

2025 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, 2024 and is subject to change.

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

Multi-Language Interpreter Services & Nondiscrimination Notice



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

Spanish

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

Chinese

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

German

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

Arabic

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

Pennsylvania Dutch

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

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'déę', t'áá jiik'eh, éí ná hóló, kojí' hódíłnih 1-800-382-5729 (TTY: 711).

Oromo

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

Korean

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

Italian

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

Japanese

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

Dutch

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

Ukrainian

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

Romanian

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

Tagalog

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

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

Nondiscrimination Notice

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

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

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

Civil Rights Coordinator

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

Email: CivilRightsCoordinator@MedMutual.com

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

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

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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/2025NPFdrugs 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.

This Guidebook includes information accurate at the time it was collected from Express Scripts' systems and may not reflect actual benefit setup details at later times.

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List of Abbreviations

1: Generic

2: Preferred Brand

3: Non-preferred Brand

4: Specialty

5: ACA

ACA: Affordable Care Act.

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements / Limits
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	
<i>itraconazole oral capsule 100 mg</i>	1	QL
<i>itraconazole oral solution 10 mg/ml</i>	1	QL
<i>ketoconazole oral tablet 200 mg</i>	1	
MICAFUNGIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 100 MG/100 ML, 50 MG/50 ML	3	
<i>micafungin intravenous recon soln 100 mg, 50 mg</i>	1	
MYCAMINE INTRAVENOUS RECON SOLN 100 MG, 50 MG	3	
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7 ML	3	
NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON 300 MG	2	
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	3	
<i>nystatin oral suspension 100,000 unit/ml</i>	1	
<i>nystatin oral tablet 500,000 unit</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG	3	
<i>posaconazole intravenous solution 300 mg/16.7 ml</i>	1	
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i>	1	
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	1	
REZZAYO INTRAVENOUS RECON SOLN 200 MG	3	
SPORANOX ORAL CAPSULE 100 MG	3	QL
SPORANOX ORAL SOLUTION 10 MG/ML	3	QL
<i>terbinafine hcl oral tablet 250 mg</i>	1	
VFEND IV INTRAVENOUS RECON SOLN 200 MG	3	
VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML)	3	
VFEND ORAL TABLET 200 MG, 50 MG	3	
VIVJOA ORAL CAPSULE 150 MG	4	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, 2024.

Drug Name	Drug Tier	Requirements / Limits
<i>voriconazole intravenous recon soln 200 mg</i>	1	
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	1	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	1	
ANTIVIRALS		
<i>abacavir oral solution 20 mg/ml</i>	1	
<i>abacavir oral tablet 300 mg</i>	1	
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	1	
ACYCLOVIR IN 0.9 % SODIUM CHLR INTRAVENOUS PIGGYBACK 200 MG/100 ML	3	
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	1	
<i>adefovir oral tablet 10 mg</i>	1	
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>amantadine hcl oral tablet 100 mg</i>	1	
APTIVUS ORAL CAPSULE 250 MG	2	
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	1	
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
<i>cidofovir intravenous solution 75 mg/ml</i>	1	
CIMDUO ORAL TABLET 300-300 MG	2	
COMBIVIR ORAL TABLET 150-300 MG	3	
<i>darunavir oral tablet 600 mg, 800 mg</i>	1	
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	2	ST

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Drug Name	Drug Tier	Requirements / Limits
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	1	
DOVATO ORAL TABLET 50-300 MG	2	
EDURANT ORAL TABLET 25 MG	2	
<i>efavirenz oral capsule 200 mg, 50 mg</i>	1	
<i>efavirenz oral tablet 600 mg</i>	1	
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	1	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg, 600-300-300 mg</i>	1	
<i>emtricitabine oral capsule 200 mg</i>	1	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	1	
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	5	ACA
EMTRIVA ORAL CAPSULE 200 MG	3	
EMTRIVA ORAL SOLUTION 10 MG/ML	2	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
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	
EPZICOM ORAL TABLET 600-300 MG	3	
<i>etravirine oral tablet 100 mg, 200 mg</i>	1	
EVOTAZ ORAL TABLET 300-150 MG	3	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	QL
FLUMADINE ORAL TABLET 100 MG	3	
<i>fosamprenavir oral tablet 700 mg</i>	1	
<i>foscarnet intravenous solution 24 mg/ml</i>	1	
FOSCAVIR INTRAVENOUS SOLUTION 24 MG/ML	3	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	2	QL

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Drug Name	Drug Tier	Requirements / Limits
GANCICLOVIR INTRAVENOUS SOLUTION 500 MG/250 ML (2 MG/ML)	3	
<i>ganciclovir sodium intravenous recon soln 500 mg</i>	1	
<i>ganciclovir sodium intravenous solution 50 mg/ml</i>	1	
GENVOYA ORAL TABLET 150-150-200-10 MG	2	
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	4	PA; LA; QL
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	4	PA; LA; QL
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	

Drug Name	Drug Tier	Requirements / Limits
KALETRA ORAL SOLUTION 400-100 MG/5 ML	3	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	3	
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	5	ACA; QL
<i>lamivudine oral solution 10 mg/ml</i>	1	
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	1	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	1	
LIVTENCITY ORAL TABLET 200 MG	3	PA; LA; QL
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	1	
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	1	
<i>maraviroc oral tablet 150 mg, 300 mg</i>	1	
<i>nevirapine oral suspension 50 mg/5 ml</i>	1	
<i>nevirapine oral tablet 200 mg</i>	1	
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
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	
<i>ribavirin inhalation recon soln 6 gram</i>	1	
<i>rimantadine oral tablet 100 mg</i>	1	
<i>ritonavir oral tablet 100 mg</i>	1	
SELZENTRY ORAL SOLUTION 20 MG/ML	2	
SELZENTRY ORAL TABLET 150 MG, 300 MG	3	
<i>stavudine oral capsule 40 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
SUNLENCA ORAL TABLET 300 MG	4	PA; LA
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	4	PA; LA
SYMFI LO ORAL TABLET 400-300-300 MG	2	
SYMFI ORAL TABLET 600-300-300 MG	2	
SYMTUZA ORAL TABLET 800-150-200-10 MG	2	
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG	3	QL
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML	3	QL
TEMBEXA ORAL SUSPENSION 10 MG/ML	3	
TEMBEXA ORAL TABLET 100 MG	3	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	
TIVICAY ORAL TABLET 25 MG, 50 MG	2	
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	2	
TRIUMEQ ORAL TABLET 600-50-300 MG	2	

Drug Name	Drug Tier	Requirements / Limits
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	2	
TRIZIVIR ORAL TABLET 300-150-300 MG	3	
TYBOST ORAL TABLET 150 MG	3	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	1	QL
VALCYTE ORAL RECON SOLN 50 MG/ML	3	
VALCYTE ORAL TABLET 450 MG	3	
<i>valganciclovir oral recon soln 50 mg/ml</i>	1	
<i>valganciclovir oral tablet 450 mg</i>	1	
VEMLIDY ORAL TABLET 25 MG	2	
VIRACEPT ORAL TABLET 250 MG, 625 MG	2	
VIRAZOLE INHALATION RECON SOLN 6 GRAM	3	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
VOSEVI ORAL TABLET 400-100-100 MG	4	PA; LA; QL
XOFLUZA ORAL TABLET 40 MG, 80 MG	3	QL
ZEPATIER ORAL TABLET 50-100 MG	4	PA; LA; QL
ZIAGEN ORAL SOLUTION 20 MG/ML	3	
<i>zidovudine oral capsule 100 mg</i>	1	
<i>zidovudine oral syrup 10 mg/ml</i>	1	
<i>zidovudine oral tablet 300 mg</i>	1	
CEPHALOSPORINS		
AVYCAZ INTRAVENOUS RECON SOLN 2.5 GRAM	2	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	1	
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	

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

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

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

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Drug Name	Drug Tier	Requirements / Limits
<i>ceftriaxone in dextrose,iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	1	
CEFTRIAZONE INJECTION RECON SOLN 100 GRAM	3	
<i>ceftriaxone intravenous recon soln 1 gram, 2 gram</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	1	
CLAFORAN INJECTION RECON SOLN 1 GRAM, 2 GRAM	3	

Drug Name	Drug Tier	Requirements / Limits
FETROJA INTRAVENOUS RECON SOLN 1 GRAM	3	
<i>tazicef injection recon soln 1 gram, 2 gram, 6 gram</i>	1	
<i>tazicef intravenous recon soln 1 gram, 2 gram</i>	1	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	2	
ZERBAXA INTRAVENOUS RECON SOLN 1.5 GRAM	2	
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin intravenous recon soln 500 mg</i>	1	
<i>azithromycin oral packet 1 gram</i>	1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	3	QL
DIFICID ORAL TABLET 200 MG	3	QL
<i>e.e.s. 400 oral tablet 400 mg</i>	1	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	3	
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	3	
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML	3	
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	1	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	3	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	

Drug Name	Drug Tier	Requirements / Limits
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>	1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1	
<i>erythromycin lactobionate intravenous recon soln 500 mg</i>	1	
<i>erythromycin oral capsule, delayed release (dr/ec) 250 mg</i>	1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	1	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	1	
ZITHROMAX INTRAVENOUS RECON SOLN 500 MG	3	
ZITHROMAX ORAL PACKET 1 GRAM	3	
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML	3	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
ZITHROMAX TRI-PAK ORAL TABLET 500 MG	3	
ZITHROMAX Z-PAK ORAL TABLET 250 MG	3	
MISCELLANEOUS ANTIINFECTIVES		
AEMCOLO ORAL TABLET, DELAYED RELEASE (DR/EC) 194 MG	3	QL
<i>albendazole oral tablet 200 mg</i>	1	QL
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	2	QL
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	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	
<i>atovaquone oral suspension 750 mg/5 ml</i>	1	
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
AZACTAM INJECTION RECON SOLN 1 GRAM, 2 GRAM	3	
<i>aztreonam injection recon soln 1 gram, 2 gram</i>	1	
<i>bacitracin intramuscular recon soln 50,000 unit</i>	1	
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	2	QL
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	4	LA; QL
BILTRICIDE ORAL TABLET 600 MG	3	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	4	PA; LA; QL
<i>chloramphenicol sodium succinate intravenous recon soln 1 gram</i>	1	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	
CLEOCIN HCL ORAL CAPSULE 150 MG, 300 MG, 75 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
CLEOCIN INJECTION SOLUTION 150 MG/ML	3	
CLEOCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	3	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
CLINDAMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK 300 MG/50 ML, 600 MG/50 ML, 900 MG/50 ML	3	
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	1	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	1	
<i>clindamycin phosphate injection solution 150 mg/ml</i>	1	
COARTEM ORAL TABLET 20-120 MG	2	QL
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	1	
COLY-MYCIN M PARENTERAL INJECTION RECON SOLN 150 MG	3	

Drug Name	Drug Tier	Requirements / Limits
CYCLOSERINE ORAL CAPSULE 250 MG	3	
DALVANCE INTRAVENOUS SOLUTION 500 MG	2	
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
DAPTOMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK 1,000 MG/100 ML, 350 MG/50 ML, 500 MG/50 ML, 700 MG/100 ML	3	
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	3	
<i>daptomycin intravenous recon soln 500 mg</i>	1	
DARAPRIM ORAL TABLET 25 MG	4	LA
EMVERM ORAL TABLET,CHEWABLE 100 MG	2	QL
<i>ertapenem injection recon soln 1 gram</i>	1	
<i>ethambutol oral tablet 100 mg, 400 mg</i>	1	
FLAGYL ORAL CAPSULE 375 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	1	
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML	2	
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 120 MG/100 ML	3	
<i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>	1	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	1	
HUMATIN ORAL CAPSULE 250 MG	4	LA
<i>hydroxychloroquine oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	1	
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>	1	
IMPAVIDO ORAL CAPSULE 50 MG	2	QL
<i>isoniazid injection solution 100 mg/ml</i>	1	
<i>isoniazid oral solution 50 mg/5 ml</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>ivermectin oral tablet 3 mg</i>	1	PA; QL
KIMYRSA INTRAVENOUS RECON SOLN 1,200 MG	3	
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	4	LA; QL
KRINTAFEL ORAL TABLET 150 MG	3	QL
LINCOCIN INJECTION SOLUTION 300 MG/ML	3	
<i>lincomycin injection solution 300 mg/ml</i>	1	
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i>	1	
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	1	
<i>linezolid oral tablet 600 mg</i>	1	
<i>linezolid-0.9% sodium chloride intravenous parenteral solution 600 mg/300 ml</i>	1	
MALARONE ORAL TABLET 250-100 MG	3	QL

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Drug Name	Drug Tier	Requirements / Limits
MALARONE PEDIATRIC ORAL TABLET 62.5-25 MG	3	QL
<i>mefloquine oral tablet 250 mg</i>	1	QL
MEPRON ORAL SUSPENSION 750 MG/5 ML	3	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	1	
MEROPENEM INTRAVENOUS RECON SOLN 2 GRAM	3	
MEROPENEM- 0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 500 MG/50 ML	2	
<i>metro i.v. intravenous piggyback 500 mg/100 ml</i>	1	
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	1	
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
MYCOBUTIN ORAL CAPSULE 150 MG	3	

Drug Name	Drug Tier	Requirements / Limits
NEBUPENT INHALATION RECON SOLN 300 MG	3	QL
<i>neomycin oral tablet 500 mg</i>	1	
<i>nitazoxanide oral tablet 500 mg</i>	1	QL
ORBACTIV INTRAVENOUS RECON SOLN 400 MG	2	
<i>paromomycin oral capsule 250 mg</i>	1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	3	
PENTAM INJECTION RECON SOLN 300 MG	3	
<i>pentamidine inhalation recon soln 300 mg</i>	1	QL
<i>pentamidine injection recon soln 300 mg</i>	1	
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	1	
<i>praziquantel oral tablet 600 mg</i>	1	
PRETOMANID ORAL TABLET 200 MG	3	
PRIFTIN ORAL TABLET 150 MG	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>primaquine oral tablet 26.3 mg (15 mg base)</i>	1	QL
PRIMAXIN IV INTRAVENOUS RECON SOLN 500 MG	3	
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>pyrimethamine oral tablet 25 mg</i>	4	
QUALAQUIN ORAL CAPSULE 324 MG	3	QL
<i>quinine sulfate oral capsule 324 mg</i>	1	QL
RECARBRIO INTRAVENOUS RECON SOLN 1.25 GRAM	3	
<i>rifabutin oral capsule 150 mg</i>	1	
RIFADIN INTRAVENOUS RECON SOLN 600 MG	3	
<i>rifampin intravenous recon soln 600 mg</i>	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
SIRTURO ORAL TABLET 100 MG, 20 MG	2	
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG	3	

Drug Name	Drug Tier	Requirements / Limits
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM	2	QL
STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM	2	
STROMEKTOL ORAL TABLET 3 MG	3	PA; QL
<i>tigecycline intravenous recon soln 50 mg</i>	1	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	QL
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	4	PA; LA; QL
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	4	LA; QL
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	4	LA; QL
<i>tobramycin sulfate injection recon soln 1.2 gram</i>	1	
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	4	LA; QL
TRECTOR ORAL TABLET 250 MG	3	
TYGACIL INTRAVENOUS RECON SOLN 50 MG	3	
VABOMERE INTRAVENOUS RECON SOLN 2 GRAM	3	
XACDURO INTRAVENOUS RECON SOLN 1 GRAM-1 GRAM (0.5 GRAM X 2)	3	
XENLETA INTRAVENOUS SOLUTION 150 MG/15 ML	3	
XENLETA ORAL TABLET 600 MG	3	
XIFAXAN ORAL TABLET 200 MG, 550 MG	2	QL
ZEMDRI INTRAVENOUS SOLUTION 50 MG/ML	3	
ZYVOX INTRAVENOUS PIGGYBACK 200 MG/100 ML, 600 MG/300 ML	3	

Drug Name	Drug Tier	Requirements / Limits
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	3	
ZYVOX ORAL TABLET 600 MG	3	
PENICILLINS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>	1	
<i>ampicillin sodium intravenous recon soln 1 gram, 2 gram</i>	1	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>	1	
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram</i>	1	
AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION 600-42.9 MG/5 ML	3	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR 1,000-62.5 MG	3	

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	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	
EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT	3	
LENTOCILIN S INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT	3	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG	3	
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>nafcillin injection recon soln 1 gram, 10 gram, 2 gram</i>	1	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	1	
<i>oxacillin injection recon soln 1 gram, 10 gram, 2 gram</i>	1	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	2	
<i>penicillin g potassium injection recon soln 20 million unit, 5 million unit</i>	1	
<i>penicillin g sodium injection recon soln 5 million unit</i>	1	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
<i>pfizerpen-g injection recon soln 20 million unit, 5 million unit</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>piperacillin-tazobactam intravenous recon soln 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	1	
UNASYN INJECTION RECON SOLN 1.5 GRAM, 15 GRAM, 3 GRAM	3	
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML	2	
QUINOLONES		
AVELOX IN NAACL (ISO-OSMOTIC) INTRAVENOUS PIGGYBACK 400 MG/250 ML	3	
BAXDELA INTRAVENOUS RECON SOLN 300 MG	2	
BAXDELA ORAL TABLET 450 MG	2	QL
CIPRO ORAL SUSPENSION, MIC ROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	3	
CIPRO ORAL TABLET 250 MG, 500 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	1	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	1	
FACTIVE ORAL TABLET 320 MG	3	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	1	
<i>levofloxacin intravenous solution 25 mg/ml</i>	1	
<i>levofloxacin oral solution 250 mg/10 ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin oral tablet 400 mg</i>	1	
MOXIFLOXACIN-SOD. ACE, SUL-WATER INTRAVENOUS PIGGYBACK 400 MG/250 ML	2	

Drug Name	Drug Tier	Requirements / Limits
<i>moxifloxacin-sod. chloride(iso) intravenous piggyback 400 mg/250 ml</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
SULFA'S & RELATED AGENTS		
BACTRIM DS ORAL TABLET 800-160 MG	3	
BACTRIM ORAL TABLET 400-80 MG	3	
<i>sulfadiazine oral tablet 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
<i>sulfatrim oral suspension 200-40 mg/5 ml</i>	1	
TETRACYCLINES		
ACTICLATE ORAL TABLET 150 MG, 75 MG	3	ST
AVIDOXY DK KIT 100 MG-2 % -SPF 30	3	ST
<i>avidoxy oral tablet 100 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	1	
<i>doxy-100 intravenous recon soln 100 mg</i>	1	
<i>doxycycline hyclate intravenous recon soln 100 mg</i>	1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>	1	ST
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	ST
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral capsule 150 mg</i>	1	ST
<i>doxycycline monohydrate oral capsule, ir - delay rel, biphasic 40 mg</i>	1	ST
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
MINOCIN INTRAVENOUS RECON SOLN 100 MG	2	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	1	ST
<i>mondoxyne nl oral capsule 100 mg, 75 mg</i>	1	
MONODOX ORAL CAPSULE 100 MG, 50 MG, 75 MG	3	ST
MORGIDOX 1X 50 KIT 50 MG	3	ST
MORGIDOX 1X100 KIT 100 MG	3	ST
<i>morgidox oral capsule 100 mg</i>	1	
NUZYRA INTRAVENOUS RECON SOLN 100 MG	3	
NUZYRA ORAL TABLET 150 MG	3	QL

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Drug Name	Drug Tier	Requirements / Limits
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG	3	ST
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 80 MG	3	ST
TARGADOX ORAL TABLET 50 MG	3	ST
<i>tetracycline oral capsule 250 mg, 500 mg</i>	1	
<i>tetracycline oral tablet 250 mg, 500 mg</i>	1	ST
VIBRAMYCIN ORAL CAPSULE 100 MG	3	ST
XERAVA INTRAVENOUS RECON SOLN 100 MG, 50 MG	3	
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine oral packet 3 gram</i>	1	
FURADANTIN ORAL SUSPENSION 25 MG/5 ML	3	
MACROBID ORAL CAPSULE 100 MG	3	
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG	3	

Drug Name	Drug Tier	Requirements / Limits
<i>methenamine hippurate oral tablet 1 gram</i>	1	
<i>methenamine mandelate oral tablet 0.5 gram, 1 gram</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	1	
PRIMSOL ORAL SOLUTION 50 MG/5 ML	3	
<i>trimethoprim oral tablet 100 mg</i>	1	
VANCOMYCIN		
VANCOGIN 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	
<i>vancomycin in 0.9 % sodium chl intravenous solution 1 gram/250 ml, 1.25 gram/250 ml, 1.75 gram/500 ml, 2 gram/500 ml</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>vancomycin in 0.9 % sodium chl intravenous solution 1.5 gram/250 ml, 1.5 gram/500 ml</i>	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	
<i>vancomycin intravenous recon soln 1,000 mg, 1.25 gram, 1.5 gram, 10 gram, 5 gram, 500 mg, 750 mg</i>	1	
VANCOMYCIN INTRAVENOUS RECON SOLN 1.75 GRAM, 2 GRAM	3	

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

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Drug Name	Drug Tier	Requirements / Limits
KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG	4	LA
KHAPZORY INTRAVENOUS RECON SOLN 175 MG	3	
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	1	
<i>leucovorin calcium injection solution 10 mg/ml</i>	1	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	1	
<i>levoleucovorin calcium intravenous solution 10 mg/ml</i>	1	
<i>mesna intravenous solution 100 mg/ml</i>	1	
MESNEX INTRAVENOUS SOLUTION 100 MG/ML	3	
MESNEX ORAL TABLET 400 MG	2	
TOTECT INTRAVENOUS RECON SOLN 500 MG	3	
VORAXAZE INTRAVENOUS RECON SOLN 1,000 UNIT	2	

