

2020 Prescription Drug Formulary

Basic/Basic Plus



PLEASE READ:

This document contains information about the drugs we cover in your plan. This formulary was updated November 1, 2020 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'déé', t'áá jiik'eh, éí ná hóló, kojí' hódíłnih 1-800-382-5729 (TTY: 711).

Oromo

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

Korean

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®

Basic/Basic Plus Formulary

What is the Basic/Basic Plus formulary?

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

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

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

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

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

How do I use the Basic/Basic Plus formulary?

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

1. By condition
2. By name

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

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

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

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

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

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

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

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

Does the Basic/Basic Plus formulary include specialty medications?

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

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

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

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

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

How can I save money on my prescriptions?

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

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

When you visit your doctor or health provider, ask him or her to review this formulary at MedMutual.com/2020formulary so he or she can see what generic and/or plan-preferred

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

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

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

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

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

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

1. Complete the home delivery form you received in the mail from Express Scripts, and return it with your payment in the envelope provided. If you need another form, visit MedMutual.com 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.

List of Abbreviations

ACA: Affordable Care Act

OTC: Over the Counter

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

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

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

LA: Limited Availability

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

Basic plus Formulary

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Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET INTRAVENOUS SUSPENSION	2	
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION	2	
<i>amphotericin b injection recon soln</i>	1	
ANCOBON ORAL CAPSULE	3	
CANCIDAS INTRAVENOUS RECON SOLN	3	
<i>caspofungin intravenous recon soln</i>	1	
<i>clotrimazole mucous membrane troche</i>	1	
CRESEMBA INTRAVENOUS RECON SOLN	2	
CRESEMBA ORAL CAPSULE	2	
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION	3	
DIFLUCAN ORAL TABLET 100 MG, 200 MG, 50 MG	3	
DIFLUCAN ORAL TABLET 150 MG	3	QL

Drug Name	Drug Tier	Requirements / Limits
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN	2	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	1	
<i>fluconazole oral suspension for reconstitution</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</i>	1	
<i>griseofulvin microsize oral suspension</i>	1	
<i>griseofulvin microsize oral tablet</i>	1	
<i>griseofulvin ultramicrosize oral tablet</i>	1	
<i>itraconazole oral capsule</i>	1	QL
<i>itraconazole oral solution</i>	1	
<i>ketoconazole oral tablet</i>	1	
<i>micafungin intravenous recon soln</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 November 1, 2020.

Drug Name	Drug Tier	Requirements / Limits
MYCAMINE INTRAVENOUS RECON SOLN	2	
NOXAFIL INTRAVENOUS SOLUTION	2	
NOXAFIL ORAL SUSPENSION	2	
NOXAFIL ORAL TABLET, DELAYED RELEASE (DR/EC)	3	
<i>nystatin oral suspension</i>	1	
<i>nystatin oral tablet</i>	1	
ONMEL ORAL TABLET	3	QL
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET	3	
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	2	
SPORANOX ORAL SOLUTION	3	
SPORANOX PULSEPAK ORAL CAPSULE	3	QL
<i>terbinafine hcl oral tablet</i>	1	
TOLSURA ORAL CAPSULE, SOLID DISPERSION	3	QL
VFEND IV INTRAVENOUS RECON SOLN	3	

Drug Name	Drug Tier	Requirements / Limits
VFEND ORAL SUSPENSION FOR RECONSTITUTION	3	
VFEND ORAL TABLET	3	
<i>voriconazole intravenous recon soln</i>	1	
<i>voriconazole oral suspension for reconstitution</i>	1	
<i>voriconazole oral tablet</i>	1	
ANTIVIRALS		
<i>abacavir oral solution</i>	4	
<i>abacavir oral tablet</i>	4	
<i>abacavir-lamivudine oral tablet</i>	4	
<i>abacavir-lamivudine-zidovudine oral tablet</i>	4	
<i>acyclovir oral capsule</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet</i>	1	
<i>acyclovir sodium intravenous solution</i>	1	
<i>adefovir oral tablet</i>	1	
<i>amantadine hcl oral capsule</i>	1	
<i>amantadine hcl oral solution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>amantadine hcl oral tablet</i>	1	
APTIVUS (WITH VITAMIN E) ORAL SOLUTION	4	
APTIVUS ORAL CAPSULE	4	
<i>atazanavir oral capsule</i>	4	
ATRIPLA ORAL TABLET	4	
BARACLUDE ORAL SOLUTION	2	
BARACLUDE ORAL TABLET	3	
BIKTARVY ORAL TABLET	4	
<i>cidofovir intravenous solution</i>	1	
CIMDUO ORAL TABLET	4	
COMBIVIR ORAL TABLET	4	
COMPLERA ORAL TABLET	4	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	4	
CYTOVENE INTRAVENOUS RECON SOLN	3	
DELSTRIGO ORAL TABLET	4	
DESCOVY ORAL TABLET	4	

Drug Name	Drug Tier	Requirements / Limits
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	4	
DOVATO ORAL TABLET	4	
EDURANT ORAL TABLET	4	
<i>efavirenz oral capsule</i>	4	
<i>efavirenz oral tablet</i>	4	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet</i>	4	
<i>emtricitabine oral capsule</i>	4	
EMTRIVA ORAL CAPSULE	4	
EMTRIVA ORAL SOLUTION	4	
<i>entecavir oral tablet</i>	1	
EPCLUSA ORAL TABLET	4	PA; LA; QL
EPIVIR HBV ORAL SOLUTION	2	
EPIVIR HBV ORAL TABLET	3	
EPIVIR ORAL SOLUTION	4	
EPIVIR ORAL TABLET	4	
EPZICOM ORAL TABLET	4	
EVOTAZ ORAL TABLET	4	
<i>famciclovir oral tablet</i>	1	QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated November 1, 2020.

Drug Name	Drug Tier	Requirements / Limits
FLUMADINE ORAL TABLET	3	
<i>fosamprenavir oral tablet</i>	4	
FOSCAVIR INTRAVENOUS SOLUTION	3	
FUZEON SUBCUTANEOUS RECON SOLN	4	
GANCICLOVIR INTRAVENOUS SOLUTION	3	
<i>ganciclovir sodium intravenous recon soln</i>	1	
<i>ganciclovir sodium intravenous solution</i>	1	
GENVOYA ORAL TABLET	4	
HARVONI ORAL PELLETS IN PACKET	4	PA; LA; QL
HARVONI ORAL TABLET	4	PA; LA; QL
HEPSERA ORAL TABLET	3	
INTELENCE ORAL TABLET	4	
INVIRASE ORAL TABLET	4	
ISENTRESS HD ORAL TABLET	4	
ISENTRESS ORAL POWDER IN PACKET	4	
ISENTRESS ORAL TABLET	4	

Drug Name	Drug Tier	Requirements / Limits
ISENTRESS ORAL TABLET,CHEWABLE	4	
JULUCA ORAL TABLET	4	
KALETRA ORAL SOLUTION	4	QL
KALETRA ORAL TABLET	4	QL
<i>lamivudine oral solution</i>	4	
<i>lamivudine oral tablet 100 mg</i>	1	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	4	
<i>lamivudine-zidovudine oral tablet</i>	4	
LEDIPASVIR-SOFOSBUVIR ORAL TABLET	4	PA; LA; QL
LEXIVA ORAL SUSPENSION	4	
LEXIVA ORAL TABLET	4	
<i>lopinavir-ritonavir oral solution</i>	4	QL
MAVYRET ORAL TABLET	4	PA; LA; QL
<i>nevirapine oral suspension</i>	4	
<i>nevirapine oral tablet</i>	4	
<i>nevirapine oral tablet extended release 24 hr</i>	4	

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Drug Name	Drug Tier	Requirements / Limits
NORVIR ORAL POWDER IN PACKET	4	
NORVIR ORAL SOLUTION	4	
NORVIR ORAL TABLET	4	
ODEFSEY ORAL TABLET	4	
<i>oseltamivir oral capsule</i>	1	QL
<i>oseltamivir oral suspension for reconstitution</i>	1	QL
PIFELTRO ORAL TABLET	4	
PREVYMIS INTRAVENOUS SOLUTION	2	
PREVYMIS ORAL TABLET	2	QL
PREZCOBIX ORAL TABLET	4	
PREZISTA ORAL SUSPENSION	4	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	4	
RAPIVAB (PF) INTRAVENOUS SOLUTION	2	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE	3	QL
RESCRIPTOR ORAL TABLET	4	

