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	1	

Drug Name	Drug Tier	Requirements / Limits
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1	
VASERETIC ORAL TABLET 10-25 MG	3	
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	3	
veletri intravenous recon soln 0.5 mg, 1.5 mg	4	PA; LA
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	1	
verapamil oral tablet 120 mg, 40 mg, 80 mg	1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	1	
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	
CARDIAC GLYCOSIDES		
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	1	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg)	1	
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG)	3	
COAGULATION THERAPY		
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	4	LA
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT	4	LA

Drug Name	Drug Tier	Requirements / Limits
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	
ALHEMO PEN SUBCUTANEOUS PEN INJECTOR 150 MG/1.5 ML (100 MG/ML), 300 MG/3 ML (100 MG/ML), 60 MG/1.5 ML (40 MG/ML)	4	PA; LA
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
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
ALTUVIIIO 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	
aminocaproic acid intravenous solution 250 mg/ml	1	
aminocaproic acid oral solution 250 mg/ml (25 %)	1	
aminocaproic acid oral tablet 1,000 mg, 500 mg	1	
argatroban in 0.9 % sod chlor intravenous solution 1 mg/ml	1	

Drug Name	Drug Tier	Requirements / Limits
ARGATROBAN INTRAVENOUS SOLUTION 100 MG/ML	3	
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML, 2.5 MG/0.5 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML	4	
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	1	
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
bivalirudin intravenous recon soln 250 mg	1	
BIVALIRUDIN INTRAVENOUS SOLUTION 250 MG/50 ML (5 MG/ML)	3	
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
cilostazol oral tablet 100 mg, 50 mg	1	
clopidogrel oral tablet 300 mg, 75 mg	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	
dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg	1	
DEFITELIO INTRAVENOUS SOLUTION 80 MG/ML	3	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1	
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
DOPTELET SPRINKLE ORAL CAPSULE, SPRINKLE 10 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	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	2	
ELIQUIS ORAL TABLET FOR SUSPENSION 0.5 MG, 1.5 MG (0.5 MG X 3), 2 MG (0.5 MG X 4)	2	
ELIQUIS SPRINKLE ORAL CAPSULE, SPRINKLE 0.15 MG	2	
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
eltrombopag olamine oral powder in packet 12.5 mg, 25 mg	4	PA; LA
eltrombopag olamine oral tablet 12.5 mg, 25 mg, 50 mg, 75 mg	4	PA; LA
enoxaparin subcutaneous solution 300 mg/3 ml	4	
enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml	4	
eptifibatide intravenous solution 0.75 mg/ml	1	
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) 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), 2 GRAM (1,400 MG-2,600 MG)	4	LA

Drug Name	Drug Tier	Requirements / Limits
fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml	4	
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML, 25,000 ANTI-XA UNIT/ML	4	
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML, 7,500 ANTI-XA UNIT/0.3 ML	4	
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 12 MG/0.4 ML, 150 MG/ML, 30 MG/ML, 300 MG/2 ML (150 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
heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml)	1	
HEPARIN (PORCINE) IN 0.9% NACL INTRAVENOUS PARENTERAL SOLUTION 30,000 UNIT/1,000 ML, 5,000 UNIT/1,000 ML, 5,000 UNIT/500 ML (10 UNIT/ML)	3	
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)	1	

Drug Name	Drug Tier	Requirements / Limits
heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml, 2,000 unit/1,000 ml	1	
HEPARIN (PORCINE) IN NACL (PF) INTRAVENOUS SYRINGE 20 UNIT/20 ML (1 UNIT/ML), 50 UNIT/50 ML (1 UNIT/ML)	3	
heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)	1	
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	1	
heparin (porcine) injection syringe 5,000 unit/ml	1	
heparin lockflush(porcine)(pf) intravenous syringe 10 unit/ml, 100 unit/ml	1	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	3	
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml	1	
heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml	1	
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml	1	
heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml	1	
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT	4	LA
HYMPAVZI PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/0.5 ML	4	PA; LA
IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT	4	LA
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	

Drug Name	Drug Tier	Requirements / Limits
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	4	LA
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
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	4	LA
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	4	LA
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE	4	LA
pentoxifylline oral tablet extended release 400 mg	1	
phytonadione (vitamin k1) injection solution 1 mg/0.5 ml, 10 mg/ml	1	
phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml	1	
phytonadione (vitamin k1) oral tablet 5 mg	1	QL
prasugrel hcl oral tablet 10 mg, 5 mg	1	
PRAXBIND INTRAVENOUS SOLUTION 2.5 GRAM/50 ML	3	
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	4	LA
protamine intravenous solution 10 mg/ml	1	
RIASTAP INTRAVENOUS RECON SOLN 1 GRAM (900MG-1,300MG)	4	LA

Drug Name	Drug Tier	Requirements / Limits
rivaroxaban oral suspension for reconstitution 1 mg/ml	1	
rivaroxaban oral tablet 2.5 mg	1	
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG)	4	LA
TAVALISSE ORAL TABLET 100 MG, 150 MG	4	PA; LA; QL
ticagrelor oral tablet 60 mg, 90 mg	1	
tirofiban-0.9% sodium chloride intravenous solution 12.5 mg/250 ml (50 mcg/ml)	1	
tranexamic acid in nacl,iso-os intravenous piggyback 1,000 mg/100 ml (10 mg/ml)	1	
TRANEXAMIC ACID IN NACL,ISO-OS INTRAVENOUS SOLUTION 1,000 MG/100 ML (10 MG/ML)	3	
tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)	1	
vitamin k injection solution 1 mg/0.5 ml	1	
vitamin k1 injection solution 10 mg/ml	1	
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	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	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	2	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	2	
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	4	LA
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	4	LA

Drug Name	Drug Tier	Requirements / Limits
ZONTIVITY ORAL TABLET 2.08 MG	3	
LIPID/CHOLESTEROL LOWERING AGENTS		
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	1	QL
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	QL
cholestyramine (with sugar) oral powder 4 gram	1	
cholestyramine (with sugar) oral powder in packet 4 gram	1	
cholestyramine light oral powder 4 gram	1	
cholestyramine light oral powder in packet 4 gram	1	
colesevelam oral powder in packet 3.75 gram	1	
colesevelam oral tablet 625 mg	1	
colestipol oral granules 5 gram	1	
colestipol oral packet 5 gram	1	
colestipol oral tablet 1 gram	1	
EVKEEZA INTRAVENOUS SOLUTION 150 MG/ML	4	PA; LA
ezetimibe oral tablet 10 mg	1	
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	1	QL
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	1	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	1	
fenofibrate oral tablet 160 mg, 54 mg	1	
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg	1	
fenofibric acid oral tablet 105 mg, 35 mg	1	
gemfibrozil oral tablet 600 mg	1	
icosapent ethyl oral capsule 0.5 gram, 1 gram	1	PA
JUXTAPID ORAL CAPSULE 10 MG, 2 MG, 20 MG, 30 MG, 5 MG	4	PA; LA
LOPID ORAL TABLET 600 MG	3	

Drug Name	Drug Tier	Requirements / Limits
lovastatin oral tablet 10 mg, 20 mg, 40 mg	1	QL
NEXLETOL ORAL TABLET 180 MG	2	PA
NEXLIZET ORAL TABLET 180-10 MG	2	PA
niacin oral tablet 500 mg	1	
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	1	
NIACOR ORAL TABLET 500 MG	3	
omega-3 acid ethyl esters oral capsule 1 gram	1	PA
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	1	QL
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	QL
prevalite oral powder 4 gram	1	
prevalite oral powder in packet 4 gram	1	
REDEMPLO SUBCUTANEOUS SYRINGE 25 MG/0.5 ML	4	PA; LA
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	2	PA; QL
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	2	PA; QL
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	2	PA; QL
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	QL
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG	3	QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	1	QL
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 50 MG/0.8 ML, 80 MG/0.8 ML	4	PA; LA
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	2	PA
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	4	PA; LA; QL
ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG	2	QL
FILSPARI ORAL TABLET 200 MG, 400 MG	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
GIAPREZA INTRAVENOUS SOLUTION 0.5 MG/ML, 2.5 MG/ML	3	
isoproterenol hcl injection solution 0.2 mg/ml	1	
ivabradine oral tablet 5 mg, 7.5 mg	1	PA
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg	1	
sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg	1	QL
VECAMYL ORAL TABLET 2.5 MG	3	
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
NITRATES		
GONITRO SUBLINGUAL POWDER IN PACKET 400 MCG	3	
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide mononitrate oral tablet 10 mg, 20 mg	1	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	1	
nitro-bid transdermal ointment 2 %	1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR	3	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	1	
nitroglycerin transdermal ointment 2 %	1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1	
nitroglycerin translingual spray,non-aerosol 400 mcg/spray	1	

Drug Name	Drug Tier	Requirements / Limits
NITROLINGUAL TRANSLINGUAL SPRAY,NON-AEROSOL 400 MCG/SPRAY	3	
NITROMIST TRANSLINGUAL AEROSOL,SPRAY 400 MCG/SPRAY	3	
NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG	3	
nitro-time oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg	1	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	1	
calcipotriene scalp solution 0.005 %	1	QL
calcipotriene topical cream 0.005 %	1	QL
calcipotriene topical ointment 0.005 %	1	QL
calcipotriene-betamethasone topical ointment 0.005-0.064 %	1	ST; QL
calcipotriene-betamethasone topical suspension 0.005-0.064 %	1	ST; QL
calcitriol topical ointment 3 mcg/gram	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
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; LA; QL
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	4	PA; LA; QL
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	4	PA; LA; QL
ENSTILAR TOPICAL FOAM 0.005-0.064 %	2	ST; QL
EPIFOAM TOPICAL FOAM 1-1 %	3	ST
hydrocortisone-pramoxine topical cream 2.5-1 %	1	ST
ICOTYDE ORAL TABLET 200 MG	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
IMULDOSA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	4	PA; LA; QL
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 %	3	
OVACE PLUS TOPICAL CLEANSER 10 %	3	
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 %	3	ST
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %	3	ST
PRAMOSONE TOPICAL OINTMENT 1-1 %, 2.5-1 %	3	ST
selenium sulfide topical lotion 2.5 %	1	
selenium sulfide topical shampoo 2.25 %, 2.3 %	1	
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; LA; QL
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 55 MG/0.37 ML	4	PA; LA; QL
SOTYKTU ORAL TABLET 6 MG	4	PA; LA; QL
SPEVIGO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	4	PA; LA
sulfacetamide sodium topical cleanser 10 %	1	
sulfacetamide sodium topical cleanser, gel 10 %	1	
sulfacetamide sodium topical shampoo 10 %, 9.8 %	1	
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	4	PA; LA; QL
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	4	PA; LA; QL
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML, 80 MG/ML	4	PA; LA; QL
TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	4	PA; LA; QL
TREMFYA PEN INDUCTION PK(2PEN) SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	4	PA; LA; QL
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML	4	PA; LA; QL
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	4	PA; LA; QL
USTEKINUMAB-TTWE SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	4	PA; LA; QL
USTEKINUMAB-TTWE SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	4	PA; LA; QL
VECTICAL TOPICAL OINTMENT 3 MCG/GRAM	3	
VTAMA TOPICAL CREAM 1 %	2	PA; QL
WYNZORA TOPICAL CREAM 0.005-0.064 %	2	ST; QL
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	4	PA; LA; QL
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	4	PA; LA; QL
ZORYVE TOPICAL CREAM 0.05 %	2	PA
ZORYVE TOPICAL CREAM 0.15 %, 0.3 %	2	PA; QL
ZORYVE TOPICAL FOAM 0.3 %	3	PA; QL
BURN THERAPY		
SILVADENE TOPICAL CREAM 1 %	3	
silver sulfadiazine topical cream 1 %	1	
ssd topical cream 1 %	1	
MISCELLANEOUS DERMATOLOGICALS		
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 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 October 1, 2026.

Drug Name	Drug Tier	Requirements / Limits
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; LA; QL
AMELUZ TOPICAL GEL 10 %	3	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	4	PA; LA; QL
CORTANE-B TOPICAL LOTION 1-1-0.1 %	3	
diclofenac sodium topical gel 3 %	1	QL
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	4	PA; LA; QL
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	4	PA; LA; QL
EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR 250 MG/2 ML	4	PA; LA; QL
EBGLYSS SYRINGE SUBCUTANEOUS SYRINGE 250 MG/2 ML	4	PA; LA; QL
EUCRISA TOPICAL OINTMENT 2 %	2	PA; QL
FILSUVEZ TOPICAL GEL 10 %	4	PA; LA
fluorouracil topical cream 5 %	1	
fluorouracil topical solution 2 %, 5 %	1	
HYFTOR TOPICAL GEL 0.2 %	4	PA; LA
imiquimod topical cream in packet 5 %	1	
IODOFLEX TOPICAL PADS, MEDICATED 0.9 %	3	
IODOSORB TOPICAL GEL 0.9 %	3	
LEVULAN TOPICAL SOLUTION 20 %	3	
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg	1	
methyl salicylate oil	1	
methyl salicylate topical liquid	1	
NORMLGEL AG TOPICAL GEL 0.11 %	3	
OPZELURA TOPICAL CREAM 1.5 %	3	PA; QL
PANRETIN TOPICAL GEL 0.1 %	3	PA
pimecrolimus topical cream 1 %	1	ST; QL
podofilox topical gel 0.5 %	1	QL
podofilox topical solution 0.5 %	1	

Drug Name	Drug Tier	Requirements / Limits
tacrolimus topical ointment 0.03 %, 0.1 %	1	ST; QL
UVADEX INJECTION SOLUTION 20 MCG/ML	2	
VALCHLOR TOPICAL GEL 0.016 %	4	LA
wintergreen oil oil	1	
ZONALON TOPICAL CREAM 5 %	3	QL
THERAPY FOR ACNE		
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG	3	ST
accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
adapalene topical cream 0.1 %	1	PA
adapalene topical gel 0.3 %	1	PA
adapalene topical gel with pump 0.3 %	1	PA
ADAPALENE TOPICAL LOTION 0.1 %	3	PA
adapalene topical solution 0.1 %	1	PA
adapalene topical swab 0.1 %	1	PA
adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %, 0.3-2.5 %	1	PA
AKLIEF TOPICAL CREAM 0.005 %	3	PA
ALTRENO TOPICAL LOTION 0.05 %	3	PA
amnesteem oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
AMZEEQ TOPICAL FOAM 4 %	3	ST
ARAZLO TOPICAL LOTION 0.045 %	3	PA
AVAR LS TOPICAL CLEANSER 10-2 %	3	ST
avar topical cleanser 10-5 % (w/w)	1	ST
AVAR-E TOPICAL CREAM 10-5 % (W/W)	3	ST
azelaic acid topical gel 15 %	1	
AZELEX TOPICAL CREAM 20 %	3	ST
BENZAMYCIN TOPICAL GEL 3-5 %	3	ST
BENZEPRO (MICROSPHERES) TOPICAL CLEANSER 7 %	3	ST
benzoyl peroxide topical cleanser 7 %	1	
benzoyl peroxide topical foam 9.8 %	1	
brimonidine topical gel with pump 0.33 %	1	

Drug Name	Drug Tier	Requirements / Limits
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
clindacin etz topical swab 1 %	1	
clindacin p topical swab 1 %	1	
clindacin topical foam 1 %	1	ST; QL
clindamycin phosphate topical foam 1 %	1	ST; QL
clindamycin phosphate topical gel 1 %	1	QL
clindamycin phosphate topical gel, once daily 1 %	1	ST; QL
clindamycin phosphate topical lotion 1 %	1	QL
clindamycin phosphate topical solution 1 %	1	QL
clindamycin phosphate topical swab 1 %	1	
clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %	1	
clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2 %(1 % base) -3.75 %, 1.2-2.5 %	1	
clindamycin-tretinoin topical gel 1.2-0.025 %	1	PA
dapsone topical gel 5 %	1	
dapsone topical gel with pump 7.5 %	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
ery pads topical swab 2 %	1	
erythromycin with ethanol topical gel 2 %	1	
erythromycin with ethanol topical solution 2 %	1	
erythromycin-benzoyl peroxide topical gel 3-5 %	1	
FINACEA TOPICAL FOAM 15 %	2	ST
isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	1	
ivermectin topical cream 1 %	1	QL
metronidazole topical cream 0.75 %	1	