Drug Name	Drug Tier	Requirements / Limits
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	4	PA; LA; QL
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	4	LA; QL
<i>abiraterone oral tablet 500 mg</i>	4	PA; LA; QL
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML	4	PA; LA
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	1	
ALECENSA ORAL CAPSULE 150 MG	4	PA; LA; QL
ALIQOPA INTRAVENOUS RECON SOLN 60 MG	4	LA
ALKERAN (AS HCL) INTRAVENOUS RECON SOLN 50 MG	3	
ALKERAN ORAL TABLET 2 MG	3	
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	4	PA; LA; QL
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)-180 MG (23)	4	PA; LA; QL
<i>anastrozole oral tablet 1 mg</i>	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
AROMASIN ORAL TABLET 25 MG	3	
ASPARLAS INTRAVENOUS SOLUTION 750 UNIT/ML	4	LA
ASTAGRAF XL ORAL CAPSULE, EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	3	PA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	4	PA; LA; QL
AZASAN ORAL TABLET 100 MG, 75 MG	3	ST
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>azathioprine sodium injection recon soln 100 mg</i>	1	
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	4	PA; LA
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	4	LA
<i>bexarotene oral capsule 75 mg</i>	4	PA; LA
<i>bexarotene topical gel 1 %</i>	4	PA; LA
<i>bicalutamide oral tablet 50 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
BICNU INTRAVENOUS RECON SOLN 100 MG	3	
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	1	
BOSULIF ORAL CAPSULE 100 MG, 50 MG	4	PA; LA; QL
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	4	PA; LA; QL
BRUKINSA ORAL CAPSULE 80 MG	4	PA; LA
<i>busulfan intravenous solution 60 mg/10 ml</i>	1	
BUSULFEX INTRAVENOUS SOLUTION 60 MG/10 ML	3	
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	4	PA; LA; QL
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	
<i>capecitabine oral tablet 150 mg, 500 mg</i>	4	LA; QL
CAPRELSA ORAL TABLET 100 MG, 300 MG	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>carboplatin intravenous recon soln 150 mg</i>	1	
<i>carboplatin intravenous solution 10 mg/ml</i>	1	
<i>carmustine intravenous recon soln 100 mg</i>	1	
CARMUSTINE INTRAVENOUS RECON SOLN 300 MG	3	
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	
<i>cisplatin intravenous solution 1 mg/ml</i>	1	
<i>cladribine intravenous solution 10 mg/10 ml</i>	1	
<i>clofarabine intravenous solution 1 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
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
COSMEGEN INTRAVENOUS RECON SOLN 0.5 MG	3	
COTELLIC ORAL TABLET 20 MG	4	PA; LA; QL
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 100 MG/ML, 500 MG/ML	3	
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	3	
<i>cyclosporine intravenous solution 250 mg/5 ml</i>	1	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml</i>	1	
<i>cytarabine injection solution 20 mg/ml</i>	1	
<i>dacarbazine intravenous recon soln 100 mg, 200 mg</i>	1	
<i>dactinomycin intravenous recon soln 0.5 mg</i>	1	
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML	4	PA; LA
<i>daunorubicin intravenous solution 5 mg/ml</i>	1	
DAURISMO ORAL TABLET 100 MG, 25 MG	4	PA; LA; QL
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	2	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	4	PA; LA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	4	PA; LA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	4	PA; LA
ELLENCEN INTRAVENOUS SOLUTION 200 MG/100 ML, 50 MG/25 ML	3	
ELZONRIS INTRAVENOUS SOLUTION 1,000 MCG/ML	4	LA
EMCYT ORAL CAPSULE 140 MG	2	
ENHERTU INTRAVENOUS RECON SOLN 100 MG	4	LA
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	4	PA; LA
<i>epirubicin intravenous solution 200 mg/100 ml</i>	1	
ERIVEDGE ORAL CAPSULE 150 MG	4	PA; LA; QL
ERLEADA ORAL TABLET 240 MG, 60 MG	4	PA; LA; QL
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	2	
<i>etoposide intravenous solution 20 mg/ml</i>	1	
<i>etoposide oral capsule 50 mg</i>	1	
EULEXIN ORAL CAPSULE 125 MG	3	
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	4	PA; LA; QL
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i>	4	PA; LA; QL
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	1	
EVOMELA INTRAVENOUS RECON SOLN 50 MG	4	LA
<i>exemestane oral tablet 25 mg</i>	5	ACA
FARESTON ORAL TABLET 60 MG	3	
FEMARA ORAL TABLET 2.5 MG	3	
FENSOLVI SUBCUTANEOUS SYRINGE 45 MG	4	PA; LA
<i>floxuridine injection recon soln 0.5 gram</i>	1	

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

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Drug Name	Drug Tier	Requirements / Limits
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	
<i>hydroxyurea oral capsule 500 mg</i>	1	
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	4	PA; LA; QL
IDAMYCIN PFS INTRAVENOUS SOLUTION 1 MG/ML	3	
<i>idarubicin intravenous solution 1 mg/ml</i>	1	
IDHIFA ORAL TABLET 100 MG, 50 MG	4	PA; LA; QL
IFEX INTRAVENOUS RECON SOLN 1 GRAM, 3 GRAM	3	
<i>ifosfamide intravenous recon soln 1 gram, 3 gram</i>	1	
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	1	
<i>imatinib oral tablet 100 mg, 400 mg</i>	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
IMURAN ORAL TABLET 50 MG	3	ST
INLYTA ORAL TABLET 1 MG, 5 MG	4	PA; LA; QL
IODOPEN INTRAVENOUS SOLUTION 100 MCG/ML	2	
IRESSA ORAL TABLET 250 MG	4	PA; LA; QL
<i>irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml</i>	1	
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
JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG X 2	4	LA
<i>kemoplaf intravenous solution 1 mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG	4	PA; LA; QL
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	4	PA; LA; QL
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	4	PA; LA
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	4	QL
<i>lapatinib oral tablet 250 mg</i>	4	PA; LA; QL
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	4	PA; LA; QL
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

Drug Name	Drug Tier	Requirements / Limits
<i>letrozole oral tablet 2.5 mg</i>	1	
LEUKERAN ORAL TABLET 2 MG	2	
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	4	PA; LA
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML	4	PA; LA
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, 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

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Drug Name	Drug Tier	Requirements / Limits
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
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	1	
<i>megestrol oral tablet 20 mg, 40 mg</i>	1	
MEKINIST ORAL RECON SOLN 0.05 MG/ML	4	PA; LA; QL
MEKINIST ORAL TABLET 0.5 MG, 2 MG	4	PA; LA; QL
<i>melphalan hcl intravenous recon soln 50 mg</i>	1	
<i>mercaptopurine oral tablet 50 mg</i>	1	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	1	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	
<i>mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg</i>	1	
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	4	LA
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	4	PA; LA; QL
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i>	1	
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	1	
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	
<i>mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	4	LA
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	4	LA
ODOMZO ORAL CAPSULE 200 MG	4	PA; LA; QL
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 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
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>paraplatin intravenous solution 10 mg/ml</i>	1	
<i>pazopanib oral tablet 200 mg</i>	4	PA; LA; QL
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	4	PA; LA; QL
PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG- 30000 UNIT/15ML, 600 MG-600 MG- 20000 UNIT/10ML	4	PA; LA
PHOTOFRIN INTRAVENOUS RECON SOLN 75 MG	2	
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	4	PA; LA
POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG	4	LA
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	4	PA; LA
POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML	4	LA

Drug Name	Drug Tier	Requirements / Limits
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
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	3	ST
RETEVMO ORAL CAPSULE 40 MG, 80 MG	4	PA; LA; QL
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	4	PA; LA; QL
REZUROCK ORAL TABLET 200 MG	3	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

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Drug Name	Drug Tier	Requirements / Limits
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	4	PA; LA
RYDAPT ORAL CAPSULE 25 MG	4	PA; LA; QL
SANDIMMUNE INTRAVENOUS SOLUTION 250 MG/5 ML	3	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	3	ST
SANDIMMUNE ORAL SOLUTION 100 MG/ML	2	ST
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	4	LA
SCEMBLIX ORAL TABLET 100 MG	4	PA; LA
SCEMBLIX ORAL TABLET 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	
<i>sirolimus oral solution 1 mg/ml</i>	1	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
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
<i>sorafenib oral tablet 200 mg</i>	4	PA; LA; QL
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	4	PA; LA; QL
STIVARGA ORAL TABLET 40 MG	4	PA; LA; QL
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	4	PA; LA; QL
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
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
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, 0.35 MG	4	PA; LA
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	4	PA; LA; QL
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	5	ACA
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG	4	PA; LA; QL
TARGRETIN TOPICAL GEL 1 %	4	PA; LA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	4	PA; LA; QL
TAZVERIK ORAL TABLET 200 MG	4	PA; LA
TEMODAR INTRAVENOUS RECON SOLN 100 MG	4	PA; LA
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	4	LA
<i>temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)</i>	4	LA

Drug Name	Drug Tier	Requirements / Limits
TEPADINA INJECTION RECON SOLN 100 MG, 15 MG	3	
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	4	PA; LA; QL
<i>thiotepa injection recon soln 100 mg, 15 mg</i>	1	
TIBSOVO ORAL TABLET 250 MG	4	PA; LA
<i>topotecan intravenous recon soln 4 mg</i>	4	LA
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	4	LA
<i>toremifene oral tablet 60 mg</i>	1	
TORISEL INTRAVENOUS RECON SOLN 30 MG/3 ML (10 MG/ML) (FIRST)	4	LA
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	1	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	3	
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	4	PA; LA
TRUQAP ORAL TABLET 160 MG, 200 MG	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
TUKYSA ORAL TABLET 150 MG, 50 MG	4	PA; LA; QL
TURALIO ORAL CAPSULE 125 MG	4	PA; LA; QL
TYKERB ORAL TABLET 250 MG	4	PA; LA; QL
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	4	LA
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
VIJOICE ORAL GRANULES IN PACKET 50 MG	4	PA; LA; QL
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG	4	PA; LA; QL
<i>vinblastine intravenous solution 1 mg/ml</i>	1	
<i>vincasar pfs intravenous solution 1 mg/ml, 2 mg/2 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>vincristine intravenous solution 1 mg/ml, 2 mg/2 ml</i>	1	
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>	1	
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 PELLETT 150 MG, 20 MG, 50 MG	4	PA; LA; QL
XELODA ORAL TABLET 150 MG, 500 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

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Drug Name	Drug Tier	Requirements / Limits
XTANDI ORAL TABLET 40 MG, 80 MG	4	PA; LA; QL
YONSA ORAL TABLET 125 MG	4	PA; LA; QL
ZANOSAR INTRAVENOUS RECON SOLN 1 GRAM	2	
ZELBORAF ORAL TABLET 240 MG	4	PA; LA; QL
ZEVALIN (Y-90) INTRAVENOUS KIT 3.2 MG/2 ML	2	
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	4	LA
ZOLINZA ORAL CAPSULE 100 MG	4	PA; LA; QL
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	
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	3	
BRIVIACT ORAL SOLUTION 10 MG/ML	3	ST

Drug Name	Drug Tier	Requirements / Limits
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	3	ST
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	3	
CELONTIN ORAL CAPSULE 300 MG	3	
CEREBYX INJECTION SOLUTION 100 MG PE/2 ML, 500 MG PE/10 ML	3	
<i>clobazam oral suspension 2.5 mg/ml</i>	1	
<i>clobazam oral tablet 10 mg, 20 mg</i>	1	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	3	
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	3	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	3	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	4	PA; LA
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	4	PA; LA
DIASTAT ACUDIAL RECTAL KIT 5-7.5-10 MG	3	
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	1	
DILANTIN EXTENDED ORAL CAPSULE 100 MG	3	
DILANTIN INFATABS ORAL TABLET, CHEWABLE 50 MG	3	

Drug Name	Drug Tier	Requirements / Limits
DILANTIN ORAL CAPSULE 30 MG	2	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	3	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	1	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	1	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG, 1,500 MG	3	ST
EPIDIOLEX ORAL SOLUTION 100 MG/ML	4	PA; LA
<i>epitol oral tablet 200 mg</i>	1	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	3	
<i>ethosuximide oral capsule 250 mg</i>	1	
<i>ethosuximide oral solution 250 mg/5 ml</i>	1	
<i>felbamate oral suspension 600 mg/5 ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>felbamate oral tablet 400 mg, 600 mg</i>	1	
FELBATOL ORAL SUSPENSION 600 MG/5 ML	3	
FELBATOL ORAL TABLET 400 MG, 600 MG	3	
<i>fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i>	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	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	
<i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
<i>gabapentin oral tablet extended release 24 hr 300 mg, 600 mg</i>	1	ST
<i>lacosamide intravenous solution 200 mg/20 ml</i>	1	
<i>lacosamide oral solution 10 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	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	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) - 50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)</i>	1	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	1	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>lamotrigine oral tablets, dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i>	1	
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml</i>	1	
LEVETIRACETAM IN NAACL (ISO-OS) INTRAVENOUS PIGGYBACK 250 MG/50 ML	3	
<i>levetiracetam intravenous solution 500 mg/5 ml</i>	1	
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)</i>	1	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	
<i>methsuximide oral capsule 300 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
MYSOLINE ORAL TABLET 250 MG, 50 MG	3	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	2	PA; QL
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG	3	ST
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	3	
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	
<i>phenytoin oral tablet, chewable 50 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	1	
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	1	ST
<i>pregabalin oral solution 20 mg/ml</i>	1	ST
<i>pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg</i>	1	PA
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	3	ST
<i>roweepira oral tablet 500 mg</i>	1	
<i>rufinamide oral suspension 40 mg/ml</i>	1	PA
<i>rufinamide oral tablet 200 mg, 400 mg</i>	1	PA
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	3	ST

Drug Name	Drug Tier	Requirements / Limits
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>subvenite starter (blue) kit oral tablets,dose pack 25 mg (35)</i>	1	
<i>subvenite starter (green) kit oral tablets,dose pack 25 mg (84) -100 mg (14)</i>	1	
<i>subvenite starter (orange) kit oral tablets,dose pack 25 mg (42) -100 mg (7)</i>	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	3	
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	3	
TEGRETOL ORAL TABLET 200 MG	3	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG	3	
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	
<i>topiramate oral capsule,extended release 24hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	ST

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Drug Name	Drug Tier	Requirements / Limits
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	1	ST
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 50 MG	3	ST
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	2	PA; QL
<i>vigabatrin oral powder in packet 500 mg</i>	4	LA; QL
<i>vigabatrin oral tablet 500 mg</i>	4	LA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>vigadrone oral powder in packet 500 mg</i>	4	LA; QL
<i>vigadrone oral tablet 500 mg</i>	4	LA; QL
<i>vigpoder oral powder in packet 500 mg</i>	4	LA; QL
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	3	PA; QL
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	3	PA; QL
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	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	
ZTALMY ORAL SUSPENSION 50 MG/ML	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
ANTIPARKINSONISM AGENTS		
<i>apomorphine subcutaneous cartridge 10 mg/ml</i>	4	PA; LA; QL
AZILECT ORAL TABLET 0.5 MG, 1 MG	3	
<i>benztropine injection solution 1 mg/ml</i>	1	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>bromocriptine oral capsule 5 mg</i>	1	
<i>bromocriptine oral tablet 2.5 mg</i>	1	
<i>carbidopa oral tablet 25 mg</i>	1	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML	4	LA
<i>entacapone oral tablet 200 mg</i>	1	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	4	PA; LA; QL
LODOSYN ORAL TABLET 25 MG	3	
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 2.25 MG, 3 MG, 3.75 MG	3	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	3	
NOURIANZ ORAL TABLET 20 MG, 40 MG	4	PA; LA; QL
PARLODEL ORAL CAPSULE 5 MG	3	
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	1	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	1	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1	
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	3	
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	
STALEVO 100 ORAL TABLET 25-100-200 MG	3	
TASMAR ORAL TABLET 100 MG	3	
<i>tolcapone oral tablet 100 mg</i>	1	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	2	PA; QL
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	2	PA; QL
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	1	ST; QL
<i>dihydroergotamine injection solution 1 mg/ml</i>	1	
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	1	PA; QL
<i>eletriptan oral tablet 20 mg, 40 mg</i>	1	ST; QL
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	2	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML, 300 MG/3 ML (100 MG/ML X 3)	2	PA; QL
ERGOMAR SUBLINGUAL TABLET 2 MG	3	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	
FROVA ORAL TABLET 2.5 MG	3	PA; QL
<i>frovatriptan oral tablet 2.5 mg</i>	1	ST; QL
<i>migergot rectal suppository 2-100 mg</i>	1	
MIGRANAL NASAL SPRAY, NON-AEROSOL 0.5 MG/PUMP ACT. (4 MG/ML)	3	PA; QL
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	1	ST; QL
NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG	2	PA; QL
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	2	PA; QL
REYVOW ORAL TABLET 100 MG, 50 MG	3	PA; QL
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i>	1	QL
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i>	1	QL
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	QL
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	QL
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	1	QL
<i>sumatriptan-naproxen oral tablet 85-500 mg</i>	1	PA; QL
TOSYMRA NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION	3	PA; QL
UBRELVY ORAL TABLET 100 MG, 50 MG	2	PA; QL
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML	3	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>zolmitriptan nasal spray,non-aerosol 5 mg</i>	1	ST; QL
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	1	ST; QL
<i>zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg</i>	1	ST; QL
ZOMIG NASAL SPRAY,NON-AEROSOL 5 MG	3	PA; QL
MISCELLANEOUS NEUROLOGICAL THERAPY		
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG	3	
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	4	PA; LA; QL
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG	4	PA; LA; QL
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG	4	PA; LA
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	4	PA

Drug Name	Drug Tier	Requirements / Limits
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14)	4	PA; LA; QL
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	4	PA; LA; QL
<i>dichlorphenamide oral tablet 50 mg</i>	4	PA; LA
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i>	1	
<i>donepezil oral tablet,disintegrating 10 mg, 5 mg</i>	1	
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	4	PA; LA; QL
EXELON PATCH TRANSDERMAL PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR	3	
FIRDAPSE ORAL TABLET 10 MG	4	PA; LA
<i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	1	
<i>galantamine oral solution 4 mg/ml</i>	1	
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
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
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	4	PA; LA; QL
<i>memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	1	
<i>memantine oral solution 2 mg/ml</i>	1	
<i>memantine oral tablet 10 mg, 5 mg</i>	1	
MEMANTINE ORAL TABLETS,DOSE PACK 5-10 MG	3	
NAMENDA TITRATION PAK ORAL TABLETS,DOSE PACK 5-10 MG	3	
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG	3	

Drug Name	Drug Tier	Requirements / Limits
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	2	
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	2	
NUEDEXTA ORAL CAPSULE 20-10 MG	2	PA
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG	4	PA; LA
<i>ormalvi oral tablet 50 mg</i>	4	PA; LA
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	4	PA; LA
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	1	
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	4	PA; LA; QL
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
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		
<i>atracurium intravenous solution 10 mg/ml</i>	1	
<i>baclofen oral suspension 25 mg/5 ml (5 mg/ml)</i>	1	
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
BLOXIVERZ INTRAVENOUS SOLUTION 0.5 MG/ML, 1 MG/ML	3	
BRIDION INTRAVENOUS SOLUTION 100 MG/ML	3	
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	1	PA
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	1	PA

Drug Name	Drug Tier	Requirements / Limits
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	1	PA; QL
<i>chlorzoxazone oral tablet 500 mg</i>	1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	
DANTRIUM INTRAVENOUS RECON SOLN 20 MG	3	
DANTRIUM ORAL CAPSULE 25 MG	3	
<i>dantrolene intravenous recon soln 20 mg</i>	1	
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	1	
<i>metaxalone oral tablet 400 mg, 800 mg</i>	1	
<i>methocarbamol injection solution 100 mg/ml</i>	1	
<i>methocarbamol oral tablet 1,000 mg, 500 mg, 750 mg</i>	1	
<i>neostigmine in sterile water injection syringe 5 mg/5 ml</i>	1	
<i>neostigmine methylsulfate intravenous solution 0.5 mg/ml, 1 mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SYRINGE 2 MG/2 ML (1 MG/ML), 4 MG/4 ML (1 MG/ML)	3	
<i>neostigmine methylsulfate intravenous syringe 3 mg/3 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml)</i>	1	
NIMBEX INTRAVENOUS SOLUTION 2 MG/ML	3	
<i>orphenadrine citrate injection solution 30 mg/ml</i>	1	
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	1	
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i>	1	
<i>orphengesic forte oral tablet 50-770-60 mg</i>	1	
PREVDUO INTRAVENOUS SYRINGE 0.6 MG-3 MG/3ML (0.2 MG-1MG/ML)	3	
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	3	

Drug Name	Drug Tier	Requirements / Limits
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	1	
<i>regonol injection solution 5 mg/ml</i>	1	
<i>revonto intravenous recon soln 20 mg</i>	1	
ROBAXIN INJECTION SOLUTION 100 MG/ML	3	
RYANODEX INTRAVENOUS SUSPENSION FOR RECONSTITUTION 250 MG	3	
SOMA ORAL TABLET 250 MG, 350 MG	3	PA
<i>tanlor oral tablet 1,000 mg</i>	1	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	1	
<i>vanadom oral tablet 350 mg</i>	1	PA
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	3	
ZANAFLEX ORAL TABLET 4 MG	3	
NARCOTIC ANALGESICS		
<i>acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg</i>	1	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	PA; QL
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	1	PA; QL
<i>ascomp with codeine oral capsule 30-50-325-40 mg</i>	1	PA; QL
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	2	PA; QL
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
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	1	PA; QL
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	1	PA; QL
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1	

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

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Drug Name	Drug Tier	Requirements / Limits
DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 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
<i>diskets oral tablet, soluble 40 mg</i>	1	PA; QL
DSUVIA SUBLINGUAL TABLET IN APPLICATOR 30 MCG	3	PA
<i>duramorph (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	1	PA; QL
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	PA; QL
ESGIC ORAL CAPSULE 50-325-40 MG	3	PA

Drug Name	Drug Tier	Requirements / Limits
ESGIC ORAL TABLET 50-325-40 MG	3	PA
FENTANYL (PF)-BUPIVACAINE-NACL INJECTION PREFILLED PUMP RESERVOIR 5-0.04 MCG/ML-%, 5-0.075 MCG/ML-%	3	PA; QL
FENTANYL (PF)-BUPIVACAINE-NACL INJECTION SOLUTION 2 MCG/ML- 0.0625 %, 2 MCG/ML- 0.1 %, 2 MCG/ML- 0.125 %, 4 MCG/ML- 0.125 %	3	PA; QL
FENTANYL CITRATE (PF) INTRAVENOUS PATIENT CONTROL.ANALGESIA SOLN 1,500 MCG/30 ML (50 MCG/ML)	3	PA; QL
<i>fentanyl citrate (pf) intravenous prefilled pump reservoir 2,500 mcg/50 ml (50 mcg/ml)</i>	1	PA; QL
<i>fentanyl citrate (pf) intravenous pt controlled analgesia syringe 1,000 mcg/20 ml (50 mcg/ml)</i>	1	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
FENTANYL CITRATE (PF) INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 1,250 MCG/25 ML (50 MCG/ML), 1,500 MCG/30 ML (50 MCG/ML), 2,500 MCG/50 ML (50 MCG/ML), 2,750 MCG/55 ML (50 MCG/ML)	3	PA; QL
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	1	PA; QL
FENTANYL CITRATE (PF) INTRAVENOUS SYRINGE 250 MCG/5 ML (50 MCG/ML)	3	PA; QL
FENTANYL CITRATE (PF)-0.9%NACL INJECTION PREFILLED PUMP RESERVOIR 10 MCG/ML	3	PA; QL
<i>fentanyl citrate (pf)-0.9%nacl injection pt controlled analgesia syringe 1,250 mcg/25 ml</i>	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), 1,500 MCG/30 ML (50 MCG/ML), 500 MCG/50 ML (10 MCG/ML)	3	PA; QL
<i>fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syringe 2,500 mcg/50 ml (50 mcg/ml)</i>	1	PA; QL
FENTANYL CITRATE (PF)-0.9%NACL INTRAVENOUS SOLUTION 10 MCG/ML, 16 MCG/ML, 50 MCG/ML	3	PA; QL