Drug Name	Drug Tier	Requirements / Limits
RETROVIR INTRAVENOUS SOLUTION	4	
RETROVIR ORAL CAPSULE	4	
RETROVIR ORAL SYRUP	4	
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	4	
REYATAZ ORAL POWDER IN PACKET	4	
<i>ribavirin inhalation recon soln</i>	1	
<i>rimantadine oral tablet</i>	1	
<i>ritonavir oral tablet</i>	4	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR	4	
SELZENTRY ORAL SOLUTION	4	
SELZENTRY ORAL TABLET	4	
SITAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET	3	ST; QL
SOFOSBUVIR-VELPATASVIR ORAL TABLET	4	PA; LA; QL
SOVALDI ORAL PELLETS IN PACKET	4	PA; LA; QL
SOVALDI ORAL TABLET	4	PA; LA; QL
<i>stavudine oral capsule</i>	4	

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Drug Name	Drug Tier	Requirements / Limits
STRIBILD ORAL TABLET	4	
SUSTIVA ORAL CAPSULE	4	
SUSTIVA ORAL TABLET	4	
SYMFI LO ORAL TABLET	4	
SYMFI ORAL TABLET	4	
SYMTUZA ORAL TABLET	4	
TAMIFLU ORAL CAPSULE	3	QL
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	3	QL
TEMIXYS ORAL TABLET	4	
<i>tenofovir disoproxil fumarate oral tablet</i>	4	
TIVICAY ORAL TABLET	4	
TIVICAY PD ORAL TABLET FOR SUSPENSION	4	
TRIUMEQ ORAL TABLET	4	
TRIZIVIR ORAL TABLET	4	
TRUVADA ORAL TABLET	4	
TYBOST ORAL TABLET	4	
<i>valacyclovir oral tablet</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
VALCYTE ORAL RECON SOLN	3	
VALCYTE ORAL TABLET	3	
<i>valganciclovir oral recon soln</i>	1	
<i>valganciclovir oral tablet</i>	1	
VALTREX ORAL TABLET	3	QL
VEMLIDY ORAL TABLET	2	
VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN	4	
VIDEX EC ORAL CAPSULE, DELAYED RELEASE(DR/EC)	4	
VIEKIRA PAK ORAL TABLETS, DOSE PACK	4	PA; LA; QL
VIRACEPT ORAL TABLET	4	
VIRAMUNE ORAL SUSPENSION	4	
VIRAMUNE ORAL TABLET	4	
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	4	
VIRAZOLE INHALATION RECON SOLN	3	
VIREAD ORAL POWDER	4	

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Drug Name	Drug Tier	Requirements / Limits
VIREAD ORAL TABLET	4	
VOSEVI ORAL TABLET	4	PA; LA; QL
XOFLUZA ORAL TABLET	3	QL
ZEPATIER ORAL TABLET	4	PA; LA; QL
ZIAGEN ORAL SOLUTION	4	
ZIAGEN ORAL TABLET	4	
<i>zidovudine oral capsule</i>	4	
<i>zidovudine oral syrup</i>	4	
<i>zidovudine oral tablet</i>	4	
ZOVIRAX ORAL SUSPENSION	3	
CEPHALOSPORINS		
AVYCAZ INTRAVENOUS RECON SOLN	2	
<i>cefaclor oral capsule</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</i>	1	
<i>cefadroxil oral capsule</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet</i>	1	
CEFAZOLIN IN 0.9% SOD CHLORIDE INTRAVENOUS SOLUTION	3	
<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	
CEFAZOLIN IN STERILE WATER INTRAVENOUS SYRINGE 1 GRAM/10 ML, 2 GRAM/20 ML	3	
<i>cefazolin injection recon soln</i>	1	
<i>cefazolin intravenous recon soln</i>	1	
<i>cefdinir oral capsule</i>	1	
<i>cefdinir oral suspension for reconstitution</i>	1	
<i>cefditoren pivoxil oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK	3	
<i>cefepime in dextrose, iso-osm intravenous piggyback</i>	1	
<i>cefepime injection recon soln</i>	1	
CEFEPIME INTRAVENOUS RECON SOLN	3	
<i>cefixime oral capsule</i>	1	
<i>cefixime oral suspension for reconstitution</i>	1	
CEFOTAN INJECTION RECON SOLN	3	
<i>cefotaxime injection recon soln 1 gram</i>	1	
CEFOTETAN IN DEXTROSE, ISO-OSM INTRAVENOUS PIGGYBACK	3	
<i>cefotetan injection recon soln</i>	1	
<i>cefotetan intravenous recon soln</i>	1	
<i>cefoxitin in dextrose, iso-osm intravenous piggyback</i>	1	
<i>cefoxitin intravenous recon soln</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>cefpodoxime oral suspension for reconstitution</i>	1	
<i>cefpodoxime oral tablet</i>	1	
<i>cefprozil oral suspension for reconstitution</i>	1	
<i>cefprozil oral tablet</i>	1	
CEFTAZIDIME IN D5W INTRAVENOUS PIGGYBACK	2	
<i>ceftazidime injection recon soln</i>	1	
<i>ceftriaxone in dextrose, iso-os intravenous piggyback</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</i>	1	
<i>cefuroxime axetil oral tablet</i>	1	
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	
<i>cefuroxime sodium intravenous recon soln</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>cephalexin oral capsule</i>	1	
<i>cephalexin oral suspension for reconstitution</i>	1	
<i>cephalexin oral tablet</i>	1	
CLAFORAN INJECTION RECON SOLN 1 GRAM, 2 GRAM	3	
FETROJA INTRAVENOUS RECON SOLN	3	
FORTAZ INJECTION RECON SOLN 1 GRAM, 2 GRAM, 500 MG	3	
KEFLEX ORAL CAPSULE	3	
MAXIPIME INJECTION RECON SOLN	3	
MAXIPIME INTRAVENOUS RECON SOLN	3	
SPECTRACEF ORAL TABLET 400 MG	3	
SUPRAX ORAL CAPSULE	3	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION	3	
SUPRAX ORAL TABLET,CHEWABLE	3	

Drug Name	Drug Tier	Requirements / Limits
<i>tazicef injection recon soln</i>	1	
<i>tazicef intravenous recon soln</i>	1	
TEFLARO INTRAVENOUS RECON SOLN	2	
ZERBAXA INTRAVENOUS RECON SOLN	2	
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin intravenous recon soln</i>	1	
<i>azithromycin oral packet</i>	1	QL
<i>azithromycin oral suspension for reconstitution</i>	1	QL
<i>azithromycin oral tablet</i>	1	QL
<i>clarithromycin oral suspension for reconstitution</i>	1	
<i>clarithromycin oral tablet</i>	1	
<i>clarithromycin oral tablet extended release 24 hr</i>	1	
DIFICID ORAL TABLET	3	QL
<i>e.e.s. 400 oral tablet</i>	1	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION	3	

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Drug Name	Drug Tier	Requirements / Limits
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION	3	
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION	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	2	
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	1	
<i>erythromycin ethylsuccinate oral tablet</i>	1	
<i>erythromycin oral capsule, delayed release (dr/ec)</i>	1	
<i>erythromycin oral tablet</i>	1	
<i>erythromycin oral tablet, delayed release (dr/ec)</i>	1	

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

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Drug Name	Drug Tier	Requirements / Limits
ARAKODA ORAL TABLET	3	QL
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION	4	LA
<i>atovaquone oral suspension</i>	1	
<i>atovaquone-proguanil oral tablet</i>	1	QL
AZACTAM INJECTION RECON SOLN	3	
<i>aztreonam injection recon soln</i>	1	
<i>baciim intramuscular recon soln</i>	1	
<i>bacitracin intramuscular recon soln</i>	1	
BENZNIDAZOLE ORAL TABLET	2	QL
BETHKIS INHALATION SOLUTION FOR NEBULIZATION	4	LA; QL
BILTRICIDE ORAL TABLET	3	
CAPASTAT INJECTION RECON SOLN	2	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION	4	LA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>chloramphenicol sod succinate intravenous recon soln</i>	1	
<i>chloroquine phosphate oral tablet</i>	1	QL
CLEOCIN HCL ORAL CAPSULE	3	
CLEOCIN INJECTION SOLUTION	3	
<i>cleocin intravenous solution 300 mg/2 ml</i>	1	
CLEOCIN INTRAVENOUS SOLUTION 600 MG/4 ML, 900 MG/6 ML	3	
CLEOCIN PEDIATRIC ORAL RECON SOLN	3	
<i>clindamycin hcl oral capsule</i>	1	
CLINDAMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK	3	
<i>clindamycin in 5 % dextrose intravenous piggyback</i>	1	
<i>clindamycin palmitate hcl oral recon soln</i>	1	
<i>clindamycin pediatric oral recon soln</i>	1	
<i>clindamycin phosphate injection solution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>clindamycin phosphate intravenous solution</i>	1	
COARTEM ORAL TABLET	2	QL
<i>colistin (colistimethate na) injection recon soln</i>	1	
COLY-MYCIN M PARENTERAL INJECTION RECON SOLN	3	
CUBICIN INTRAVENOUS RECON SOLN	3	
CUBICIN RF INTRAVENOUS RECON SOLN	3	
CYCLOSERINE ORAL CAPSULE	3	
DALVANCE INTRAVENOUS SOLUTION	2	
<i>dapsone oral tablet</i>	1	
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	3	
<i>daptomycin intravenous recon soln 500 mg</i>	1	
DARAPRIM ORAL TABLET	4	LA
EMVERM ORAL TABLET,CHEWABLE	2	QL
<i>ertapenem injection recon soln</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>ethambutol oral tablet</i>	1	
FLAGYL ORAL CAPSULE	3	
FLAGYL ORAL TABLET	3	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml</i>	1	
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</i>	1	
<i>gentamicin sulfate (ped) (pf) injection solution</i>	1	
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml</i>	1	
GENTAMICIN SULFATE (PF) INTRAVENOUS SOLUTION 60 MG/6 ML	3	