Drug Name	Drug Tier	Requirements / Limits
metronidazole topical gel 0.75 %, 1 %	1	
metronidazole topical gel with pump 1 %	1	
metronidazole topical lotion 0.75 %	1	
NEUAC KIT TOPICAL COMBO PACK,CREAM AND GEL 1.2-5 %	3	ST
neuac topical gel 1.2 %(1 % base) -5 %	1	
ONEXTON TOPICAL GEL WITH PUMP 1.2 %(1 % BASE) -3.75 %	3	ST
oxymetazoline topical cream 1 %	1	PA
PLEXION TOPICAL CLEANSER 9.8-4.8 %	3	ST
PLEXION TOPICAL CREAM 9.8-4.8 %	3	ST
PLEXION TOPICAL LOTION 9.8-4.8 %	3	ST
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %	3	ST
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %, 0.08 %	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
rosadan topical cream 0.75 %	1	
rosadan topical gel 0.75 %	1	
ROSADAN TOPICAL KIT, CLEANSER AND GEL 0.75 %	3	ST
ROSADAN TOPICAL KIT,CLEANSER AND CREAM 0.75 %	3	ST
SOOLANTRA TOPICAL CREAM 1 %	3	ST; QL
sss 10-5 topical cream 10-5 % (w/w)	1	
sss 10-5 topical foam 10-5 %	1	
sulfacetamide sodium-sulfur topical cleanser 10-2 %, 9-4.5 %, 9.8-4.8 %	1	ST
sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w), 9-4 %	1	

Drug Name	Drug Tier	Requirements / Limits
sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w), 9.8-4.8 %	1	
sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %	1	
sulfacetamide sodium-sulfur topical suspension 10-5 %	1	ST
sulfacetamide-sulfur 9-4% wash	1	ST
SUMADAN TOPICAL CLEANSER 9-4.5 %	3	ST
SUMAXIN TOPICAL CLEANSER 9-4 %	3	ST
tazarotene topical cream 0.05 %, 0.1 %	1	PA
tazarotene topical gel 0.05 %, 0.1 %	1	PA
TAZORAC TOPICAL CREAM 0.05 %, 0.1 %	3	PA
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	3	PA
tretinoin microspheres topical gel 0.04 %, 0.1 %	1	PA
tretinoin microspheres topical gel with pump 0.04 %, 0.08 %, 0.1 %	1	PA
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	1	PA
tretinoin topical gel 0.01 %, 0.025 %, 0.05 %	1	PA
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
ZIANA TOPICAL GEL 1.2-0.025 %	3	PA
TOPICAL ANESTHETICS		
bupivacaine (pf) injection solution 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml), 0.75 % (7.5 mg/ml)	1	
bupivacaine hcl injection solution 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml)	1	
bupivacaine-epinephrine (pf) injection solution 0.25 %-1:200,000, 0.5 %-1:200,000	1	
chloroprocaine (pf) injection solution 20 mg/ml (2 %)	1	
CITANEST PLAIN DENTAL INJECTION CARTRIDGE 4 % (40 MG/ML)	3	
COCAINE NASAL SOLUTION 4 %	3	
dermacinrx lidocan topical adhesive patch,medicated 5 %	1	PA

Drug Name	Drug Tier	Requirements / Limits
EXPAREL (PF) LOCAL INFILTRATION SUSPENSION 1.3 % (13.3 MG/ML)	3	
GOPRELTO NASAL SOLUTION 4 %	3	
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 %)	1	
lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)	1	
lidocaine hcl laryngotracheal solution 4 %	1	
lidocaine hcl mucous membrane solution 2 %, 4 % (40 mg/ml)	1	
lidocaine hcl-hydrocortison ac topical cream 3-0.5 %	1	
lidocaine topical adhesive patch,medicated 5 %	1	PA
lidocaine topical ointment 5 %	1	QL
lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000, 2 %-1:200,000	1	
lidocaine-epinephrine injection solution 0.5 %-1:200,000, 1 %-1:100,000, 2 %-1:100,000	1	
lidocaine-prilocaine topical cream 2.5-2.5 %	1	QL
lidocaine-prilocaine topical kit 2.5-2.5 %	1	
lidocan iii topical adhesive patch,medicated 5 %	1	PA
lidocan iv topical adhesive patch,medicated 5 %	1	PA
lidocan v topical adhesive patch,medicated 5 %	1	PA
lidocort topical cream 3-0.5 %	1	
MARCAINE-EPINEPHRINE INJECTION CARTRIDGE 0.5 %-1:200,000	3	
NUMBRINO NASAL SOLUTION 4 %	3	
polocaine-mpf injection solution 10 mg/ml (1 %), 20 mg/ml (2 %)	1	
ropivacaine (pf) injection solution 10 mg/ml (1 %), 2 mg/ml (0.2 %), 5 mg/ml (0.5 %), 7.5 mg/ml (0.75 %)	1	

Drug Name	Drug Tier	Requirements / Limits
XARACOLL IMPLANT IMPLANT 100 MG	3	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 1 %-1:200,000	3	
TOPICAL ANTIBACTERIALS		
gentamicin topical cream 0.1 %	1	QL
gentamicin topical ointment 0.1 %	1	QL
lugols topical solution 5-10 %	1	
mupirocin calcium topical cream 2 %	1	ST; QL
mupirocin topical ointment 2 %	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	
strong iodine topical solution 5-10 %	1	
sulfacetamide sodium (acne) topical suspension 10 %	1	
SULFAMYLON TOPICAL CREAM 85 MG/G	2	
TOPICAL ANTIFUNGALS		
CICLODAN KIT TOPICAL COMBO PACK 0.77 %	3	
ciclodan topical cream 0.77 %	1	QL
ciclodan topical solution 8 %	1	
ciclopirox topical cream 0.77 %	1	QL
ciclopirox topical gel 0.77 %	1	QL
ciclopirox topical shampoo 1 %	1	QL
ciclopirox topical solution 8 %	1	
ciclopirox topical suspension 0.77 %	1	QL
clotrimazole-betamethasone topical cream 1-0.05 %	1	QL
clotrimazole-betamethasone topical lotion 1-0.05 %	1	QL
econazole nitrate topical cream 1 %	1	QL
EXELDERM TOPICAL CREAM 1 %	3	QL
EXELDERM TOPICAL SOLUTION 1 %	3	QL
ketoconazole topical cream 2 %	1	QL
ketoconazole topical foam 2 %	1	QL
ketoconazole topical shampoo 2 %	1	QL

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Drug Name	Drug Tier	Requirements / Limits
ketodan kit topical combo pack 2 %	1	
ketodan topical foam 2 %	1	QL
klayesta topical powder 100,000 unit/gram	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
nyamyc topical powder 100,000 unit/gram	1	QL
nystatin topical cream 100,000 unit/gram	1	QL
nystatin topical ointment 100,000 unit/gram	1	QL
nystatin topical powder 100,000 unit/gram	1	QL
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%	1	QL
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%	1	QL
nystop topical powder 100,000 unit/gram	1	QL
tavaborole topical solution with applicator 5 %	1	ST
TOPICAL ANTIVIRALS		
acyclovir topical ointment 5 %	1	QL
TOPICAL CORTICOSTEROIDS		
ALA-SCALP TOPICAL LOTION 2 %	3	ST
alclometasone topical cream 0.05 %	1	
alclometasone topical ointment 0.05 %	1	
amcinonide topical cream 0.1 %	1	ST
amcinonide topical ointment 0.1 %	1	ST
beser topical lotion 0.05 %	1	ST
betamethasone dipropionate topical cream 0.05 %	1	
betamethasone dipropionate topical lotion 0.05 %	1	
betamethasone dipropionate topical ointment 0.05 %	1	

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Drug Name	Drug Tier	Requirements / Limits
betamethasone valerate topical cream 0.1 %	1	
betamethasone valerate topical lotion 0.1 %	1	
betamethasone valerate topical ointment 0.1 %	1	
betamethasone, augmented topical cream 0.05 %	1	
betamethasone, augmented topical gel 0.05 %	1	
betamethasone, augmented topical lotion 0.05 %	1	
betamethasone, augmented topical ointment 0.05 %	1	
CAPEX TOPICAL SHAMPOO 0.01 %	3	ST
clobetasol scalp solution 0.05 %	1	QL
clobetasol topical cream 0.05 %	1	QL
clobetasol topical foam 0.05 %	1	ST; QL
clobetasol topical gel 0.05 %	1	QL
clobetasol topical ointment 0.05 %	1	QL
clobetasol topical shampoo 0.05 %	1	ST; QL
clobetasol topical spray,non-aerosol 0.05 %	1	ST; QL
clobetasol-emollient topical cream 0.05 %	1	QL
clobetasol-emollient topical foam 0.05 %	1	ST; QL
CLOBEX TOPICAL SHAMPOO 0.05 %	3	ST; QL
CLOBEX TOPICAL SPRAY,NON-AEROSOL 0.05 %	3	ST; QL
CLODAN KIT TOPICAL KIT,SHAMPOO AND CLEANSER 0.05 %	3	ST; QL
clodan topical shampoo 0.05 %	1	ST; QL
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2	3	ST
DERMA-SMOOTHE/FS BODY OIL TOPICAL OIL 0.01 %	3	ST
DERMA-SMOOTHE/FS SCALP OIL SCALP OIL 0.01 %	3	ST
desonide topical cream 0.05 %	1	
desonide topical gel 0.05 %	1	ST
desonide topical ointment 0.05 %	1	
desoximetasone topical gel 0.05 %	1	ST

Drug Name	Drug Tier	Requirements / Limits
desoximetasone topical ointment 0.05 %, 0.25 %	1	ST
desoximetasone topical spray,non-aerosol 0.25 %	1	ST
DIPROLENE (AUGMENTED) TOPICAL OINTMENT 0.05 %	3	ST
fluocinolone and shower cap scalp oil 0.01 %	1	
fluocinolone topical oil 0.01 %	1	
fluocinolone topical ointment 0.025 %	1	
fluocinolone topical solution 0.01 %	1	
fluocinonide topical gel 0.05 %	1	QL
fluocinonide topical ointment 0.05 %	1	QL
fluocinonide topical solution 0.05 %	1	QL
fluocinonide-e topical cream 0.05 %	1	QL
fluticasone propionate topical cream 0.05 %	1	
fluticasone propionate topical lotion 0.05 %	1	ST
fluticasone propionate topical ointment 0.005 %	1	
halobetasol propionate topical cream 0.05 %	1	
halobetasol propionate topical foam 0.05 %	1	ST
halobetasol propionate topical ointment 0.05 %	1	
hydrocortisone butyrate topical cream 0.1 %	1	QL
hydrocortisone butyrate topical lotion 0.1 %	1	ST; QL
hydrocortisone butyrate topical ointment 0.1 %	1	ST; QL
hydrocortisone butyrate topical solution 0.1 %	1	ST; QL
hydrocortisone topical cream 2.5 %	1	
hydrocortisone topical lotion 2 %, 2.5 %	1	
hydrocortisone topical ointment 2.5 %	1	
hydrocortisone valerate topical cream 0.2 %	1	
hydrocortisone valerate topical ointment 0.2 %	1	
KENALOG TOPICAL AEROSOL 0.147 MG/GRAM	3	ST; QL
lexette topical foam 0.05 %	1	ST
mometasone topical cream 0.1 %	1	

Drug Name	Drug Tier	Requirements / Limits
mometasone topical ointment 0.1 %	1	
mometasone topical solution 0.1 %	1	
NUCORT TOPICAL LOTION 2 %	3	ST
PANDEL TOPICAL CREAM 0.1 %	3	ST
prednicarbate topical cream 0.1 %	1	
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %	3	ST
scalacort topical lotion 2 %	1	
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
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
tovet emollient topical foam 0.05 %	1	ST; QL
triamcinolone acetonide topical aerosol 0.147 mg/gram	1	ST; QL
triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	1	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide topical ointment 0.05 %	1	ST
triderm topical cream 0.5 %	1	ST
TOPICAL ENZYMES		
NEXOBRID TOPICAL GEL 8.8 %	3	

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Drug Name	Drug Tier	Requirements / Limits
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	2	QL
TOPICAL SCABICIDES / PEDICULICIDES		
EURAX TOPICAL CREAM 10 %	3	
EURAX TOPICAL LOTION 10 %	3	
malathion topical lotion 0.5 %	1	
OVIDE TOPICAL LOTION 0.5 %	3	
permethrin topical cream 5 %	1	
spinosad topical suspension 0.9 %	1	
ULESFIA TOPICAL LOTION 5 %	3	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
ANOREXIANTS		
ALLI ORAL CAPSULE 60 MG	2	OTC
benzphetamine oral tablet 50 mg	1	PA; QL
CONTRAVE ORAL TABLET EXTENDED RELEASE 8-90 MG	3	PA; QL
diethylpropion oral tablet 25 mg	1	PA; QL
diethylpropion oral tablet extended release 75 mg	1	PA; QL
FOUNDAYO ORAL TABLET 0.8 MG, 14.5 MG, 17.2 MG, 2.5 MG, 5.5 MG, 9 MG	2	PA; QL
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML	4	PA; LA; QL
liraglutide (weight loss) subcutaneous pen injector 3 mg/0.5 ml (18 mg/3 ml)	1	PA; QL
LOMAIRA ORAL TABLET 8 MG	3	PA; QL
ORLISTAT ORAL CAPSULE 120 MG	3	PA; QL
phendimetrazine tartrate oral capsule, extended release 105 mg	1	PA; QL
phendimetrazine tartrate oral tablet 35 mg	1	PA; QL
phentermine oral capsule 15 mg, 30 mg, 37.5 mg	1	PA; QL
phentermine oral tablet 37.5 mg	1	PA; QL
phentermine-topiramate oral capsule, er multiphase 24 hr 11.25-69 mg, 15-92 mg, 3.75-23 mg, 7.5-46 mg	1	PA; QL

Drug Name	Drug Tier	Requirements / Limits
QSYMIA ORAL CAPSULE, ER MULTIPHASE 24 HR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG	3	PA; QL
WEGOVY HD SUBCUTANEOUS PEN INJECTOR 7.2 MG/0.75 ML	2	PA; QL
WEGOVY ORAL TABLET 1.5 MG, 25 MG, 4 MG, 9 MG	2	PA; QL
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML, 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	2	PA; QL
XENICAL ORAL CAPSULE 120 MG	3	PA; QL
ZEPBOUND 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
ANTIDOTES		
methylene blue (antidote) intravenous solution 5 mg/ml	1	
PROVAYBLUE INTRAVENOUS SOLUTION 5 MG/ML	3	
IRRIGATING SOLUTIONS		
lactated ringers irrigation solution	1	
neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml	1	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L	3	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L	3	
ringer's irrigation solution	1	
SORBITOL IRRIGATION SOLUTION 3 %	3	
SORBITOL-MANNITOL TRANSURETHRAL SOLUTION 2.7-0.54 GRAM/100 ML	3	
MISCELLANEOUS AGENTS		
acamprosate oral tablet,delayed release (dr/ec) 333 mg	1	
acetic acid irrigation solution 0.25 %	1	
AGRYLIN ORAL CAPSULE 0.5 MG	3	
AMMONUL INTRAVENOUS SOLUTION 10-10 %	3	