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

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

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Drug Name	Drug Tier	Requirements / Limits
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	PA; QL
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	PA; QL
HYDROMORPHONE (PF) IN WATER INJECTION SYRINGE 1 MG/ML, 2 MG/2 ML (1 MG/ML)	3	PA; QL
HYDROMORPHONE (PF) IN WATER INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 10 MG/50 ML (0.2 MG/ML), 30 MG/30 ML (1 MG/ML), 6 MG/30 ML (0.2 MG/ML)	3	PA; QL
HYDROMORPHONE (PF) INJECTION SOLUTION 1 MG/ML, 4 MG/ML	3	PA; QL
<i>hydromorphone (pf) injection solution 10 mg/ml, 2 mg/ml</i>	1	PA; QL
<i>hydromorphone (pf) injection syringe 0.5 mg/0.5 ml, 1 mg/ml</i>	1	PA; QL

Drug Name	Drug Tier	Requirements / Limits
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PATIENT CONTROL.ANALGESIA SOLN 30 MG/30 ML (1 MG/ML), 6 MG/30 ML (0.2 MG/ML)	3	PA; QL
<i>hydromorphone (pf)-0.9 % nacl intravenous prefilled pump reservoir 10 mg/50 ml (0.2 mg/ml)</i>	1	PA; QL
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PREFILLED PUMP RESERVOIR 20 MG/100 ML (0.2 MG/ML), 50 MG/50 ML (1 MG/ML)	3	PA; QL
<i>hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syringe 10 mg/50 ml (0.2 mg/ml), 15 mg/30 ml (0.5 mg/ml), 25 mg/50 ml (0.5 mg/ml)</i>	1	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PT CONTROLLED ANALGESIA SYRINGE 25 MG/25 ML (1 MG/ML), 30 MG/30 ML (1 MG/ML), 50 MG/50 ML (1 MG/ML), 55 MG/55 ML (1 MG/ML), 6 MG/30 ML (0.2 MG/ML)	3	PA; QL
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS SOLUTION 0.2 MG/ML, 0.5 MG/ML, 1 MG/ML	3	PA; QL
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS SYRINGE 1 MG/5 ML (0.2 MG/ML), 1 MG/ML, 2 MG/ML	3	PA; QL
<i>hydromorphone injection solution 1 mg/ml, 2 mg/ml</i>	1	PA; QL
HYDROMORPHONE INJECTION SYRINGE 0.25 MG/0.5 ML, 0.5 MG/0.5 ML	3	PA; QL
<i>hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	PA; QL
<i>hydromorphone oral liquid 1 mg/ml</i>	1	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	1	PA; QL
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>	1	PA; QL
<i>hydromorphone rectal suppository 3 mg</i>	1	PA; QL
HYDROMORPHONE(PF)-NACL,ISO-OSM INJECTION SYRINGE 0.2 MG/ML, 0.5 MG/ML, 2 MG/10 ML (0.2 MG/ML)	3	PA; QL
HYDROMORPHONE(PF)-NACL,ISO-OSM INTRAVENOUS PT CONTROLLED ANALGESIA SYRINGE 10 MG/50 ML (0.2 MG/ML), 6 MG/30 ML (0.2 MG/ML)	3	PA; QL
HYDROMORPHONE(PF)-NACL,ISO-OSM INTRAVENOUS SOLUTION 1 MG/ML	3	PA; QL
INFUMORPH P/F INJECTION SOLUTION 10 MG/ML, 25 MG/ML	2	PA; QL
<i>meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	1	PA; QL

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

Drug Name	Drug Tier	Requirements / Limits
MORPHINE (PF) IN 0.9 % SOD CHL INTRAVENOUS PATIENT CONTROL.ANALG ESIA SOLN 30 MG/30 ML (1 MG/ML)	3	PA; QL
MORPHINE (PF) IN 0.9 % SOD CHL INTRAVENOUS PREFILLED PUMP RESERVOIR 100 MG/100 ML (1 MG/ML), 50 MG/50 ML (1 MG/ML)	3	PA; QL
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
<i>morphine (pf) in 0.9 % sod chl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml)</i>	1	PA; QL
<i>morphine (pf) in 0.9 % sod chl intravenous solution 1 mg/ml</i>	1	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>morphine (pf) in 0.9 % sod chl intravenous syringe 1 mg/ml, 2 mg/2 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml)</i>	1	PA; QL
MORPHINE (PF) IN 0.9 % SOD CHL INTRAVENOUS SYRINGE 2 MG/ML, 4 MG/ML	3	PA; QL
<i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	1	PA; QL
<i>morphine (pf) intravenous patient control. analgesia soln 30 mg/30 ml (1 mg/ml)</i>	1	PA; QL
MORPHINE (PF) INTRAVENOUS SYRINGE 1 MG/2 ML	3	PA; QL
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1	PA; QL
MORPHINE IN 0.9 % SODIUM CHLOR INJECTION PT CONTROLLED ANALGESIA SYRING 55 MG/55 ML (1 MG/ML)	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>morphine in 0.9 % sodium chlor intravenous prefilled pump reservoir 100 mg/100 ml (1 mg/ml), 250 mg/50 ml (5 mg/ml), 50 mg/50 ml (1 mg/ml)</i>	1	PA; QL
<i>morphine in 0.9 % sodium chlor intravenous pt controlled analgesia syring 150 mg/30 ml (5 mg/ml), 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml)</i>	1	PA; QL
MORPHINE IN 0.9 % SODIUM CHLOR INTRAVENOUS SOLUTION 1 MG/ML, 5 MG/ML	3	PA; QL
MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML	3	PA; QL
MORPHINE INJECTION SYRINGE 2 MG/ML	3	PA; QL
<i>morphine injection syringe 4 mg/ml</i>	1	PA; QL
MORPHINE INTRAMUSCULAR PEN INJECTOR 10 MG/0.7 ML	3	PA; QL
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml, 50 mg/ml</i>	1	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
MORPHINE INTRAVENOUS SOLUTION 8 MG/ML	3	PA; QL
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	PA; QL
MORPHINE INTRAVENOUS SYRINGE 8 MG/ML	3	PA; QL
<i>morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	1	PA; QL
<i>morphine oral capsule, extend. release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	1	PA; QL
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	1	PA; QL
<i>morphine oral tablet 15 mg, 30 mg</i>	1	PA; QL
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1	PA; QL
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	1	PA; QL
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>oxycodone oral capsule 5 mg</i>	1	PA; QL
<i>oxycodone oral concentrate 20 mg/ml</i>	1	PA; QL
<i>oxycodone oral solution 5 mg/5 ml</i>	1	PA; QL
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	PA; QL
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	1	PA; QL
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	PA; QL
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	2	PA; QL
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	1	PA; QL
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	1	PA; QL
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML	4	LA
<i>tencon oral tablet 50-325 mg</i>	1	
TREZIX ORAL CAPSULE 320.5-30-16 MG	3	PA; QL
NON-NARCOTIC ANALGESICS		
<i>adult aspirin regimen oral tablet, delayed release (dr/ec) 81 mg</i>	5	ACA; OTC
ANAPROX DS ORAL TABLET 550 MG	3	ST
ANJESO INTRAVENOUS SUSPENSION 30 MG/ML	3	
ARTHROTEC 50 ORAL TABLET, IR, DELAYED REL, BIPHASIC 50-200 MG-MCG	3	ST
ARTHROTEC 75 ORAL TABLET, IR, DELAYED REL, BIPHASIC 75-200 MG-MCG	3	ST
<i>aspirin childrens oral tablet, chewable 81 mg</i>	5	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>aspirin oral tablet, chewable 81 mg</i>	5	ACA; OTC
<i>aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	5	ACA; OTC
<i>bayer low dose aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	5	ACA; OTC
<i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	1	
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	1	
<i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i>	1	PA; QL
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	1	PA; QL
CALDOLOR INTRAVENOUS PIGGYBACK 800 MG/200 ML (4 MG/ML)	3	
CALDOLOR INTRAVENOUS RECON SOLN 800 MG/8 ML (100 MG/ML)	2	
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1	ST
DAYPRO ORAL TABLET 600 MG	3	ST

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Drug Name	Drug Tier	Requirements / Limits
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	1	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	1	
<i>diclofenac sodium topical drops 1.5 %</i>	1	QL
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	1	
<i>diflunisal oral tablet 500 mg</i>	1	
DISALCID ORAL TABLET 500 MG, 750 MG	3	
EC-NAPROSYN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG, 500 MG	3	ST
<i>ecotrin low strength oral tablet, delayed release (dr/ec) 81 mg</i>	5	ACA; OTC
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	1	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
FELDENE ORAL CAPSULE 20 MG	3	ST
<i>flurbiprofen oral tablet 100 mg</i>	1	
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>indomethacin oral capsule, extended release 75 mg</i>	1	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	1	ST
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml)</i>	1	
<i>ketorolac injection syringe 15 mg/ml, 30 mg/ml</i>	1	
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	1	
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	1	
<i>ketorolac oral tablet 10 mg</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	2	QL
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	2	ST; QL
LODINE ORAL TABLET 400 MG	3	ST
LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG	3	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	QL
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
<i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>	1	PA; QL
NALMEFENE INJECTION SOLUTION 1 MG/ML	3	
<i>naloxone injection solution 0.4 mg/ml</i>	1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i>	1	QL
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG	3	
<i>naltrexone oral tablet 50 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
NAPROSYN ORAL SUSPENSION 125 MG/5 ML	3	ST
NAPROSYN ORAL TABLET 500 MG	3	ST
<i>naproxen oral suspension 125 mg/5 ml</i>	1	ST
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>naproxen sodium oral tablet, er multiphase 24 hr 750 mg</i>	1	ST
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	3	QL
OLINVYK INTRAVENOUS PATIENT CONTROL. ANALGESIA SOLN 30 MG/30 ML (1 MG/ML)	3	PA
OLINVYK INTRAVENOUS SOLUTION 1 MG/ML	3	PA
OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>oxaprozin oral tablet 600 mg</i>	1	
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	1	PA; QL
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	
REXTOVY NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	2	QL
<i>salsalate oral tablet 500 mg, 750 mg</i>	1	
<i>st joseph aspirin oral tablet, chewable 81 mg</i>	5	ACA; OTC
<i>st. joseph aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	5	ACA; OTC
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
<i>tolmetin oral capsule 400 mg</i>	1	ST
<i>tramadol oral tablet 50 mg</i>	1	PA; QL
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	1	PA; QL
<i>tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg</i>	1	PA; QL
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	PA; QL

Drug Name	Drug Tier	Requirements / Limits
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	

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Drug Name	Drug Tier	Requirements / Limits
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET WITH SENSOR AND STRIP 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	3	QL
ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	3	QL
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	3	
ADDYI ORAL TABLET 100 MG	3	PA
ADZENYS XR-ODT ORAL TABLET,DISINTEGRER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	3	ST
<i>alprazolam intensol oral concentrate 1 mg/ml</i>	1	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	1	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG	3	
<i>aripiprazole oral solution 1 mg/ml</i>	1	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	QL
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	1	QL
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	2	

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Drug Name	Drug Tier	Requirements / Limits
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE SYRING 1,064 MG/3.9 ML, 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML	2	
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	1	QL
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	1	QL
ATIVAN INJECTION SOLUTION 2 MG/ML, 4 MG/ML	3	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG	3	
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	1	
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
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	1	QL
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
BYFAVO INTRAVENOUS RECON SOLN 20 MG	3	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	3	ST; QL
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	
<i>chlorpromazine injection solution 25 mg/ml</i>	1	
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	1	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>citalopram oral solution 10 mg/5 ml</i>	1	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	1	QL
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	1	
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	1	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	1	
CLOZARIL ORAL TABLET 100 MG, 25 MG	3	
COTEMPLA XR-ODT ORAL TABLET, DISINTEGRATING BIPHASE 24H 17.3 MG, 25.9 MG, 8.6 MG	3	ST
DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR	3	ST
DAYVIGO ORAL TABLET 10 MG, 5 MG	3	ST; QL
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
DESOXYN ORAL TABLET 5 MG	3	
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 50 MG	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	1	ST; QL
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG, 15 MG	3	ST
<i>dexmethylphenidate oral capsule, er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	1	
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	1	
<i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i>	1	
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1	
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>diazepam injection solution 5 mg/ml</i>	1	
<i>diazepam injection syringe 5 mg/ml</i>	1	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>doxepin oral concentrate 10 mg/ml</i>	1	
<i>doxepin oral tablet 3 mg, 6 mg</i>	1	ST; QL
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	QL
<i>duloxetine oral capsule,delayed release(dr/ec) 40 mg</i>	1	ST; QL

Drug Name	Drug Tier	Requirements / Limits
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG	3	ST; QL
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	3	
<i>ergoloid oral tablet 1 mg</i>	1	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1	ST
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	QL
<i>estazolam oral tablet 1 mg, 2 mg</i>	1	
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	1	QL
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	2	ST; QL
FETZIMA ORAL CAPSULE,EXTEN DED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	2	ST; QL
<i>fluoxetine oral capsule 10 mg, 40 mg</i>	1	QL
<i>fluoxetine oral capsule 20 mg</i>	1	
<i>fluoxetine oral capsule,delayed release(dr/ec) 90 mg</i>	1	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	
<i>fluoxetine oral tablet 10 mg</i>	1	ST; QL
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	1	ST
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	1	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	1	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	1	
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	1	ST; QL
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)	3	
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG	3	QL

Drug Name	Drug Tier	Requirements / Limits
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
HALCION ORAL TABLET 0.25 MG	3	
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML	3	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	1	
<i>haloperidol lactate injection solution 5 mg/ml</i>	1	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	4	PA; LA; QL
HETLIOZ ORAL CAPSULE 20 MG	4	PA; LA; QL
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	1	
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 6 MG, 9 MG	3	QL
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML	3	
INVEGA TRINZAR INTRAMUSCULAR SYRINGE 273 MG/0.88 ML, 410 MG/1.32 ML, 546 MG/1.75 ML, 819 MG/2.63 ML	3	
JORNAY PM ORAL CAPSULE, DEL REL, EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	3	ST
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	ST
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG	3	
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i>	1	
<i>lorazepam injection syringe 2 mg/ml</i>	1	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
LUMRYZ ORAL EXTEND RELEASE GRANULES,PACK ET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM	4	PA; LA; QL
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	QL
MARPLAN ORAL TABLET 10 MG	3	
<i>methamphetamine oral tablet 5 mg</i>	1	
METHYLIN ORAL SOLUTION 10 MG/5 ML, 5 MG/5 ML	3	
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	ST
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	1	
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	1	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	1	
<i>methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg</i>	1	
<i>methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr</i>	1	ST
MIDAZOLAM (PF) IN 0.9 % NACL INTRAVENOUS PREFILLED PUMP RESERVOIR 100 MG/100 ML (1 MG/ML)	3	
<i>midazolam (pf) in 0.9 % nacl intravenous solution 1 mg/ml</i>	1	
MIDAZOLAM (PF) IN 0.9 % NACL INTRAVENOUS SYRINGE 2 MG/2 ML (1 MG/ML), 5 MG/5 ML (1 MG/ML), 50 MG/50 ML (1 MG/ML), 55 MG/55 ML (1 MG/ML)	3	
<i>midazolam (pf) injection solution 1 mg/ml, 5 mg/ml</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
MIDAZOLAM IN NAACL,ISO-OSMO(PF) INTRAVENOUS SOLUTION 1 MG/ML	3	
MIDAZOLAM IN NAACL,ISO-OSMO(PF) INTRAVENOUS SYRINGE 25 MG/25 ML (1 MG/ML), 50 MG/50 ML (1 MG/ML)	3	
<i>midazolam injection solution 1 mg/ml, 5 mg/ml</i>	1	
MIDAZOLAM INTRAVENOUS SYRINGE 150 MG/30 ML (5 MG/ML)	3	
MIDAZOLAM ORAL SYRUP 10 MG/5 ML (2 MG/ML)	3	
<i>midazolam oral syrup 2 mg/ml</i>	1	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i>	1	
<i>modafinil oral tablet 100 mg, 200 mg</i>	1	QL
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG	3	ST
NARDIL ORAL TABLET 15 MG	3	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	1	
NUPLAZID ORAL CAPSULE 34 MG	4	PA; LA; QL
NUPLAZID ORAL TABLET 10 MG	4	PA; LA; QL
<i>olanzapine intramuscular recon soln 10 mg</i>	1	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	QL
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	1	QL
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	1	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg</i>	1	QL
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG	3	
PARNATE ORAL TABLET 10 MG	3	
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	1	ST
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	QL
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	1	ST; QL
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i>	1	ST; QL
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	
PERSERIS SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG	3	
<i>phenelzine oral tablet 15 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	
<i>procentra oral solution 5 mg/5 ml</i>	1	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	1	
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG	3	PA
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	QL
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	1	QL
QUVIVIQ ORAL TABLET 25 MG, 50 MG	3	ST; QL
<i>ramelteon oral tablet 8 mg</i>	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	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	2	
RISPERDAL ORAL SOLUTION 1 MG/ML	3	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	QL
<i>risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml</i>	1	
<i>risperidone oral solution 1 mg/ml</i>	1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
RYKINDO INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 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
<i>sertraline oral concentrate 20 mg/ml</i>	1	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL
SILENOR ORAL TABLET 3 MG, 6 MG	3	ST; QL
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	4	PA; QL
SUNOSI ORAL TABLET 150 MG, 75 MG	2	PA; QL
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	3	
<i>tasimelteon oral capsule 20 mg</i>	4	PA; LA; QL
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	1	
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>tranylcypromine oral tablet 10 mg</i>	1	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	1	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	ST; QL
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED RELEASE SYRING 100 MG/0.28 ML, 125 MG/0.35 ML, 150 MG/0.42 ML, 200 MG/0.56 ML, 250 MG/0.7 ML, 50 MG/0.14 ML, 75 MG/0.21 ML	2	
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	1	QL
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
VERSACLOZ ORAL SUSPENSION 50 MG/ML	3	
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	1	ST; QL
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	3	QL
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)-3 MG (6)	3	QL
VYLEESI SUBCUTANEOUS AUTO-INJECTOR 1.75 MG/0.3 ML	4	PA; LA; QL
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	3	ST; QL
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	2	ST
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	4	PA; LA; QL
XYWAV ORAL SOLUTION 0.5 GRAM/ML	4	PA; QL
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	QL
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	QL
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	1	
<i>zolpidem oral tablet 10 mg, 5 mg</i>	1	QL
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i>	1	QL
<i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i>	1	ST; QL
ZULRESSO INTRAVENOUS SOLUTION 5 MG/ML	4	LA
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG	4	PA; QL
ZYPREXA INTRAMUSCULAR RECON SOLN 10 MG	3	
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG	3	QL

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Drug Name	Drug Tier	Requirements / Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG	3	

ZYPREXA ZYDIS ORAL TABLET, DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG	3	QL
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**CARDIOVASCULAR,
HYPERTENSION & LIPIDS**
ANTIARRHYTHMIC AGENTS

<i>adenosine intravenous solution 3 mg/ml</i>	1	
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<i>amiodarone intravenous solution 50 mg/ml</i>	1	
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<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
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BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG	3	ST
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BETAPACE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	3	ST
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<i>bretylum tosylate injection solution 50 mg/ml</i>	1	
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<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	1	
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Drug Name	Drug Tier	Requirements / Limits
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	1	

<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1	
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<i>lidocaine (pf) intravenous solution 20 mg/ml (2 %)</i>	1	
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<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	1	
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<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	1	
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MULTAQ ORAL TABLET 400 MG	2	
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NEXTERONE INTRAVENOUS SOLUTION 150 MG/100 ML (1.5 MG/ML), 360 MG/200 ML (1.8 MG/ML)	3	
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<i>paceron oral tablet 100 mg, 200 mg, 400 mg</i>	1	
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<i>procainamide injection solution 100 mg/ml, 500 mg/ml</i>	1	
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<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	1	
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<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	1	
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Drug Name	Drug Tier	Requirements / Limits
<i>quinidine gluconate oral tablet extended release 324 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	1	
SOTALOL INTRAVENOUS SOLUTION 150 MG/10 ML (15 MG/ML)	3	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML	2	
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	3	
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	3	
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG	3	
<i>aliskiren oral tablet 150 mg, 300 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG	3	
<i>amiloride oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	
<i>amlodipine-valsartan-hcthiazyd oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
BREVIBLOC IN NAACL (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	
<i>bumetanide injection solution 0.25 mg/ml</i>	1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>candesartan-hydrochlorothiazide oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	
CARDIZEM CD ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG	3	QL
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	3	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24 HR	3	QL
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24 HR	3	QL
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24 HR	3	QL
<i>chlorothiazide sodium intravenous recon soln 500 mg</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG	3	ST
CORGARD ORAL TABLET 20 MG, 40 MG	3	ST
DEMSER ORAL CAPSULE 250 MG	3	PA
DIBENZYLINE ORAL CAPSULE 10 MG	3	PA
<i>diltiazem hcl oral capsule, ext. rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral capsule, extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>dilt-xr oral capsule, ext. rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
DIURIL ORAL SUSPENSION 250 MG/5 ML	3	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	QL
DYRENIUM ORAL CAPSULE 100 MG, 50 MG	3	
EDECIN ORAL TABLET 25 MG	3	
<i>enalapril maleate oral solution 1 mg/ml</i>	1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>enalaprilat intravenous solution 1.25 mg/ml</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
<i>epoprostenol intravenous recon soln 0.5 mg, 1.5 mg</i>	4	PA; LA
<i>eprosartan oral tablet 600 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>esmolol in nacl (iso-osm) intravenous parenteral solution 2,000 mg/100 ml, 2,500 mg/250 ml (10 mg/ml)</i>	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	
<i>esmolol intravenous solution 100 mg/10 ml (10 mg/ml)</i>	1	
<i>ethacrynate sodium intravenous recon soln 50 mg</i>	1	
<i>ethacrynic acid oral tablet 25 mg</i>	1	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	
FLOLAN INTRAVENOUS RECON SOLN 0.5 MG, 1.5 MG	4	PA; LA
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
FUROSEMIDE IN 0.9 % NACL INTRAVENOUS PIGGYBACK 100 MG/100 ML (1 MG/ML)	3	
<i>furosemide injection solution 10 mg/ml</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1	
<i>hydralazine injection solution 20 mg/ml</i>	1	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
INSPIRA ORAL TABLET 25 MG, 50 MG	3	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i>	1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	
KERENDIA ORAL TABLET 10 MG, 20 MG	2	PA; QL
LABETALOL IN NACL (ISO-OSMOT) INTRAVENOUS SOLUTION 1 MG/ML	3	
<i>labetalol intravenous solution 5 mg/ml</i>	1	
LABETALOL INTRAVENOUS SYRINGE 10 MG/2 ML (5 MG/ML)	3	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG	3	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
LOPRESSOR ORAL TABLET 100 MG, 50 MG	3	ST