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Drug Name	Drug Tier	Requirements / Limits
GENTAMICIN-SODIUM CITRATE INTRA-CATHETER SOLUTION	3	
<i>hydroxychloroquine oral tablet</i>	1	QL
<i>imipenem-cilastatin intravenous recon soln</i>	1	
IMPAVIDO ORAL CAPSULE	2	QL
INVANZ INJECTION RECON SOLN	3	
<i>isoniazid injection solution</i>	1	
<i>isoniazid oral solution</i>	1	
<i>isoniazid oral tablet</i>	1	
<i>ivermectin oral tablet</i>	1	QL
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION	4	LA; QL
KRINTAFEL ORAL TABLET	3	QL
LAMPIT ORAL TABLET	3	
LINCOICIN INJECTION SOLUTION	3	
<i>lincomycin injection solution</i>	1	
<i>linezolid in dextrose 5% intravenous piggyback</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>linezolid oral suspension for reconstitution</i>	1	
<i>linezolid oral tablet</i>	1	
<i>linezolid-0.9% sodium chloride intravenous parenteral solution</i>	1	
MALARONE ORAL TABLET	3	QL
MALARONE PEDIATRIC ORAL TABLET	3	QL
<i>mefloquine oral tablet</i>	1	QL
MEPRON ORAL SUSPENSION	3	
<i>meropenem intravenous recon soln</i>	1	
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK	2	
MERREM INTRAVENOUS RECON SOLN	3	
<i>metro i.v. intravenous piggyback</i>	1	
<i>metronidazole in nacl (iso-os) intravenous piggyback</i>	1	
<i>metronidazole oral capsule</i>	1	
<i>metronidazole oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
MYAMBUTOL ORAL TABLET 400 MG	3	
MYCOBUTIN ORAL CAPSULE	3	
NEBUPENT INHALATION RECON SOLN	3	QL
<i>neomycin oral tablet</i>	1	
ORBACTIV INTRAVENOUS RECON SOLN	2	
<i>paromomycin oral capsule</i>	1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET	3	
PENTAM INJECTION RECON SOLN	3	
<i>pentamidine inhalation recon soln</i>	1	QL
<i>pentamidine injection recon soln</i>	1	
PLAQUENIL ORAL TABLET	3	QL
<i>polymyxin b sulfate injection recon soln</i>	1	
<i>praziquantel oral tablet</i>	1	
PRETOMANID ORAL TABLET	3	
PRIFTIN ORAL TABLET	2	
<i>primaquine oral tablet</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
PRIMAXIN IV INTRAVENOUS RECON SOLN 500 MG	3	
<i>pyrazinamide oral tablet</i>	1	
<i>pyrimethamine oral tablet</i>	4	LA
QUALAQUIN ORAL CAPSULE	3	QL
<i>quinine sulfate oral capsule</i>	1	QL
RECARBRIO INTRAVENOUS RECON SOLN	3	
<i>rifabutin oral capsule</i>	1	
RIFADIN INTRAVENOUS RECON SOLN	3	
RIFADIN ORAL CAPSULE	3	
RIFAMATE ORAL CAPSULE	3	
<i>rifampin intravenous recon soln</i>	1	
<i>rifampin oral capsule</i>	1	
RIFATER ORAL TABLET	3	
SIRTURO ORAL TABLET	2	
SIVEXTRO INTRAVENOUS RECON SOLN	3	
SIVEXTRO ORAL TABLET	3	

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Drug Name	Drug Tier	Requirements / Limits
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET	2	QL
STREPTOMYCIN INTRAMUSCULAR RECON SOLN	2	
STROMEKTOL ORAL TABLET	3	QL
SYNERCID INTRAVENOUS RECON SOLN	2	
<i>tigecycline intravenous recon soln</i>	1	
<i>tinidazole oral tablet</i>	1	QL
TOBI INHALATION SOLUTION FOR NEBULIZATION	4	LA; QL
TOBI PODHALER INHALATION CAPSULE	4	LA; QL
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	4	LA; QL
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization</i>	4	LA; QL
<i>tobramycin in 0.9 % nacl intravenous piggyback 60 mg/50 ml</i>	1	
<i>tobramycin inhalation solution for nebulization</i>	4	LA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>tobramycin sulfate injection recon soln</i>	1	
<i>tobramycin sulfate injection solution</i>	1	
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION	4	LA; QL
TRECTOR ORAL TABLET	3	
TYGACIL INTRAVENOUS RECON SOLN	3	
VABOMERE INTRAVENOUS RECON SOLN	3	
XENLETA INTRAVENOUS SOLUTION	3	
XENLETA ORAL TABLET	3	
XIFAXAN ORAL TABLET	2	QL
ZEMDRI INTRAVENOUS SOLUTION	3	
ZYVOX INTRAVENOUS PIGGYBACK	3	
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION	3	
ZYVOX ORAL TABLET	3	
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>amoxicillin oral suspension for reconstitution</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	1	
<i>amoxicillin-pot clavulanate oral tablet</i>	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	1	
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium injection recon soln</i>	1	
<i>ampicillin sodium intravenous recon soln</i>	1	
<i>ampicillin-sulbactam injection recon soln</i>	1	
<i>ampicillin-sulbactam intravenous recon soln 3 gram</i>	1	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	

Drug Name	Drug Tier	Requirements / Limits
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML	3	
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR	3	
BICILLIN C-R INTRAMUSCULAR SYRINGE	2	
BICILLIN L-A INTRAMUSCULAR SYRINGE	2	
<i>dicloxacillin oral capsule</i>	1	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR	3	
<i>nafcillin in dextrose iso-osm intravenous piggyback</i>	1	
<i>nafcillin injection recon soln</i>	1	
<i>nafcillin intravenous recon soln</i>	1	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback</i>	1	
<i>oxacillin injection recon soln</i>	1	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>penicillin g potassium injection recon soln</i>	1	
<i>penicillin g procaine intramuscular syringe</i>	1	
<i>penicillin g sodium injection recon soln</i>	1	
<i>penicillin v potassium oral recon soln</i>	1	
<i>penicillin v potassium oral tablet</i>	1	
<i>pfizerpen-g injection recon soln</i>	1	
<i>piperacillin-tazobactam intravenous recon soln</i>	1	
UNASYN INJECTION RECON SOLN	3	
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK	2	
ZOSYN INTRAVENOUS RECON SOLN	3	
QUINOLONES		
AVELOX IN NAACL (ISO-OSMOTIC) INTRAVENOUS PIGGYBACK	3	
BAXDELA INTRAVENOUS RECON SOLN	2	

Drug Name	Drug Tier	Requirements / Limits
BAXDELA ORAL TABLET	2	QL
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON	3	
CIPRO ORAL TABLET 250 MG, 500 MG	3	
<i>ciprofloxacin hcl oral tablet</i>	1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback</i>	1	
<i>ciprofloxacin oral suspension,microcapsule recon</i>	1	
FACTIVE ORAL TABLET	3	
<i>levofloxacin in d5w intravenous piggyback</i>	1	
<i>levofloxacin intravenous solution</i>	1	
<i>levofloxacin oral solution</i>	1	
<i>levofloxacin oral tablet</i>	1	
<i>moxifloxacin oral tablet</i>	1	
MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK	2	
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
SULFA'S & RELATED AGENTS		
BACTRIM DS ORAL TABLET	3	
BACTRIM ORAL TABLET	3	
<i>sulfadiazine oral tablet</i>	1	
<i>sulfamethoxazole-trimethoprim intravenous solution</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i>	1	
<i>sulfatrim oral suspension</i>	1	
TETRACYCLINES		
ACTICLATE ORAL TABLET	3	ST
AVIDOXY DK KIT	3	ST
<i>avidoxy oral tablet</i>	1	
<i>coremino oral tablet extended release 24 hr</i>	1	
<i>demeclocycline oral tablet</i>	1	
DORYX MPC ORAL TABLET, DELAYED RELEASE (DR/EC)	3	ST