Drug Name	Drug Tier	Requirements / Limits
AMPHADASE INJECTION SOLUTION 150 UNIT/ML	3	
anagrelide oral capsule 0.5 mg, 1 mg	1	
bupivacaine-dextrose-water(pf) injection solution 0.75 % (7.5 mg/ml)	1	
caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)	1	
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	4	LA
carglumic acid oral tablet, dispersible 200 mg	4	LA
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML	3	
CARNITOR INTRAVENOUS SOLUTION 200 MG/ML	3	
CARNITOR ORAL SOLUTION 100 MG/ML	3	
CARNITOR ORAL TABLET 330 MG	3	
cevimeline oral capsule 30 mg	1	
CHEMET ORAL CAPSULE 100 MG	2	
DEFENCATH INTRA-CATHETER SOLUTION 13.5 MG- 1,000 UNIT/ML	3	
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	4	PA; LA
deferasirox oral tablet 180 mg, 360 mg, 90 mg	4	PA; LA
deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg	4	PA; LA
deferiprone oral tablet 1,000 mg, 500 mg	4	PA; LA
disulfiram oral tablet 250 mg, 500 mg	1	
droxidopa oral capsule 100 mg, 200 mg, 300 mg	4	PA; LA
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	4	PA; LA
EPYSQLI INTRAVENOUS SOLUTION 300 MG/30 ML	4	PA; LA
EVOXAC ORAL CAPSULE 30 MG	3	
FABHALTA ORAL CAPSULE 200 MG	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
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	4	PA; LA
FERRLECIT INTRAVENOUS SOLUTION 62.5 MG/5 ML	3	
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	4	PA; LA
glutamine (sickle cell) oral powder in packet 5 gram	4	PA; LA
glycerol phenylbutyrate oral liquid 1.1 gram/ml	4	PA; LA
HYLENEX INJECTION SOLUTION 150 UNIT/ML	3	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	4	PA; LA
JOENJA ORAL TABLET 70 MG	4	PA; LA; QL
KORSUVA INTRAVENOUS SOLUTION 50 MCG/ML	4	LA
levocarnitine (with sugar) oral solution 100 mg/ml	1	
levocarnitine intravenous solution 200 mg/ml	1	
levocarnitine oral solution 100 mg/ml	1	
levocarnitine oral tablet 330 mg	1	
LITFULO ORAL CAPSULE 50 MG	4	PA; LA; QL
LITHOSTAT ORAL TABLET 250 MG	3	
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	1	
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	4	PA; LA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	4	PA; LA
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM	4	PA; LA
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	4	PA; LA
ORFADIN ORAL SUSPENSION 4 MG/ML	4	PA; LA
PHEBURANE ORAL GRANULES 483 MG/GRAM	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
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	
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
RHAPSIDO ORAL TABLET 25 MG	2	PA
riluzole oral tablet 50 mg	1	
risedronate oral tablet 30 mg	1	ST; QL
sodium benzoate-sod phenylacet intravenous solution 10-10 %	1	
sodium chlor 0.9% bacteriostat injection solution 0.9 %	1	
sodium chloride 0.9 % injection solution	1	
sodium chloride 0.9 % intravenous parenteral solution	1	
sodium chloride 0.9 % intravenous piggyback	1	
sodium chloride injection syringe 0.9 %	1	
sodium chloride irrigation solution 0.9 %	1	
sodium ferric gluconat-sucrose intravenous solution 62.5 mg/5 ml	1	
sodium phenylbutyrate oral powder 0.94 gram/gram	1	PA
sodium phenylbutyrate oral tablet 500 mg	1	PA
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG	4	PA; LA; QL
TAVNEOS ORAL CAPSULE 10 MG	4	PA; LA; QL
TEGLUTIK ORAL SUSPENSION 50 MG/10 ML	4	PA; LA
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	4	PA; LA
tiopronin oral tablet 100 mg	4	PA; LA
tiopronin oral tablet,delayed release (dr/ec) 100 mg, 300 mg	4	PA; LA
trientine oral capsule 250 mg	1	PA

Drug Name	Drug Tier	Requirements / Limits
venxxiva oral tablet,delayed release (dr/ec) 100 mg, 300 mg	4	PA; LA
VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1)	4	PA; LA
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 25 MG, 75 MG	4	PA; LA
water for irrigation, sterile irrigation solution	1	
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	4	PA; LA
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	4	PA; LA; QL
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	4	LA
ZYNRELEF SURGICAL SITE INSTILLATION SOLUTION,EXTENDED RELEASE 200 MG-6 MG /7 ML, 400 MG-12 MG /14 ML	3	
SMOKING DETERRENTS		
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	5	ACA
CHANTIX ORAL TABLET 0.5 MG, 1 MG	5	ACA
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)-1 MG (42)	5	ACA
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24 HR, 21 MG/24 HR, 7 MG/24 HR	2	OTC; QL
NICORETTE BUCCAL GUM 2 MG	2	OTC; QL
nicorette buccal gum 4 mg	5	ACA; OTC; QL
NICORETTE BUCCAL LOZENGE 2 MG, 4 MG	2	OTC; QL
NICORETTE BUCCAL MINI LOZENGE 2 MG, 4 MG	2	OTC; QL
nicotine (polacrilex) buccal gum 2 mg, 4 mg	5	ACA; OTC; QL
nicotine (polacrilex) buccal lozenge 2 mg, 4 mg	5	ACA; OTC; QL
nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg	5	ACA; OTC; QL

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Drug Name	Drug Tier	Requirements / Limits
nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr	5	ACA; OTC; QL
nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr	5	ACA; OTC; QL
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	5	ACA
quit 2 buccal gum 2 mg	5	ACA; OTC; QL
quit 2 buccal lozenge 2 mg	5	ACA; OTC; QL
quit 4 buccal gum 4 mg	5	ACA; OTC; QL
quit 4 buccal lozenge 4 mg	5	ACA; OTC; QL
stop smoking aid buccal lozenge 2 mg, 4 mg	5	ACA; OTC; QL
varenicline tartrate oral tablet 0.5 mg, 1 mg	5	ACA
varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)	5	ACA
EAR, NOSE & THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)	1	QL
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	1	
CLINPRO 5000 DENTAL PASTE 1.1 %	3	
denta 5000 plus dental cream 1.1 %	1	
denta 5000 plus sensitive dental paste 1.1-5 %	1	
dentagel dental gel 1.1 %	1	
fluoride (sodium) dental cream 1.1 %	1	
fluoride (sodium) dental gel 1.1 %	1	
fluoride (sodium) dental paste 1.1 %	1	
fluoride (sodium) dental solution 0.2 %	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	

Drug Name	Drug Tier	Requirements / Limits
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)	1	QL
JUST RIGHT 5000 DENTAL PASTE 1.1 %	3	
kourzeq dental paste 0.1 %	1	
olopatadine nasal spray,non-aerosol 0.6 %	1	QL
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	3	
paroex oral rinse mucous membrane mouthwash 0.12 %	1	
PERIDEX MUCOUS MEMBRANE MOUTHWASH 0.12 %	3	
periogard mucous membrane mouthwash 0.12 %	1	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	1	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %	3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 %	3	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 %	3	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 %	3	
PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 %	3	
PREVIDENT DENTAL GEL 1.1 %	3	
PREVIDENT DENTAL SOLUTION 0.2 %	3	
PREVIDENT KIDS DENTAL PASTE 1.1 %	3	
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG, 7.5 MG	3	
sf 5000 plus dental cream 1.1 %	1	
sf dental gel 1.1 %	1	
sodium fluoride 5000 plus dental cream 1.1 %	1	
sodium fluoride-pot nitrate dental paste 1.1-5 %	1	
triamcinolone acetonide dental paste 0.1 %	1	
MISCELLANEOUS OTIC PREPARATIONS		
acetic acid otic (ear) solution 2 %	1	

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Drug Name	Drug Tier	Requirements / Limits
ciprofloxacin hcl otic (ear) dropperette 0.2 %	1	
DERMOTIC OIL OTIC (EAR) DROPS 0.01 %	3	
flac otic oil otic (ear) drops 0.01 %	1	
fluocinolone acetonide oil otic (ear) drops 0.01 %	1	
hydrocortisone-acetic acid otic (ear) drops 1-2 %	1	
ofloxacin otic (ear) drops 0.3 %	1	
OTIC STEROID / ANTIBIOTIC		
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %	1	
ciprofloxacin-hydrocortisone otic (ear) drops,suspension 0.2-1 %	1	ST
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML	3	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%	1	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	1	
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	3	ST
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR INJECTION GEL 80 UNIT/ML	4	PA; LA
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML	4	PA; LA
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG	3	
cortisone oral tablet 25 mg	1	
deflazacort oral suspension 22.75 mg/ml	4	PA; LA
deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg	4	PA; LA
dexabliss oral tablets,dose pack 1.5 mg (39 tabs)	1	PA
dexamethasone intensol oral drops 1 mg/ml	1	
dexamethasone oral elixir 0.5 mg/5 ml	1	

Drug Name	Drug Tier	Requirements / Limits
dexamethasone oral solution 0.5 mg/5 ml	1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1	
dexamethasone oral tablets,dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs)	1	PA
dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml	1	
fludrocortisone oral tablet 0.1 mg	1	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	1	
hydrocortisone sod succinate injection recon soln 100 mg	1	
jaythari oral suspension 22.75 mg/ml	4	PA; LA
jaythari oral tablet 18 mg, 30 mg, 36 mg, 6 mg	4	PA; LA
KENALOG INJECTION SUSPENSION 10 MG/ML, 40 MG/ML	3	
KENALOG-80 INJECTION SUSPENSION 80 MG/ML	3	
kymbee oral suspension 22.75 mg/ml	4	PA; LA
kymbee oral tablet 18 mg, 30 mg, 36 mg, 6 mg	4	PA; LA
MEDROL (PAK) ORAL TABLETS,DOSE PACK 4 MG	3	
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG	3	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	
methylprednisolone oral tablets,dose pack 4 mg	1	
millipred dp oral tablets,dose pack 5 mg (21 tabs), 5 mg (48 tabs)	1	
millipred oral tablet 5 mg	1	
ORAPRED ODT ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 30 MG	3	
prednisolone oral solution 15 mg/5 ml	1	
prednisolone oral tablet 5 mg	1	
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)	1	

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Drug Name	Drug Tier	Requirements / Limits
prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg	1	
prednisone intensol oral concentrate 5 mg/ml	1	
prednisone oral solution 5 mg/5 ml	1	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1	
prednisone oral tablets,dose pack 10 mg, 5 mg	1	
pyquvi oral suspension 22.75 mg/ml	4	PA; LA
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML	2	
SOLU-CORTEF INJECTION RECON SOLN 100 MG	2	
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
triamcinolone acetonide injection suspension 10 mg/ml, 40 mg/ml	1	
ZCORT ORAL TABLETS,DOSE PACK 1.5 MG (25 TABS)	3	PA
ANTITHYROID AGENTS		
methimazole oral tablet 10 mg, 5 mg	1	
potassium iodide oral solution 1 gram/ml	1	
propylthiouracil oral tablet 50 mg	1	
SSKI ORAL SOLUTION 1 GRAM/ML	3	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
ACCU-CHEK AVIVA CONTROL SOLN SOLUTION	3	OTC
ACCU-CHEK GUIDE L1-L2 CTRL SOL SOLUTION	3	OTC
ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION	3	OTC
ACCUTREND GLUCOSE CONTROL SOLUTION	3	OTC
ADVOCATE REDI-CODE PLUS CTRL L SOLUTION	3	OTC

Drug Name	Drug Tier	Requirements / Limits
AGAMATRIX CONTROL SOLN-HIGH SOLUTION	3	OTC
AGAMATRIX CONTROL SOLN-NORMAL SOLUTION	3	OTC
ASSURE 4 CONTROL SOLUTION COMBO PACK	3	OTC
ASSURE CONTROL SOLUTION L2-L3 SOLUTION	3	OTC
ASSURE DOSE NORMAL CONTROL SOLUTION	3	OTC
ASSURE PRISM CONTROL 1-2 SOLN SOLUTION	3	OTC
AT HOME A1C DEVICE	3	OTC
BLOOD GLUCOSE CONTROL, NORMAL SOLUTION	3	OTC
BREEZE 2 CONTROL SOLUTION,HIGH SOLUTION	3	OTC
CARESENS CONTROL A AND B SOLUTION	3	OTC
CARESENS S CONTROL A AND B SOLUTION	3	OTC
CARETOUCH CONTROL SOLN L2-L3 SOLUTION	3	OTC
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION	3	OTC
CONTOUR CONTROL SOLUTION, NML SOLUTION	3	OTC
CONTOUR NEXT LEV 2 CONTROL SOL SOLUTION	3	OTC
CONTOUR PLUS LEVEL 2 CTRL SOLN SOLUTION	3	OTC
DEXCOM G6 RECEIVER	2	PA; QL
DEXCOM G6 SENSOR DEVICE	2	PA; QL
DEXCOM G6 TRANSMITTER DEVICE	2	PA; QL
DEXCOM G7 15 DAY SENSOR DEVICE	2	PA; QL
DEXCOM G7 RECEIVER	2	PA; QL
DEXCOM G7 SENSOR DEVICE	2	PA; QL
DIATRUE CONTROL SOLN NORMAL SOLUTION	3	OTC
EASY PLUS II HIGH CONTROL SOLUTION	3	OTC
EASY STEP HIGH CONTROL SOLN SOLUTION	3	OTC

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Drug Name	Drug Tier	Requirements / Limits
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 TRAK II CTRL SOLN-NORMAL SOLUTION	3	OTC
EASY TRAK LOW CONTROL SOLUTION	3	OTC
EASYMAX 15 LEVEL 2 SOLUTION	3	OTC
EASYMAX NORMAL CONTROL SOLUTION	3	OTC
ELEMENT COMPACT NORMAL CONTROL SOLUTION	3	OTC
ELEMENT NORMAL CONTROL SOLUTION	3	OTC
EMBRACE EVO LEVEL 1 SOLUTION	3	OTC
EMBRACE GLUCOSE CONTROL LOW SOLUTION	3	OTC
EMBRACE TALK CONTROL-LOW (L1) SOLUTION	3	OTC
EMBRACE WAVE CONTROL-HIGH (L2) SOLUTION	3	OTC
EVOLUTION NORMAL CONTROL SOLUTION	3	OTC
FONDCIRCLE CONTROL SOLUTION SOLUTION	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 TN'G ADV MOBILE MULTI MTR DEVICE	3	OTC
FORA TN'G ADVANCE MULTI-FN MTR DEVICE	3	OTC
FORA TN'G ADVANCE PRO MONITOR DEVICE	3	OTC
FORACARE GDH LOW CONTROL SOLUTION	3	OTC
FREESTYLE CONTROL SOLUTION	2	OTC

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Drug Name	Drug Tier	Requirements / Limits
FREESTYLE FREEDOM KIT	2	OTC
FREESTYLE FREEDOM LITE KIT	2	OTC
FREESTYLE INSULINX	2	OTC
FREESTYLE INSULINX STRIP	2	OTC; QL
FREESTYLE INSULINX TEST STRIPS STRIP	2	OTC; QL
FREESTYLE LIBRE 14 DAY READER	2	PA; QL
FREESTYLE LIBRE 14 DAY SENSOR KIT	2	PA; QL
FREESTYLE LIBRE 2 PLUS SENSOR DEVICE	2	PA; QL
FREESTYLE LIBRE 2 READER	2	PA; QL
FREESTYLE LIBRE 2 SENSOR KIT	2	PA; QL
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE	2	PA; QL
FREESTYLE LIBRE 3 READER	2	PA; QL
FREESTYLE LIBRE 3 SENSOR DEVICE	2	PA; QL
FREESTYLE LITE METER KIT	2	OTC
FREESTYLE LITE STRIPS STRIP	2	OTC; QL
FREESTYLE PRECISION NEO STRIPS STRIP	2	OTC; QL
FREESTYLE TEST STRIP	2	OTC; QL
GE100 CONTROL SOLUTION NORMAL SOLUTION	3	OTC
GLUCOCARD 01 NORMAL CONTROL SOLUTION	3	OTC
GLUCOCOM CONTROL NORMAL SOLUTION	3	OTC
GLUCOSE CONTROL SOLUTION	3	OTC
GLUCOSE KETONE CONTROL SOLN SOLUTION	2	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