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Drug Name	Drug Tier	Requirements / Limits
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	3	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>methyl dopa oral tablet 250 mg, 500 mg</i>	1	
<i>methyl dopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	1	
<i>methyl dopate intravenous solution 250 mg/5 ml</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	

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

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Drug Name	Drug Tier	Requirements / Limits
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	1	
NYMALIZE ORAL SOLUTION 60 MG/10 ML	3	
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML	3	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	1	
<i>olmesartan-amlodipin-hcthiiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	
ORENITRAM 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

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

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Drug Name	Drug Tier	Requirements / Limits
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	1	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>spironolactone oral suspension 25 mg/5 ml</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	
<i>taztia xt oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
TEKTURNA HCT ORAL TABLET 300-25 MG	2	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	
TENORETIC 50 ORAL TABLET 50-25 MG	3	ST
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG	3	ST
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	QL
<i>tiadylt er oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	3	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	1	
<i>triamterene oral capsule 100 mg, 50 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	4	PA; LA; QL
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	4	PA; LA; QL
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	
VASERETIC ORAL TABLET 10-25 MG	3	
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	3	
<i>veletri intravenous recon soln 0.5 mg, 1.5 mg</i>	4	PA; LA
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	1	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
VERELAN PM ORAL CAPSULE, 24 HR ER PELLET CT 100 MG, 200 MG, 300 MG	3	
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		
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg)</i>	1	
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG)	3	
COAGULATION THERAPY		

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

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Drug Name	Drug Tier	Requirements / Limits
ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML	4	LA
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
ALTUVIIIIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT	4	LA
AMICAR ORAL SOLUTION 250 MG/ML (25 %)	3	
AMICAR ORAL TABLET 1,000 MG, 500 MG	3	
<i>aminocaproic acid intravenous solution 250 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>	1	
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i>	1	
ANDEXXA INTRAVENOUS RECON SOLN 200 MG	3	
ANGIOMAX INTRAVENOUS RECON SOLN 250 MG	3	
<i>argatroban in 0.9 % sod chlor intravenous solution 1 mg/ml</i>	1	
ARGATROBAN INTRAVENOUS SOLUTION 100 MG/ML	3	
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML, 2.5 MG/0.5 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML	4	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25- 200 mg</i>	1	
BALFAXAR INTRAVENOUS RECON SOLN 1,000 UNIT, 500 UNIT	3	

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

Drug Name	Drug Tier	Requirements / Limits
CYKLOKAPRON INTRAVENOUS SOLUTION 1,000 MG/10 ML (100 MG/ML)	3	
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i>	1	PA
DEFITELIO INTRAVENOUS SOLUTION 80 MG/ML	3	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	4	PA; LA; QL
EFFIENT ORAL TABLET 10 MG, 5 MG	3	
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	2	PA
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	2	PA
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT	4	LA

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

Drug Name	Drug Tier	Requirements / Limits
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML, 25,000 ANTI-XA UNIT/ML	4	
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML, 7,500 ANTI-XA UNIT/0.3 ML	4	
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

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Drug Name	Drug Tier	Requirements / Limits
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT	4	LA
<i>hep flush-10 (pf) intravenous solution 10 unit/ml</i>	1	
HEPARIN (PORCINE) IN 0.9% NACL INTRAVENOUS PARENTERAL SOLUTION 2,500 UNIT/500 ML (5 UNIT/ML), 30,000 UNIT/1,000 ML, 5,000 UNIT/1,000 ML, 5,000 UNIT/500 ML (10 UNIT/ML)	3	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	1	
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml, 2,000 unit/1,000 ml</i>	1	
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml</i>	1	
<i>heparin lock flush intravenous syringe 10 unit/ml</i>	1	
<i>heparin lockflush(porcine)(pf) intravenous syringe 10 unit/ml, 100 unit/ml</i>	1	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	3	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml</i>	1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	

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

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

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Drug Name	Drug Tier	Requirements / Limits
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE	4	LA
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	
PHYTONADIONE (VITAMIN K1) INJECTION SOLUTION 1 MG/0.5 ML	2	
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>	1	
PHYTONADIONE (VITAMIN K1) INJECTION SYRINGE 1 MG/0.5 ML	2	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	QL
<i>prasugrel oral tablet 10 mg, 5 mg</i>	1	
PRAXBIND INTRAVENOUS SOLUTION 2.5 GRAM/50 ML	3	
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	4	LA
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	4	PA; LA
<i>protamine intravenous solution 10 mg/ml</i>	1	
RIASTAP INTRAVENOUS RECON SOLN 1 GRAM (900MG- 1,300MG)	4	LA
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 5 MG (5,000 MCG)	4	LA
TAVALISSE ORAL TABLET 100 MG, 150 MG	4	PA; LA; QL
<i>tirofiban-0.9% sodium chloride intravenous solution 12.5 mg/250 ml (50 mcg/ml)</i>	1	
<i>tranexamic acid in nacl,iso-os intravenous piggyback 1,000 mg/100 ml (10 mg/ml)</i>	1	
<i>tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)</i>	1	
<i>vitamin k injection solution 1 mg/0.5 ml</i>	1	
<i>vitamin k1 injection solution 10 mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT	4	LA
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)-20 MG (9)	2	PA
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	2	PA
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	2	PA
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	4	LA
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	4	LA
ZONTIVITY ORAL TABLET 2.08 MG	3	

Drug Name	Drug Tier	Requirements / Limits
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	1	QL
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	QL
<i>cholestyramine (with sugar) oral powder 4 gram</i>	1	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	1	
<i>cholestyramine light oral powder 4 gram</i>	1	
<i>cholestyramine light oral powder in packet 4 gram</i>	1	
<i>colesevelam oral powder in packet 3.75 gram</i>	1	
<i>colesevelam oral tablet 625 mg</i>	1	
COLESTID ORAL GRANULES 5 GRAM	3	ST
COLESTID ORAL TABLET 1 GRAM	3	ST
<i>colestipol oral granules 5 gram</i>	1	
<i>colestipol oral packet 5 gram</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>colestipol oral tablet 1 gram</i>	1	
EVKEEZA INTRAVENOUS SOLUTION 150 MG/ML	4	PA; LA
<i>ezetimibe oral tablet 10 mg</i>	1	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	QL
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fenofibrate oral tablet 40 mg</i>	1	ST
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	1	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	1	
FENOGLIDE ORAL TABLET 120 MG, 40 MG	3	ST
FIBRICOR ORAL TABLET 105 MG, 35 MG	3	ST

Drug Name	Drug Tier	Requirements / Limits
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML)	3	ST; QL
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	1	QL
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	1	QL
<i>gemfibrozil oral tablet 600 mg</i>	1	
<i>icosapent ethyl oral capsule 0.5 gram, 1 gram</i>	1	PA
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	4	PA; LA
LOPID ORAL TABLET 600 MG	3	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	QL
NEXLETOL ORAL TABLET 180 MG	2	PA
NEXLIZET ORAL TABLET 180-10 MG	2	PA
<i>niacin oral tablet 500 mg</i>	1	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	1	
NIACOR ORAL TABLET 500 MG	3	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	1	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	1	QL
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	QL
<i>prevalite oral powder 4 gram</i>	1	
<i>prevalite oral powder in packet 4 gram</i>	1	
QUESTRAN LIGHT ORAL POWDER 4 GRAM	3	ST
QUESTRAN ORAL POWDER 4 GRAM	3	ST
QUESTRAN ORAL POWDER IN PACKET 4 GRAM	3	ST
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	2	PA; QL
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	2	PA; QL
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	2	PA; QL
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG	3	QL
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	QL
TRILIPIX ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 135 MG, 45 MG	3	ST
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 ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	2	PA; QL
ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG	2	PA
GIAPREZA INTRAVENOUS SOLUTION 0.5 MG/ML, 2.5 MG/ML	3	
<i>isoproterenol hcl injection solution 0.2 mg/ml</i>	1	
<i>ivabradine oral tablet 5 mg, 7.5 mg</i>	1	PA

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

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

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Drug Name	Drug Tier	Requirements / Limits
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1	
<i>calcipotriene scalp solution 0.005 %</i>	1	QL
<i>calcipotriene topical cream 0.005 %</i>	1	QL
<i>calcipotriene topical ointment 0.005 %</i>	1	QL
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	1	ST; QL
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i>	1	QL
<i>calcitriol topical ointment 3 mcg/gram</i>	1	
ENSTILAR TOPICAL FOAM 0.005-0.064 %	2	ST; QL
EPIFOAM TOPICAL FOAM 1-1 %	3	ST
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	1	ST
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 %	3	
OVACE PLUS TOPICAL CLEANSER 10 %	3	

Drug Name	Drug Tier	Requirements / Limits
OVACE PLUS TOPICAL CREAM 10 %	3	
OVACE PLUS TOPICAL LOTION 9.8 %	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
<i>selenium sulfide topical lotion 2.5 %</i>	1	
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	1	
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; LA; QL
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; LA; QL
SOTYKTU ORAL TABLET 6 MG	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
SPEVIGO SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; LA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	4	PA; LA; QL
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	4	PA; LA; QL
<i>sulfacetamide sodium topical cleanser 10 %</i>	1	
<i>sulfacetamide sodium topical cleanser, gel 10 %</i>	1	
<i>sulfacetamide sodium topical shampoo 10 %, 9.8 %</i>	1	
TACLONEX TOPICAL OINTMENT 0.005- 0.064 %	3	ST; QL
TACLONEX TOPICAL SUSPENSION 0.005-0.064 %	3	QL
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
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
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML	4	PA; LA
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	4	PA; LA; QL
TERSI FOAM TOPICAL FOAM 2.25 %	3	
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	4	PA; LA; QL
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; LA; QL
VECTICAL TOPICAL OINTMENT 3 MCG/GRAM	3	
VTAMA TOPICAL CREAM 1 %	3	ST; QL
WYNZORA TOPICAL CREAM 0.005-0.064 %	3	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
ZORYVE TOPICAL CREAM 0.3 %	3	ST; QL
ZORYVE TOPICAL FOAM 0.3 %	3	ST; QL
BURN THERAPY		
SILVADENE TOPICAL CREAM 1 %	3	
<i>silver sulfadiazine topical cream 1 %</i>	1	
<i>ssd topical cream 1 %</i>	1	
MISCELLANEOUS DERMATOLOGICALS		
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	4	PA
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; LA
AMELUZ TOPICAL GEL 10 %	3	
CANTHARIDIN IN ACETONE TOPICAL SOLUTION 0.7 %	3	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	4	PA; LA; QL
CORTANE-B TOPICAL LOTION 1-1-0.1 %	3	
<i>diclofenac sodium topical gel 3 %</i>	1	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>doxepin topical cream 5 %</i>	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
EFUDEX TOPICAL CREAM 5 %	3	ST
EUCRISA TOPICAL OINTMENT 2 %	2	ST; QL
FLUOROPLEX TOPICAL CREAM 1 %	3	
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution 2 %, 5 %</i>	1	
HYFTOR TOPICAL GEL 0.2 %	4	PA; LA
IODOFLEX TOPICAL PADS, MEDICATED 0.9 %	3	
IODOSORB TOPICAL GEL 0.9 %	3	
LEVULAN TOPICAL SOLUTION 20 %	3	
<i>methoxsalen oral capsule, liqd- filled, rapid rel 10 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>methyl salicylate oil</i>	1	
<i>methyl salicylate topical liquid</i>	1	
OPZELURA TOPICAL CREAM 1.5 %	3	PA; QL
PANRETIN TOPICAL GEL 0.1 %	3	PA
<i>pimecrolimus topical cream 1 %</i>	1	ST; QL
<i>podofilox topical gel 0.5 %</i>	1	ST; QL
<i>podofilox topical solution 0.5 %</i>	1	
<i>prudoxin topical cream 5 %</i>	1	QL
REGRANEX TOPICAL GEL 0.01 %	2	QL
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	1	ST; QL
TOLAK TOPICAL CREAM 4 %	3	
UVADEX INJECTION SOLUTION 20 MCG/ML	2	
VALCHLOR TOPICAL GEL 0.016 %	4	LA
<i>wintergreen oil oil</i>	1	
ZONALON TOPICAL CREAM 5 %	3	QL
THERAPY FOR ACNE		

Drug Name	Drug Tier	Requirements / Limits
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG	3	ST
<i>accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
ACZONE TOPICAL GEL WITH PUMP 7.5 %	3	ST
<i>adapalene topical cream 0.1 %</i>	1	PA
<i>adapalene topical gel 0.3 %</i>	1	PA
<i>adapalene topical gel with pump 0.3 %</i>	1	PA
ADAPALENE TOPICAL LOTION 0.1 %	3	PA
<i>adapalene topical solution 0.1 %</i>	1	PA
<i>adapalene topical swab 0.1 %</i>	1	PA
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %, 0.3-2.5 %</i>	1	PA
AKLIEF TOPICAL CREAM 0.005 %	3	PA
ALTRENO TOPICAL LOTION 0.05 %	3	PA
<i>amneesteem oral capsule 10 mg, 20 mg, 40 mg</i>	1	
AMZEEQ TOPICAL FOAM 4 %	3	ST

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Drug Name	Drug Tier	Requirements / Limits
ARAZLO TOPICAL LOTION 0.045 %	3	PA
AVAR LS TOPICAL CLEANSER 10-2 %	3	ST
<i>avar topical cleanser 10-5 % (w/w)</i>	1	
AVAR-E GREEN TOPICAL CREAM 10-5 % (W/W)	3	ST
AVAR-E LS TOPICAL CREAM 10-2 %	3	ST
<i>azelaic acid topical gel 15 %</i>	1	
AZELEX TOPICAL CREAM 20 %	3	ST
BENZAMYCIN TOPICAL GEL 3-5 %	3	ST
BENZEPRO (MICROSPHERES) TOPICAL CLEANSER 7 %	3	ST
<i>benzoyl peroxide topical cleanser 7 %</i>	1	
<i>benzoyl peroxide topical foam 9.8 %</i>	1	
<i>brimonidine topical gel with pump 0.33 %</i>	1	PA
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
CLEOCIN T TOPICAL LOTION 1 %	3	ST; QL
<i>clindacin etz topical swab 1 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>clindacin p topical swab 1 %</i>	1	
<i>clindacin topical foam 1 %</i>	1	QL
<i>clindamycin phosphate topical foam 1 %</i>	1	QL
<i>clindamycin phosphate topical gel 1 %</i>	1	QL
<i>clindamycin phosphate topical gel, once daily 1 %</i>	1	ST; QL
<i>clindamycin phosphate topical lotion 1 %</i>	1	QL
<i>clindamycin phosphate topical solution 1 %</i>	1	QL
<i>clindamycin phosphate topical swab 1 %</i>	1	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %</i>	1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2 %(1 % base) - 3.75 %, 1.2-2.5 %</i>	1	
<i>clindamycin- tretinoin topical gel 1.2-0.025 %</i>	1	PA
<i>dapsone topical gel 5 %</i>	1	
<i>dapsone topical gel with pump 7.5 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
DIFFERIN TOPICAL CREAM 0.1 %	3	PA
DIFFERIN TOPICAL GEL WITH PUMP 0.3 %	3	PA
DIFFERIN TOPICAL LOTION 0.1 %	3	PA
EPIDUO FORTE TOPICAL GEL WITH PUMP 0.3- 2.5 %	3	PA
<i>ery pads topical swab 2 %</i>	1	
<i>erygel topical gel 2 %</i>	1	
<i>erythromycin with ethanol topical gel 2 %</i>	1	
<i>erythromycin with ethanol topical solution 2 %</i>	1	
<i>erythromycin- benzoyl peroxide topical gel 3-5 %</i>	1	
EVOCLIN TOPICAL FOAM 1 %	3	ST; QL
FINACEA TOPICAL FOAM 15 %	2	ST
FINACEA TOPICAL GEL 15 %	3	ST
<i>isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>ivermectin topical cream 1 %</i>	1	QL
METROCREAM TOPICAL CREAM 0.75 %	3	ST
METROGEL TOPICAL GEL 1 %	3	ST
<i>metronidazole topical cream 0.75 %</i>	1	
<i>metronidazole topical gel 0.75 %, 1 %</i>	1	
<i>metronidazole topical gel with pump 1 %</i>	1	
<i>metronidazole topical lotion 0.75 %</i>	1	
NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL 1.2-5 %	3	ST
<i>neuac topical gel 1.2 %(1 % base) -5 %</i>	1	
ONEXTON TOPICAL GEL WITH PUMP 1.2 %(1 % BASE) -3.75 %	3	ST
PACNEX TOPICAL CLEANSER 7 %	3	ST
PLEXION TOPICAL CLEANSER 9.8-4.8 %	3	ST
PLEXION TOPICAL CREAM 9.8-4.8 %	3	ST

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Drug Name	Drug Tier	Requirements / Limits
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
<i>rosadan topical cream 0.75 %</i>	1	
<i>rosadan topical gel 0.75 %</i>	1	
ROSDAN TOPICAL KIT, CLEANSER AND GEL 0.75 %	3	ST
ROSDAN TOPICAL KIT, CLEANSER AND CREAM 0.75 %	3	ST
ROSULA TOPICAL CLEANSER 10-4.5 %	3	ST
SOOLANTRA TOPICAL CREAM 1 %	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>sss 10-5 topical cream 10-5 % (w/w)</i>	1	
<i>sss 10-5 topical foam 10-5 %</i>	1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 10-5 % (w/w), 9-4 %, 9-4.5 %, 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w), 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %</i>	1	
SUMADAN TOPICAL CLEANSER 9-4.5 %	3	ST
SUMAXIN TOPICAL CLEANSER 9-4 %	3	ST
<i>tazarotene topical cream 0.1 %</i>	1	PA
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	1	PA
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i>	1	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.08 %, 0.1 %</i>	1	PA
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	1	PA
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	1	PA
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
ZIANA TOPICAL GEL 1.2-0.025 %	3	PA
TOPICAL ANESTHETICS		
<i>bupivacaine (pf) injection solution 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml), 0.75 % (7.5 mg/ml)</i>	1	
<i>bupivacaine-epinephrine (pf) injection solution 0.25 %-1:200,000, 0.5 %-1:200,000</i>	1	
<i>chloroprocaine (pf) injection solution 20 mg/ml (2 %)</i>	1	
COCAINE NASAL SOLUTION 4 %	3	
<i>dermacinrx lidocaine topical adhesive patch,medicated 5 %</i>	1	ST
EXPAREL (PF) LOCAL INFILTRATION SUSPENSION 1.3 % (13.3 MG/ML)	3	

Drug Name	Drug Tier	Requirements / Limits
GOPRELTO NASAL SOLUTION 4 %	3	
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)</i>	1	
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i>	1	
<i>lidocaine hcl laryngotracheal solution 4 %</i>	1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
<i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i>	1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1	PA
<i>lidocaine topical ointment 5 %</i>	1	QL
<i>lidocaine viscous mucous membrane solution 2 %</i>	1	
<i>lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000</i>	1	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>lidocaine-prilocaine topical kit 2.5-2.5 %</i>	1	
<i>lidocan iii topical adhesive patch,medicated 5 %</i>	1	ST
<i>lidocan iv topical adhesive patch,medicated 5 %</i>	1	ST
<i>lidocan v topical adhesive patch,medicated 5 %</i>	1	ST
<i>lidocort topical cream 3-0.5 %</i>	1	
MARCAINE-EPINEPHRINE INJECTION CARTRIDGE 0.5 %-1:200,000	3	
NUMBRINO NASAL SOLUTION 4 %	3	
<i>polocaine-mpf injection solution 10 mg/ml (1 %), 20 mg/ml (2 %)</i>	1	
<i>ropivacaine (pf) injection solution 10 mg/ml (1 %), 2 mg/ml (0.2 %), 5 mg/ml (0.5 %), 7.5 mg/ml (0.75 %)</i>	1	
XARACOLL IMPLANT IMPLANT 100 MG	3	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 1 %-1:200,000, 2 %-1:200,000	3	

TOPICAL ANTIBACTERIALS

Drug Name	Drug Tier	Requirements / Limits
ALTABAX TOPICAL OINTMENT 1 %	3	ST; QL
CENTANY AT TOPICAL OINTMENT KIT 2 %	3	ST; QL
CENTANY TOPICAL OINTMENT 2 %	3	ST; QL
<i>gentamicin topical cream 0.1 %</i>	1	QL
<i>gentamicin topical ointment 0.1 %</i>	1	QL
KLARON TOPICAL SUSPENSION 10 %	3	ST
<i>lugols topical solution 5-10 %</i>	1	
<i>mafenide acetate topical packet 50 gram</i>	1	
<i>mupirocin calcium topical cream 2 %</i>	1	ST; QL
<i>mupirocin topical ointment 2 %</i>	1	QL
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	3	
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	3	
<i>strong iodine topical solution 5-10 %</i>	1	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
SULFAMYLON TOPICAL CREAM 85 MG/G	2	
XEPI TOPICAL CREAM 1 %	3	ST; QL
TOPICAL ANTIFUNGALS		
CICLODAN KIT TOPICAL COMBO PACK 0.77 %	3	
<i>ciclodan topical cream 0.77 %</i>	1	QL
<i>ciclodan topical solution 8 %</i>	1	
<i>ciclopirox topical cream 0.77 %</i>	1	QL
<i>ciclopirox topical gel 0.77 %</i>	1	QL
<i>ciclopirox topical shampoo 1 %</i>	1	QL
<i>ciclopirox topical solution 8 %</i>	1	
<i>ciclopirox topical suspension 0.77 %</i>	1	QL
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	1	QL
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	1	QL
<i>econazole topical cream 1 %</i>	1	QL
EXELDERM TOPICAL CREAM 1 %	3	QL
EXELDERM TOPICAL SOLUTION 1 %	3	QL

Drug Name	Drug Tier	Requirements / Limits
EXTINA TOPICAL FOAM 2 %	3	QL
<i>ketoconazole topical cream 2 %</i>	1	QL
<i>ketoconazole topical foam 2 %</i>	1	QL
<i>ketoconazole topical shampoo 2 %</i>	1	QL
<i>ketodan kit topical combo pack 2 %</i>	1	
<i>ketodan topical foam 2 %</i>	1	QL
<i>klayesta topical powder 100,000 unit/gram</i>	1	QL
LOPROX (AS OLAMINE) TOPICAL CREAM 0.77 %	3	QL
LOPROX (AS OLAMINE) TOPICAL SUSPENSION 0.77 %	3	QL
LOPROX KIT TOPICAL COMBO PACK 0.77 %	3	QL
LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER 0.77 %	3	QL
<i>naftifine topical cream 1 %, 2 %</i>	1	QL
<i>naftifine topical gel 2 %</i>	1	QL
NAFTIN TOPICAL GEL 1 %, 2 %	3	QL
<i>nyamyc topical powder 100,000 unit/gram</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>nystatin topical cream 100,000 unit/gram</i>	1	QL
<i>nystatin topical ointment 100,000 unit/gram</i>	1	QL
<i>nystatin topical powder 100,000 unit/gram</i>	1	QL
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	1	QL
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	1	QL
<i>nystop topical powder 100,000 unit/gram</i>	1	QL
<i>oxiconazole topical cream 1 %</i>	1	QL
<i>tavaborole topical solution with applicator 5 %</i>	1	ST
TOPICAL ANTIVIRALS		
<i>acyclovir topical cream 5 %</i>	1	PA; QL
<i>acyclovir topical ointment 5 %</i>	1	PA; QL
DENAVIR TOPICAL CREAM 1 %	3	
<i>penciclovir topical cream 1 %</i>	1	
TOPICAL CORTICOSTEROIDS		

Drug Name	Drug Tier	Requirements / Limits
ALA-SCALP TOPICAL LOTION 2 %	3	ST
<i>alclometasone topical cream 0.05 %</i>	1	
<i>alclometasone topical ointment 0.05 %</i>	1	
<i>amcinonide topical cream 0.1 %</i>	1	ST
<i>amcinonide topical ointment 0.1 %</i>	1	ST
<i>beseer topical lotion 0.05 %</i>	1	ST
<i>betamethasone dipropionate topical cream 0.05 %</i>	1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	1	
<i>betamethasone valerate topical cream 0.1 %</i>	1	
<i>betamethasone valerate topical lotion 0.1 %</i>	1	
<i>betamethasone valerate topical ointment 0.1 %</i>	1	
<i>betamethasone, augmented topical cream 0.05 %</i>	1	
<i>betamethasone, augmented topical gel 0.05 %</i>	1	

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, 2024.