Drug Name	Drug Tier	Requirements / Limits
DORYX ORAL TABLET, DELAYED RELEASE (DR/EC) 200 MG, 50 MG, 80 MG	3	ST
<i>doxy-100 intravenous reconstruction</i>	1	
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet</i>	1	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	
DOXYCYCLINE HYCLATE ORAL TABLET, DELAYED RELEASE (DR/EC) 80 MG	3	ST
<i>doxycycline monohydrate oral capsule</i>	1	
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE, IR - DELAY RELEASE, BIPHASE	3	ST
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	
<i>doxycycline monohydrate oral tablet</i>	1	
MINOCIN INTRAVENOUS RECON SOLN	2	

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Drug Name	Drug Tier	Requirements / Limits
MINOCIN ORAL CAPSULE 50 MG	3	ST
<i>minocycline oral capsule</i>	1	
MINOCYCLINE ORAL CAPSULE,EXTENDED RELEASE 24HR	3	ST
<i>minocycline oral tablet</i>	1	
<i>minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 65 mg, 80 mg, 90 mg</i>	1	ST
<i>minocycline oral tablet extended release 24 hr 55 mg</i>	2	ST
MINOLIRA ER ORAL TABLET, IR - ER, BIPHASIC 24HR	3	ST
<i>mondoxylene nl oral capsule</i>	1	
MONODOX ORAL CAPSULE	3	ST
MORGIDOX 1X 50 KIT	3	ST
MORGIDOX 2X100 KIT	3	ST
<i>morgidox oral capsule 100 mg</i>	1	
NUZYRA (7 DAY) ORAL TABLET	3	QL
NUZYRA INTRAVENOUS RECON SOLN	3	

Drug Name	Drug Tier	Requirements / Limits
NUZYRA ORAL TABLET	3	QL
<i>okebo oral capsule 75 mg</i>	1	
ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE	2	ST
SEYSARA ORAL TABLET	3	ST
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	ST
TARGADOX ORAL TABLET	3	ST
<i>tetracycline oral capsule</i>	1	
VIBRAMYCIN ORAL CAPSULE 100 MG	3	ST
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION	3	
VIBRAMYCIN ORAL SYRUP	3	
XERAVA INTRAVENOUS RECON SOLN 50 MG	3	
XIMINO ORAL CAPSULE,EXTENDED RELEASE 24HR	3	ST

URINARY TRACT AGENTS

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Drug Name	Drug Tier	Requirements / Limits
FURADANTIN ORAL SUSPENSION	3	
HIPREX ORAL TABLET	3	
MACROBID ORAL CAPSULE	3	
MACRODANTIN ORAL CAPSULE	3	
<i>methenamine hippurate oral tablet</i>	1	
<i>methenamine mandelate oral tablet</i>	1	
MONUROL ORAL PACKET	3	
<i>nitrofurantoin macrocrystal oral capsule</i>	1	
<i>nitrofurantoin monohyd/m-cryst oral capsule</i>	1	
<i>nitrofurantoin oral suspension</i>	1	
PRIMSOL ORAL SOLUTION	3	
<i>trimethoprim oral tablet</i>	1	
TRIMPEX ORAL SOLUTION	3	
VANCOMYCIN		
FIRVANQ ORAL RECON SOLN	3	QL
VANCOCIN ORAL CAPSULE	3	QL

Drug Name	Drug Tier	Requirements / Limits
VANCOMYCIN HCL IN WATER INTRAVENOUS SOLUTION	3	
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK	2	
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS SOLUTION 1 GRAM/250 ML, 1.25 GRAM/250 ML, 1.5 GRAM/250 ML, 1.5 GRAM/300 ML, 1.5 GRAM/500 ML, 1.75 GRAM/250 ML, 1.75 GRAM/500 ML, 2 GRAM/500 ML, 750 MG/150 ML	2	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK	2	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS SOLUTION 1 GRAM/100 ML, 1 GRAM/250 ML, 1.25 GRAM/250 ML, 1.5 GRAM/250 ML, 1.5 GRAM/500 ML, 1.75 GRAM/500 ML	2	
VANCOMYCIN INJECTION RECON SOLN	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg</i>	1	
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM, 250 MG	3	
<i>vancomycin oral capsule</i>	1	QL
<i>vancomycin oral recon soln</i>	1	QL
VANCOMYCIN-WATER INJECT (PEG) INTRAVENOUS PIGGYBACK	3	
VIBATIV INTRAVENOUS RECON SOLN 750 MG	2	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>amifostine crystalline intravenous recon soln</i>	1	
<i>dexrazoxane hcl intravenous recon soln</i>	1	
ELITEK INTRAVENOUS RECON SOLN	2	
ETHYOL INTRAVENOUS RECON SOLN	3	

Drug Name	Drug Tier	Requirements / Limits
FUSILEV INTRAVENOUS RECON SOLN	3	
KEPIVANCE INTRAVENOUS RECON SOLN	4	LA
KHAPZORY INTRAVENOUS RECON SOLN	3	
<i>leucovorin calcium injection recon soln</i>	1	
<i>leucovorin calcium injection solution</i>	1	
<i>leucovorin calcium oral tablet</i>	1	
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	1	
<i>levoleucovorin calcium intravenous solution</i>	1	
<i>mesna intravenous solution</i>	1	
MESNEX INTRAVENOUS SOLUTION	3	
MESNEX ORAL TABLET	2	
TOTECT INTRAVENOUS RECON SOLN 500 MG	3	
VISTOGARD ORAL GRANULES IN PACKET	4	PA; LA
VORAXAZE INTRAVENOUS RECON SOLN	2	

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Drug Name	Drug Tier	Requirements / Limits
XGEVA SUBCUTANEOUS SOLUTION	4	PA; LA
ZINECARD (AS HCL) INTRAVENOUS RECON SOLN	3	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet</i>	4	PA; LA; QL
ADAKVEO INTRAVENOUS SOLUTION	4	PA; LA
<i>adrucil intravenous solution</i>	1	
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION	4	PA; LA
AFINITOR ORAL TABLET	4	PA; LA
ALECENSA ORAL CAPSULE	4	PA; LA; QL
ALIQOPA INTRAVENOUS RECON SOLN	4	LA
ALKERAN (AS HCL) INTRAVENOUS RECON SOLN	3	
ALKERAN ORAL TABLET	3	
ALUNBRIG ORAL TABLET	4	PA; LA; QL
ALUNBRIG ORAL TABLETS,DOSE PACK	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>anastrozole oral tablet</i>	5	ACA
ARIMIDEX ORAL TABLET	3	
AROMASIN ORAL TABLET	3	
ASPARLAS INTRAVENOUS SOLUTION	4	LA
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR	4	ST
AYVAKIT ORAL TABLET	4	PA; LA; QL
AZASAN ORAL TABLET	4	
<i>azathioprine oral tablet</i>	4	
<i>azathioprine sodium injection recon soln</i>	4	
BALVERSA ORAL TABLET	4	PA; LA
BELEODAQ INTRAVENOUS RECON SOLN	4	LA
<i>bexarotene oral capsule</i>	4	PA; LA
<i>bicalutamide oral tablet</i>	1	
BICNU INTRAVENOUS RECON SOLN	3	
<i>bleomycin injection recon soln</i>	1	
BOSULIF ORAL TABLET	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
BRAFTOVI ORAL CAPSULE	4	PA; LA; QL
BRUKINSA ORAL CAPSULE	4	PA; LA
<i>busulfan intravenous solution</i>	1	
BUSULFEX INTRAVENOUS SOLUTION	3	
BYNFEZIA SUBCUTANEOUS PEN INJECTOR	4	PA; LA
CABOMETYX ORAL TABLET	4	PA; LA; QL
CALQUENCE ORAL CAPSULE	4	PA; LA; QL
CAMPTOSAR INTRAVENOUS SOLUTION	3	
<i>capecitabine oral tablet</i>	4	LA
CAPRELSA ORAL TABLET	4	PA; LA; QL
<i>carboplatin intravenous solution</i>	1	
<i>carmustine intravenous recon soln</i>	1	
CASODEX ORAL TABLET	3	
CELLCEPT INTRAVENOUS INTRAVENOUS RECON SOLN	4	
CELLCEPT ORAL CAPSULE	4	