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Drug Name	Drug Tier	Requirements / Limits
GUARDIAN SENSOR 3 DEVICE	3	PA; QL
HEALTHPRO HIGH-LOW CONTROL SOLUTION	3	OTC
IHEALTH CONTROL SOLN LEVEL 2 SOLUTION	3	OTC
INFINITY CONTROL SOLUTION NORM SOLUTION	3	OTC
MINIMED INSTINCT SENSOR DEVICE	3	PA
MYGLUCOHEALTH CONTROL SOLUTION 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
ON CALL EXPRESS CONTROL SOLUTION	3	OTC
ONETOUCH ULTRA CONTROL SOLUTION	3	OTC
ONETOUCH VERIO MID CONTROL SOLUTION	3	OTC
PIP GLUCOSE CONTROL SOLN L1-L2 SOLUTION	3	OTC
PRECISION XTRA KETONE-GLUCOSE KIT	2	OTC
PRECISION XTRA MONITOR	2	OTC
PRECISION XTRA TEST STRIP	2	OTC; QL
PRODIGY CONTROL SOLUTION, LOW SOLUTION	3	OTC
PRODIGY CONTROL SOLUTION,HIGH SOLUTION	3	OTC
REFUAH PLUS GLUCOSE CONTROL SOLUTION	3	OTC
RIGHTEST CONTROL SOLUTION HIGH SOLUTION	3	OTC
SIMPLERA SENSOR DEVICE	3	PA; QL
SIMPLERA SYNC SENSOR DEVICE	3	PA; QL
SMARTEST CONTROL SOLUTION	3	OTC
SOLUS V2 CONTROL SOLUTION,HIGH SOLUTION	3	OTC
TELCARE CONTROL SOLUTION	3	OTC

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Drug Name	Drug Tier	Requirements / Limits
TRUE METRIX AIR GLUCOSE METER	2	OTC
TRUE METRIX GLUCOSE METER	2	OTC
TRUE METRIX GO GLUCOSE METER	2	OTC
TRUE METRIX LEVEL 1 SOLUTION	2	OTC
TRUE METRIX PRO TEST STRIP STRIP	2	OTC; QL
TRUENESS BLOOD GLUCOSE MONITOR	2	OTC
TRUENESS GLUCOSE TEST STRIP STRIP	2	OTC; QL
UNISTRIP LOW CONTROL SOLUTION	3	OTC
VIVAGUARD INO CTRL SOLN-L1,2,3 SOLUTION	3	OTC
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE X 1/2"	2	
OMNIPOD 5 (LIBRE 2/3 PLUS) SUBCUTANEOUS CARTRIDGE	2	QL
OMNIPOD 5 INTRO (LIBRE2/3PLUS) SUBCUTANEOUS CARTRIDGE	2	QL
GLUCOSE ELEVATING AGENTS		
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION	2	QL
diazoxide oral suspension 50 mg/ml	1	
glucagon emergency kit (human) injection recon soln 1 mg	1	QL
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	QL
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	2	QL
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	2	QL
PROGLYCEM ORAL SUSPENSION 50 MG/ML	3	
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		

Drug Name	Drug Tier	Requirements / Limits
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN	2	OTC
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN	2	OTC
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 NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	2	OTC
CEQUR SIMPLICITY DEVICE 2 UNIT (200 UNIT)	2	QL
GENTEEL VACUUM LANCING DEVICE COMBO PACK	3	OTC
ILET INFUSION KIT-FLEX 23" COMBO PACK	2	
ILET INFUSION KIT-INSET 23" COMBO PACK	2	
ILET INFUSION-CONTACT DTCH 23" COMBO PACK	2	
ILET STARTER KIT-INSET KIT	2	
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN	3	PA
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN	3	PA
LANCETS 33 GAUGE	2	OTC; QL
LANCING DEVICE	2	OTC
MEDTRONIC EXT INFUSION SET 23" INFUSION SET	2	
MINIMED MIO ADVANCE INF SET23" INFUSION SET	2	
MINIMED QUICK SET 43" INFUSION SET	2	
MINIMED SILHOUETTE 23" INFUSION SET	2	
MINIMED SURE T 32" INFUSION SET	2	
MODD1 PATIENT WELCOME KIT KIT	3	
MODD1 SUPPLY KIT COMBO PACK	3	
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN	3	
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	2	QL

Drug Name	Drug Tier	Requirements / Limits
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	2	QL
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	2	QL
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	2	QL
PIVOT INSULIN PUMP STARTER KIT KIT	2	QL
PIVOT SUPPLY KIT COMBO PACK	2	QL
TANDEM MOBI AUTOSOFT 30 KT 23" COMBO PACK	2	
TANDEM MOBI AUTOSOFT XC KIT 5" COMBO PACK	2	
TANDEM MOBI TRUSTEEL KIT 23" COMBO PACK	2	
TANDEM T:SLIM ASFT 30 PK10 23" COMBO PACK	2	
TANDEM T:SLIM ASFT XC PK10 23" COMBO PACK	2	
TANDEM T:SLIM TRUSTL PK10 23" COMBO PACK	2	
TWIIST REFILL KT(CSST-NDL-SYR) KIT	2	QL
TWIIST RFL(INFUS-CSST-NDL-SYR) KIT	2	QL
TWIIST STARTER KIT KIT	2	QL
V-GO 20 DEVICE	2	PA; QL
V-GO 30 DEVICE	2	PA; QL
V-GO 40 DEVICE	2	PA; QL
INSULIN THERAPY		
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	2	
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)	2	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	2	
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	2	
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	2	

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Drug Name	Drug Tier	Requirements / Limits
HUMALOG TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	
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 INSULN INJECTION SOLUTION 100 UNIT/ML	2	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	2	
INSULIN GLARGINE U-300 CONC SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML), 300 UNIT/ML (3 ML)	2	
INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	2	
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	2	
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	2	
INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	

Drug Name	Drug Tier	Requirements / Limits
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
MERILOG SOLOSTAR SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
MERILOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
MYXREDLIN INTRAVENOUS SOLUTION 100 UNIT/100 ML (1 UNIT/ML)	3	
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
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	
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
MISCELLANEOUS HORMONES		
cabergoline oral tablet 0.5 mg	1	QL
calcitonin (salmon) injection solution 200 unit/ml	1	
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	1	
calcitriol intravenous solution 1 mcg/ml	1	

Drug Name	Drug Tier	Requirements / Limits
calcitriol oral capsule 0.25 mcg, 0.5 mcg	1	
calcitriol oral solution 1 mcg/ml	1	
CERDELGA ORAL CAPSULE 84 MG	4	PA; LA; QL
cetrorelix subcutaneous kit 0.25 mg	4	
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	4	LA
CHORIONIC GONADOTROPIN, HUMAN INJECTION RECON SOLN 6,000 UNIT	3	
cinacalcet oral tablet 30 mg, 60 mg, 90 mg	1	
clomid oral tablet 50 mg	1	
clomiphene citrate oral tablet 50 mg	1	
CRENESSITY ORAL CAPSULE 100 MG, 25 MG, 50 MG	4	PA; LA
CRENESSITY ORAL SOLUTION 50 MG/ML	4	PA; LA
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	4	PA; LA; QL
danazol oral capsule 100 mg, 200 mg, 50 mg	1	
DDAVP ORAL TABLET 0.1 MG, 0.2 MG	3	
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML, 200 MG/ML	3	PA
desmopressin injection solution 4 mcg/ml	4	LA
DESMOPRESSIN NASAL SPRAY,NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	2	
desmopressin oral tablet 0.1 mg, 0.2 mg	1	
doxercalciferol intravenous solution 4 mcg/2 ml	1	
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	1	
fyremadel subcutaneous syringe 250 mcg/0.5 ml	4	ST; LA
ganirelix subcutaneous syringe 250 mcg/0.5 ml	4	ST; LA

Drug Name	Drug Tier	Requirements / Limits
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300 UNIT/0.48 ML, 450 UNIT/0.72 ML, 900 UNIT/1.44 ML	4	ST; LA
GONAL-F SUBCUTANEOUS RECON SOLN 450 UNIT	4	ST; LA
HECTOROL INTRAVENOUS SOLUTION 4 MCG/2 ML	3	
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG	3	PA; QL
javygtor oral powder in packet 100 mg, 500 mg	4	PA; LA
javygtor oral tablet,soluble 100 mg	4	PA; LA
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
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT	4	LA
METHITEST ORAL TABLET 10 MG	2	PA
methyltestosterone oral capsule 10 mg	1	PA
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	3	
mifepristone oral tablet 300 mg	4	PA; LA
miglustat oral capsule 100 mg	4	PA; LA; QL
milophene oral tablet 50 mg	1	
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	4	PA; LA
OPFOLDA ORAL CAPSULE 65 MG	4	PA; 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
pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)	1	

Drug Name	Drug Tier	Requirements / Limits
paricalcitol intravenous solution 2 mcg/ml, 5 mcg/ml	1	
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	1	
POMBILITI INTRAVENOUS RECON SOLN 105 MG	4	PA; LA
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT	4	LA; QL
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	3	
sapropterin oral powder in packet 100 mg, 500 mg	4	PA; LA
sapropterin oral tablet,soluble 100 mg	4	PA; LA
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	4	PA; LA
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
TESTOPEL IMPLANT PELLET 75 MG	4	PA; LA
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	1	PA
testosterone enanthate intramuscular oil 200 mg/ml	1	PA
TESTOSTERONE IMPLANT PELLET 100 MG, 200 MG, 50 MG	3	PA
testosterone transdermal gel 50 mg/5 gram (1 %)	1	PA; QL
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation, 12.5 mg/ 1.25 gram (1 %), 20.25 mg/1.25 gram (1.62 %)	1	PA; QL
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)	1	PA; QL
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)	1	PA; QL

Drug Name	Drug Tier	Requirements / Limits
tolvaptan (polycys kidney dis) oral tablet 15 mg, 30 mg	4	PA; LA; QL
tolvaptan (polycys kidney dis) oral tablets, sequential 15 mg (am)/ 15 mg (pm), 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm)	4	PA; LA; QL
tolvaptan oral tablet 15 mg, 30 mg	4	PA; LA; QL
VAPRISOL IN 5 % DEXTROSE INTRAVENOUS SOLUTION 20 MG/100 ML	3	
VASOPRESSIN IN 0.9 % SOD CHLOR INTRAVENOUS SOLUTION 20 UNIT/100 ML (0.2 UNIT/ML)	3	
VASOPRESSIN IN DEXTROSE 5 % INTRAVENOUS SOLUTION 20 UNIT/100 ML (0.2 UNIT/ML)	3	
vasopressin intravenous solution 20 unit/ml	1	
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	2	PA; QL
YORVIPATH SUBCUTANEOUS PEN INJECTOR 168 MCG/0.56 ML, 294 MCG/0.98 ML, 420 MCG/1.4 ML	4	PA; LA
zelvysia oral powder in packet 100 mg, 500 mg	4	PA; LA
ZEMPLAR INTRAVENOUS SOLUTION 2 MCG/ML, 5 MCG/ML	3	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	
NON-INSULIN HYPOGLYCEMIC AGENTS		

Drug Name	Drug Tier	Requirements / Limits
acarbose oral tablet 100 mg, 25 mg, 50 mg	1	
ACTOPLUS MET ORAL TABLET 15-850 MG	3	QL
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG	3	QL
CYCLOSET ORAL TABLET 0.8 MG	3	
dapagliflozin oral tablet 10 mg, 5 mg	1	ST; QL
dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg, 10-500 mg, 5-1,000 mg, 5-500 mg	1	ST; QL
dapagliflozin-saxagliptin oral tablet 10-5 mg	1	
DUETACT ORAL TABLET 30-2 MG, 30-4 MG	3	QL
exenatide subcutaneous pen injector 10 mcg/dose(250 mcg/ml) 2.4 ml, 5 mcg/dose (250 mcg/ml) 1.2 ml	1	PA; QL
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glipizide oral tablet 10 mg, 5 mg	1	
glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg	1	
glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	1	
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	1	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	1	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	1	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	2	ST; QL
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	3	QL
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	3	QL
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	ST; QL
liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)	1	PA; QL

Drug Name	Drug Tier	Requirements / Limits
metformin oral solution 500 mg/5 ml	1	PA
metformin oral tablet 1,000 mg, 500 mg, 850 mg	1	
metformin oral tablet extended release 24 hr 500 mg, 750 mg	1	QL
miglitol oral tablet 100 mg, 25 mg, 50 mg	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
nateglinide oral tablet 120 mg, 60 mg	1	
OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG	2	PA; QL
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA; QL
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	1	QL
pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg	1	QL
pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg	1	QL
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	1	
RIOMET ORAL SOLUTION 500 MG/5 ML	3	PA
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	PA; QL
saxagliptin oral tablet 2.5 mg, 5 mg	1	QL
saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg, 5-1,000 mg, 5-500 mg	1	QL
sitagliptin phos-metformin oral tablet 50-1,000 mg, 50-500 mg	1	QL
sitagliptin phos-metformin oral tablet, er multiphase 24 hr 100-1,000 mg, 50-1,000 mg, 50-500 mg	1	QL
sitagliptin phosphate oral tablet 100 mg, 25 mg, 50 mg	1	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
THYROID HORMONES		
adthyza oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
amerithroid oral tablet 120 mg, 15 mg, 180 mg, 240 mg, 30 mg, 300 mg, 60 mg, 90 mg	1	
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	2	
ERMEZA ORAL SOLUTION 30 MCG/ML	3	
euthyrox oral tablet 112 mcg, 125 mcg, 137 mcg, 175 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
evexithroid oral tablet 120 mg, 15 mg, 180 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	1	
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	1	
levothyroxine intravenous recon soln 100 mcg, 200 mcg, 500 mcg	1	
LEVOTHYROXINE INTRAVENOUS SOLUTION 100 MCG/ML, 20 MCG/ML, 40 MCG/ML	3	
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
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	1	
liomny oral tablet 25 mcg, 5 mcg, 50 mcg	1	

Drug Name	Drug Tier	Requirements / Limits
liothyronine intravenous solution 10 mcg/ml	1	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	1	
niva thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
renthyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
RENTHYROID ORAL TABLET 45 MG, 75 MG	3	
thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
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	1	
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
atropine in 0.9 % sod chloride intravenous syringe 0.8 mg/2 ml (0.4 mg/ml)	1	
ATROPINE IN 0.9 % SOD CHLORIDE INTRAVENOUS SYRINGE 1 MG/2.5 ML (0.4 MG/ML), 1.2 MG/3 ML (0.4 MG/ML)	3	
atropine injection solution 0.4 mg/ml	1	
atropine injection syringe 0.1 mg/ml	1	
atropine intravenous solution 0.4 mg/ml, 1 mg/ml	1	
atropine intravenous syringe 0.25 mg/5 ml (0.05 mg/ml), 0.8 mg/2 ml (0.4 mg/ml)	1	
ATROPINE INTRAVENOUS SYRINGE 0.4 MG/ML	3	
belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg	1	PA; QL
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	1	
dicyclomine intramuscular solution 10 mg/ml	1	
dicyclomine oral capsule 10 mg	1	
dicyclomine oral solution 10 mg/5 ml	1	
dicyclomine oral tablet 20 mg	1	

Drug Name	Drug Tier	Requirements / Limits
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	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	
ed-spaz oral tablet,disintegrating 0.125 mg	1	
GLYCATE ORAL TABLET 1.5 MG	3	
GLYCOPYRROLATE (PF) IN WATER INJECTION SYRINGE 0.2 MG/ML	3	
glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml), 1 mg/5 ml (0.2 mg/ml)	1	
GLYCOPYRROLATE (PF) IN WATER INTRAVENOUS SYRINGE 0.6 MG/3 ML (0.2 MG/ML)	3	
glycopyrrolate (pf) injection syringe 0.4 mg/2 ml (0.2 mg/ml), 0.6 mg/3 ml (0.2 mg/ml)	1	
glycopyrrolate injection solution 0.2 mg/ml	1	
glycopyrrolate intravenous syringe 0.6 mg/3 ml (0.2 mg/ml), 1 mg/5 ml (0.2 mg/ml)	1	
glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)	1	
glycopyrrolate oral tablet 1 mg, 1.5 mg, 2 mg	1	
GLYRX-PF INJECTION SOLUTION 0.2 MG/ML	3	
GLYRX-PF INJECTION SYRINGE 1 MG/5 ML (0.2 MG/ML)	3	
HYOSCYAMINE SULFATE INJECTION SOLUTION 0.5 MG/ML	3	
hyoscyamine sulfate oral drops 0.125 mg/ml	1	
hyoscyamine sulfate oral elixir 0.125 mg/5 ml	1	
hyoscyamine sulfate oral tablet 0.125 mg	1	
hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg	1	