Drug Name	Drug Tier	Requirements / Limits
<i>betamethasone, augmented topical lotion 0.05 %</i>	1	
<i>betamethasone, augmented topical ointment 0.05 %</i>	1	
CAPEX TOPICAL SHAMPOO 0.01 %	3	ST
<i>clobetasol scalp solution 0.05 %</i>	1	QL
<i>clobetasol topical cream 0.05 %</i>	1	QL
<i>clobetasol topical foam 0.05 %</i>	1	ST; QL
<i>clobetasol topical gel 0.05 %</i>	1	QL
<i>clobetasol topical ointment 0.05 %</i>	1	QL
<i>clobetasol topical shampoo 0.05 %</i>	1	ST; QL
<i>clobetasol topical spray, non-aerosol 0.05 %</i>	1	ST; QL
<i>clobetasol-emollient topical cream 0.05 %</i>	1	QL
<i>clobetasol-emollient topical foam 0.05 %</i>	1	ST; QL
CLOBEX TOPICAL SHAMPOO 0.05 %	3	ST; QL
CLOBEX TOPICAL SPRAY, NON-AEROSOL 0.05 %	3	ST; QL
<i>clocortolone pivalate topical cream 0.1 %</i>	1	

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

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

Drug Name	Drug Tier	Requirements / Limits
<i>fluticasone propionate topical ointment 0.005 %</i>	1	
<i>halobetasol propionate topical cream 0.05 %</i>	1	
<i>halobetasol propionate topical foam 0.05 %</i>	1	ST
<i>halobetasol propionate topical ointment 0.05 %</i>	1	
HALOG TOPICAL CREAM 0.1 %	3	ST
HALOG TOPICAL OINTMENT 0.1 %	3	ST
HALOG TOPICAL SOLUTION 0.1 %	3	ST
<i>hydrocortisone butyrate topical cream 0.1 %</i>	1	QL
<i>hydrocortisone butyrate topical lotion 0.1 %</i>	1	ST; QL
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	1	ST; QL
<i>hydrocortisone butyrate topical solution 0.1 %</i>	1	ST; QL
<i>hydrocortisone topical cream 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2 %, 2.5 %</i>	1	
<i>hydrocortisone topical ointment 2.5 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone valerate topical cream 0.2 %</i>	1	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	1	
KENALOG TOPICAL AEROSOL 0.147 MG/GRAM	3	ST; QL
<i>mometasone topical cream 0.1 %</i>	1	
<i>mometasone topical ointment 0.1 %</i>	1	
<i>mometasone topical solution 0.1 %</i>	1	
NUCORT TOPICAL LOTION 2 %	3	ST
OLUX TOPICAL FOAM 0.05 %	3	ST; QL
PANDEL TOPICAL CREAM 0.1 %	3	ST
<i>prednicarbate topical cream 0.1 %</i>	1	
<i>prednicarbate topical ointment 0.1 %</i>	1	
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %	3	ST
<i>scalacort topical lotion 2 %</i>	1	
SYNALAR CREAM KIT TOPICAL CREAM 0.025 %	3	ST

Drug Name	Drug Tier	Requirements / Limits
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
<i>tovet emollient topical foam 0.05 %</i>	1	ST; QL
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	1	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.05 %</i>	1	ST
<i>triderm topical cream 0.1 %</i>	1	
<i>triderm topical cream 0.5 %</i>	1	ST
TOPICAL ENZYMES		
NEXOBRID TOPICAL GEL 8.8 %	3	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	2	QL
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan topical lotion 10 %</i>	1	
ELIMITE TOPICAL CREAM 5 %	3	
EURAX TOPICAL CREAM 10 %	3	
EURAX TOPICAL LOTION 10 %	3	
<i>malathion topical lotion 0.5 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
OVIDE TOPICAL LOTION 0.5 %	3	
<i>permethrin topical cream 5 %</i>	1	
<i>spinosad topical suspension 0.9 %</i>	1	
ULESFIA TOPICAL LOTION 5 %	3	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
ANOREXIANTS		
ADIPEX-P ORAL TABLET 37.5 MG	3	PA; QL
ALLI ORAL CAPSULE 60 MG	2	OTC
<i>benzphetamine oral tablet 50 mg</i>	1	PA; QL
CONTRAVE ORAL TABLET EXTENDED RELEASE 8-90 MG	3	PA; QL
<i>diethylpropion oral tablet 25 mg</i>	1	PA; QL
<i>diethylpropion oral tablet extended release 75 mg</i>	1	PA; QL
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML	4	PA; LA; QL
LOMAIRA ORAL TABLET 8 MG	3	PA; QL
ORLISTAT ORAL CAPSULE 120 MG	3	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>phendimetrazine tartrate oral capsule, extended release 105 mg</i>	1	PA; QL
<i>phendimetrazine tartrate oral tablet 35 mg</i>	1	PA; QL
<i>phentermine oral capsule 15 mg, 30 mg, 37.5 mg</i>	1	PA; QL
<i>phentermine oral tablet 37.5 mg</i>	1	PA; QL
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
WEGOZY 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		

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

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

Drug Name	Drug Tier	Requirements / Limits
CARNITOR ORAL TABLET 330 MG	3	
<i>cevimeline oral capsule 30 mg</i>	1	
CHEMET ORAL CAPSULE 100 MG	2	
DEFENCATH INTRA-CATHETER SOLUTION 13.5 MG- 1,000 UNIT/ML	3	
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	4	PA; LA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	4	PA; LA
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	4	PA; LA
<i>deferiprone oral tablet 1,000 mg, 500 mg</i>	4	PA; LA
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	4	PA; LA
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	4	PA; LA
EVOXAC ORAL CAPSULE 30 MG	3	
EXSERVAN ORAL FILM 50 MG	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
FABHALTA ORAL CAPSULE 200 MG	4	PA; LA
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG	4	PA; LA
FERRIPROX ORAL SOLUTION 100 MG/ML	4	PA; LA
FERRIPROX ORAL TABLET 1,000 MG, 500 MG	4	PA; LA
FERRLECIT INTRAVENOUS SOLUTION 62.5 MG/5 ML	3	
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	4	PA; LA
<i>glutamine (sickle cell) oral powder in packet 5 gram</i>	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

Drug Name	Drug Tier	Requirements / Limits
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	1	
<i>levocarnitine intravenous solution 200 mg/ml</i>	1	
<i>levocarnitine oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral tablet 330 mg</i>	1	
LITFULO ORAL CAPSULE 50 MG	4	PA; LA; QL
LITHOSTAT ORAL TABLET 250 MG	3	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	4	PA; LA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	4	PA; LA
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

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Drug Name	Drug Tier	Requirements / Limits
<i>pilocarpine hcl oral tablet 5 mg</i>	1	
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	4	PA; LA; QL
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7)	4	PA; LA; QL
RADIOGARDASE ORAL CAPSULE 0.5 GRAM	3	
RECLAST INTRAVENOUS PIGGYBACK 5 MG/100 ML	4	LA
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	4	PA; LA
RILUTEK ORAL TABLET 50 MG	3	PA
<i>riluzole oral tablet 50 mg</i>	1	
<i>risedronate oral tablet 30 mg</i>	1	ST; QL
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG	3	
<i>sodium benzoate-sodium phenylacetate intravenous solution 10-10 %</i>	1	
<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>sodium chloride 0.9 % injection solution</i>	1	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1	
<i>sodium chloride 0.9 % intravenous piggyback</i>	1	
<i>sodium chloride injection syringe 0.9 %</i>	1	
<i>sodium chloride irrigation solution 0.9 %</i>	1	
<i>sodium ferric gluconate-sucrose intravenous solution 62.5 mg/5 ml</i>	1	
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	1	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	1	PA
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG	4	PA; LA; QL
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML	4	PA; LA
SYPRINE ORAL CAPSULE 250 MG	3	PA
TAVNEOS ORAL CAPSULE 10 MG	4	PA; LA; QL
TEGLUTIK ORAL SUSPENSION 50 MG/10 ML	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG	4	PA; LA
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	4	PA; LA
<i>tiopronin oral tablet 100 mg</i>	4	PA; LA
<i>tiopronin oral tablet, delayed release (dr/ec) 100 mg, 300 mg</i>	4	PA
<i>trientine oral capsule 250 mg</i>	1	PA
ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML	4	PA; LA
VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1)	4	PA; LA
<i>water for irrigation, sterile irrigation solution</i>	1	
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	4	PA; LA
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	4	PA; LA; QL
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	4	LA

Drug Name	Drug Tier	Requirements / Limits
ZYNRELEF SURGICAL SITE INSTILLATION SOLUTION, EXTENDED RELEASE 200 MG-6 MG /7 ML, 400 MG-12 MG /14 ML	3	
SMOKING DETERRENENTS		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	5	ACA
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	5	ACA
CHANTIX ORAL TABLET 1 MG	5	ACA
CHANTIX STARTING MONTH BOX ORAL TABLETS, DOSE PACK 0.5 MG (11)-1 MG (42)	5	ACA
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24 HR, 21 MG/24 HR, 7 MG/24 HR	2	OTC; QL
NICORETTE BUCCAL GUM 2 MG	2	OTC; QL
<i>nicorette buccal gum 4 mg</i>	5	ACA; OTC; QL

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Drug Name	Drug Tier	Requirements / Limits
NICORETTE BUCCAL LOZENGE 2 MG, 4 MG	2	OTC; QL
NICORETTE BUCCAL MINI LOZENGE 2 MG, 4 MG	2	OTC; QL
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	5	ACA; OTC; QL
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	5	ACA; OTC; QL
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	5	ACA; OTC; QL
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	5	ACA; OTC; QL
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	5	ACA; OTC; QL
NICOTROL INHALATION CARTRIDGE 10 MG	5	ACA
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	5	ACA
<i>quit 2 buccal gum 2 mg</i>	5	ACA; OTC; QL
<i>quit 2 buccal lozenge 2 mg</i>	5	ACA; OTC; QL
<i>quit 4 buccal gum 4 mg</i>	5	ACA; OTC; QL

Drug Name	Drug Tier	Requirements / Limits
<i>quit 4 buccal lozenge 4 mg</i>	5	ACA; OTC; QL
<i>stop smoking aid buccal lozenge 2 mg, 4 mg</i>	5	ACA; OTC; QL
<i>varenicline oral tablet 0.5 mg, 1 mg</i>	5	ACA
<i>varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i>	5	ACA

EAR, NOSE & THROAT MEDICATIONS

MISCELLANEOUS AGENTS

<i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %)</i>	1	QL
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	1	
CLINPRO 5000 DENTAL PASTE 1.1 %	3	
<i>denta 5000 plus dental cream 1.1 %</i>	1	
<i>denta 5000 plus sensitive dental paste 1.1-5 %</i>	1	
<i>dentagel dental gel 1.1 %</i>	1	
<i>fluoride (sodium) dental cream 1.1 %</i>	1	
<i>fluoride (sodium) dental gel 1.1 %</i>	1	
<i>fluoride (sodium) dental paste 1.1 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>fluoride (sodium) dental solution 0.2 %</i>	1	
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 %	3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 %	3	
FLUORIMAX 5000 DENTAL PASTE 1.1 %	3	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 %	3	
FRAICHE 5000 PREVI DENTAL GEL 1.1-3 %	3	
FRAICHE 5000 SENSITIVE DENTAL GEL 1.1-4.5 %	3	
GELX MUCOUS MEMBRANE GEL	3	
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	1	QL
JUST RIGHT 5000 DENTAL PASTE 1.1 %	3	
<i>kourzeq dental paste 0.1 %</i>	1	
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>oralone dental paste 0.1 %</i>	1	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	3	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	1	
PATANASE NASAL SPRAY, NON-AEROSOL 0.6 %	3	QL
PERIDEX MUCOUS MEMBRANE MOUTHWASH 0.12 %	3	
<i>periogard mucous membrane mouthwash 0.12 %</i>	1	
<i>pilocarpine hcl oral tablet 7.5 mg</i>	1	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %	3	
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	

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Drug Name	Drug Tier	Requirements / Limits
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 7.5 MG	3	
<i>sf 5000 plus dental cream 1.1 %</i>	1	
<i>sf dental gel 1.1 %</i>	1	
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	1	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	1	
<i>triamcinolone acetonide dental paste 0.1 %</i>	1	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear) solution 2 %</i>	1	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	1	
DERMOTIC OIL OTIC (EAR) DROPS 0.01 %	3	

Drug Name	Drug Tier	Requirements / Limits
<i>flac otic oil otic (ear) drops 0.01 %</i>	1	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	1	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	1	
OTIC STEROID / ANTIBIOTIC		
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 %	3	ST
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	1	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML	3	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	3	ST

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, 2024.

Drug Name	Drug Tier	Requirements / Limits
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR INJECTION GEL 80 UNIT/ML	4	PA; LA; QL
<i>betamethasone acet,sod phos injection suspension 6 mg/ml</i>	1	
CELESTONE SOLUSPAN INJECTION SUSPENSION 6 MG/ML	3	
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG	3	
<i>cortisone oral tablet 25 mg</i>	1	
<i>deflazacort oral suspension 22.75 mg/ml</i>	4	PA; LA
<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i>	4	PA; LA
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML, 40 MG/ML, 80 MG/ML	3	
<i>dexabliss oral tablets,dose pack 1.5 mg (39 tabs)</i>	1	PA
<i>dexamethasone intensol oral drops 1 mg/ml</i>	1	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>dexamethasone oral tablets,dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs), 1.5 mg (51 tabs)</i>	1	PA
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>	1	
<i>fludrocortisone oral tablet 0.1 mg</i>	1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
KENALOG INJECTION SUSPENSION 10 MG/ML, 40 MG/ML	3	
KENALOG-80 INJECTION SUSPENSION 80 MG/ML	3	
MEDROL (PAK) ORAL TABLETS,DOSE PACK 4 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG	3	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	1	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	1	
<i>millipred dp oral tablets,dose pack 5 mg (21 tabs), 5 mg (48 tabs)</i>	1	
<i>millipred oral tablet 5 mg</i>	1	
ORAPRED ODT ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 30 MG	3	
<i>prednisolone oral solution 15 mg/5 ml</i>	1	
<i>prednisolone oral tablet 5 mg</i>	1	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>prednisone intensol oral concentrate 5 mg/ml</i>	1	
<i>prednisone oral solution 5 mg/5 ml</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	1	
RAYOS ORAL TABLET,DELAYED RELEASE (DR/EC) 1 MG, 2 MG, 5 MG	3	PA
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (21 TABS), 1.5 MG (27 TABS), 1.5 MG (49 TABS)	3	PA
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4 MG	4	PA; LA; QL
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	1	
ZCORT ORAL TABLETS,DOSE PACK 1.5 MG (25 TABS)	3	PA
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>potassium iodide oral solution 1 gram/ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>propylthiouracil oral tablet 50 mg</i>	1	
SSKI ORAL SOLUTION 1 GRAM/ML	3	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
FREESTYLE INSULINX STRIP	2	OTC; QL
FREESTYLE INSULINX TEST STRIPS STRIP	2	OTC; QL
FREESTYLE LITE STRIPS STRIP	2	OTC; QL
FREESTYLE PRECISION NEO STRIPS STRIP	2	OTC; QL
FREESTYLE TEST STRIP	2	OTC; QL
ONETOUCH ULTRA TEST STRIP	2	OTC; QL
ONETOUCH VERIO TEST STRIPS STRIP	2	OTC; QL
PRECISION XTRA TEST STRIP	2	OTC; QL
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
ACE AEROSOL CLOUD ENHANCER SPACER	2	
AEROCHAMBER MECHANICAL VENT SPACER	2	
AEROCHAMBER MINI SPACER	2	

Drug Name	Drug Tier	Requirements / Limits
AEROCHAMBER PLUS FLOW-VU SPACER	2	
AEROCHAMBER PLUS Z STAT 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	
PROCHAMBER SPACER	2	

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Drug Name	Drug Tier	Requirements / Limits
RITEFLO AEROCHAMBER SPACER	2	
SPACE CHAMBER SPACER	2	
VORTEX HOLDING CHAMBER SPACER	2	
GLUCOSE ELEVATING AGENTS		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	2	QL
<i>diazoxide oral suspension 50 mg/ml</i>	1	
<i>glucagon emergency kit (human) injection recon soln 1 mg</i>	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	

Drug Name	Drug Tier	Requirements / Limits
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
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
AGAMATRIX CONTROL HIGH SOLUTION	3	OTC
ASSURE 4 CONTROL SOLUTION COMBO PACK	3	OTC
ASSURE DOSE NORMAL CONTROL SOLUTION	3	OTC
ASSURE PRISM CONTROL 1-2 SOLN SOLUTION	3	OTC
AT HOME A1C DEVICE	3	OTC
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN	2	OTC

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Drug Name	Drug Tier	Requirements / Limits
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN	2	OTC
AUTOSOFT 30 INFUSION SET	2	
AUTOSOFT 90 INFUSION SET	2	
AUTOSOFT XC INFUSION SET 23" INFUSION SET	2	
BD INTEGRA NEEDLE NEEDLE 23 GAUGE X 1"	2	
BD MICROTAINER LANCET 30 GAUGE	2	OTC; QL
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	2	
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	2	OTC
BLOOD GLUCOSE CONTROL, NORMAL SOLUTION	3	OTC
BREEZE 2 CONTROL SOLUTION,HIGH SOLUTION	3	OTC
CARESENS CONTROL A AND B SOLUTION	3	OTC
CARETOUCH CONTROL SOLN L2-L3 SOLUTION	3	OTC

Drug Name	Drug Tier	Requirements / Limits
CEQR SIMPLICITY DEVICE 2 UNIT	2	
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION	3	OTC
CONTOUR CONTROL SOLUTION, NML SOLUTION	3	OTC
CONTOUR NEXT LEV 2 CONTROL SOL 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 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
EASY TALK HIGH CONTROL SOLUTION	3	OTC

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Drug Name	Drug Tier	Requirements / Limits
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
ECLIPSE NEEDLE NEEDLE 27 GAUGE X 1/2"	3	
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

Drug Name	Drug Tier	Requirements / Limits
EMBRACE TALK CONTROL-LOW (L1) SOLUTION	3	OTC
EVERSENSE E3 SENSOR-HOLDER SUBCUTANEOUS DEVICE	3	
EVERSENSE E3 SMART TRANSMITTER DEVICE	3	PA; QL
EVOLUTION NORMAL CONTROL SOLUTION	3	OTC
FORA 6 CONNECT MULTIFUNCTN MTR DEVICE	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

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Drug Name	Drug Tier	Requirements / Limits
FORACARE GDH LOW CONTROL SOLUTION	3	OTC
FREESTYLE CONTROL SOLUTION	2	OTC
FREESTYLE FREEDOM KIT	2	OTC
FREESTYLE FREEDOM LITE KIT	2	OTC
FREESTYLE INSULINX	2	OTC
FREESTYLE LIBRE 14 DAY READER	2	PA; QL
FREESTYLE LIBRE 14 DAY SENSOR KIT	2	PA; QL
FREESTYLE LIBRE 2 READER	2	PA; QL
FREESTYLE LIBRE 2 SENSOR KIT	2	PA; QL
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE	2	PA
FREESTYLE LIBRE 3 READER	2	PA; QL
FREESTYLE LIBRE 3 SENSOR DEVICE	2	PA; QL
FREESTYLE LITE METER KIT	2	OTC
GE100 CONTROL SOLUTION NORMAL SOLUTION	3	OTC

Drug Name	Drug Tier	Requirements / Limits
GENTEEL VACUUM LANCING DEVICE COMBO PACK	3	OTC
GLUCOCARD 01 NORMAL CONTROL SOLUTION	3	OTC
GLUCOCOM CONTROL NORMAL SOLUTION	3	OTC
GLUCOSE CONTROL SOLUTION	3	OTC
GOJJI GLUCOSE CNTRL SOL-NORMAL SOLUTION	3	OTC
GOJJI KETONE CONTROL SOLN-L1 SOLUTION	3	OTC
GOJJI MULTI-FUNCTIONAL METER KIT	3	OTC
GUARDIAN 4 GLUCOSE SENSOR DEVICE	3	PA; QL
GUARDIAN 4 TRANSMITTER DEVICE	3	PA; QL
GUARDIAN CONNECT TRANSMITTER DEVICE	3	PA; QL
GUARDIAN LINK 3 TRANSMITTER DEVICE	3	PA; QL
GUARDIAN SENSOR 3 DEVICE	3	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
HEALTHPRO HIGH-LOW CONTROL SOLUTION	3	OTC
ILET INFUSION KIT-INSET 23" COMBO PACK	2	
ILET INFUSION-CONTACT DTCH 23" COMBO PACK	2	
INFINITY CONTROL SOLUTION NORM SOLUTION	3	OTC
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN	3	PA
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN	3	PA
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN	3	PA
LANCETS 33 GAUGE	2	OTC; QL
LANCING DEVICE	2	OTC
MEDISENSE COMBO PACK	2	OTC
MEDISENSE GLUCOSE KETONE COMBO PACK	2	OTC
MEDTRONIC EXT INFUSION SET 23" INFUSION SET	2	

Drug Name	Drug Tier	Requirements / Limits
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	
MYGLUCOHEALTH H 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
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN	3	
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE	2	QL
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	2	QL