Drug Name	Drug Tier	Requirements / Limits
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	4	
CELLCEPT ORAL TABLET	4	
CISPLATIN INTRAVENOUS RECON SOLN	3	
<i>cisplatin intravenous solution</i>	1	
<i>cladribine intravenous solution</i>	1	
<i>clofarabine intravenous solution</i>	1	
CLOLAR INTRAVENOUS SOLUTION	3	
COMETRIQ ORAL CAPSULE	4	PA; LA
COPIKTRA ORAL CAPSULE	4	PA; LA; QL
COSMEGEN INTRAVENOUS RECON SOLN	3	
COTELLIC ORAL TABLET	4	PA; LA; QL
<i>cyclosporine intravenous solution</i>	4	
<i>cyclosporine modified oral capsule</i>	4	
<i>cyclosporine modified oral solution</i>	4	
<i>cyclosporine oral capsule</i>	4	
<i>cytarabine (pf) injection solution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>cytarabine injection solution</i>	1	
<i>dacarbazine intravenous recon soln</i>	1	
<i>dactinomycin intravenous recon soln</i>	1	
DARZALEX FASPRO SUBCUTANEOUS SOLUTION	4	LA
<i>daunorubicin intravenous recon soln</i>	1	
<i>daunorubicin intravenous solution</i>	1	
DAURISMO ORAL TABLET	4	PA; LA; QL
DROXIA ORAL CAPSULE	2	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE	4	PA; LA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE	4	PA; LA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE	4	PA; LA
ELIGARD SUBCUTANEOUS SYRINGE	4	PA; LA
ELLECE INTRAVENOUS SOLUTION	3	

Drug Name	Drug Tier	Requirements / Limits
ELZONRIS INTRAVENOUS SOLUTION	4	LA
EMCYT ORAL CAPSULE	2	
ENHERTU INTRAVENOUS RECON SOLN	4	LA
ENSPRYNG SUBCUTANEOUS SYRINGE	4	PA; LA
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HR	4	ST
<i>epirubicin intravenous recon soln 200 mg</i>	1	
<i>epirubicin intravenous solution</i>	1	
ERIVEDGE ORAL CAPSULE	4	PA; LA; QL
ERLEADA ORAL TABLET	4	PA; LA; QL
<i>erlotinib oral tablet</i>	4	PA; LA; QL
ETOPOPHOS INTRAVENOUS RECON SOLN	2	
<i>etoposide intravenous solution</i>	1	
<i>etoposide oral capsule</i>	1	
<i>everolimus (antineoplastic) oral tablet</i>	4	PA; LA
<i>everolimus (immunosuppressive) oral tablet</i>	4	

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Drug Name	Drug Tier	Requirements / Limits
EVOMELA INTRAVENOUS RECON SOLN	4	LA
<i>exemestane oral tablet</i>	5	ACA
FARESTON ORAL TABLET	3	
FARYDAK ORAL CAPSULE	4	PA; LA; QL
FEMARA ORAL TABLET	3	
FENSOLVI SUBCUTANEOUS SYRINGE	4	PA; LA
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN	4	LA
<i>floxuridine injection recon soln</i>	1	
<i>fludarabine intravenous recon soln</i>	1	
<i>fludarabine intravenous solution</i>	1	
<i>fluorouracil intravenous solution</i>	1	
<i>flutamide oral capsule</i>	1	
FOLOTYN INTRAVENOUS SOLUTION	4	LA
GAMIFANT INTRAVENOUS SOLUTION	4	PA; LA
GAVRETO ORAL CAPSULE	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
<i>gengraf oral capsule 100 mg, 25 mg</i>	4	
<i>gengraf oral solution</i>	4	
GILOTRIF ORAL TABLET	4	PA; LA; QL
GLEEVEC ORAL TABLET	4	PA; LA; QL
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	2	
GLIADEL WAFER IMPLANT WAFER	3	
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION	4	LA
HYCAMTIN INTRAVENOUS RECON SOLN	4	LA
HYCAMTIN ORAL CAPSULE	4	LA
HYDREA ORAL CAPSULE	3	
<i>hydroxyurea oral capsule</i>	1	
IBRANCE ORAL CAPSULE	4	PA; LA; QL
IBRANCE ORAL TABLET	4	PA; LA; QL
ICLUSIG ORAL TABLET	4	PA; LA; QL
IDAMYCIN PFS INTRAVENOUS SOLUTION	3	
<i>idarubicin intravenous solution</i>	1	
IDHIFA ORAL TABLET	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
IFEX INTRAVENOUS RECON SOLN	3	
<i>ifosfamide intravenous recon soln</i>	1	
<i>ifosfamide intravenous solution</i>	1	
<i>imatinib oral tablet</i>	4	PA; LA; QL
IMBRUVICA ORAL CAPSULE	4	PA; LA; QL
IMBRUVICA ORAL TABLET	4	PA; LA; QL
IMURAN ORAL TABLET	4	
INLYTA ORAL TABLET	4	PA; LA; QL
INQOVI ORAL TABLET	4	PA; LA
INREBIC ORAL CAPSULE	4	PA; LA; QL
IRESSA ORAL TABLET	4	PA; LA; QL
<i>irinotecan intravenous solution</i>	1	
JAKAFI ORAL TABLET	4	PA; LA; QL
JELMYTO INTRAPYELOCALYCEAL KIT	4	LA
KISQALI FEMARACO-PACK ORAL TABLET	4	PA; LA; QL
KISQALI ORAL TABLET	4	PA; LA; QL
KOSELUGO ORAL CAPSULE	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
LENVIMA ORAL CAPSULE	4	PA; LA
<i>letrozole oral tablet</i>	1	
LEUKERAN ORAL TABLET	2	
<i>leuprolide subcutaneous kit</i>	4	PA; LA
LIBTAYO INTRAVENOUS SOLUTION	4	LA
LONSURF ORAL TABLET	4	PA; LA
LORBRENA ORAL TABLET	4	PA; LA; QL
LUMOXITI INTRAVENOUS RECON SOLN	4	LA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT	4	PA; LA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT	4	PA; LA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT	4	PA; LA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT	4	PA; LA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
LUPRON DEPOT-PED INTRAMUSCULAR KIT	4	PA; LA
LYNPARZA ORAL TABLET	4	PA; LA; QL
LYSODREN ORAL TABLET	2	
MATULANE ORAL CAPSULE	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</i>	1	
MEKINIST ORAL TABLET	4	PA; LA; QL
MEKTOVI ORAL TABLET	4	PA; LA; QL
<i>melphalan hcl intravenous recon soln</i>	1	
<i>melphalan oral tablet</i>	1	
<i>mercaptopurine oral tablet</i>	1	
<i>methotrexate sodium (pf) injection recon soln</i>	1	
<i>methotrexate sodium (pf) injection solution</i>	1	
<i>methotrexate sodium injection solution</i>	1	
<i>methotrexate sodium oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>mitomycin intravenous recon soln</i>	1	
<i>mitoxantrone intravenous concentrate</i>	4	LA
MUTAMYCIN INTRAVENOUS RECON SOLN	3	
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC)	4	PA; LA
<i>mycophenolate mofetil (hcl) intravenous recon soln</i>	4	
<i>mycophenolate mofetil oral capsule</i>	4	
<i>mycophenolate mofetil oral suspension for reconstitution</i>	4	
<i>mycophenolate mofetil oral tablet</i>	4	
<i>mycophenolate sodium oral tablet,delayed release (dr/ec)</i>	4	
MYFORTIC ORAL TABLET,DELAYED RELEASE (DR/EC)	4	
MYLERAN ORAL TABLET	2	
NAVELBINE INTRAVENOUS SOLUTION	3	
NEORAL ORAL CAPSULE	4	