Drug Name	Drug Tier	Requirements / Limits
hyoscyamine sulfate oral tablet,disintegrating 0.125 mg	1	
hyoscyamine sulfate sublingual tablet 0.125 mg	1	
hyosyne oral drops 0.125 mg/ml	1	
hyosyne oral elixir 0.125 mg/5 ml	1	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	3	
LEVSIN ORAL TABLET 0.125 MG	3	
LEVSIN/SL SUBLINGUAL TABLET 0.125 MG	3	
LOMOTIL ORAL TABLET 2.5-0.025 MG	3	
methscopolamine oral tablet 2.5 mg, 5 mg	1	
MOTOFEN ORAL TABLET 1-0.025 MG	3	
NULEV ORAL TABLET,DISINTEGRATING 0.125 MG	3	
oscimin oral tablet 0.125 mg	1	
oscimin sl sublingual tablet 0.125 mg	1	
phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 - 0.0194 mg/5 ml	1	
phenobarb-hyoscy-atropine-scop oral tablet 16.2-0.1037 - 0.0194 mg	1	
phenohytro oral elixir 16.2-0.1037 - 0.0194 mg/5 ml	1	
phenohytro oral tablet 16.2-0.1037 - 0.0194 mg	1	
ROBINUL FORTE ORAL TABLET 2 MG	3	
ROBINUL ORAL TABLET 1 MG	3	
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG)	3	
symax fastabs oral tablet,disintegrating 0.125 mg	1	
symax-sl sublingual tablet 0.125 mg	1	
symax-sr oral tablet extended release 12 hr 0.375 mg	1	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG	3	

Drug Name	Drug Tier	Requirements / Limits
AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION 235 MG-0.25 MG /20 ML	3	
alosetron oral tablet 0.5 mg, 1 mg	1	
alvimopan oral capsule 12 mg	1	
ANALPRAM-HC RECTAL CREAM 2.5-1 %	3	ST
anucort-hc rectal suppository 25 mg	1	
aprepitant oral capsule 125 mg, 40 mg, 80 mg	1	QL
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	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
balsalazide oral capsule 750 mg	1	

Drug Name	Drug Tier	Requirements / Limits
BARHEMSYS INTRAVENOUS SOLUTION 10 MG/4 ML (2.5 MG/ML), 5 MG/2 ML (2.5 MG/ML)	3	
betaine oral powder 1 gram/scoop	4	PA
bisacodyl oral tablet,delayed release (dr/ec) 5 mg	5	ACA; OTC
budesonide oral capsule,delayed,extend.release 3 mg	1	
budesonide oral tablet,delayed and ext.release 9 mg	1	
budesonide rectal foam 2 mg/actuation	1	
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG	4	PA; LA; QL
BYLVAY ORAL PELLET 200 MCG, 600 MCG	4	PA; LA; QL
CHOLBAM ORAL CAPSULE 250 MG	4	PA; LA
CHOLBAM ORAL CAPSULE 50 MG	4	PA; LA; QL
citroma oral solution	5	ACA; OTC
clearlax oral powder 17 gram/dose	5	ACA; OTC
COLAZAL ORAL CAPSULE 750 MG	3	ST
COMPAZINE ORAL TABLET 10 MG, 5 MG	3	

Drug Name	Drug Tier	Requirements / Limits
COMPAZINE RECTAL SUPPOSITORY 25 MG	3	
compro rectal suppository 25 mg	1	
constulose oral solution 10 gram/15 ml	1	
CORTENEMA RECTAL ENEMA 100 MG/60 ML	3	
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	2	
cromolyn oral concentrate 100 mg/5 ml	1	
CTEXLI ORAL TABLET 250 MG	4	PA; LA
dimenhydrinate injection solution 50 mg/ml	1	
doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg	1	QL
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	1	
droperidol injection solution 2.5 mg/ml	1	
dulcolax (magnesium hydroxide) oral suspension 400 mg/5 ml	5	ACA; OTC
ENTYVIO INTRAVENOUS RECON SOLN 300 MG	4	PA; LA
enulose oral solution 10 gram/15 ml	1	
fosaprepitant intravenous recon soln 150 mg	1	
GASTROCROM ORAL CONCENTRATE 100 MG/5 ML	3	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	4	PA; LA
gavilax oral powder 17 gram/dose	5	ACA; OTC
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	5	ACA
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	5	ACA
gavilyte-n oral recon soln 420 gram	5	ACA
generlac oral solution 10 gram/15 ml	1	
gentle laxative (bisacodyl) oral tablet,delayed release (dr/ec) 5 mg	5	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
gentle laxative (mag hydrox) oral suspension 400 mg/5 ml	5	ACA; OTC
gentlelax oral powder 17 gram/dose	5	ACA; OTC
GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	3	
granisetron (pf) intravenous solution 1 mg/ml (1 ml)	1	
granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)	1	
granisetron hcl oral tablet 1 mg	1	QL
hemmorex-hc rectal suppository 25 mg	1	
hydrocortisone acetate rectal suppository 25 mg	1	
hydrocortisone rectal enema 100 mg/60 ml	1	
hydrocortisone topical cream with perineal applicator 1 %, 2.5 %	1	
hydrocortisone-pramoxine rectal cream 1-1 %	1	
hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)	1	ST
KINEVAC INJECTION RECON SOLN 5 MCG	2	
lactulose oral solution 10 gram/15 ml	1	
laxative (bisacodyl) oral tablet,delayed release (dr/ec) 5 mg	5	ACA; OTC
laxative peg 3350 oral powder 17 gram/dose	5	ACA; OTC
lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %	1	
lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %	1	
lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %	1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	2	QL
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML	4	PA; LA
LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG	4	PA; LA
lubiprostone oral capsule 24 mcg, 8 mcg	1	QL
magnesium citrate oral solution	5	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG	3	
mesalamine oral capsule (with del rel tablets) 400 mg	1	
mesalamine oral capsule, extended release 250 mg, 500 mg	1	
mesalamine oral capsule,extended release 24hr 0.375 gram	1	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram, 800 mg	1	
mesalamine rectal enema 4 gram/60 ml	1	
mesalamine rectal suppository 1,000 mg	1	
mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml	1	
metoclopramide hcl injection solution 5 mg/ml	1	
metoclopramide hcl injection syringe 5 mg/ml	1	
metoclopramide hcl oral solution 5 mg/5 ml	1	ST
metoclopramide hcl oral tablet 10 mg, 5 mg	1	
milk of magnesia concentrated oral suspension 2,400 mg/10 ml	5	ACA; OTC
milk of magnesia oral suspension 400 mg/5 ml	5	ACA; OTC
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	2	PA; QL
nitroglycerin rectal ointment 0.4 % (w/w)	1	
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML, 200 MG/2 ML (100 MG/ML X 2), 300MG/3ML(100MG /ML-200 MG/2ML)	4	PA; LA; QL
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML, 200 MG/2 ML (100 MG/ML X 2), 300MG/3ML(100MG /ML-200 MG/2ML)	4	PA; LA; QL
ondansetron hcl (pf) injection solution 4 mg/2 ml	1	
ondansetron hcl (pf) injection syringe 4 mg/2 ml	1	
ondansetron hcl intravenous solution 2 mg/ml	1	

Drug Name	Drug Tier	Requirements / Limits
ondansetron hcl oral solution 4 mg/5 ml	1	QL
ondansetron hcl oral tablet 4 mg, 8 mg	1	QL
ondansetron oral tablet,disintegrating 4 mg, 8 mg	1	QL
onelax magnesium citrate oral solution	5	ACA; OTC
oral saline laxative oral liquid 7.2-2.7 gram/15 ml	5	ACA; OTC
palonosetron intravenous solution 0.25 mg/5 ml	1	
palonosetron intravenous syringe 0.25 mg/5 ml	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	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	5	ACA
peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram	5	ACA
peg-electrolyte soln oral recon soln 420 gram	5	ACA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	3	
phosphate laxative oral liquid 7.2-2.7 gram/15 ml	5	ACA; OTC
polyethylene glycol 3350 oral powder 17 gram/dose	5	ACA; OTC
POSFREA INTRAVENOUS SOLUTION 0.25 MG/5 ML	3	
powderlax oral powder 17 gram/dose	5	ACA; OTC
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml	1	
prochlorperazine maleate oral tablet 10 mg, 5 mg	1	
prochlorperazine rectal suppository 25 mg	1	
PROCORT RECTAL CREAM 1.85-1.15 %	3	

Drug Name	Drug Tier	Requirements / Limits
procto-med hc topical cream with perineal applicator 2.5 %	1	
proctosol hc topical cream with perineal applicator 2.5 %	1	
proctozone-hc topical cream with perineal applicator 2.5 %	1	
purelax oral powder 17 gram/dose	5	ACA; OTC
RECTIV RECTAL OINTMENT 0.4 % (W/W)	2	
REGLAN ORAL TABLET 10 MG, 5 MG	3	ST
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
ROWASA RECTAL ENEMA KIT 4 GRAM/60 ML	3	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	3	QL
scopolamine base transdermal patch 3 day 1 mg over 3 days	1	
SFROWASA RECTAL ENEMA 4 GRAM/60 ML	3	
SINCALIDE INJECTION RECON SOLN 5 MCG	3	
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	4	PA; LA; QL
smoothlax oral powder 17 gram/dose	5	ACA; OTC
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram	5	ACA
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	4	PA; LA
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	1	
SUSTOL SUBCUTANEOUS LIQUID,EXTENDED RELEASE SYRING 10 MG/0.4 ML	3	
SYMPROIC ORAL TABLET 0.2 MG	2	PA

Drug Name	Drug Tier	Requirements / Limits
SYNDROS ORAL SOLUTION 5 MG/ML	3	
trimethobenzamide oral capsule 300 mg	1	
TRULANCE ORAL TABLET 3 MG	2	
UCERIS ORAL TABLET,DELAYED AND EXT.RELEASE 9 MG	3	
UCERIS RECTAL FOAM 2 MG/ACTUATION	3	
URSO FORTE ORAL TABLET 500 MG	3	
ursodiol oral capsule 200 mg, 300 mg, 400 mg	1	
ursodiol oral tablet 250 mg, 500 mg	1	
VARUBI ORAL TABLET 90 MG	2	QL
VELSIPITY ORAL TABLET 2 MG	4	PA; LA; QL
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 1 X 10EXP6 TO 3 X 10EXP7 CELL	4	PA; LA; QL
women's gentle laxative(bisac) oral tablet,delayed release (dr/ec) 5 mg	5	ACA; OTC
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000-24,000 UNIT, 60,000-189,600-252,600 UNIT	2	
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML	4	PA; LA; QL
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML	4	PA; LA; QL
ULCER THERAPY		
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg	1	QL
bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg	1	

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

Drug Name	Drug Tier	Requirements / Limits
cimetidine hcl oral solution 300 mg/5 ml	1	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	1	
CYTOTEC ORAL TABLET 100 MCG, 200 MCG	3	
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	1	
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 5 mg	1	ST; QL
esomeprazole magnesium oral granules dr for susp in packet 40 mg	1	ST
esomeprazole sodium intravenous recon soln 40 mg	1	
famotidine (pf) intravenous solution 20 mg/2 ml	1	
FAMOTIDINE (PF) INTRAVENOUS SOLUTION 4 MG/ML	3	
famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml	1	
famotidine intravenous solution 10 mg/ml	1	
FAMOTIDINE INTRAVENOUS SOLUTION 4 MG/ML	3	
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)	1	
famotidine oral tablet 40 mg	1	
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	1	
lansoprazole oral tablet,disintegrat, delay rel 15 mg	1	ST; QL
lansoprazole oral tablet,disintegrat, delay rel 30 mg	1	ST
misoprostol oral tablet 100 mcg, 200 mcg	1	
nizatidine oral capsule 150 mg, 300 mg	1	
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)	3	QL
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg	1	QL
omeprazole oral capsule,delayed release(dr/ec) 40 mg	1	

Drug Name	Drug Tier	Requirements / Limits
PANTOPRAZOLE IN 0.9% SOD CHLOR INTRAVENOUS PIGGYBACK 40 MG/100 ML (0.4 MG/ML), 40 MG/50 ML (0.8 MG/ML), 80 MG/100 ML (0.8 MG/ML)	3	
pantoprazole intravenous recon soln 40 mg	1	
pantoprazole oral granules dr for susp in packet 40 mg	1	ST
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	1	QL
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	1	
PEPCID ORAL TABLET 40 MG	3	
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	1	ST
sucralfate oral tablet 1 gram	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 ORAL TABLET 10 MG, 20 MG	3	PA; QL
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG	3	
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	4	PA; LA; QL
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; LA; QL
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	4	PA; LA; QL
LEUKINE INJECTION RECON SOLN 250 MCG	4	PA; LA
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	4	LA
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA; LA
plerixafor subcutaneous solution 24 mg/1.2 ml (20 mg/ml)	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
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG	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
XOLREMDI ORAL CAPSULE 100 MG	4	PA; LA
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; LA; QL
GROWTH HORMONES		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	4	PA; LA
EGRIFTA WR SUBCUTANEOUS KIT 11.6 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
NGENLA SUBCUTANEOUS PEN INJECTOR 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML)	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
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
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	4	PA; LA
INTERFERONS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	4	PA; LA
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	2	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	4	LA; QL
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	4	LA; QL
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	5	ACA
ACAM2000 (NATIONAL STOCKPILE) PERCUTANEOUS RECON SOLN 1-5X10EXP8 UNIT/ML	2	
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	5	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	5	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	5	ACA
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
AUDENZ (NATIONAL STOCKPILE) INTRAMUSCULAR EMULSION 7.5 MCG/0.5 ML	2	
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	2	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	5	ACA
CAPVAXIVE (PF) INTRAMUSCULAR SYRINGE 0.5 ML	5	ACA
COMIRNATY 2025-2026(5-11Y)(PF) INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	5	ACA
COMIRNATY 2025-26 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	5	ACA
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
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML	4	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	5	ACA
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 2026-2027 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	5	ACA
FLUARIX 2026-2027 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	5	ACA
FLUBLOK 2026-2027 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML	5	ACA
FLUCELVAX 2026-2027 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	5	ACA
FLULAVAL 2026-2027 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	5	ACA
FLUMIST 2026-2027 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	5	ACA
FLUMIST HOME 2026-2027 NASAL (HOME ADMIN) NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	5	ACA
FLUZONE 2026-2027 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	5	ACA
FLUZONE 2026-2027 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	5	ACA
FLUZONE HIGH-DOSE 2026-27 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	5	ACA
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	4	
GAMMAGARD LIQUID ERC INJECTION SOLUTION 10 %	4	PA; LA
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, GREATR THAN 312 UNIT/ML (5 ML)	2	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	5	ACA
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	5	ACA
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	4	PA; LA
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 10 GRAM/50 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
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	5	ACA
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	2	
JYNNEOS (PF) 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
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	5	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	5	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	5	ACA
MFLUSIVA 2026-2027 (PF) INTRAMUSCULAR SYRINGE 37.5 MCG (12.5 MCG X 3)/0.38ML	5	ACA
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	5	ACA
MNEXSPIKE 2025-2026 (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.2 ML	5	ACA
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 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, GREATR THAN 312 UNIT/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 October 1, 2026.