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Drug Name	Drug Tier	Requirements / Limits
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	2	QL
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	2	QL
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	2	QL
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE	2	QL
ON CALL EXPRESS CONTROL SOLUTION	3	OTC
ON CALL PLUS CONTROL SOLUTION	3	OTC
ON CALL VIVID CONTROL SOLUTION	3	OTC
ONETOUCH ULTRA CONTROL SOLUTION	2	OTC
ONETOUCH ULTRA2 METER	2	OTC
ONETOUCH VERIO FLEX METER	2	OTC
ONETOUCH VERIO MID CONTROL SOLUTION	2	OTC

Drug Name	Drug Tier	Requirements / Limits
ONETOUCH VERIO REFLECT METER	2	OTC
PIP GLUCOSE CONTROL SOLN L1-L2 SOLUTION	3	OTC
PRECISION XTRA KETONE-GLUCOSE KIT	2	OTC
PRECISION XTRA MONITOR	2	OTC
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
SILHOUETTE 23" - FULL SET INFUSION SET	2	
SMARTEST CONTROL SOLUTION	3	OTC
SOLUS V2 CONTROL SOLUTION,HIGH SOLUTION	3	OTC
T:FLEX SUBCUTANEOUS CARTRIDGE	2	

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Drug Name	Drug Tier	Requirements / Limits
T:SLIM X2 SUBCUTANEOUS CARTRIDGE	2	
TANDEM MOBI AUTOSOFT 30 KT 23" COMBO PACK	3	
TANDEM MOBI AUTOSOFT XC KIT 5" COMBO PACK	3	
TANDEM MOBI TRUSTEEL KIT 23" COMBO PACK	3	
TELCARE CONTROL SOLUTION	3	OTC
TRUE METRIX LEVEL 1 SOLUTION	3	OTC
TRUSTEEL INFUSION SET 23" INFUSION SET	2	
UNISTRIP LOW CONTROL SOLUTION	3	OTC
VARISOFT INFUSION SET 23" INFUSION SET	2	
V-GO 20 DEVICE	2	PA
V-GO 30 DEVICE	2	PA
V-GO 40 DEVICE	2	PA
VIVAGUARD INO CTRL SOLN-L1,2,3 SOLUTION	3	OTC
WAVESENSE CONTROL SOLUTION SOLUTION	3	OTC
INSULIN THERAPY		

Drug Name	Drug Tier	Requirements / Limits
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	
HUMALOG TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML	2	ST
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	

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

Drug Name	Drug Tier	Requirements / Limits
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	
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	2	
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	

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Drug Name	Drug Tier	Requirements / Limits
LYUMJEV TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML	2	ST
LYUMJEV U-100 INSULIN 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	

Drug Name	Drug Tier	Requirements / Limits
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		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	2	PA; QL
<i>cabergoline oral tablet 0.5 mg</i>	1	QL
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	1	
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>	1	
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	
<i>calcitriol oral solution 1 mcg/ml</i>	1	
CERDELGA ORAL CAPSULE 84 MG	4	PA; LA; QL
<i>cetrotrelax subcutaneous kit 0.25 mg</i>	4	
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	4	LA
CHORIONIC GONADOTROPIN, HUMAN INJECTION RECON SOLN 6,000 UNIT	3	
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i>	1	
<i>clomid oral tablet 50 mg</i>	1	
<i>clomiphene citrate oral tablet 50 mg</i>	1	
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	4	PA; LA; QL
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	PA
DDAVP ORAL TABLET 0.1 MG, 0.2 MG	3	

Drug Name	Drug Tier	Requirements / Limits
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML, 200 MG/ML	3	PA
<i>desmopressin injection solution 4 mcg/ml</i>	4	LA
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	1	ST
DESMOPRESSIN NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	2	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	1	
<i>doxercalciferol intravenous solution 4 mcg/2 ml</i>	1	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	
FORTESTA TRANSDERMAL GEL IN METERED-DOSE PUMP 10 MG/0.5 GRAM /ACTUATION	3	PA; QL
<i>fyremadel subcutaneous syringe 250 mcg/0.5 ml</i>	4	ST; LA
GALAFOLD ORAL CAPSULE 123 MG	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>ganirelix subcutaneous syringe 250 mcg/0.5 ml</i>	4	ST; LA
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300/0.5 UNIT/ML, 450/0.75 UNIT/ML, 900/1.5 UNIT/ML	4	ST; LA
GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT	4	ST; LA
GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT	4	ST; LA
HECTOROL INTRAVENOUS SOLUTION 4 MCG/2 ML	3	
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG	3	PA; QL
<i>javygtor oral powder in packet 100 mg, 500 mg</i>	4	PA; LA
<i>javygtor oral tablet, soluble 100 mg</i>	4	PA; LA
JYNARQUE ORAL TABLET 15 MG, 30 MG	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
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
<i>methyltestosterone oral capsule 10 mg</i>	1	PA
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	3	
<i>mifepristone oral tablet 300 mg</i>	4	PA; LA
<i>miglustat oral capsule 100 mg</i>	4	PA; LA; QL
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	4	PA; LA
NOC DURNA (MEN) SUBLINGUAL TABLET, DISINTEGRATING 55.3 MCG	3	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG	3	ST; QL
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT	4	LA; QL
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
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	1	
PARICALCITOL HEMODIALYSIS PORT INJECTION SOLUTION 2 MCG/ML, 5 MCG/ML	3	
<i>paricalcitol intravenous solution 2 mcg/ml, 5 mcg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	
POMBILITI INTRAVENOUS RECON SOLN 105 MG	4	PA; LA
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT	4	QL
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	3	
ROCALTROL ORAL CAPSULE 0.25 MCG	3	
ROCALTROL ORAL SOLUTION 1 MCG/ML	3	
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	4	PA; LA
<i>sapropterin oral tablet,soluble 100 mg</i>	4	PA; LA
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	4	PA; LA
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	2	PA
TESTOPEL IMPLANT PELLETT 75 MG	4	PA; LA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1	PA
TESTOSTERONE IMPLANT PELLETT 100 MG, 200 MG, 50 MG	3	PA
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	1	PA; QL
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation, 12.5 mg/1.25 gram (1 %), 20.25 mg/1.25 gram (1.62 %)</i>	1	PA; QL
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5 gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i>	1	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	1	PA; QL
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	4	PA; LA; QL
VAPRISOL IN 5 % DEXTROSE INTRAVENOUS SOLUTION 20 MG/100 ML	3	
VASOPRESSIN IN 0.9 % SOD CHLOR INTRAVENOUS 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	
<i>vasopressin intravenous solution 20 unit/ml</i>	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

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Drug Name	Drug Tier	Requirements / Limits
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
ZEMPLAR INTRAVENOUS SOLUTION 2 MCG/ML, 5 MCG/ML	3	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1	
ACTOPLUS MET ORAL TABLET 15- 850 MG	3	QL
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG	3	QL
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	2	PA; QL

Drug Name	Drug Tier	Requirements / Limits
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML, 5 MCG/DOSE (250 MCG/ML) 1.2 ML	2	PA; QL
CYCLOSET ORAL TABLET 0.8 MG	3	
DUETACT ORAL TABLET 30-2 MG, 30-4 MG	3	QL
FARXIGA ORAL TABLET 10 MG, 5 MG	2	ST; QL
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5- 500 mg</i>	1	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 2.5 MG, 5 MG	3	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	2	ST; QL
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	2	QL
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	2	QL
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	QL
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	ST; QL
<i>metformin oral solution 500 mg/5 ml</i>	1	PA
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	QL
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	2	PA; QL
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	QL
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA; QL
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	1	QL
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	1	QL
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	1	QL
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG	3	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	2	PA; QL
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	2	ST; QL
THYROID HORMONES		
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	
<i>euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
LEVOTHYROXINE INTRAVENOUS SOLUTION 100 MCG/ML, 20 MCG/ML, 40 MCG/ML	3	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>liothyronine intravenous solution 10 mcg/ml</i>	1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	
<i>niva thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	

GASTROENTEROLOGY

ANTIDIARRHEALS & ANTISPASMODICS

<i>anaspaz oral tablet, disintegrating 0.125 mg</i>	1	
<i>atropine in 0.9 % sod chloride intravenous syringe 0.8 mg/2 ml (0.4 mg/ml)</i>	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	
<i>atropine injection solution 0.4 mg/ml</i>	1	
<i>atropine injection syringe 0.1 mg/ml</i>	1	
<i>atropine intravenous solution 0.4 mg/ml, 1 mg/ml</i>	1	
<i>atropine intravenous syringe 0.25 mg/5 ml (0.05 mg/ml), 0.8 mg/2 ml (0.4 mg/ml)</i>	1	
<i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>	1	PA

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Drug Name	Drug Tier	Requirements / Limits
BENTYL INTRAMUSCULAR SOLUTION 10 MG/ML	3	
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	1	
<i>dicyclomine intramuscular solution 10 mg/ml</i>	1	
<i>dicyclomine oral capsule 10 mg</i>	1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	1	
<i>dicyclomine oral tablet 20 mg</i>	1	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	
DONNATAL ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML	3	
DONNATAL ORAL TABLET 16.2-0.1037 -0.0194 MG	3	
<i>ed-spaz oral tablet, disintegrating 0.125 mg</i>	1	
GLYCATE ORAL TABLET 1.5 MG	3	
GLYCOPYRROLATE (PF) IN WATER INJECTION SYRINGE 0.2 MG/ML	3	

Drug Name	Drug Tier	Requirements / Limits
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml), 1 mg/5 ml (0.2 mg/ml)</i>	1	
GLYCOPYRROLATE (PF) IN WATER INTRAVENOUS SYRINGE 0.6 MG/3 ML (0.2 MG/ML)	3	
<i>glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)</i>	1	
<i>glycopyrrolate injection solution 0.2 mg/ml</i>	1	
<i>glycopyrrolate intravenous syringe 0.6 mg/3 ml (0.2 mg/ml), 1 mg/5 ml (0.2 mg/ml)</i>	1	
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 1.5 mg, 2 mg</i>	1	
GLYRX-PF INJECTION SOLUTION 0.2 MG/ML	3	
GLYRX-PF INJECTION SYRINGE 0.6 MG/3 ML (0.2 MG/ML), 1 MG/5 ML (0.2 MG/ML)	3	
HYOSCYAMINE SULFATE INJECTION SOLUTION 0.5 MG/ML	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>	1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	1	
<i>hyoscyamine sulfate oral tablet, disintegrating 0.125 mg</i>	1	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	1	
<i>hyosyne oral drops 0.125 mg/ml</i>	1	
<i>hyosyne oral elixir 0.125 mg/5 ml</i>	1	
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	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
MOTOFEN ORAL TABLET 1-0.025 MG	3	
NULEV ORAL TABLET, DISINTEGRATING 0.125 MG	3	
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	1	
<i>oscimin oral tablet 0.125 mg</i>	1	
<i>oscimin sl sublingual tablet 0.125 mg</i>	1	
<i>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 - 0.0194 mg/5 ml</i>	1	
<i>phenobarb-hyoscy-atropine-scop oral tablet 16.2-0.1037 - 0.0194 mg</i>	1	
<i>phenohydro oral elixir 16.2-0.1037 - 0.0194 mg/5 ml</i>	1	
<i>phenohydro oral tablet 16.2-0.1037 - 0.0194 mg</i>	1	
ROBINUL FORTE ORAL TABLET 2 MG	3	
ROBINUL ORAL TABLET 1 MG	3	
SYMAX DUOTAB ORAL TABLET, EXTENDED RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG)	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>symax fastabs oral tablet, disintegrating 0.125 mg</i>	1	
<i>symax-sl sublingual tablet 0.125 mg</i>	1	
<i>symax-sr oral tablet extended release 12 hr 0.375 mg</i>	1	

MISCELLANEOUS AGENTS

AURYXIA ORAL TABLET 210 MG IRON	3	PA
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i>	1	QL
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	2	QL
RENVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM	3	QL
RENVELA ORAL TABLET 800 MG	3	QL
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	1	QL
<i>sevelamer carbonate oral tablet 800 mg</i>	1	QL
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	1	QL
<i>sodium polystyrene sulfonate oral powder</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	1	
<i>sps (with sorbitol) rectal enema 30-40 gram/120 ml</i>	1	

VELPHORO ORAL TABLET, CHEWABLE 500 MG	2	QL
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VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	2	QL
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MISCELLANEOUS GASTROINTESTINAL AGENTS

AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG	3	
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AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION 235 MG-0.25 MG /20 ML	3	
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<i>alosetron oral tablet 0.5 mg, 1 mg</i>	1	
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<i>alvimopan oral capsule 12 mg</i>	1	
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ANA-LEX KIT RECTAL KIT 2-2 %	3	
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<i>anucort-hc rectal suppository 25 mg</i>	1	
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<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	1	QL
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Drug Name	Drug Tier	Requirements / Limits
<i>aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)</i>	1	QL
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM	3	ST
AZULFIDINE ENTABS ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	3	ST
AZULFIDINE ORAL TABLET 500 MG	3	ST
<i>balsalazide oral capsule 750 mg</i>	1	
BARHEMSYS INTRAVENOUS SOLUTION 10 MG/4 ML (2.5 MG/ML), 5 MG/2 ML (2.5 MG/ML)	3	
<i>betaine oral powder 1 gram/scoop</i>	4	PA
<i>budesonide oral capsule,delayed,extended.release 3 mg</i>	1	
<i>budesonide oral tablet,delayed and ext.release 9 mg</i>	1	
<i>budesonide rectal foam 2 mg/actuation</i>	1	
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG	4	PA; LA; QL
BYLVAY ORAL PELLETT 200 MCG, 600 MCG	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
CHENODAL ORAL TABLET 250 MG	4	LA
CHOLBAM ORAL CAPSULE 250 MG	4	PA; LA
CHOLBAM ORAL CAPSULE 50 MG	4	PA; LA; QL
<i>citrate of magnesia oral solution</i>	5	ACA; OTC
<i>citroma oral solution</i>	5	ACA; OTC
<i>clearlax oral powder 17 gram/dose</i>	5	ACA; OTC
COLAZAL ORAL CAPSULE 750 MG	3	ST
COMPAZINE ORAL TABLET 10 MG, 5 MG	3	
COMPAZINE RECTAL SUPPOSITORY 25 MG	3	
<i>compro rectal suppository 25 mg</i>	1	
<i>constulose oral solution 10 gram/15 ml</i>	1	
CORTENEMA RECTAL ENEMA 100 MG/60 ML	3	

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, 2024.

Drug Name	Drug Tier	Requirements / Limits
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	2	
<i>cromolyn oral concentrate 100 mg/5 ml</i>	1	
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC) 10-10 MG	3	PA; QL
<i>dimenhydrinate injection solution 50 mg/ml</i>	1	
<i>doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg</i>	1	PA; QL
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	
<i>droperidol injection solution 2.5 mg/ml</i>	1	
<i>dulcolax (magnesium hydroxide) oral suspension 400 mg/5 ml</i>	5	ACA; OTC
ENTYVIO INTRAVENOUS RECON SOLN 300 MG	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
<i>enulose oral solution 10 gram/15 ml</i>	1	
<i>fleet laxative (bisacodyl) oral tablet,delayed release (dr/ec) 5 mg</i>	5	ACA; OTC
<i>fosaprepitant intravenous recon soln 150 mg</i>	1	
GASTROCROM ORAL CONCENTRATE 100 MG/5 ML	3	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	4	PA; LA; QL
<i>gavilax oral powder 17 gram/dose</i>	5	ACA; OTC
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	5	ACA
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	5	ACA
<i>gavilyte-n oral recon soln 420 gram</i>	5	ACA
<i>generlac oral solution 10 gram/15 ml</i>	1	
<i>gentle laxative (bisacodyl) oral tablet,delayed release (dr/ec) 5 mg</i>	5	ACA; OTC
<i>gentle laxative (mag hydrox) oral suspension 400 mg/5 ml</i>	5	ACA; OTC
<i>gentlelax oral powder 17 gram/dose</i>	5	ACA; OTC

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Drug Name	Drug Tier	Requirements / Limits
GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	3	
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml), 100 mcg/ml</i>	1	
<i>granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)</i>	1	
<i>granisetron hcl oral tablet 1 mg</i>	1	QL
<i>hemmorex-hc rectal suppository 25 mg</i>	1	
<i>hydrocortisone acetate rectal suppository 25 mg</i>	1	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	1	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	1	
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	1	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)</i>	1	ST
KINEVAC INJECTION RECON SOLN 5 MCG	2	
KRISTALOSE ORAL PACKET 10 GRAM, 20 GRAM	3	

Drug Name	Drug Tier	Requirements / Limits
<i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i>	1	
<i>laxative (bisacodyl) oral tablet, delayed release (dr/ec) 5 mg</i>	5	ACA; OTC
<i>laxative peg 3350 oral powder 17 gram/dose</i>	5	ACA; OTC
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	1	
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL 3 %-2.5 % (7 GRAM)	3	
<i>lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram), 3-0.5 %, 3-1 % (7 gram)</i>	1	
<i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>	1	
<i>lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)</i>	1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	2	QL
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML	4	PA; LA
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>magnesium citrate oral solution</i>	5	ACA; OTC
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG	3	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	1	
<i>mesalamine oral capsule, extended release 500 mg</i>	1	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	1	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram, 800 mg</i>	1	
<i>mesalamine rectal enema 4 gram/60 ml</i>	1	
<i>mesalamine rectal suppository 1,000 mg</i>	1	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	1	
<i>metoclopramide hcl injection solution 5 mg/ml</i>	1	
<i>metoclopramide hcl injection syringe 5 mg/ml</i>	1	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	ST
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	

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

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Drug Name	Drug Tier	Requirements / Limits
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1	QL
<i>onelax magnesium citrate oral solution</i>	5	ACA; OTC
<i>oral saline laxative oral liquid 7.2-2.7 gram/15 ml</i>	5	ACA; OTC
PALONOSETRON INTRAVENOUS SOLUTION 0.25 MG/2 ML	3	
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	1	
<i>palonosetron intravenous syringe 0.25 mg/5 ml</i>	1	
PANCREAZE ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800-98,400 UNIT, 2,600-8,800-15,200 UNIT, 21,000-54,700-83,900 UNIT, 37,000-97,300-149,900 UNIT, 4,200-14,200-24,600 UNIT	2	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	5	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i>	5	ACA
<i>peg-electrolyte soln oral recon soln 420 gram</i>	5	ACA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	2	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	3	
<i>phosphate laxative oral liquid 7.2-2.7 gram/15 ml</i>	5	ACA; OTC
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i>	5	ACA; OTC
<i>powderlax oral powder 17 gram/dose</i>	5	ACA; OTC
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml</i>	1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	1	
PROCORT RECTAL CREAM 1.85-1.15 %	3	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	1	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	1	
<i>purelax oral powder 17 gram/dose</i>	5	ACA; OTC
RECTIV RECTAL OINTMENT 0.4 % (W/W)	2	
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
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	1	
SFROWASA RECTAL ENEMA 4 GRAM/60 ML	3	

Drug Name	Drug Tier	Requirements / Limits
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
<i>smoothlax oral powder 17 gram/dose</i>	5	ACA; OTC
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	5	ACA
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	4	PA; LA
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet,delayed release (dr/ec) 500 mg</i>	1	
SUSTOL SUBCUTANEOUS LIQUID,EXTENDED RELEASE SYRING 10 MG/0.4 ML	3	
SYMPROIC ORAL TABLET 0.2 MG	2	PA
SYNDROS ORAL SOLUTION 5 MG/ML	3	

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Drug Name	Drug Tier	Requirements / Limits
TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML	3	
<i>trimethobenzamide oral capsule 300 mg</i>	1	
TRULANCE ORAL TABLET 3 MG	2	
UCERIS ORAL TABLET, DELAYED AND EXT.RELEASE 9 MG	3	
UCERIS RECTAL FOAM 2 MG/ACTUATION	2	
URSO 250 ORAL TABLET 250 MG	3	
URSO FORTE ORAL TABLET 500 MG	3	
<i>ursodiol oral capsule 200 mg, 300 mg, 400 mg</i>	1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	
VARUBI ORAL TABLET 90 MG	2	QL
VIBERZI ORAL TABLET 100 MG, 75 MG	2	PA
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT	2	
VOWST ORAL CAPSULE	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>women's gentle laxative(bisac) oral tablet, delayed release (dr/ec) 5 mg</i>	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		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	1	QL
<i>bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	1	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	1	
CYTOTEC ORAL TABLET 100 MCG, 200 MCG	3	
<i>dexlansoprazole oral capsule,biphase delayed releas 30 mg</i>	1	ST; QL
<i>dexlansoprazole oral capsule,biphase delayed releas 60 mg</i>	1	ST
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	1	ST
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	1	ST; QL
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	1	ST
<i>esomeprazole sodium intravenous recon soln 20 mg, 40 mg</i>	1	
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	1	
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i>	1	

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

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Drug Name	Drug Tier	Requirements / Limits
PANTOPRAZOLE IN 0.9% SOD CHLOR INTRAVENOUS PIGGYBACK 40 MG/100 ML (0.4 MG/ML), 80 MG/100 ML (0.8 MG/ML)	3	
<i>pantoprazole intravenous recon soln 40 mg</i>	1	
<i>pantoprazole oral granules dr for susp in packet 40 mg</i>	1	ST
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	QL
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	
PEPCID ORAL TABLET 40 MG	3	
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	ST
<i>sucralfate oral suspension 100 mg/ml</i>	1	
<i>sucralfate oral tablet 1 gram</i>	1	
TALICIA ORAL CAPSULE, IR - DELAY REL, BIPHASE 10-250-12.5 MG	2	QL

Drug Name	Drug Tier	Requirements / Limits
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)	3	
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG	3	
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY		
ANTIVIRALS		
<i>ribavirin oral capsule 200 mg</i>	4	LA
<i>ribavirin oral tablet 200 mg</i>	4	LA
BIOTECHNOLOGY DRUGS		
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
LEUKINE INJECTION RECON SOLN 250 MCG	4	PA; LA
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	4	LA

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Drug Name	Drug Tier	Requirements / Limits
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	4	PA; LA
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA; LA
<i>plerixafor subcutaneous solution 24 mg/1.2 ml (20 mg/ml)</i>	4	LA
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	4	PA; LA
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	4	LA
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

Drug Name	Drug Tier	Requirements / Limits
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
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

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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
MULTIPLE SCLEROSIS AGENTS		
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	4	PA; LA; QL
BETASERON SUBCUTANEOUS KIT 0.3 MG	4	PA; LA; QL
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)-240 mg (46), 240 mg</i>	4	PA; LA; QL
<i> fingolimod oral capsule 0.5 mg</i>	4	PA; LA; QL
<i> glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	4	PA; LA; QL
<i> glatopa subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	4	PA; LA; QL
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	4	PA; LA; QL
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	4	PA; LA; QL
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	4	PA; LA; QL
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	4	PA; LA; QL
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	4	PA; LA; QL
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	4	PA; LA; QL
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	4	PA; LA; QL
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	4	PA; LA; QL
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	4	PA; LA; QL
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	4	PA; LA; QL
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	4	PA; LA; QL
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; LA; QL
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; LA; QL
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3)	4	PA; LA; QL
PONVORY ORAL TABLET 20 MG	4	PA; LA; QL
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; LA; QL
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; LA; QL
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; LA; QL
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	4	PA; 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
AFLURIA TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	5	ACA

Drug Name	Drug Tier	Requirements / Limits
AFLURIA TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/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	
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 SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	5	ACA
CAPVAXIVE INTRAMUSCULAR SYRINGE 0.5 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
ERVEBO(PF)(NATIONAL STOCKPILE) INTRAMUSCULAR SUSPENSION 1 ML	3	
FLUAD TRIV 2024-25(65Y UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	5	ACA
FLUARIX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	5	ACA
FLUBLOK TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML	5	ACA
FLUCELVAX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
FLUCELVAX TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	5	ACA
FLULAVAL TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	5	ACA
FLUMIST TRIVALENT 2024-2025 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	5	ACA
FLUZONE HIGH-DOSE TRIV 24-25 INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	5	ACA
FLUZONE TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	5	ACA
FLUZONE TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	5	ACA
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	4	

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

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, 2024.