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Drug Name	Drug Tier	Requirements / Limits
NEORAL ORAL SOLUTION	4	
NERLYNX ORAL TABLET	4	PA; LA
NEXAVAR ORAL TABLET	4	PA; LA; QL
NILANDRON ORAL TABLET	3	
<i>nilutamide oral tablet</i>	1	
NINLARO ORAL CAPSULE	4	PA; LA; QL
NIPENT INTRAVENOUS RECON SOLN	3	
NUBEQA ORAL TABLET	4	PA; LA; QL
NULOJIX INTRAVENOUS RECON SOLN	4	
ODOMZO ORAL CAPSULE	4	PA; LA; QL
ONCASPAR INJECTION SOLUTION	2	
<i>paclitaxel intravenous concentrate</i>	1	
PADCEV INTRAVENOUS RECON SOLN	4	LA
<i>paraplatin intravenous solution</i>	1	
PEMAZYRE ORAL TABLET	4	PA; LA; QL
PHESGO SUBCUTANEOUS SOLUTION	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
PHOTOFRIN INTRAVENOUS RECON SOLN	2	
PIQRAY ORAL TABLET	4	PA; LA
POLIVY INTRAVENOUS RECON SOLN 140 MG	4	LA
POTELIGEO INTRAVENOUS SOLUTION	4	LA
PROGRAF INTRAVENOUS SOLUTION	4	
PROGRAF ORAL CAPSULE	4	
PROGRAF ORAL GRANULES IN PACKET	4	
PURIXAN ORAL SUSPENSION	4	LA
QINLOCK ORAL TABLET	4	PA; LA; QL
RAPAMUNE ORAL SOLUTION	4	
RAPAMUNE ORAL TABLET	4	
RETEVMO ORAL CAPSULE	4	PA; LA; QL
RITUXAN INTRAVENOUS CONCENTRATE	4	PA; LA
ROZLYTREK ORAL CAPSULE	4	PA; LA; QL
RUBRACA ORAL TABLET	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
RUXIENCE INTRAVENOUS CONCENTRATE	4	PA; LA
RYDAPT ORAL CAPSULE	4	PA; LA
SANDIMMUNE INTRAVENOUS SOLUTION	4	
SANDIMMUNE ORAL CAPSULE	4	
SANDIMMUNE ORAL SOLUTION	4	
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE	4	PA; LA
SARCLISA INTRAVENOUS SOLUTION	4	LA
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	PA; LA
SIGNIFOR SUBCUTANEOUS SOLUTION	4	LA
SIKLOS ORAL TABLET	3	ST
SIMULECT INTRAVENOUS RECON SOLN	4	
<i>sirolimus oral solution</i>	4	
<i>sirolimus oral tablet</i>	4	

Drug Name	Drug Tier	Requirements / Limits
SOLTAMOX ORAL SOLUTION	3	ACA
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE	4	PA; LA
SPRYCEL ORAL TABLET	4	PA; LA; QL
STIVARGA ORAL TABLET	4	PA; LA; QL
SUPPRELIN LA IMPLANT KIT	4	LA
SUTENT ORAL CAPSULE	4	PA; LA; QL
SYLVANT INTRAVENOUS RECON SOLN	4	LA
SYNRIBO SUBCUTANEOUS RECON SOLN	4	LA
TABLOID ORAL TABLET	3	
TABRECTA ORAL TABLET	4	PA; LA
<i>tacrolimus oral capsule</i>	4	
TAFINLAR ORAL CAPSULE	4	PA; LA; QL
TAGRISSE ORAL TABLET	4	PA; LA; QL
TALZENNA ORAL CAPSULE	4	PA; LA; QL
<i>tamoxifen oral tablet</i>	1	ACA
TARCEVA ORAL TABLET	4	PA; LA; QL
TARGRETIN ORAL CAPSULE	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
TARGRETIN TOPICAL GEL	4	PA; LA
TASIGNA ORAL CAPSULE	4	PA; LA; QL
TAZVERIK ORAL TABLET	4	PA; LA
TEMODAR INTRAVENOUS RECON SOLN	4	PA; LA
TEMODAR ORAL CAPSULE	4	PA; LA
<i>temozolomide oral capsule</i>	4	PA; LA
<i>temsirolimus intravenous recon soln</i>	4	LA
TENIPOSIDE INTRAVENOUS SOLUTION	2	
TEPADINA INJECTION RECON SOLN	3	
THALOMID ORAL CAPSULE	4	PA; LA
<i>thiotepa injection recon soln</i>	1	
TIBSOVO ORAL TABLET	4	PA; LA
<i>toposar intravenous solution</i>	1	
<i>topotecan intravenous recon soln</i>	4	LA
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	4	LA
<i>toremifene oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
TORISEL INTRAVENOUS RECON SOLN	4	LA
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	
<i>tretinoin (antineoplastic) oral capsule</i>	1	
TREXALL ORAL TABLET	3	
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	PA; LA
TRODELVY INTRAVENOUS RECON SOLN	4	LA
TRUXIMA INTRAVENOUS CONCENTRATE	4	PA; LA
TUKYSA ORAL TABLET	4	PA; LA; QL
TURALIO ORAL CAPSULE	4	PA; LA; QL
TYKERB ORAL TABLET	4	PA; LA; QL
UNITUXIN INTRAVENOUS SOLUTION	4	LA
UPLIZNA INTRAVENOUS SOLUTION	4	LA
VANTAS IMPLANT KIT	4	LA

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Drug Name	Drug Tier	Requirements / Limits
VENCLEXTA ORAL TABLET	4	PA; LA
VENCLEXTA STARTING PACK ORAL TABLETS, DOSE PACK	4	PA; LA; QL
VERZENIO ORAL TABLET	4	PA; LA; QL
<i>vinblastine intravenous solution</i>	1	
<i>vincasar pfs intravenous solution</i>	1	
<i>vincristine intravenous solution</i>	1	
<i>vinorelbine intravenous solution</i>	1	
VITRAKVI ORAL CAPSULE	4	PA; LA
VITRAKVI ORAL SOLUTION	4	PA; LA
VIZIMPRO ORAL TABLET	4	PA; LA; QL
VOTRIENT ORAL TABLET	4	PA; LA; QL
XALKORI ORAL CAPSULE	4	PA; LA; QL
XATMEP ORAL SOLUTION	3	PA
XELODA ORAL TABLET	4	ST; LA
XERMELO ORAL TABLET	4	PA; LA; QL
XOSPATA ORAL TABLET	4	PA; LA
XPOVIO ORAL TABLET	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
XTANDI ORAL CAPSULE	4	PA; LA; QL
YONSA ORAL TABLET	4	PA; LA; QL
ZANOSAR INTRAVENOUS RECON SOLN	2	
ZEJULA ORAL CAPSULE	4	PA; LA; QL
ZELBORAF ORAL TABLET	4	PA; LA; QL
ZEPZELCA INTRAVENOUS RECON SOLN	4	LA
ZEVALIN (Y-90) INTRAVENOUS KIT	2	
ZOLADEX SUBCUTANEOUS IMPLANT	4	LA
ZOLINZA ORAL CAPSULE	4	PA; LA
ZORTRESS ORAL TABLET	4	
ZYDELIG ORAL TABLET	4	PA; LA; QL
ZYKADIA ORAL TABLET	4	PA; LA; QL
ZYTIGA ORAL TABLET	4	PA; LA; QL
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET	3	
BANZEL ORAL SUSPENSION	2	

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Drug Name	Drug Tier	Requirements / Limits
BANZEL ORAL TABLET	2	
BRIVIACT INTRAVENOUS SOLUTION	3	
BRIVIACT ORAL SOLUTION	3	
BRIVIACT ORAL TABLET	3	
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	
<i>carbamazepine oral tablet</i>	1	
<i>carbamazepine oral tablet extended release 12 hr</i>	1	
<i>carbamazepine oral tablet, chewable</i>	1	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR	3	
CELONTIN ORAL CAPSULE 300 MG	2	
CEREBYX INJECTION SOLUTION	3	
<i>clobazam oral suspension</i>	1	
<i>clobazam oral tablet</i>	1	
<i>clonazepam oral tablet</i>	1	
<i>clonazepam oral tablet, disintegrating</i>	1	

Drug Name	Drug Tier	Requirements / Limits
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR	3	
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC)	3	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE	3	
DIACOMIT ORAL CAPSULE	4	PA; LA
DIACOMIT ORAL POWDER IN PACKET	4	PA; LA
DIASTAT ACUDIAL RECTAL KIT	3	
DIASTAT RECTAL KIT	3	
<i>diazepam rectal kit</i>	1	
DILANTIN EXTENDED ORAL CAPSULE	3	
DILANTIN INFATABS ORAL TABLET, CHEWABLE	3	
DILANTIN ORAL CAPSULE	2	
DILANTIN-125 ORAL SUSPENSION	3	
<i>divalproex oral capsule, delayed rel sprinkle</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>divalproex oral tablet extended release 24 hr</i>	1	
<i>divalproex oral tablet, delayed release (dr/ec)</i>	1	
EPIDIOLEX ORAL SOLUTION	4	PA; LA
<i>epitol oral tablet</i>	1	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR	3	
<i>ethosuximide oral capsule</i>	1	
<i>ethosuximide oral solution</i>	1	
<i>felbamate oral suspension</i>	1	
<i>felbamate oral tablet</i>	1	
FELBATOL ORAL SUSPENSION	3	
FELBATOL ORAL TABLET	3	
FINTEPLA ORAL SOLUTION	4	PA; LA
<i>fosphenytoin injection solution</i>	1	
FYCOMPA ORAL SUSPENSION	2	
FYCOMPA ORAL TABLET	2	
<i>gabapentin oral capsule</i>	1	
<i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
GABITRIL ORAL TABLET	3	
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR	3	ST
KEPPRA INTRAVENOUS SOLUTION	3	
KEPPRA ORAL SOLUTION	3	
KEPPRA ORAL TABLET	3	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR	3	
KLONOPIN ORAL TABLET	3	
LAMICTAL ODT ORAL TABLET, DISINTEGRATING	3	
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING , DOSE PK	3	
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING , DOSE PK	3	