Drug Name	Drug Tier	Requirements / Limits
NUVAXOVID 2025-2026 (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	5	ACA
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM	2	PA
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	4	PA; LA
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
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	5	ACA
PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML	5	ACA
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	5	ACA
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	5	ACA
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	5	ACA
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2-3.3CCID50/0.5ML	5	ACA
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3-3.99 TCID50/0.5	5	ACA
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	5	ACA
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	5	ACA
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	2	
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT	2	PA
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	5	ACA

Drug Name	Drug Tier	Requirements / Limits
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	5	ACA
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	5	ACA
ROTATEQ VACCINE ORAL SOLUTION 2 ML	5	ACA
SHINGRIX (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	5	ACA; QL
SPIKEVAX 2025-2026(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	5	ACA
SPIKEVAX 2025-26 (6M-11Y) (PF) INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML	5	ACA
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML	2	
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	5	ACA
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	5	ACA
THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG	2	
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

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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 SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML	5	ACA
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML	5	ACA
VIMKUNYA (PF) INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML	2	
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	2	
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	4	PA; LA
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	2	
ZINPLAVA INTRAVENOUS SOLUTION 25 MG/ML	3	
MUSCULOSKELETAL & RHEUMATOLOGY		
GOUT THERAPY		
allopurinol oral tablet 100 mg, 300 mg	1	
allopurinol sodium intravenous recon soln 500 mg	1	
aloprim intravenous recon soln 500 mg	1	
colchicine oral capsule 0.6 mg	1	
colchicine oral tablet 0.6 mg	1	
febuxostat oral tablet 40 mg, 80 mg	1	ST
MITIGARE ORAL CAPSULE 0.6 MG	2	
probenecid oral tablet 500 mg	1	

Drug Name	Drug Tier	Requirements / Limits
probenecid-colchicine oral tablet 500-0.5 mg	1	
OSTEOPOROSIS THERAPY		
alendronate oral solution 70 mg/75 ml	1	QL
alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg	1	QL
BILDYOS SUBCUTANEOUS SYRINGE 60 MG/ML	4	LA; QL
BONSITY SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)	4	PA; LA; QL
ENOBY SUBCUTANEOUS SYRINGE 60 MG/ML	4	QL
EVISTA ORAL TABLET 60 MG	3	
ibandronate intravenous solution 3 mg/3 ml	4	LA
ibandronate intravenous syringe 3 mg/3 ml	4	LA
ibandronate oral tablet 150 mg	1	QL
raloxifene oral tablet 60 mg	5	ACA
risedronate oral tablet 150 mg, 35 mg, 5 mg	1	ST; QL
risedronate oral tablet,delayed release (dr/ec) 35 mg	1	ST; QL
teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)	4	PA; LA; QL
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	4	PA; LA; QL
OTHER RHEUMATOLOGICALS		
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML	4	PA; QL
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	4	PA; QL
ADALIMUMAB-ADBM SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	4	PA; LA; QL
ADALIMUMAB-ADBM SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
ADALIMUMAB-RYVK SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	4	PA; QL
ADALIMUMAB-RYVK SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	4	PA; 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
DEPEN TITRATABS ORAL TABLET 250 MG	3	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	4	PA; LA; QL
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	4	PA; LA; QL
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	4	PA; LA; QL
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	4	PA; LA; QL
leflunomide oral tablet 10 mg, 20 mg	1	QL
milnacipran oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	1	ST; QL
milnacipran oral tablets,dose pack 12.5 mg (5)-25 mg(8)-50 mg(42)	1	ST; QL
OTEZLA ORAL TABLET 20 MG, 30 MG	4	PA; LA; QL
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	4	PA; LA; QL
OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK 10-20-30-75 MG	4	PA; LA; QL
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG	4	PA; LA
penicillamine oral tablet 250 mg	1	PA

Drug Name	Drug Tier	Requirements / Limits
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	2	ST
RINVOQ LQ ORAL SOLUTION 1 MG/ML	4	PA; LA; QL
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	4	PA; LA; QL
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML	4	PA; LA; QL
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML, 80 MG/0.8 ML	4	PA; LA; QL
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; LA; QL
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; LA; QL
tofacitinib oral solution 1 mg/ml	4	PA; LA; QL
tofacitinib oral tablet 10 mg, 5 mg	4	PA; LA; QL
tofacitinib oral tablet extended release 24 hr 11 mg, 22 mg	4	PA; LA; QL
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	4	PA; LA; QL
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	4	PA; LA; QL
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
DUREX TROPICAL CONDOM DEVICE	5	ACA; OTC
FC2 FEMALE CONDOM	5	ACA; OTC
FEMCAP VAGINAL DEVICE 22 MM	5	ACA

Drug Name	Drug Tier	Requirements / Limits
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG	5	ACA; LA
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	5	ACA; LA
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 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 HR (3 YRS) 13.5 MG	5	ACA; LA
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	5	ACA; OTC
ESTROGENS & PROGESTINS		
abigale lo oral tablet 0.5-0.1 mg	1	
abigale oral tablet 1-0.5 mg	1	
ACTIVELLA ORAL TABLET 1-0.5 MG	3	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	3	
camila oral tablet 0.35 mg	5	ACA
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.06 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	3	QL
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	2	
conjugated estrogens oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	1	
covaryx h.s. oral tablet 0.625-1.25 mg	1	
covaryx oral tablet 1.25-2.5 mg	1	
CRINONE VAGINAL GEL 8 %	4	LA
deblitane oral tablet 0.35 mg	5	ACA

Drug Name	Drug Tier	Requirements / Limits
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML	3	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	2	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	QL
DEPO-PROVERA INTRAMUSCULAR SYRINGE 150 MG/ML	3	QL
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	5	ACA; QL
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	1	QL
DUAVEE ORAL TABLET 0.45-20 MG	2	
eemt hs oral tablet 0.625-1.25 mg	1	
eemt oral tablet 1.25-2.5 mg	1	
emzahh oral tablet 0.35 mg	5	ACA
ENDOMETRIN VAGINAL INSERT 100 MG	4	LA
errin oral tablet 0.35 mg	5	ACA
ESTRADIOL IMPLANT PELLET 6 MG	3	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	1	
estradiol transdermal gel in metered-dose pump 1.25 gram/actuation	1	ST; QL
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 %)	1	ST; QL
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	1	QL
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1	QL
estradiol vaginal cream 0.01 % (0.1 mg/gram)	1	
estradiol vaginal tablet 10 mcg	1	

Drug Name	Drug Tier	Requirements / Limits
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	1	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	1	
estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg	1	
EVAMIST TRANSDERMAL SPRAY,NON-AEROSOL 1.53 MG/SPRAY (1.7%)	3	ST; QL
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	
gallifrey oral tablet 5 mg	1	
heather oral tablet 0.35 mg	5	ACA
incassia oral tablet 0.35 mg	5	ACA
jencycla oral tablet 0.35 mg	5	ACA
jinteli oral tablet 1-5 mg-mcg	1	
lyleq oral tablet 0.35 mg	5	ACA
lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1	QL
lyza oral tablet 0.35 mg	5	ACA
medroxyprogesterone intramuscular suspension 150 mg/ml	5	ACA; QL
medroxyprogesterone intramuscular syringe 150 mg/ml	5	ACA; QL
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	1	
meleya oral tablet 0.35 mg	5	ACA
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	3	QL
mimvey oral tablet 1-0.5 mg	1	
nora-be oral tablet 0.35 mg	5	ACA
norethindrone (contraceptive) oral tablet 0.35 mg	5	ACA
norethindrone acetate oral tablet 5 mg	1	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	
OPILL ORAL TABLET 0.075 MG	5	ACA; OTC
orquidea oral tablet 0.35 mg	5	ACA
PREMARIN INJECTION RECON SOLN 25 MG	2	

Drug Name	Drug Tier	Requirements / Limits
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	2	
progesterone intramuscular oil 50 mg/ml	4	LA
progesterone micronized oral capsule 100 mg, 200 mg	1	
progesterone micronized vaginal insert 100 mg	4	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	
sharobel oral tablet 0.35 mg	5	ACA
tulana oral tablet 0.35 mg	5	ACA
yuvafem vaginal tablet 10 mcg	1	
MISCELLANEOUS OB/GYN		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	5	ST; ACA; QL
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG	3	
CLEOCIN VAGINAL CREAM 2 %	3	
CLEOCIN VAGINAL SUPPOSITORY 100 MG	3	
clindamycin phosphate vaginal cream 2 %	1	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 %	3	
eluryng vaginal ring 0.12-0.015 mg/24 hr	5	ACA
enilloring vaginal ring 0.12-0.015 mg/24 hr	5	ACA
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	5	ACA
GYNAZOLE-1 VAGINAL CREAM 2 %	3	
LYNKUET ORAL CAPSULE 60 MG	3	PA
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	1	
miconazole-3 vaginal suppository 200 mg	1	
MYFEMBREE ORAL TABLET 40-1-0.5 MG	2	PA
NEXPLANON SUBDERMAL IMPLANT 68 MG	5	ACA; LA
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	5	ACA

Drug Name	Drug Tier	Requirements / Limits
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM)	3	
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	2	PA
PREPIDIL VAGINAL GEL 0.5 MG/3 G	3	
RELAGARD VAGINAL GEL 0.9-0.025 %	3	
terconazole vaginal cream 0.4 %, 0.8 %	1	
terconazole vaginal suppository 80 mg	1	
tranexamic acid oral tablet 650 mg	1	
vandazole vaginal gel 0.75 % (37.5mg/5 gram)	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
xulane transdermal patch weekly 150-35 mcg/24 hr	5	ACA
zafemy transdermal patch weekly 150-35 mcg/24 hr	5	ACA

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

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

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

Drug Name	Drug Tier	Requirements / Limits
dolishale oral tablet 90-20 mcg (28)	5	ACA
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)	5	ACA
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	5	ACA
econtra ez oral tablet 1.5 mg	5	ACA; OTC; QL
econtra one-step oral tablet 1.5 mg	5	ACA; OTC; QL
elinest oral tablet 0.3-30 mg-mcg	5	ACA
ELLA ORAL TABLET 30 MG	5	ACA; QL
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	5	ACA
enskyce oral tablet 0.15-0.03 mg	5	ACA
estarylla oral tablet 0.25-0.035 mg	5	ACA
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	5	ACA
falmina (28) oral tablet 0.1-20 mg-mcg	5	ACA
feirza oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)	5	ACA
finzala oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	5	ACA
galbriela oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	5	ACA
gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)	5	ACA
hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	5	ACA
hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	5	ACA
hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	5	ACA
hailey oral tablet 1.5-30 mg-mcg	5	ACA
iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	5	ACA
introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	5	ACA
isibloom oral tablet 0.15-0.03 mg	5	ACA
jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	5	ACA
jasmiel (28) oral tablet 3-0.02 mg	5	ACA

Drug Name	Drug Tier	Requirements / Limits
jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	5	ACA
joyeaux oral tablet 0.1 mg-0.02 mg (21)/iron (7)	5	ACA
juleber oral tablet 0.15-0.03 mg	5	ACA
junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg	5	ACA
junel 1/20 (21) oral tablet 1-20 mg-mcg	5	ACA
junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	5	ACA
junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	5	ACA
junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)	5	ACA
kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	5	ACA
kalliga oral tablet 0.15-0.03 mg	5	ACA
kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	5	ACA
kelnor 1/35 (28) oral tablet 1-35 mg-mcg	5	ACA
kurvelo (28) oral tablet 0.15-0.03 mg	5	ACA
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	5	
larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	5	ACA
larin 1/20 (21) oral tablet 1-20 mg-mcg	5	ACA
larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	5	ACA
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	5	ACA
larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	5	ACA
leena 28 oral tablet 0.5/1/0.5-35 mg-mcg	5	ACA
lessina oral tablet 0.1-20 mg-mcg	5	ACA
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	5	ACA
levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)	5	ACA
levonorgestrel oral tablet 1.5 mg	5	ACA; OTC; QL
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)	5	ACA

Drug Name	Drug Tier	Requirements / Limits
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	5	ACA
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	5	ACA
lojaimiess oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	5	ACA
loryna (28) oral tablet 3-0.02 mg	5	ACA
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	5	ACA
lo-zumandimine (28) oral tablet 3-0.02 mg	5	ACA
luizza oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	5	ACA
lutera (28) oral tablet 0.1-20 mg-mcg	5	ACA
marlissa (28) oral tablet 0.15-0.03 mg	5	ACA
mibelas 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	5	ACA
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	5	ACA
microgestin 1/20 (21) oral tablet 1-20 mg-mcg	5	ACA
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	5	ACA
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	5	ACA
mili oral tablet 0.25-0.035 mg	5	ACA
minzoya oral tablet 0.1 mg-0.02 mg (21)/iron (7)	5	ACA
mono-linyah oral tablet 0.25-0.035 mg	5	ACA
my choice oral tablet 1.5 mg	5	ACA; OTC; QL
my way oral tablet 1.5 mg	5	ACA; OTC; QL
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	5	ACA
new day oral tablet 1.5 mg	5	ACA; OTC; QL
nikki (28) oral tablet 3-0.02 mg	5	ACA
noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	5	ACA
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	5	ACA
norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)	5	ACA

Drug Name	Drug Tier	Requirements / Limits
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	5	ACA
norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	5	ACA
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg	5	ACA
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	5	ACA
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)	5	ACA
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	5	ACA
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	5	ACA
nylia 1/35 (28) oral tablet 1-35 mg-mcg	5	ACA
nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg-35 mcg	5	ACA
ocella oral tablet 3-0.03 mg	5	ACA
opcicon one-step oral tablet 1.5 mg	5	ACA; OTC; QL
option-2 oral tablet 1.5 mg	5	ACA; OTC; QL
philith oral tablet 0.4-35 mg-mcg	5	ACA
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	5	ACA
PLAN B ONE-STEP ORAL TABLET 1.5 MG	2	OTC; QL
portia 28 oral tablet 0.15-0.03 mg	5	ACA
reclipsen (28) oral tablet 0.15-0.03 mg	5	ACA
rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	5	ACA
rosyrah oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	5	ACA
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	5	ACA
shewise oral tablet 1.5 mg	5	ACA; OTC; QL
simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	5	ACA
simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	5	ACA
sprintec (28) oral tablet 0.25-0.035 mg	5	ACA
syeda oral tablet 3-0.03 mg	5	ACA

Drug Name	Drug Tier	Requirements / Limits
TAKE ACTION ORAL TABLET 1.5 MG	3	OTC; QL
tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	5	ACA
tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	5	ACA
tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	5	ACA
tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	5	ACA
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	5	ACA
tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	5	ACA
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg	5	ACA
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg	5	ACA
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg	5	ACA
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg	5	ACA
tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	5	ACA
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	5	ACA
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg	5	ACA
tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	5	ACA
turqoz (28) oral tablet 0.3-30 mg-mcg	5	ACA
tydemy oral tablet 3-0.03-0.451 mg (21) (7)	5	ACA
valtya oral tablet 1-35 mg-mcg, 1-50 mg-mcg	5	ACA
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg	5	ACA
vestura (28) oral tablet 3-0.02 mg	5	ACA
vienva oral tablet 0.1-20 mg-mcg	5	ACA
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	5	ACA
volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	5	ACA
vyfemla (28) oral tablet 0.4-35 mg-mcg	5	ACA
vylibra oral tablet 0.25-0.035 mg	5	ACA