Drug Name	Drug Tier	Requirements / Limits
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 INTRAMUSCULA R SOLUTION 220 UNIT/ML, 220 UNIT/ML (5 ML)	2	
HYPERHEP B NEONATAL INTRAMUSCULA R SYRINGE 110 UNIT/0.5 ML	2	
HYPERRAB (PF) INTRAMUSCULA R SOLUTION 300 UNIT/ML	2	
HYPERTET (PF) INTRAMUSCULA R 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) INTRAMUSCULA R SOLUTION 150 UNIT/ML	2	

Drug Name	Drug Tier	Requirements / Limits
IMOVAX RABIES VACCINE (PF) INTRAMUSCULA R RECON SOLN 2.5 UNIT	2	
INFANRIX (DTAP) (PF) INTRAMUSCULA R SYRINGE 25-58- 10 LF-MCG- LF/0.5ML	5	ACA
IPOLE INJECTION SUSPENSION 40-8- 32 UNIT/0.5 ML	5	ACA
IXCHIQ (PF) INTRAMUSCULA R RECON SOLN 1,000 TCID50/0.5 ML	2	
IXIARO (PF) INTRAMUSCULA R SYRINGE 6 MCG/0.5 ML	2	
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	2	
KEDRAB (PF) INTRAMUSCULA R SOLUTION 150 UNIT/ML	3	
KINRIX (PF) INTRAMUSCULA R SYRINGE 25 LF- 58 MCG-10 LF/0.5 ML	5	ACA
MENQUADFI (PF) INTRAMUSCULA R SOLUTION 10 MCG/0.5 ML	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	5	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	5	ACA
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	5	ACA
MODERNA COVID 23-24(6M-11Y)PF INTRAMUSCULAR SUSPENSION 25 MCG/0.25 ML	5	ACA
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, GREATER THAN 312 UNIT/ML	3	
NOVAVAX COVID 2023-24(PF)(EUA) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML	5	ACA

Drug Name	Drug Tier	Requirements / Limits
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
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	5	ACA
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	5	ACA
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	5	ACA
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTIO N 10EXP3.4-4.2- 3.3CCID50/0.5ML	5	ACA
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTIO N 10EXP3-4.3-3- 3.99 TCID50/0.5	5	ACA
QUADRACEL (PF) INTRAMUSCULA R SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	5	ACA
QUADRACEL (PF) INTRAMUSCULA R SYRINGE 15 LF- 48 MCG- 5 LF UNIT/0.5ML	5	ACA
RABAVERT (PF) INTRAMUSCULA R SUSPENSION FOR RECONSTITUTIO N 2.5 UNIT	2	
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT	2	PA
RECOMBIVAX HB (PF) INTRAMUSCULA R SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	5	ACA

Drug Name	Drug Tier	Requirements / Limits
RECOMBIVAX HB (PF) INTRAMUSCULA R 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) INTRAMUSCULA R SUSPENSION FOR RECONSTITUTIO N 50 MCG/0.5 ML	5	ACA; QL
SPIKEVAX 2023- 2024(12Y UP)(PF) INTRAMUSCULA R SUSPENSION 50 MCG/0.5 ML	5	ACA
SPIKEVAX 2023- 2024(12Y UP)(PF) INTRAMUSCULA R SYRINGE 50 MCG/0.5 ML	5	ACA
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTIO N 1,000 UNIT/0.5 ML	2	
TDVAX INTRAMUSCULA R SUSPENSION 2- 2 LF UNIT/0.5 ML	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
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	

Drug Name	Drug Tier	Requirements / Limits
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	5	ACA
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	5	ACA
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	5	ACA
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML	2	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	2	
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML	5	ACA
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML	5	ACA
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
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	

IMMUNOLOGY

INTERLEUKINS

<i>imiquimod topical cream in packet 3.75 % , 5 %</i>	1	
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MUSCULOSKELETAL & RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>allopurinol sodium intravenous recon soln 500 mg</i>	1	
<i>aloprim intravenous recon soln 500 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>colchicine oral capsule 0.6 mg</i>	1	
<i>colchicine oral tablet 0.6 mg</i>	1	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	1	ST
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML	3	
MITIGARE ORAL CAPSULE 0.6 MG	2	
<i>probenecid oral tablet 500 mg</i>	1	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	1	
ZYLOPRIM ORAL TABLET 100 MG	3	

OSTEOPOROSIS THERAPY

<i>alendronate oral solution 70 mg/75 ml</i>	1	QL
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	QL
EVISTA ORAL TABLET 60 MG	3	
<i>ibandronate intravenous solution 3 mg/3 ml</i>	4	LA
<i>ibandronate intravenous syringe 3 mg/3 ml</i>	4	LA
<i>ibandronate oral tablet 150 mg</i>	1	QL
<i>raloxifene oral tablet 60 mg</i>	5	ACA
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	1	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>	1	ST; QL
<i>teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml)</i>	4	PA; LA; QL
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	4	PA; LA; QL
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	4	PA; LA; QL
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	4	PA; LA; QL
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	4	PA; LA; QL
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML	4	PA; LA; QL
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
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
ADALIMUMAB-ADBM(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	4	PA; LA; QL
ADALIMUMAB-ADBM(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	4	PA; LA; QL
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

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Drug Name	Drug Tier	Requirements / Limits
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	4	PA; LA; QL
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	4	PA; LA; QL
CYLTEZO(CF) PEN CROHN'S-UC- HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	4	PA; LA; QL
CYLTEZO(CF) PEN PSORIASIS- UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	4	PA; LA; QL
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	4	PA; LA; QL
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	4	PA; LA; QL
DEPEN TITRATABS ORAL TABLET 250 MG	3	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
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
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	QL
OTEZLA ORAL TABLET 20 MG	2	PA; LA
OTEZLA ORAL TABLET 30 MG	4	PA; LA; QL
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51)	2	PA; LA
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (4)-30 MG (47)	4	PA; LA; QL
<i>penicillamine oral tablet 250 mg</i>	1	PA

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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
RIDAURA ORAL CAPSULE 3 MG	2	
RINVOQ LQ ORAL SOLUTION 1 MG/ML	4	PA; LA; QL
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	4	PA; LA; QL
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	2	ST; QL
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)- 25 MG(8)-50 MG(42)	2	ST; QL
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	4	PA; LA; QL
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; LA; QL
XELJANZ ORAL SOLUTION 1 MG/ML	4	PA; LA; QL
XELJANZ ORAL TABLET 10 MG, 5 MG	4	PA; LA; QL
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	4	PA; LA; QL
OBSTETRICS & GYNECOLOGY		
DIAPHRAGMS AND OTHER NON- ORAL CONTRACEPTIVES		
CAYA CONTOURED VAGINAL DIAPHRAGM 65- 80 MM	5	ACA
DUREX AVANTI BARE REAL FEEL	5	ACA; OTC
DUREX TROPICAL CONDOM DEVICE	5	ACA; OTC
FC2 FEMALE CONDOM	5	ACA; OTC
FEMCAP VAGINAL DEVICE 22 MM	5	ACA
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG	5	ACA; LA

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Drug Name	Drug Tier	Requirements / Limits
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
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM	5	ACA
ESTROGENS & PROGESTINS		
ACTIVELLA ORAL TABLET 1-0.5 MG	3	
<i>amabelz oral tablet 0.5-0.1 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	3	
AYGESTIN ORAL TABLET 5 MG	3	
<i>camila oral tablet 0.35 mg</i>	5	ACA
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.06 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	3	QL
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	2	
<i>covaryx h.s. oral tablet 0.625-1.25 mg</i>	1	
<i>covaryx oral tablet 1.25-2.5 mg</i>	1	
CRINONE VAGINAL GEL 8 %	4	LA
<i>deblitane oral tablet 0.35 mg</i>	5	ACA
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML, 40 MG/ML	3	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	2	

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Drug Name	Drug Tier	Requirements / Limits
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
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL
DUAVEE ORAL TABLET 0.45-20 MG	2	
<i>eemt hs oral tablet 0.625-1.25 mg</i>	1	
<i>eemt oral tablet 1.25-2.5 mg</i>	1	
<i>emzahh oral tablet 0.35 mg</i>	5	ACA
<i>errin oral tablet 0.35 mg</i>	5	ACA
ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG	3	
ESTRADIOL IMPLANT PELLETT 6 MG	3	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>estradiol transdermal gel in metered-dose pump 1.25 gram/actuation</i>	1	ST; QL
<i>estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%), 1 mg/gram (0.1 %), 1.25 mg/1.25 gram (0.1 %)</i>	1	ST; QL
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	1	
<i>estradiol vaginal tablet 10 mcg</i>	1	
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>	1	
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>heather oral tablet 0.35 mg</i>	5	ACA
<i>incassia oral tablet 0.35 mg</i>	5	ACA
<i>jencycla oral tablet 0.35 mg</i>	5	ACA
<i>jinteli oral tablet 1-5 mg-mcg</i>	1	
<i>lyleq oral tablet 0.35 mg</i>	5	ACA
<i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL
<i>lyza oral tablet 0.35 mg</i>	5	ACA
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	5	ACA; QL
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	5	ACA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	3	QL
<i>mimvey oral tablet 1-0.5 mg</i>	1	
<i>nora-be oral tablet 0.35 mg</i>	5	ACA
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	5	ACA
<i>norethindrone acetate oral tablet 5 mg</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
OPILL ORAL TABLET 0.075 MG	5	ACA; OTC
PREMARIN INJECTION RECON SOLN 25 MG	2	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	2	
<i>progesterone intramuscular oil 50 mg/ml</i>	4	LA
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	1	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>sharobel oral tablet 0.35 mg</i>	5	ACA
<i>tulana oral tablet 0.35 mg</i>	5	ACA
<i>yuvafem vaginal tablet 10 mcg</i>	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	
<i>clindamycin phosphate vaginal cream 2 %</i>	1	
CLINDESSE VAGINAL CREAM, EXTENDED RELEASE 2 %	3	
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	5	ACA
<i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i>	5	ACA
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	5	ACA

Drug Name	Drug Tier	Requirements / Limits
GYNAZOLE-1 VAGINAL CREAM 2 %	3	
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	5	ACA
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	
<i>miconazole-3 vaginal suppository 200 mg</i>	1	
MYFEMBREE ORAL TABLET 40-1-0.5 MG	2	PA
NEXPLANON SUBDERMAL IMPLANT 68 MG	5	ACA; LA
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	5	ACA
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	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>terconazole vaginal suppository 80 mg</i>	1	
<i>tranexamic acid oral tablet 650 mg</i>	1	
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 %	2	
<i>vandazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	5	ACA; OTC
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	5	ACA; OTC
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	5	ACA
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	5	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	5	ACA
<i>after pill oral tablet 1.5 mg</i>	5	ACA; OTC; QL
AFTERA ORAL TABLET 1.5 MG	3	OTC; QL
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	5	ACA
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	5	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	5	ACA
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	5	ACA
<i>amethyst (28) oral tablet 90-20 mcg (28)</i>	5	ACA
<i>apri oral tablet 0.15-0.03 mg</i>	5	ACA
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	5	ACA
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	5	ACA
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	5	ACA
<i>aubra oral tablet 0.1-20 mg-mcg</i>	5	ACA
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	5	ACA
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	5	ACA
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	5	ACA
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	5	ACA
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	5	ACA

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

Drug Name	Drug Tier	Requirements / Limits
<i>chateal (28) oral tablet 0.15-0.03 mg</i>	5	ACA
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	5	ACA
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	5	ACA
<i>curae oral tablet 1.5 mg</i>	5	ACA; OTC; QL
<i>cyred eq oral tablet 0.15-0.03 mg</i>	5	ACA
<i>cyred oral tablet 0.15-0.03 mg</i>	5	ACA
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	5	ACA
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	5	ACA
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	5	ACA
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	5	ACA
<i>dolishale oral tablet 90-20 mcg (28)</i>	5	ACA
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)</i>	5	ACA
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>econtra ez oral tablet 1.5 mg</i>	5	ACA; OTC; QL
<i>econtra one-step oral tablet 1.5 mg</i>	5	ACA; OTC; QL
<i>elinest oral tablet 0.3-30 mg-mcg</i>	5	ACA
ELLA ORAL TABLET 30 MG	5	ACA; QL
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	5	ACA
<i>enskyce oral tablet 0.15-0.03 mg</i>	5	ACA
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	5	ACA
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	5	ACA
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	5	ACA
<i>finzala oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	5	ACA
<i>gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	5	ACA
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	5	ACA
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	5	ACA
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	5	ACA
<i>hailey oral tablet 1.5-30 mg-mcg</i>	5	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>her style oral tablet 1.5 mg</i>	5	ACA; OTC; QL
<i>iclevia oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	5	ACA
<i>isibloom oral tablet 0.15-0.03 mg</i>	5	ACA
<i>jaimiess oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	5	ACA
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	5	ACA
<i>jolessa oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	5	ACA
<i>joyeaux oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	5	ACA
<i>juleber oral tablet 0.15-0.03 mg</i>	5	ACA
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	5	ACA
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	5	ACA
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	5	ACA
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	5	ACA
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>kaitlib fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	5	ACA
<i>kalliga oral tablet 0.15-0.03 mg</i>	5	ACA
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	5	ACA
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	5	ACA
<i>kelnor 1/50 (28) oral tablet 1-50 mg-mcg</i>	5	ACA
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	5	ACA
<i>l norgest/e.estradiol-e.estradiol oral tablets, dose pack, 3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7)</i>	5	ACA
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	5	ACA
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	5	ACA
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	5	ACA
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	5	ACA
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	5	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>layolis fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	5	ACA
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	5	ACA
<i>lessina oral tablet 0.1-20 mg-mcg</i>	5	ACA
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	5	ACA
<i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	5	ACA
<i>levonorgestrel oral tablet 1.5 mg</i>	5	ACA; OTC; QL
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	5	ACA
<i>levonorgestrel-ethinyl estradiol oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	5	ACA
<i>levonorg-eth estradiol triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	5	ACA
<i>levora-28 oral tablet 0.15-0.03 mg</i>	5	ACA
<i>lojaimiess oral tablets, dose pack, 3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	5	ACA
<i>loryna (28) oral tablet 3-0.02 mg</i>	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	5	ACA
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	5	ACA
<i>lutra (28) oral tablet 0.1-20 mg-mcg</i>	5	ACA
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	5	ACA
<i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	5	ACA
<i>mibelas 24 fe oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	5	ACA
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	5	ACA
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	5	ACA
<i>microgestin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	5	ACA
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	5	ACA
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	5	ACA
<i>mili oral tablet 0.25-35 mg-mcg</i>	5	ACA
<i>mono-lynyah oral tablet 0.25-35 mg-mcg</i>	5	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>my choice oral tablet 1.5 mg</i>	5	ACA; OTC; QL
<i>my way oral tablet 1.5 mg</i>	5	ACA; OTC; QL
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	5	ACA
<i>new day oral tablet 1.5 mg</i>	5	ACA; OTC; QL
<i>nikki (28) oral tablet 3-0.02 mg</i>	5	ACA
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)</i>	5	ACA
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	5	ACA
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	5	ACA
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9), 1.5 mg-30 mcg (21)/75 mg (7)</i>	5	ACA
<i>norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	5	ACA
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	5	ACA
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	5	ACA
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	5	ACA
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	5	ACA
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i>	5	ACA
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg-35 mcg</i>	5	ACA
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	5	ACA
<i>ocella oral tablet 3-0.03 mg</i>	5	ACA
<i>opcicon one-step oral tablet 1.5 mg</i>	5	ACA; OTC; QL
<i>option-2 oral tablet 1.5 mg</i>	5	ACA; OTC; QL
<i>philith oral tablet 0.4-35 mg-mcg</i>	5	ACA
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	5	ACA
PLAN B ONE-STEP ORAL TABLET 1.5 MG	2	OTC; QL

Drug Name	Drug Tier	Requirements / Limits
<i>portia 28 oral tablet 0.15-0.03 mg</i>	5	ACA
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	5	ACA
<i>rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	5	ACA
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	5	ACA
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	5	ACA
<i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	5	ACA
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	5	ACA
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	5	ACA
<i>syeda oral tablet 3-0.03 mg</i>	5	ACA
TAKE ACTION ORAL TABLET 1.5 MG	3	OTC; QL
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	5	ACA
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	5	ACA
<i>taysofy oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	5	ACA
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	5	ACA
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	5	ACA
<i>tri-lynyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	5	ACA
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	5	ACA
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	5	ACA
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	5	ACA
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	5	ACA
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	5	ACA
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	5	ACA
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	5	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	5	ACA
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	5	ACA
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	5	ACA
<i>turqoz (28) oral tablet 0.3-30 mg-mcg</i>	5	ACA
<i>tydemy oral tablet 3-0.03-0.451 mg (21) (7)</i>	5	ACA
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	5	ACA
<i>vestura (28) oral tablet 3-0.02 mg</i>	5	ACA
<i>vienva oral tablet 0.1-20 mg-mcg</i>	5	ACA
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	5	ACA
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	5	ACA
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	5	ACA
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	5	ACA
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
wymzya fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)	5	ACA
YAZ (28) ORAL TABLET 3-0.02 MG	3	ST
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	
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	

Drug Name	Drug Tier	Requirements / Limits
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 1.5 %	1	
MOXIFLOXACIN (PF)-BSS INTRACAMERAL SOLUTION 1 MG/ML	3	
moxifloxacin ophthalmic (eye) drops 0.5 %	1	
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	

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

Drug Name	Drug Tier	Requirements / Limits
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1	
TOBRAMYCIN-VANCOMYCIN OPHTHALMIC (EYE) DROPS 1.5-5 %	3	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	3	
VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 %	3	
ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	3	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	1	
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE OPTHALMIC (EYE) DROPS 0.125 %	4	LA
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	1	
<i>atropine ophthalmic (eye) ointment 1 %</i>	1	
CYCLOGYL OPTHALMIC (EYE) DROPS 0.5 %, 1 %, 2 %	3	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	1	
<i>homatropaire ophthalmic (eye) drops 5 %</i>	1	
MYDCOMBI OPTHALMIC (EYE) CARTRIDGE 2.5-1 %	3	

Drug Name	Drug Tier	Requirements / Limits
MYDRIACYL OPTHALMIC (EYE) DROPS 1 %	3	
PHENYLEPH-TROPICAMIDE IN WATER OPTHALMIC (EYE) DROPS 2.5-1 %	3	
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	1	
DIRECT ACTING MIOTICS		
MIOCHOL-E INTRAOCULAR KIT 1 % (10 MG/ML)	3	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
MISCELLANEOUS OPTHALMOLOGICS		
AKTEN (PF) OPTHALMIC (EYE) GEL 3.5 %	3	
ALCAINE OPTHALMIC (EYE) DROPS 0.5 %	3	
<i>altacaine ophthalmic (eye) drops 0.5 %</i>	1	
ALTAFLUOR BENOX OPTHALMIC (EYE) DROPS 0.25-0.4 %	3	
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i>	1	
CEQUA OPTHALMIC (EYE) DROPPERETTE 0.09 %	3	PA; QL
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	1	PA; QL
CYSTARAN OPTHALMIC (EYE) DROPS 0.44 %	4	LA
DEXAMET-MOXIFL-KETORONACL(PF) INTRAOCULAR SOLUTION 1-0.5-0.4 MG/ML	3	
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	1	
FLUORESCEIN-BENOXINATE OPTHALMIC (EYE) DROPS 0.3-0.4 %	3	
<i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>	1	
IHEEZO (PF) OPTHALMIC (EYE) DROPPERETTE,G EL 3 %	3	

Drug Name	Drug Tier	Requirements / Limits
KLARITY (CHONDROITIN) (PF) OPTHALMIC (EYE) DROPS 0.25 %	3	
MIEBO (PF) OPTHALMIC (EYE) DROPS 100 %	2	PA; QL
OMIDRIA INTRAOCULAR CONCENTRATE 1-0.3 %	3	
OXERVATE OPTHALMIC (EYE) DROPS 0.002 %	4	PA; LA
PHOTREXA CROSS-LINKING KIT OPTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS 0.146 % -0.146 %	3	
PHOTREXA VISCOUS OPTHALMIC (EYE) DROPS, VISCOUS 0.146 %	3	
PREDNISOLN SP-MOXIFLOX-BROMFEN OPTHALMIC (EYE) DROPS 1-0.5-0.075 %	3	

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

Drug Name	Drug Tier	Requirements / Limits
TETRACAINE HCL (PF) OPHTHALMIC (EYE) DROPS 0.5 %	3	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>	1	
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY	3	PA
XDEMVIY OPHTHALMIC (EYE) DROPS 0.25 %	4	PA; LA; QL
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	2	PA; QL
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 %	3	ST
ACULAR OPHTHALMIC (EYE) DROPS 0.5 %	3	ST
<i>bromfenac ophthalmic (eye) drops 0.07 %</i>	1	
<i>bromfenac ophthalmic (eye) drops 0.075 %, 0.09 %</i>	1	ST

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Drug Name	Drug Tier	Requirements / Limits
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1	
ILEVRO OPTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	3	ST
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	1	
PROLENSA OPTHALMIC (EYE) DROPS 0.07 %	3	ST
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>acetazolamide sodium injection recon soln 500 mg</i>	1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	
OTHER GLAUCOMA DRUGS		
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	1	ST
BRIMONIDINE-DORZOLAMIDE (PF) OPTHALMIC (EYE) DROPS 0.15-2 %	3	

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

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Drug Name	Drug Tier	Requirements / Limits
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	3	
<i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i>	1	ST
TIMOLOL- BRIMONIDI- DORZOLAM(PF) OPHTHALMIC (EYE) DROPS 0.5- 0.15-2 %	3	
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	1	ST
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	
MAXITROL OPHTHALMIC (EYE) OINTMENT 3.5 MG/G-10,000 UNIT/G-0.1 %	3	