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Drug Name	Drug Tier	Requirements / Limits
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING , DOSE PK	3	
LAMICTAL ORAL TABLET	3	
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	3	
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK	3	
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK	3	
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR	3	
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK	3	

Drug Name	Drug Tier	Requirements / Limits
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK	3	
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK	3	
<i>lamotrigine oral tablet</i>	1	
<i>lamotrigine oral tablet disintegrating, dose pk</i>	1	
<i>lamotrigine oral tablet extended release 24hr</i>	1	
<i>lamotrigine oral tablet, chewable dispersible</i>	1	
<i>lamotrigine oral tablet, disintegrating</i>	1	
<i>lamotrigine oral tablets, dose pack</i>	1	
<i>levetiracetam in nacl (iso-os) intravenous piggyback</i>	1	
<i>levetiracetam intravenous solution</i>	1	
<i>levetiracetam oral solution</i>	1	
<i>levetiracetam oral tablet</i>	1	
<i>levetiracetam oral tablet extended release 24 hr</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 November 1, 2020.

Drug Name	Drug Tier	Requirements / Limits
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR	3	PA
LYRICA ORAL CAPSULE	3	ST
LYRICA ORAL SOLUTION	3	ST
MYSOLINE ORAL TABLET	3	
NAYZILAM NASAL SPRAY, NON-AEROSOL	2	PA; QL
NEURONTIN ORAL CAPSULE	3	ST
NEURONTIN ORAL SOLUTION	3	ST
NEURONTIN ORAL TABLET	3	ST
ONFI ORAL SUSPENSION	3	
ONFI ORAL TABLET 10 MG, 20 MG	3	
<i>oxcarbazepine oral suspension</i>	1	
<i>oxcarbazepine oral tablet</i>	1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR	3	
PEGANONE ORAL TABLET	2	
<i>phenobarbital oral elixir</i>	1	
<i>phenobarbital oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
PHENYTEK ORAL CAPSULE	3	
<i>phenytoin oral suspension</i>	1	
<i>phenytoin oral tablet, chewable</i>	1	
<i>phenytoin sodium extended oral capsule</i>	1	
<i>phenytoin sodium intravenous solution</i>	1	
<i>phenytoin sodium intravenous syringe</i>	1	
<i>pregabalin oral capsule</i>	1	ST
<i>pregabalin oral solution</i>	1	ST
<i>primidone oral tablet</i>	1	
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR	2	
<i>roweepra oral tablet</i>	1	
SABRIL ORAL POWDER IN PACKET	4	LA
SABRIL ORAL TABLET	4	LA
SPRITAM ORAL TABLET FOR SUSPENSION	3	
<i>subvenite oral tablet</i>	1	
<i>subvenite starter (blue) kit oral tablets, dose pack</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 November 1, 2020.

Drug Name	Drug Tier	Requirements / Limits
<i>subvenite starter (green) kit oral tablets,dose pack</i>	1	
<i>subvenite starter (orange) kit oral tablets,dose pack</i>	1	
SYMPAZAN ORAL FILM	3	
TEGRETOL ORAL SUSPENSION	3	
TEGRETOL ORAL TABLET	3	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR	3	
<i>tiagabine oral tablet</i>	1	
TOPAMAX ORAL CAPSULE, SPRINKLE	3	
TOPAMAX ORAL TABLET	3	
<i>topiramate oral capsule, sprinkle</i>	1	
TOPIRAMATE ORAL CAPSULE,SPRINKLE,ER 24HR	3	
<i>topiramate oral tablet</i>	1	
TRILEPTAL ORAL SUSPENSION	3	
TRILEPTAL ORAL TABLET	3	
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR	3	

Drug Name	Drug Tier	Requirements / Limits
<i>valproate sodium intravenous solution</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</i>	1	
VALTOCO NASAL SPRAY,NON-AEROSOL	3	PA; QL
<i>vigabatrin oral powder in packet</i>	4	LA
<i>vigabatrin oral tablet</i>	4	LA
<i>vigadrone oral powder in packet</i>	4	LA
VIMPAT INTRAVENOUS SOLUTION	2	
VIMPAT ORAL SOLUTION	2	
VIMPAT ORAL TABLET	2	
XCOPRI MAINTENANCE PACK ORAL TABLET	3	PA; QL
XCOPRI ORAL TABLET	3	PA; QL
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK	3	PA; QL
ZARONTIN ORAL CAPSULE	3	

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Drug Name	Drug Tier	Requirements / Limits
ZARONTIN ORAL SOLUTION	3	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	3	
<i>zonisamide oral capsule</i>	1	
ANTIPARKINSONISM AGENTS		
APOKYN SUBCUTANEOUS CARTRIDGE	4	PA; LA; QL
AZILECT ORAL TABLET	3	
<i>benztropine injection solution</i>	1	
<i>benztropine oral tablet</i>	1	
<i>bromocriptine oral capsule</i>	1	
<i>bromocriptine oral tablet</i>	1	
<i>carbidopa oral tablet</i>	1	
<i>carbidopa-levodopa oral tablet</i>	1	
<i>carbidopa-levodopa oral tablet extended release</i>	1	
<i>carbidopa-levodopa oral tablet, disintegrating</i>	1	
<i>carbidopa-levodopa-entacapone oral tablet</i>	1	
COGENTIN INJECTION SOLUTION	3	

Drug Name	Drug Tier	Requirements / Limits
COMTAN ORAL TABLET	3	
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION	4	LA
<i>entacapone oral tablet</i>	1	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	4	PA; LA
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	2	PA; LA
LODOSYN ORAL TABLET	3	
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR	3	
NEUPRO TRANSDERMAL PATCH 24 HOUR	3	
NOURIANZ ORAL TABLET	4	PA; LA; QL
ONGENTYS ORAL CAPSULE	3	PA
PARLODEL ORAL CAPSULE	3	
PARLODEL ORAL TABLET	3	
<i>pramipexole oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>pramipexole oral tablet extended release 24 hr</i>	1	
<i>rasagiline oral tablet</i>	1	
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 4 MG, 6 MG, 8 MG	3	
<i>ropinirole oral tablet</i>	1	
<i>ropinirole oral tablet extended release 24 hr</i>	1	
RYTARY ORAL CAPSULE, EXTENDED RELEASE	3	
<i>selegiline hcl oral capsule</i>	1	
<i>selegiline hcl oral tablet</i>	1	
SINEMET ORAL TABLET	3	
STALEVO 100 ORAL TABLET	3	
STALEVO 125 ORAL TABLET	3	
STALEVO 150 ORAL TABLET	3	
STALEVO 200 ORAL TABLET	3	
STALEVO 50 ORAL TABLET	3	
STALEVO 75 ORAL TABLET	3	
TASMAR ORAL TABLET 100 MG	3	