Drug Name	Drug Tier	Requirements / Limits
wera (28) oral tablet 0.5-35 mg-mcg	5	ACA
wymzya fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)	5	ACA
xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	5	ACA
xelria fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)	5	ACA
YAZ (28) ORAL TABLET 3-0.02 MG	3	ST
your choice oral tablet 1.5 mg	5	ACA; OTC; QL
zarah oral tablet 3-0.03 mg	5	ACA
zovia 1-35 (28) oral tablet 1-35 mg-mcg	5	ACA
zumandimine (28) oral tablet 3-0.03 mg	5	ACA
OXYTOCICS		
methylergonovine oral tablet 0.2 mg	1	QL
oxytocin injection solution 10 unit/ml	1	
PITOCIN INJECTION SOLUTION 10 UNIT/ML	3	
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE OPHTHALMIC (EYE) DROPS 1 %	2	
bacitracin ophthalmic (eye) ointment 500 unit/gram	1	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	1	
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 %	3	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	1	
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	1	
gatifloxacin ophthalmic (eye) drops 0.5 %	1	
gentamicin ophthalmic (eye) drops 0.3 %	1	
levofloxacin ophthalmic (eye) drops 0.5 %, 1.5 %	1	
MOXIFLOXACIN (PF)-BSS INTRACAMERAL SOLUTION 1 MG/ML	3	
moxifloxacin ophthalmic (eye) drops 0.5 %	1	

Drug Name	Drug Tier	Requirements / Limits
moxifloxacin ophthalmic (eye) drops, viscous 0.5 %	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 OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	2	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	1	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	1	
neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	1	
OCUFLOX OPHTHALMIC (EYE) DROPS 0.3 %	3	
ofloxacin ophthalmic (eye) drops 0.3 %	1	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	1	
povidone-iodine ophthalmic (eye) solution 5 %	1	
tobramycin ophthalmic (eye) drops 0.3 %	1	
TOBRAMYCIN-VANCOMYCIN OPHTHALMIC (EYE) DROPS 1-2.5 %, 1.5-5 %	3	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	3	
VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 %	3	
ANTIVIRALS		
trifluridine ophthalmic (eye) drops 1 %	1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	3	
BETA-BLOCKERS		
betaxolol ophthalmic (eye) drops 0.5 %	1	

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Drug Name	Drug Tier	Requirements / Limits
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	
carteolol ophthalmic (eye) drops 1 %	1	
levobunolol ophthalmic (eye) drops 0.5 %	1	
timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %	1	ST
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	1	
timolol maleate ophthalmic (eye) drops, once daily 0.5 %	1	ST
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %	1	ST
timolol ophthalmic (eye) drops 0.5 %	1	ST
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	4	LA
CYCLOPLEGIC MYDRIATICS		
atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 1 %	1	
ATROPINE OPHTHALMIC (EYE) DROPS 0.05 %	3	
CYCLOGYL OPHTHALMIC (EYE) DROPS 0.5 %, 1 %, 2 %	3	
cyclopentolate ophthalmic (eye) drops 1 %	1	
homatropaire ophthalmic (eye) drops 5 %	1	
MYDCOMBI OPHTHALMIC (EYE) CARTRIDGE 2.5-1 %	3	
MYDRIACYL OPHTHALMIC (EYE) DROPS 1 %	3	
phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %	1	
tropicamide ophthalmic (eye) drops 0.5 %, 1 %	1	
DIRECT ACTING MIOTICS		
MIOCHOL-E INTRAOCULAR KIT 1 % (10 MG/ML)	3	
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	1	
MISCELLANEOUS OPHTHALMOLOGICS		

Drug Name	Drug Tier	Requirements / Limits
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %	3	
ALCAINE OPHTHALMIC (EYE) DROPS 0.5 %	3	
altacaine ophthalmic (eye) drops 0.5 %	1	
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 %	3	
azelastine ophthalmic (eye) drops 0.05 %	1	
bepotastine besilate ophthalmic (eye) drops 1.5 %	1	ST
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	3	PA; QL
cromolyn ophthalmic (eye) drops 4 %	1	
cyclosporine ophthalmic (eye) dropperette 0.05 %	1	PA; QL
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	4	LA
DEXAMET-MOXIFL-KETORO-NACL(PF) INTRAOCULAR SOLUTION 1-0.5-0.4 MG/ML	3	
epinastine ophthalmic (eye) drops 0.05 %	1	
FLUORESCEIN-BENOXINATE OPHTHALMIC (EYE) DROPS 0.3-0.4 %	3	
fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %	1	
IHEEZO (PF) OPHTHALMIC (EYE) DROPPERETTE,GEL 3 %	3	
KLARITY (CHONDROITIN) (PF) OPHTHALMIC (EYE) DROPS 0.25 %	3	
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %	2	PA; QL
OMIDRIA INTRAOCULAR CONCENTRATE 1-0.3 %	3	
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS 0.146 % -0.146 %	3	
prednisoln sp-moxiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %	1	
PREDNISOLONE ACETATE-BROMFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.075 %	3	
PREDNISOLONE ACETATE-NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.1 %	3	
prednisolone sod ph-bromfenac ophthalmic (eye) drops 1-0.075 %	1	
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	
PREDNISOLON-MOXIFLOX-KETOROLAC OPHTHALMIC (EYE) DROPS 1-0.5-0.5 %	3	
proparacaine ophthalmic (eye) drops 0.5 %	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	
tetracaine hcl ophthalmic (eye) drops 0.5 %	1	
TRYPTYR OPHTHALMIC (EYE) DROPPERETTE 0.003 %	3	PA
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY	3	PA
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	2	PA; QL
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
bromfenac ophthalmic (eye) drops 0.07 %	1	
bromfenac ophthalmic (eye) drops 0.075 %, 0.09 %	1	ST
diclofenac sodium ophthalmic (eye) drops 0.1 %	1	
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	1	
ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %	1	
ORAL DRUGS FOR GLAUCOMA		
acetazolamide oral capsule, extended release 500 mg	1	
acetazolamide oral tablet 125 mg, 250 mg	1	
acetazolamide sodium injection recon soln 500 mg	1	
methazolamide oral tablet 25 mg, 50 mg	1	
OTHER GLAUCOMA DRUGS		
BIMATOPROST (PF) OPHTHALMIC (EYE) DROPS 0.01 %	3	ST
bimatoprost ophthalmic (eye) drops 0.01 %, 0.03 %	1	ST
BRIMONIDINE-DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS 0.15-2 %	3	
BRIMONIDINE-DORZOLAMIDE OPHTHALMIC (EYE) DROPS 0.1-2 %	3	
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	1	
brinzolamide ophthalmic (eye) drops,suspension 1 %	1	
DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS 2 %	3	
dorzolamide ophthalmic (eye) drops 2 %	1	
dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %	1	
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	1	

Drug Name	Drug Tier	Requirements / Limits
latanoprost ophthalmic (eye) drops 0.005 %	1	
miostat intraocular solution 0.01 %	1	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	3	ST
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	3	ST
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	3	
TIMOL-BRIMON-DORZOL-BIMATO(PF) OPHTHALMIC (EYE) DROPS 0.5 %-0.15 %- 2 %-0.01 %	3	
TIMOLOL-BIMATOPROST OPHTHALMIC (EYE) DROPS 0.5-0.01 %	3	
TIMOLOL-BRIMON-DORZOL-BIMATOP OPHTHALMIC (EYE) DROPS 0.5-0.1-2-0.01 %	3	
TIMOLOL-BRIMONIDI-DORZOLAM(PF) OPHTHALMIC (EYE) DROPS 0.5-0.15-2 %	3	
TIMOLOL-BRIMONIDINE-DORZOLAMID OPHTHALMIC (EYE) DROPS 0.5-0.1-2 %	3	
TIMOLOL-DORZOLAM-BIMATOPRO(PF) OPHTHALMIC (EYE) DROPS 0.5-2-0.01 %	3	
STEROID-ANTIBIOTIC COMBINATIONS		
DEXAMETH-MOXIFLOX(PF)-NACL,ISO INTRAOCULAR SOLUTION 1-5 MG/ML	3	
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION 3.5MG/ML-10,000 UNIT/ML-0.1 %	3	
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	1	

Drug Name	Drug Tier	Requirements / Limits
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	1	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	1	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml	1	
neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	1	
PREDNISOLONE SOD PH-MOXIFLOX OPHTHALMIC (EYE) DROPS 1-0.5 %	3	
PREDNISOLONE-MOXIFLOXACIN HCL OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5 %	3	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	3	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	1	
tobramycin-loteprednol ophthalmic (eye) drops,suspension 0.3-0.5 %	1	
STEROIDS		
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	1	
difluprednate ophthalmic (eye) drops 0.05 %	1	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	2	PA; QL
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	1	
ILUVIEN INTRAVITREAL IMPLANT 0.19 MG	4	LA
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	ST
loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %	1	

Drug Name	Drug Tier	Requirements / Limits
loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %	1	ST
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %	1	
PRED FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	
PREDNISOLONE ACETATE (PF) OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	1	
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	1	
RETISERT INTRAVITREAL IMPLANT 0.59 MG	4	LA
YUTIQ INTRAVITREAL IMPLANT 0.18 MG	4	LA
STEROID-SULFONAMIDE COMBINATIONS		
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	1	
SULFONAMIDES		
sulfacetamide sodium ophthalmic (eye) drops 10 %	1	
SYMPATHOMIMETICS		
apraclonidine ophthalmic (eye) drops 0.5 %	1	
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %, 0.2 %	1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	3	ST
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	3	
phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %	1	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTIHISTAMINE & ANTIALLERGENIC AGENTS		

Drug Name	Drug Tier	Requirements / Limits
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
BROMPHENIRAMINE IN NACL,ISO-OS INTRAMUSCULAR SOLUTION 10 MG/ML	3	
carbinoxamine maleate oral liquid 4 mg/5 ml	1	
carbinoxamine maleate oral tablet 4 mg	1	
carbzah oral liquid 4 mg/5 ml	1	
CLARINEX ORAL TABLET 5 MG	3	QL
corphena oral solution 2 mg/5 ml	1	
cyproheptadine oral syrup 2 mg/5 ml	1	
cyproheptadine oral tablet 4 mg	1	
desloratadine oral tablet 5 mg	1	QL
desloratadine oral tablet,disintegrating 2.5 mg, 5 mg	1	QL
diphenhydramine hcl injection solution 50 mg/ml	1	
diphenhydramine hcl injection syringe 50 mg/ml	1	
EPINEPHRINE HCL INJECTION SOLUTION 1 MG/ML (1 ML)	3	
EPINEPHRINE IN SOD CHL,ISO(PF) INJECTION SYRINGE 1 MG/ML	3	
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	1	QL
epinephrine injection solution 1 mg/ml, 1 mg/ml (1 ml)	1	
epinephrine injection syringe 0.1 mg/ml	1	
EPINEPHRINE INJECTION SYRINGE 0.3 MG/0.3 ML	3	QL
hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml	1	
hydroxyzine hcl oral solution 10 mg/5 ml	1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	1	
levocetirizine oral solution 2.5 mg/5 ml	1	
levocetirizine oral tablet 5 mg	1	QL

Drug Name	Drug Tier	Requirements / Limits
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML	3	
promethazine injection solution 25 mg/ml, 50 mg/ml	1	
promethazine oral syrup 6.25 mg/5 ml	1	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	1	
promethazine rectal suppository 12.5 mg, 25 mg	1	
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	1	
QUZYTTIR INTRAVENOUS SOLUTION 10 MG/ML	3	
RYCLORA ORAL SOLUTION 2 MG/5 ML	3	
COUGH & COLD THERAPY		
benzonatate oral capsule 100 mg, 150 mg, 200 mg	1	
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML	3	
brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml	1	

Drug Name	Drug Tier	Requirements / Limits
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG	3	QL
codeine-guaifenesin oral liquid 10-100 mg/5 ml	1	
CODITUSSIN AC ORAL LIQUID 10-200 MG/5 ML	3	
CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5 ML	3	
g tussin ac oral liquid 10-100 mg/5 ml	1	
HISTEX-AC ORAL SYRUP 2.5-10-10 MG/5 ML	3	
HYCODAN (WITH HOMATROPINE) ORAL SOLUTION 5-1.5 MG/5 ML	3	
HYCODAN (WITH HOMATROPINE) ORAL TABLET 5-1.5 MG	3	
hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml	1	
hydrocodone-homatropine oral solution 5-1.5 mg/5 ml	1	
hydrocodone-homatropine oral tablet 5-1.5 mg	1	

Drug Name	Drug Tier	Requirements / Limits
hydromet oral solution 5-1.5 mg/5 ml	1	
MAR-COF CG ORAL LIQUID 7.5-225 MG/5 ML	3	
maxi-tuss ac oral liquid 10-100 mg/5 ml	1	
MAXI-TUSS CD ORAL LIQUID 4-10-10 MG/5 ML	3	
NINJACOF-XG ORAL LIQUID 8-200 MG/5 ML	3	
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML	3	
promethazine-codeine oral syrup 6.25-10 mg/5 ml	1	
promethazine-dm oral solution 6.25-15 mg/5 ml	1	
promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml	1	
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG	3	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG	3	
PULMONARY AGENTS		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	1	
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	4	PA; LA; QL
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	2	QL
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	2	
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	1	QL
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	1	
albuterol sulfate oral syrup 2 mg/5 ml	1	
albuterol sulfate oral tablet 2 mg, 4 mg	1	
ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG	4	PA; LA; QL
alyq oral tablet 20 mg	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
ambrisentan oral tablet 10 mg, 5 mg	4	PA; LA; QL
aminophylline intravenous solution 250 mg/10 ml	1	
ANDEMBRY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 200 MG/1.2 ML	4	PA; LA
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	2	QL
arformoterol inhalation solution for nebulization 15 mcg/2 ml	1	QL
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	2	QL
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	QL
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	3	QL
beclomethasone dipropionate inhalation aerosol 40 mcg/actuation, 80 mcg/actuation	1	
bosentan oral tablet 125 mg, 62.5 mg	4	PA; LA; QL
bosentan oral tablet for suspension 32 mg	4	PA; LA; QL
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	2	QL
breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	1	QL

Drug Name	Drug Tier	Requirements / Limits
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-18-4.8 MCG/ACTUATION	2	
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	2	QL
BRINSUPRI ORAL TABLET 10 MG, 25 MG	4	PA; LA
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	4	PA; LA
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml	1	QL
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	1	QL
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	4	PA; LA; QL
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	QL
cromolyn inhalation solution for nebulization 20 mg/2 ml	1	
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	2	QL
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	4	PA; LA; QL
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML	4	PA; LA; QL
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	1	QL
fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation	1	QL
fluticasone propionate nasal spray,suspension 50 mcg/actuation	1	QL

Drug Name	Drug Tier	Requirements / Limits
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	QL
formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml	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	
icatibant subcutaneous syringe 30 mg/3 ml	4	PA; QL
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	2	QL
ipratropium bromide inhalation hfa aerosol inhaler 17 mcg/actuation	1	QL
ipratropium bromide inhalation solution 0.02 %	1	
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	1	QL
JASCAYD ORAL TABLET 18 MG, 9 MG	4	PA; LA
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML)	4	PA; LA; QL
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	4	PA; LA; QL
KALYDECO ORAL TABLET 150 MG	4	PA; LA; QL
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	1	
macitentan oral tablet 10 mg	4	PA; LA; QL
mometasone nasal spray,non-aerosol 50 mcg/actuation	1	QL
montelukast oral granules in packet 4 mg	1	
montelukast oral tablet 10 mg	1	
montelukast oral tablet,chewable 4 mg, 5 mg	1	

Drug Name	Drug Tier	Requirements / Limits
nebusal inhalation solution for nebulization 3 %	1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	3	
nintedanib oral capsule 100 mg, 150 mg	4	PA; LA; QL
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
OPSUMIT ORAL TABLET 10 MG	4	PA; LA; QL
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG	4	PA; LA; QL
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	4	PA; LA; QL
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	4	PA; LA; QL
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	4	PA; LA; QL
ORLADEYO ORAL PELLETS IN PACKET 108 MG, 132 MG, 72 MG, 96 MG	4	PA; LA; QL
pirfenidone oral capsule 267 mg	4	PA; LA; QL
pirfenidone oral tablet 267 mg, 801 mg	4	PA; LA; QL
pulmosal inhalation solution for nebulization 7 %	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
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5 ML	4	LA
roflumilast oral tablet 250 mcg	1	QL
roflumilast oral tablet 500 mcg	1	
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
sajazir subcutaneous syringe 30 mg/3 ml	4	PA; LA; QL
sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml	4	LA
sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml	4	PA; LA; QL
sildenafil (pulm.hypertension) oral tablet 20 mg	4	PA; LA; QL
SINUVA SINUS IMPLANT 1,350 MCG	4	PA; LA
sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %	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	3	QL
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	QL
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	2	QL
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	4	PA; LA; QL
tadalafil (pulm. hypertension) oral tablet 20 mg	4	PA; LA; QL
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)	4	PA; LA; QL
terbutaline oral tablet 2.5 mg, 5 mg	1	
terbutaline subcutaneous solution 1 mg/ml	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
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	3	
theophylline oral elixir 80 mg/15 ml	1	