Drug Name	Drug Tier	Requirements / Limits
<i>neomycin- bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400- 10,000 mg-unit/g- 1%</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g- 10,000 unit/g-0.1 %</i>	1	
<i>neomycin- polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg- unit-mg/ml</i>	1	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400- 10,000 mg-unit/g- 1%</i>	1	
PREDNISOLONE SOD PH- MOXIFLOX OPHTHALMIC (EYE) DROPS 1-0.5 %	3	
PREDNISOLONE- MOXIFLOXACIN HCL OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5 %	3	

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Drug Name	Drug Tier	Requirements / Limits
TOBRADEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.1 %	3	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	3	
<i>tobramycin- dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	1	
STEROIDS		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	
DEXYCU (PF) INTRAOCULAR SUSPENSION 9 %	3	
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	1	ST
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	2	PA; QL
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	1	
FML LIQUIFILM OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	ST

Drug Name	Drug Tier	Requirements / Limits
ILUVIEN INTRAVITREAL IMPLANT 0.19 MG	4	LA
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	ST
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	3	ST
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 %	3	ST
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	3	ST
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	3	ST
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	1	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i>	1	ST
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
PRED FORTE OPTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	
PREDNISOLONE ACETATE (PF) OPTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	
RETISERT INTRAVITREAL IMPLANT 0.59 MG	4	LA
STEROID-SULFONAMIDE COMBINATIONS		
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	
SULFONAMIDES		
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	1	
SYMPATHOMIMETICS		
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %, 0.2 %</i>	1	
IOPIDINE OPTHALMIC (EYE) DROPPERETTE 1 %	3	ST
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL OPTHALMIC (EYE) DROPS 0.2-1 %	3	
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	1	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTIHISTAMINE & ANTIALLERGENIC AGENTS		
<i>adrenalin injection solution 1 mg/ml, 1 mg/ml (1 ml)</i>	1	
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML, 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	2	QL
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
CLARINEX ORAL TABLET 5 MG	3	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>clemastine oral tablet 2.68 mg</i>	1	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	1	
<i>cyproheptadine oral tablet 4 mg</i>	1	
<i>desloratadine oral tablet 5 mg</i>	1	QL
<i>desloratadine oral tablet, disintegrating 2.5 mg, 5 mg</i>	1	QL
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>diphenhydramine hcl injection syringe 50 mg/ml</i>	1	
EPINEPHRINE HCL INJECTION SOLUTION 1 MG/ML (1 ML)	3	
EPINEPHRINE IN SOD CHL, ISO(PF) INJECTION SYRINGE 1 MG/ML	3	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	QL
<i>epinephrine injection syringe 0.1 mg/ml</i>	1	
EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	2	ST; QL

Drug Name	Drug Tier	Requirements / Limits
EPIPEN JR INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	2	ST; QL
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	1	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	1	
<i>levocetirizine oral tablet 5 mg</i>	1	QL
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML	3	
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
QUZYTIR INTRAVENOUS SOLUTION 10 MG/ML	3	
RYCLORA ORAL SOLUTION 2 MG/5 ML	3	
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML	2	QL
VISTARIL ORAL CAPSULE 25 MG	3	
COUGH & COLD THERAPY		
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	1	
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML	1	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	1	
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG	3	QL
<i>codeine-guaiifenesin oral liquid 10-100 mg/5 ml</i>	1	
CODITUSSIN AC ORAL LIQUID 10-200 MG/5 ML	3	
CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5 ML	3	

Drug Name	Drug Tier	Requirements / Limits
<i>g tussin ac oral liquid 10-100 mg/5 ml</i>	1	
HISTEX-AC ORAL SYRUP 2.5-10-10 MG/5 ML	3	
HYCODAN (WITH HOMATROPINE) ORAL SYRUP 5-1.5 MG/5 ML	3	
HYCODAN (WITH HOMATROPINE) ORAL TABLET 5-1.5 MG	3	
<i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr 10-8 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	1	
<i>hydromet oral syrup 5-1.5 mg/5 ml</i>	1	
MAR-COF CG ORAL LIQUID 7.5-225 MG/5 ML	3	
<i>maxi-tuss ac oral liquid 10-100 mg/5 ml</i>	1	
MAXI-TUSS CD ORAL LIQUID 4-10-10 MG/5 ML	3	
NINJACOF-XG ORAL LIQUID 8-200 MG/5 ML	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>pe-guai oral drops 1.5-20 mg/ml</i>	1	
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML	3	
<i>promethazine vc oral syrup 6.25-5 mg/5 ml</i>	1	
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	1	
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	1	
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG	3	
<i>r-tanna oral tablet 9-25 mg</i>	1	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG	3	
PULMONARY AGENTS		
ACCOLATE ORAL TABLET 10 MG, 20 MG	3	
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	1	
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
ADRENALIN NASAL SOLUTION 1 MG/ML	3	
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION , 230-21 MCG/ACTUATION , 45-21 MCG/ACTUATION	2	QL
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG-14 MCG/ACTUATION , 232-14 MCG/ACTUATION , 55-14 MCG/ACTUATION	3	ST; QL
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	1	QL
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	1	
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	QL
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	3	QL
<i>azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray</i>	1	ST; QL
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	4	PA; LA; QL
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	2	QL
<i>breynd inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	2	QL
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	4	PA; LA
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	3	ST; QL
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	1	QL
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	2	QL
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	4	PA; LA; QL
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	QL

Drug Name	Drug Tier	Requirements / Limits
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	1	
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION , 200-5 MCG/ACTUATION , 50-5 MCG/ACTUATION	2	QL
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	3	
<i>epinephrine hcl nasal solution 1 mg/ml</i>	1	
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	4	PA; LA; QL
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	4	PA; LA
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	4	PA; LA; QL
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	1	QL
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	QL
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	1	ST; QL
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	4	PA; LA; QL
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %, 7 %	3	
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	4	PA; QL
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	2	QL
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
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
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	1	
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	1	ST; QL
<i>montelukast oral granules in packet 4 mg</i>	1	
<i>montelukast oral tablet 10 mg</i>	1	
<i>montelukast oral tablet,chewable 4 mg, 5 mg</i>	1	
<i>nebusal inhalation solution for nebulization 3 %</i>	1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	3	
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	4	PA; LA; QL
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; LA; QL
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	4	PA; QL
OFEV ORAL CAPSULE 100 MG, 150 MG	4	PA; LA; QL
OPSUMIT ORAL TABLET 10 MG	4	PA; LA; QL
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
<i>pirfenidone oral capsule 267 mg</i>	4	PA; LA; QL
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	4	PA; LA; QL
<i>pulmosal inhalation solution for nebulization 7 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
PULMOZYME INHALATION SOLUTION 1 MG/ML	4	PA; LA
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION , 80 MCG/ACTUATION	2	QL
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5 ML	4	LA
REVATIO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML	4	PA; LA; QL
REVATIO ORAL TABLET 20 MG	4	PA; LA; QL
<i>roflumilast oral tablet 250 mcg</i>	1	PA; QL
<i>roflumilast oral tablet 500 mcg</i>	1	PA
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	4	PA; LA; QL
<i>sajazir subcutaneous syringe 30 mg/3 ml</i>	4	PA; LA; QL
<i>sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml</i>	4	LA

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

Drug Name	Drug Tier	Requirements / Limits
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	4	PA; LA; QL
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	4	PA; LA; QL
SINUVA SINUS IMPLANT 1,350 MCG	4	PA; LA
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %</i>	1	
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION , 2.5 MCG/ACTUATION	2	QL
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	2	QL
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	QL
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	2	QL

Drug Name	Drug Tier	Requirements / Limits
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION , 80-4.5 MCG/ACTUATION	3	ST; QL
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	4	PA; LA; QL
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	4	PA; LA; QL
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	4	PA; LA; QL
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)	4	PA; LA; QL
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1	
<i>terbutaline subcutaneous solution 1 mg/ml</i>	1	
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)	4	PA; LA; QL
TEZSPIRE SUBCUTANEOUS SYRINGE 210 MG/1.91 ML (110 MG/ML)	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	3	
<i>theophylline oral elixir 80 mg/15 ml</i>	1	
<i>theophylline oral solution 80 mg/15 ml</i>	1	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1	
<i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i>	1	
TRACLEER ORAL TABLET 125 MG, 62.5 MG	4	PA; LA; QL
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	4	PA; LA; QL
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	2	QL

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

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Drug Name	Drug Tier	Requirements / Limits
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	4	PA; LA
WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG	4	PA; LA
<i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	QL
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
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1	
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	1	PA
ZYFLO ORAL TABLET 600 MG	3	PA

Drug Name	Drug Tier	Requirements / Limits
UROLOGICALS		
ANTICHOLINERGICS & ANTISPASMODICS		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	1	
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i>	1	
<i>flavoxate oral tablet 100 mg</i>	1	
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM)	2	QL
GEMTESA ORAL TABLET 75 MG	3	
<i>mirabegron oral tablet extended release 24 hr 25 mg, 50 mg</i>	1	
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON 8 MG/ML	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	2	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	1	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR	3	ST; QL
<i>solifenacin oral tablet 10 mg, 5 mg</i>	1	ST
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	1	ST
<i>tolterodine oral tablet 1 mg, 2 mg</i>	1	ST
<i>tropium oral capsule, extended release 24hr 60 mg</i>	1	ST
<i>tropium oral tablet 20 mg</i>	1	
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	1	
<i>dutasteride oral capsule 0.5 mg</i>	1	ST
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	1	ST
<i>finasteride oral tablet 5 mg</i>	1	
FLOMAX ORAL CAPSULE 0.4 MG	3	
<i>silodosin oral capsule 4 mg, 8 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	QL
<i>tamsulosin oral capsule 0.4 mg</i>	1	
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
MISCELLANEOUS UROLOGICALS		
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	

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Drug Name	Drug Tier	Requirements / Limits
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG	2	
<i>methen-sod phosph-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i>	1	
ORACIT ORAL SOLUTION 490-640 MG/5 ML	3	
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML	4	PA; LA
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	1	
PROSTIN VR PEDIATRIC INJECTION SOLUTION 500 MCG/ML	3	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	2	
<i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL
<i>sodium citrate-citric acid oral solution 490-640 mg/5 ml</i>	1	
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG	3	ST; QL
<i>tadalafil oral tablet 10 mg, 20 mg</i>	1	QL

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

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Drug Name	Drug Tier	Requirements / Limits
UROQID-ACID NO.2 ORAL TABLET 500-500 MG	3	
<i>uro-sp oral capsule 118-10-40.8-36 mg</i>	1	
<i>uryl oral tablet 81.6-40.8-0.12 mg</i>	1	
<i>varденаfil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	ST; QL
<i>varденаfil oral tablet, disintegrating 10 mg</i>	1	ST; QL
URINARY ANESTHETICS		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	1	QL
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	1	QL
CALCIUM GLUC IN NACL, ISO-OSM INTRAVENOUS SOLUTION 1 GRAM/100 ML	3	
<i>calcium gluc in nacl, iso-osm intravenous solution 1 gram/50 ml, 2 gram/100 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	3	
<i>effer-k oral tablet, effervescent 25 meq</i>	1	
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)	3	
<i>klor-con 10 oral tablet extended release 10 meq</i>	1	
<i>klor-con 8 oral tablet extended release 8 meq</i>	1	
<i>klor-con m10 oral tablet, er particles/crystals 10 meq</i>	1	
<i>klor-con m15 oral tablet, er particles/crystals 15 meq</i>	1	
<i>klor-con m20 oral tablet, er particles/crystals 20 meq</i>	1	
<i>klor-con oral packet 20 meq</i>	1	
<i>klor-con/ef oral tablet, effervescent 25 meq</i>	1	
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	3	
<i>lugols oral solution 5 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>magnesium chloride injection solution 200 mg/ml (20 %)</i>	1	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	2	
<i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)</i>	1	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)</i>	1	
<i>magnesium sulfate injection solution 500 mg/ml (50 %)</i>	1	
<i>magnesium sulfate injection syringe 500 mg/ml (50 %)</i>	1	
NORMOSOL-R INTRAVENOUS PARENTERAL SOLUTION	3	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	1	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	1	
<i>potassium chloride oral packet 20 meq</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	
<i>potassium chloride oral tablet, er particles/crystals 10 meq, 15 meq, 20 meq</i>	1	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	1	
<i>sodium chloride 3 % hypertonic intravenous parenteral solution 3 %</i>	1	
<i>sodium chloride 5 % hypertonic intravenous parenteral solution 5 %</i>	1	
<i>sodium chloride intravenous solution 2.5 meq/ml, 4 meq/ml</i>	1	
<i>strong iodine oral solution 5 %</i>	1	
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	4	PA; LA
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	2	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	2	

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Drug Name	Drug Tier	Requirements / Limits
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	2	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	2	
VITAMINS & HEMATINICS		
ASCOR INTRAVENOUS SOLUTION 500 MG/ML	3	
<i>ascorbic acid (vitamin c) injection solution 500 mg/ml</i>	1	
<i>b complex 100 injection solution 100-2-100-2-2 mg/ml</i>	1	
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP, DR 27 MG IRON-1 MG - 374 MG	3	
<i>bal-care dha oral combo pack, tablet and cap, dr 27-1-430 mg</i>	1	
<i>c-nate dha oral capsule 28 mg iron-1 mg -200 mg</i>	1	
<i>complete natal dha oral combo pack 29 mg iron- 1 mg-200 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
CONCEPT DHA ORAL CAPSULE 35-1-200 MG	3	
CONCEPT OB ORAL CAPSULE 85-1 MG	3	
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	1	
<i>cyanocobalamin (vitamin b-12) nasal spray, non-aerosol 500 mcg/spray</i>	1	ST; QL
<i>dodex injection solution 1,000 mcg/ml</i>	1	
DUET DHA WITH OMEGA-3 ORAL COMBO PACK 25 MG IRON-1 MG - 400 MG	3	
<i>elite-ob oral tablet 50 mg iron- 1.25 mg</i>	1	
ENBRACE HR ORAL CAPSULE, IR - DELAY REL, BIPHASE 1.5 MG IRON- 8.73 MG-6.4 MG	3	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	
<i>ferumoxytol intravenous solution 510 mg/17 ml (30 mg/ml)</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
KOSHER PRENATAL PLUS IRON ORAL TABLET 30 MG IRON- 1 MG	3	
<i>ludent fluoride oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	5	ACA; OTC
MARNATAL-F ORAL CAPSULE 60 MG IRON-1 MG	3	
MECOBALAMIN (VITAMIN B12) INJECTION RECON SOLN 10,000 MCG	3	
<i>m-natal plus oral tablet 27 mg iron- 1 mg</i>	1	
<i>multi-vitamin with fluoride oral drops 0.25 mg/ml, 0.5 mg/ml</i>	5	ACA; OTC
<i>multi-vitamin with fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg</i>	5	ACA; OTC
<i>mvc-fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg</i>	5	ACA; OTC
<i>mynatal oral capsule 65 mg iron- 1 mg</i>	1	
<i>mynatal oral tablet 90-1-50 mg</i>	1	
<i>mynatal plus oral tablet 65 mg iron- 1 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>mynatal-z oral tablet 65 mg iron- 1 mg</i>	1	
NASCOBAL NASAL SPRAY, NON-AEROSOL 500 MCG/SPRAY	2	ST; QL
NATACHEW (FE BIS-GLYCINATE) ORAL TABLET, CHEWABLE 28 MG IRON -1 MG	3	
NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE 27 MG IRON-1.13 MG-581.92 MG	3	
NEONATAL PLUS VITAMIN ORAL TABLET 27 MG IRON- 1 MG	3	
NEONATAL-DHA ORAL COMBO PACK 29-1-200-500 MG	3	
NESTABS ABC ORAL COMBO PACK 32 MG IRON-1 MG -120 MG-180 MG	3	
NESTABS DHA ORAL COMBO PACK 32 MG IRON- 1,000 MCG-230MG	3	
NESTABS ONE ORAL CAPSULE 38-1-225 MG	3	

Drug Name	Drug Tier	Requirements / Limits
NESTABS ORAL TABLET 32-1,000 MG-MCG	3	
<i>newgen oral tablet 32-1,000 mg-mcg</i>	1	
OB COMPLETE ONE ORAL CAPSULE 40-10-1-300 MG	3	
OB COMPLETE ORAL TABLET 50 MG IRON- 1.25 MG	3	
OB COMPLETE PETITE ORAL CAPSULE 35 MG IRON-5 MG IRON-1 MG	3	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG	3	
OB COMPLETE WITH DHA ORAL CAPSULE 30 MG IRON-10 MG IRON-1 MG	3	
OBSTETRIX EC ORAL TABLET, DELAYED RELEASE (DR/EC) 29 MG IRON-1 MG -50 MG	3	
OBTREX DHA ORAL COMBO PACK, TABLET AND CAP, DR 29 MG IRON-1 MG -50 MG	3	
<i>pnv-dha + docusate oral capsule 27-1.25-55-300 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>pnv-dha oral capsule 27 mg iron-1 mg - 300 mg</i>	1	
<i>pnv-omega oral capsule 28-1-300 mg</i>	1	
<i>pnv-select oral tablet 27-1 mg</i>	1	
<i>pr natal 400 ec oral combo pack,tablet and cap,dr 29-1-400 mg</i>	1	
<i>pr natal 400 oral combo pack 29-1-400 mg</i>	1	
<i>pr natal 430 ec oral combo pack,tablet and cap,dr 29-1-430 mg</i>	1	
<i>pr natal 430 oral combo pack 29 mg iron-1 mg -430 mg</i>	1	
<i>prenal chew oral tablet,chew,ir - dr,biphase 1.4 mg</i>	1	
<i>prenal pearl oral capsule,ir - delay rel,biphase 30-1.4-200 mg</i>	1	
<i>prenal true oral combo pack 30 mg iron- 1.4 mg-300 mg</i>	1	
<i>prenaissance oral capsule 29-1.25-55-325 mg</i>	1	
<i>prenaissance plus oral capsule 28-1-50-250 mg</i>	1	

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

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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	

Drug Name	Drug Tier	Requirements / Limits
PRENATE STAR ORAL TABLET 20 MG IRON- 1 MG	3	
PRIMACARE ORAL CAPSULE 30-1-300 MG	3	
PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG	3	
R-NATAL OB ORAL CAPSULE 20 MG IRON- 1 MG-320 MG	3	
SELECT-OB (FOLIC ACID) ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	3	
SELECT-OB + DHA ORAL COMBO PACK 29 MG IRON-1 MG - 250 MG	3	
SELECT-OB ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	3	
<i>se-natal 19 chewable oral tablet,chewable 29 mg iron- 1 mg</i>	1	
<i>se-natal-19 oral tablet 29 mg iron- 1 mg</i>	1	
<i>soluvita a,c,d with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml</i>	5	ACA; OTC

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

Drug Name	Drug Tier	Requirements / Limits
<i>soluvita oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	5	ACA; OTC
<i>taron-c dha oral capsule 35-1-200 mg</i>	1	
<i>taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg</i>	1	
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG	3	
TRICARE ORAL TABLET 27 MG IRON- 1 MG	3	
TRIFERIC HEMODIALYSIS POWDER IN PACKET 272 MG IRON	3	
TRIFERIC HEMODIALYSIS SOLUTION 27.2 MG IRON/5 ML	3	
<i>trinatal rx 1 oral tablet 60 mg iron-1 mg</i>	1	
<i>trinate oral tablet 28 mg iron- 1 mg</i>	1	
TRISTART DHA ORAL CAPSULE 31 MG IRON- 1 MG-200 MG	3	
<i>tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	5	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
VENOFER INTRAVENOUS SOLUTION 100 MG IRON/5 ML, 200 MG IRON/10 ML, 50 MG IRON/2.5 ML	2	
VITAFOL FE PLUS ORAL CAPSULE 90 MG IRON- 1 MG-200 MG	3	
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	

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

Drug Name	Drug Tier	Requirements / Limits
<i>wescap-pn dha oral capsule 27 mg iron-1 mg -300 mg</i>	1	
<i>wesnatal dha complete oral combo pack 29 mg iron- 1 mg-200 mg</i>	1	
<i>wesnate dha oral capsule 28 mg iron-1 mg -200 mg</i>	1	
<i>westab plus oral tablet 27 mg iron- 1 mg</i>	1	
<i>westgel dha oral capsule 31 mg iron-1 mg-200 mg</i>	1	
<i>zatean-pn dha oral capsule 27 mg iron-1 mg -300 mg</i>	1	
<i>zatean-pn plus oral capsule 28-1-300 mg</i>	1	
<i>zingiber oral tablet 1.2 mg-40 mg- 124.1 mg-100 mg</i>	1	

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<i>methenamine mandelate</i>	24	<i>microgestin fe 1/20 (28)</i>	175	M-M-R II (PF).....	160
<i>methen-sod phos-meth blue-</i>		MICROSPACER.....	123	<i>m-natal plus</i>	202
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<i>methocarbamol</i>	50	<i>midazolam (pf) in 0.9 % nacl</i>	71	<i>moexipril</i>	83
<i>methotrexate sodium</i>	33	MIDAZOLAM (PF) IN 0.9 %		<i>molindone</i>	72
<i>methotrexate sodium (pf)</i>	33	NACL	71	<i>mometasone</i>	111, 192
<i>methoxsalen</i>	100	MIDAZOLAM IN 0.9 % SOD		<i>mondoxyne nl</i>	23
<i>methscopolamine</i>	142	CHLORID	72	MONODOX	23
<i>methsuximide</i>	42	MIDAZOLAM IN NACL,		<i>mono-lynyah</i>	175
<i>methyl salicylate</i>	101	ISO-OSMOTIC	72	<i>montelukast</i>	192
<i>methyl dopa</i>	83	MIDAZOLAM IN NACL,ISO-		<i>morgidox</i>	23
<i>methyl dopa-</i>		OSMO(PF)	72	MORGIDOX 1X 50	23
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<i>methylphenidate</i>	71	<i>miglitol</i>	138	MORPHINE (PF)	59
<i>methylphenidate hcl</i>	71	<i>miglustat</i>	134	<i>morphine (pf) in 0.9 % sod chl</i>	
<i>methylprednisolone</i>	122	MIGRANAL	47	58, 59
<i>methylprednisolone acetate</i>	122	<i>mili</i>	175	MORPHINE (PF) IN 0.9 %	
<i>methyltestosterone</i>	134	<i>milk of magnesia</i>	147	SOD CHL	58, 59
<i>metoclopramide hcl</i>	147	<i>milk of magnesia concentrated</i>		<i>morphine concentrate</i>	59
<i>metolazone</i>	83	147	<i>morphine in 0.9 % sodium</i>	
<i>metoprolol succinate</i>	83	<i>millipred</i>	122	<i>chlor</i>	59
<i>metoprolol ta-hydrochlorothiaz</i>		<i>millipred dp</i>	122	MORPHINE IN 0.9 %	
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<i>mycophenolate mofetil (hcl)</i>	33	NEBUPENT	17	NEXPLANON	170
<i>mycophenolate sodium</i>	33	<i>nebusal</i>	192	NEXTERONE	77
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