Drug Name	Drug Tier	Requirements / Limits
theophylline oral solution 80 mg/15 ml	1	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg	1	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	1	
tiotropium bromide inhalation capsule, w/inhalation device 18 mcg	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
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	4	PA; LA; QL
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	4	PA; LA; QL
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) -48(28) MCG, 32 MCG, 32-64 MCG, 48 MCG, 48-64 MCG, 48-80 MCG, 64 MCG, 80 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
wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	QL

Drug Name	Drug Tier	Requirements / Limits
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	4	PA; LA; QL
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	4	PA; LA; QL
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	4	PA; LA; QL
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	2	QL
YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG	4	PA; LA
zafirlukast oral tablet 10 mg, 20 mg	1	
PULMONARY DEVICES		
ACE AEROSOL CLOUD ENHANCER SPACER	2	
AEROCHAMBER MECHANICAL VENT SPACER	2	
AEROCHAMBER MINI SPACER	2	
AEROCHAMBER PLUS FLOW-VU SPACER	2	
AEROCHAMBER PLUS Z STAT SPACER	2	
AEROCHAMBER2 GO SPACER	2	
AEROTRACH PLUS SPACER	2	
AEROVENT PLUS SPACER	2	
BREATHERITE MDI SPACER SPACER	2	
COMPACT SPACE CHAMBER SPACER	2	
EASIVENT HOLDING CHAMBER SPACER	2	
FLEXICHAMBER SPACER	2	
LITEAIRE MDI CHAMBER SPACER	2	
MICROCHAMBER SPACER	2	
MICROSPACER SPACER	2	
OPTICHAMBER DIAMOND VHC SPACER	2	
POCKET CHAMBER SPACER	2	
PRIMEAIRE SPACER	2	

Drug Name	Drug Tier	Requirements / Limits
PROCHAMBER SPACER	2	
RITEFLO AEROCHAMBER SPACER	2	
SPACE CHAMBER SPACER	2	
VORTEX HOLDING CHAMBER SPACER	2	
UROLOGICALS		
ANTICHOLINERGICS & ANTISPASMODICS		
darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg	1	
fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg	1	
flavoxate oral tablet 100 mg	1	
GEMTESA ORAL TABLET 75 MG	3	
mirabegron oral suspension,extended rel recon 8 mg/ml	1	
mirabegron oral tablet extended release 24 hr 25 mg, 50 mg	1	
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	2	
oxybutynin chloride oral syrup 5 mg/5 ml	1	
oxybutynin chloride oral tablet 5 mg	1	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg	1	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR	3	ST; QL
solifenacin oral tablet 10 mg, 5 mg	1	ST
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	1	ST
tolterodine oral tablet 1 mg, 2 mg	1	
trospium oral capsule,extended release 24hr 60 mg	1	ST
trospium oral tablet 20 mg	1	
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
alfuzosin oral tablet extended release 24 hr 10 mg	1	
dutasteride oral capsule 0.5 mg	1	

Drug Name	Drug Tier	Requirements / Limits
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	1	ST
finasteride oral tablet 5 mg	1	
silodosin oral capsule 4 mg, 8 mg	1	
tadalafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	QL
tamsulosin oral capsule 0.4 mg	1	
CHOLINERGIC STIMULANTS		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	1	
MISCELLANEOUS UROLOGICALS		
alprostadil injection solution 500 mcg/ml	1	
avanafil oral tablet 100 mg, 200 mg, 50 mg	1	ST; QL
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG	2	QL
CAVERJECT INTRACAVERNOSAL RECON SOLN 20 MCG, 40 MCG	2	QL
CAVERJECT INTRACAVERNOSAL SYRINGE 10 MCG, 20 MCG	2	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
K-PHOS NO 2 ORAL TABLET 305-700 MG	3	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG	2	
mb caps oral capsule 120-10.8-40.8 mg	1	
methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg	1	
ORACIT ORAL SOLUTION 490-640 MG/5 ML	3	
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML	4	PA; LA
potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)	1	
PROSTIN VR PEDIATRIC INJECTION SOLUTION 500 MCG/ML	3	

Drug Name	Drug Tier	Requirements / Limits
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	2	
sildenafil oral tablet 100 mg, 25 mg, 50 mg	1	QL
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	
uretron d-s oral tablet 81.6-10.8-40.8 mg	1	
URIBEL TABS ORAL TABLET 81.6-0.12-10.8 MG	3	
urimar-t oral tablet 120-10.8-0.12 mg	1	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1,080 MG)	3	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ	3	
urogesic-blue oral tablet 81.6-40.8-0.12 mg	1	
uro-mp oral capsule 118-10-40.8-36 mg	1	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG	3	
uro-sp oral capsule 118-10-40.8-36 mg	1	
uryl oral tablet 81.6-40.8-0.12 mg	1	
vardenafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	ST; QL
URINARY ANESTHETICS		
phenazopyridine oral tablet 100 mg, 200 mg	1	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
AURYXIA ORAL TABLET 210 MG IRON	3	PA
calcium acetate(phosphat bind) oral capsule 667 mg	1	QL
calcium acetate(phosphat bind) oral tablet 667 mg	1	QL
CALCIUM GLUC IN NACL, ISO-OSM INTRAVENOUS SOLUTION 1 GRAM/100 ML	3	
calcium gluc in nacl, iso-osm intravenous solution 1 gram/50 ml, 2 gram/100 ml	1	

Drug Name	Drug Tier	Requirements / Limits
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	3	
effer-k oral tablet, effervescent 25 meq	1	
ferric citrate oral tablet 210 mg iron	1	PA
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)	4	LA
kionex oral suspension 15 gram/60 ml	1	
klor-con 10 oral tablet extended release 10 meq	1	
klor-con 8 oral tablet extended release 8 meq	1	
klor-con m10 oral tablet,er particles/crystals 10 meq	1	
klor-con m15 oral tablet,er particles/crystals 15 meq	1	
klor-con m20 oral tablet,er particles/crystals 20 meq	1	
klor-con oral packet 20 meq	1	
lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg	1	QL
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	2	QL
lugols oral solution 5 %	1	
magnesium chloride injection solution 200 mg/ml (20 %)	1	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	2	
magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)	1	
magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)	1	
magnesium sulfate injection solution 500 mg/ml (50 %)	1	
magnesium sulfate injection syringe 500 mg/ml (50 %)	1	
NORMOSOL-R INTRAVENOUS PARENTERAL SOLUTION	3	
potassium chloride oral capsule, extended release 10 meq, 8 meq	1	

Drug Name	Drug Tier	Requirements / Limits
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	1	
potassium chloride oral packet 20 meq	1	
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	1	
POTASSIUM CHLORIDE ORAL TABLET EXTENDED RELEASE 15 MEQ	3	
potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq	1	
RENVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM	3	QL
RENVELA ORAL TABLET 800 MG	3	QL
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	1	QL
sevelamer carbonate oral tablet 800 mg	1	QL
sevelamer hcl oral tablet 400 mg, 800 mg	1	QL
sodium chloride 0.45 % intravenous parenteral solution 0.45 %	1	
sodium chloride 3 % hypertonic intravenous parenteral solution 3 %	1	
sodium chloride 5 % hypertonic intravenous parenteral solution 5 %	1	
sodium chloride intravenous solution 2.5 meq/ml, 4 meq/ml	1	
sodium polystyrene sulfonate oral powder 15 gram	1	
sodium polystyrene sulfonate oral suspension 15 gram/60 ml	1	
sps (with sorbitol) oral suspension 15-20 gram/60 ml	1	
sps (with sorbitol) rectal enema 30-40 gram/120 ml	1	
strong iodine oral solution 5 %	1	
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 8.4 GRAM	2	QL
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
AQNEURSA ORAL GRANULES IN PACKET 1 GRAM	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	4	PA; LA
electrolyte-148 intravenous parenteral solution	1	
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	2	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	2	
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	2	
PLASMA-LYTE 148 PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	3	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	2	
VITAMINS & HEMATINICS		
ASCOR INTRAVENOUS SOLUTION 500 MG/ML	3	
ascorbic acid (vitamin c) intravenous solution 500 mg/ml	1	
b complex 100 injection solution 100-2-100-2-2 mg/ml	1	
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK,TABLET AND CAP,DR 27 MG IRON-1 MG - 374 MG	3	
bal-care dha oral combo pack,tablet and cap,dr 27-1-430 mg	1	
complete natal dha oral combo pack 29 mg iron- 1 mg-200 mg	1	
CONCEPT DHA ORAL CAPSULE 35-1-200 MG	3	
CONCEPT OB ORAL CAPSULE 85-1 MG	3	
cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml	1	
cyanocobalamin (vitamin b-12) nasal spray,non-aerosol 500 mcg/spray	1	ST; QL
dodex injection solution 1,000 mcg/ml	1	
elite-ob oral tablet 50 mg iron- 1.25 mg	1	
ENBRACE HR ORAL CAPSULE,IR - DELAY REL,BIPHASE 1.5 MG IRON- 8.73 MG-6.4 MG	3	

Drug Name	Drug Tier	Requirements / Limits
ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)	1	
ferric carboxymaltose intravenous solution 100 mg iron/2 ml, 50 mg iron/ml	1	LA
ferumoxytol intravenous solution 510 mg/17 ml (30 mg/ml)	1	
flotrex oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg	5	ACA; OTC
fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml	5	ACA; OTC
fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)	5	ACA; OTC
folic acid injection solution 5 mg/ml	1	
folic acid oral tablet 1 mg	1	
folic acid oral tablet 400 mcg, 800 mcg	5	ACA; OTC
folivane-ob oral capsule 85-1 mg	1	
hydroxocobalamin intramuscular solution 1,000 mcg/ml	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	
iron sucrose intravenous solution 100 mg iron/5 ml, 200 mg iron/10 ml, 50 mg iron/2.5 ml	1	
KOSHER PRENATAL PLUS IRON ORAL TABLET 30 MG IRON- 1 MG	3	
ludent fluoride oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)	5	ACA; OTC
MARNATAL-F ORAL CAPSULE 60 MG IRON-1 MG	3	
MECOBALAMIN (VITAMIN B12) INJECTION RECON SOLN 10,000 MCG	3	
m-natal plus oral tablet 27 mg iron- 1 mg	1	

Drug Name	Drug Tier	Requirements / Limits
multi-vitamin with fluoride oral drops 0.25 mg/ml, 0.5 mg/ml	5	ACA; OTC
multi-vitamin with fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg	5	ACA; OTC
multivit-fluoride (metafolin) oral tablet,chewable 0.5 mg fluoride	5	ACA; OTC
mvc-fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg	5	ACA; OTC
mvi, pedi no.1 with vit k intravenous solution 80 mg-400 unit- 200 mcg/5 ml	1	
mynatal oral capsule 65 mg iron- 1 mg	1	
mynatal oral tablet 90-1-50 mg	1	
mynatal plus oral tablet 65 mg iron- 1 mg	1	
mynatal-z oral tablet 65 mg iron- 1 mg	1	
NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE 27 MG IRON-1.13 MG-581.92 MG	3	
neo-vital rx oral tablet 27 mg iron- 1 mg	1	
NESTABS ABC ORAL COMBO PACK 32 MG IRON-1 MG -120 MG-180 MG	3	
NESTABS DHA ORAL COMBO PACK 32 MG IRON- 1,000 MCG-230MG	3	
NESTABS ONE ORAL CAPSULE 38-1-225 MG	3	
NESTABS ORAL TABLET 32-1,000 MG-MCG	3	
newgen oral tablet 32-1,000 mg-mcg	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	

Drug Name	Drug Tier	Requirements / Limits
obstetrix dha oral combo pack,tablet and cap,dr 29 mg iron-1 mg -50 mg	1	
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	
one natal rx oral tablet 27 mg iron- 1 mg	1	
pnv-dha + docusate oral capsule 27-1.25-55-300 mg	1	
pnv-dha oral capsule 27 mg iron-1 mg -300 mg	1	
pnv-omega oral capsule 28-1-300 mg	1	
pnv-select oral tablet 27-1 mg	1	
pr natal 400 ec oral combo pack,tablet and cap,dr 29-1-400 mg	1	
pr natal 400 oral combo pack 29-1-400 mg	1	
pr natal 430 ec oral combo pack,tablet and cap,dr 29-1-430 mg	1	
pr natal 430 oral combo pack 29 mg iron-1 mg -430 mg	1	
prenaissance oral capsule 29-1.25-55-325 mg	1	
prenaissance plus oral capsule 28-1-50-250 mg	1	
PRENATA ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	3	
prenatabs fa oral tablet 29-1 mg	1	
prenatabs rx oral tablet 29 mg iron- 1 mg	1	
PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG	3	
prenatal plus (calcium carb) oral tablet 27 mg iron- 1 mg	1	
PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG -312 MG-250 MG	3	
prenatal plus oral tablet 29 mg iron- 1 mg	1	
prenatal-u oral capsule 106.5-1 mg	1	
PRENATE AM ORAL TABLET 1-500 MG	3	

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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	
PRENATE STAR ORAL TABLET 20 MG IRON- 1 MG	3	
PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG	3	
purevita folic acid oral tablet 400 mcg	5	ACA; OTC
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	
soluvita a,c,d with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml	5	ACA; OTC
taron-c dha oral capsule 35-1-200 mg	1	
taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg	1	
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG	3	

Drug Name	Drug Tier	Requirements / Limits
TRICARE ORAL TABLET 27 MG IRON- 1 MG	3	
trinatal rx 1 oral tablet 60 mg iron-1 mg	1	
trinate oral tablet 28 mg iron- 1 mg	1	
TRISTART DHA ORAL CAPSULE 31 MG IRON- 1 MG-200 MG	3	
tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml	5	ACA; OTC
VENOFER INTRAVENOUS SOLUTION 100 MG IRON/5 ML, 200 MG IRON/10 ML, 50 MG IRON/2.5 ML	3	
VITAFOL FE PLUS ORAL CAPSULE 90 MG IRON- 1 MG-200 MG	3	
VITAFOL GUMMIES ORAL TABLET,CHEWABLE 3.33 MG IRON-0.33 MG	3	
VITAFOL ULTRA ORAL CAPSULE 29 MG IRON- 1 MG-200 MG	3	
VITAFOL-OB ORAL TABLET 65-1 MG	3	
VITAFOL-OB+DHA ORAL COMBO PACK 65-1-250 MG	3	
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	
VITAMEDMD ONE RX ORAL CAPSULE 30 MG IRON-1MG -200 MG	3	
VITLIPID N INFANT INTRAVENOUS SOLUTION 69 MCG-1 MCG-0. 64 MG-20 MCG/ML	3	
wescap-pn dha oral capsule 27 mg iron-1 mg -300 mg	1	
wesnate dha oral capsule 28 mg iron-1 mg -200 mg	1	
westab plus oral tablet 27 mg iron- 1 mg	1	
westgel dha oral capsule 31 mg iron-1 mg-200 mg	1	
zatean-pn dha oral capsule 27 mg iron-1 mg -300 mg	1	

Drug Name	Drug Tier	Requirements / Limits
zatean-pn plus oral capsule 28-1-300 mg	1	

Drug Name	Drug Tier	Requirements / Limits
zingiber oral tablet 1.2 mg-40 mg- 124.1 mg-100 mg	1	

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