Drug Name	Drug Tier	Requirements / Limits
<i>tolcapone oral tablet</i>	1	
<i>trihexyphenidyl oral elixir</i>	1	
<i>trihexyphenidyl oral tablet</i>	1	
XADAGO ORAL TABLET	3	
ZELAPAR ORAL TABLET, DISINTEGRATING	3	
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	2	PA; QL
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	2	PA
AJOVY SYRINGE SUBCUTANEOUS SYRINGE	2	PA; QL
<i>almotriptan malate oral tablet</i>	1	QL
AMERGE ORAL TABLET	3	ST; QL
CAFERGOT ORAL TABLET	3	
D.H.E.45 INJECTION SOLUTION	3	
<i>dihydroergotamine injection solution</i>	1	
<i>dihydroergotamine nasal spray, non-aerosol</i>	1	QL
<i>eletriptan oral tablet</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR	2	PA; QL
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE	2	PA; QL
ERGOMAR SUBLINGUAL TABLET	3	
<i>ergotamine-caffeine oral tablet</i>	1	
FROVA ORAL TABLET	3	ST; QL
<i>frovatriptan oral tablet</i>	1	QL
IMITREX NASAL SPRAY, NON-AEROSOL	3	ST; QL
IMITREX ORAL TABLET	3	ST; QL
IMITREX STATDOSE PEN SUBCUTANEOUS PEN INJECTOR	3	ST; QL
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE	3	ST; QL
IMITREX SUBCUTANEOUS SOLUTION	3	ST; QL
MAXALT ORAL TABLET 10 MG	3	ST; QL
MAXALT-MLT ORAL TABLET, DISINTEGRATING 10 MG	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>migergot rectal suppository</i>	1	
MIGRANAL NASAL SPRAY, NON-AEROSOL	3	QL
<i>naratriptan oral tablet</i>	1	QL
NURTEC ODT ORAL TABLET, DISINTEGRATING	3	PA; QL
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED	3	ST; QL
RELPAK ORAL TABLET	3	ST; QL
REYVOW ORAL TABLET	3	PA; QL
<i>rizatriptan oral tablet</i>	1	QL
<i>rizatriptan oral tablet, disintegrating</i>	1	QL
<i>sumatriptan nasal spray, non-aerosol</i>	1	QL
<i>sumatriptan succinate oral tablet</i>	1	QL
<i>sumatriptan succinate subcutaneous cartridge</i>	1	QL
<i>sumatriptan succinate subcutaneous pen injector</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>sumatriptan succinate subcutaneous solution</i>	1	QL
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	1	QL
<i>sumatriptan-naproxen oral tablet</i>	1	PA; QL
TOSYMRA NASAL SPRAY, NON-AEROSOL	3	ST; QL
TREXIMET ORAL TABLET 85-500 MG	3	ST; QL
UBRELVY ORAL TABLET	3	PA; QL
VYEPTI INTRAVENOUS SOLUTION	4	PA; LA
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR	3	ST; QL
<i>zolmitriptan oral tablet</i>	1	QL
<i>zolmitriptan oral tablet, disintegrating</i>	1	QL
ZOMIG NASAL SPRAY, NON-AEROSOL	2	ST; QL
ZOMIG ORAL TABLET	3	ST; QL
ZOMIG ZMT ORAL TABLET, DISINTEGRATING	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
MISCELLANEOUS NEUROLOGICAL THERAPY		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR	4	PA; LA
ARICEPT ORAL TABLET	3	
AUSTEDO ORAL TABLET	4	PA; LA; QL
<i>dalfampridine oral tablet extended release 12 hr</i>	4	PA; LA
<i>donepezil oral tablet</i>	1	
<i>donepezil oral tablet, disintegrating</i>	1	
EVRYSDI ORAL RECON SOLN	4	PA; LA
EXELON TRANSDERMAL PATCH 24 HOUR	3	
FIRDAPSE ORAL TABLET	4	PA; LA
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	1	
<i>galantamine oral solution</i>	1	
<i>galantamine oral tablet</i>	1	
HORIZANT ORAL TABLET EXTENDED RELEASE	3	ST
INGREZZA INITIATION PACK ORAL CAPSULE, DOSE PACK	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
INGREZZA ORAL CAPSULE	4	PA; LA; QL
KEVEYIS ORAL TABLET	4	LA
<i>memantine oral capsule, sprinkle, er 24hr</i>	1	
<i>memantine oral solution</i>	1	
<i>memantine oral tablet</i>	1	
MEMANTINE ORAL TABLETS, DOSE PACK	3	
NAMENDA ORAL TABLET	3	
NAMENDA TITRATION PAK ORAL TABLETS, DOSE PACK	3	
NAMENDA XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK	3	
NAMENDA XR ORAL CAPSULE, SPRINKLE, ER 24HR	3	
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK	2	
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR	2	
NUEDEXTA ORAL CAPSULE	2	PA

Drug Name	Drug Tier	Requirements / Limits
ONPATTRO INTRAVENOUS SOLUTION	4	PA; LA
RAZADYNE ER ORAL CAPSULE, EXT REL. PELLETS 24 HR	3	
RAZADYNE ORAL TABLET 4 MG	3	
<i>rivastigmine tartrate oral capsule</i>	1	
<i>rivastigmine transdermal patch 24 hour</i>	1	
RUZURGI ORAL TABLET	4	PA; LA
TEGSEDI SUBCUTANEOUS SYRINGE	4	PA; LA
<i>tetrabenazine oral tablet</i>	4	PA; LA; QL
XENAZINE ORAL TABLET	4	PA; LA; QL
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
<i>atracurium intravenous solution</i>	1	
<i>baclofen oral tablet 10 mg, 20 mg</i>	1	
BACLOFEN ORAL TABLET 5 MG	3	
BRIDION INTRAVENOUS SOLUTION	3	
<i>carisoprodol oral tablet</i>	1	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>carisoprodol-aspirin oral tablet</i>	1	PA
<i>carisoprodol-aspirin-codeine oral tablet</i>	1	PA
<i>chlorzoxazone oral tablet 500 mg</i>	1	
<i>cisatracurium intravenous solution 2 mg/ml</i>	1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	
DANTRIUM INTRAVENOUS RECON SOLN	3	
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	3	
<i>dantrolene intravenous recon soln</i>	1	
<i>dantrolene oral capsule</i>	1	
<i>meprobamate oral tablet</i>	1	
MESTINON ORAL SYRUP	3	
MESTINON ORAL TABLET	3	
MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE	3	
<i>metaxall oral tablet</i>	1	
<i>metaxalone oral tablet</i>	1	
<i>methocarbamol injection solution</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>methocarbamol oral tablet</i>	1	
NIMBEX INTRAVENOUS SOLUTION 2 MG/ML	3	
NORGESIC FORTE ORAL TABLET	3	
<i>orphenadrine citrate injection solution</i>	1	
<i>orphenadrine citrate oral tablet extended release</i>	1	
<i>orphenadrine-asa-caffeine oral tablet 50-770-60 mg</i>	1	
<i>orphengesic forte oral tablet</i>	1	
OZOBAX ORAL SOLUTION	3	
<i>pyridostigmine bromide oral syrup</i>	1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	3	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>pyridostigmine bromide oral tablet extended release</i>	1	
<i>regonol injection solution</i>	1	
<i>revonto intravenous recon soln</i>	1	
ROBAXIN INJECTION SOLUTION	3	

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Drug Name	Drug Tier	Requirements / Limits
ROBAXIN-750 ORAL TABLET	3	
RYANODEX INTRAVENOUS SUSPENSION FOR RECONSTITUTION	3	
SKELAXIN ORAL TABLET	3	
SOMA ORAL TABLET	3	PA
<i>tizanidine oral capsule</i>	1	
<i>tizanidine oral tablet</i>	1	
<i>vanadom oral tablet</i>	1	PA
ZANAFLEX ORAL CAPSULE	3	
ZANAFLEX ORAL TABLET	3	
NARCOTIC ANALGESICS		
ABSTRAL SUBLINGUAL TABLET	3	PA; QL
<i>acetaminophen-caff-dihydrocod oral capsule</i>	1	PA
<i>acetaminophen-caff-dihydrocod oral tablet 325-30-16 mg</i>	1	PA
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	1	PA
<i>acetaminophen-codeine oral tablet</i>	1	PA
ACTIQ BUCCAL LOZENGE ON A HANDLE	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
ALLZITAL ORAL TABLET	3	ST
APADAZ ORAL TABLET	3	PA
ARYMO ER ORAL TABLET, ORAL ONLY, EXTND RELEASE	3	PA; QL
<i>ascomp with codeine oral capsule</i>	1	PA
BELBUCA BUCCAL FILM	2	PA; QL
BENZHYDROCODONE-ACETAMINOPHEN ORAL TABLET	3	PA
BUPAP ORAL TABLET 50-300 MG	3	ST
BUPRENEX INJECTION SOLUTION	3	PA
<i>buprenorphine hcl injection solution</i>	1	PA
<i>buprenorphine hcl injection syringe</i>	1	PA
<i>buprenorphine hcl sublingual tablet</i>	1	
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour</i>	2	PA
<i>buprenorphine transdermal patch weekly 7.5 mcg/hour</i>	1	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>butalbital compound w/codeine oral capsule</i>	1	PA
<i>butalbital-acetaminop-caf-cod oral capsule</i>	1	PA
<i>butalbital-acetaminophen oral capsule</i>	1	
<i>butalbital-acetaminophen oral tablet</i>	1	
<i>butalbital-acetaminophen-caff oral capsule</i>	1	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1	
<i>butalbital-aspirin-caffeine oral capsule</i>	1	
<i>butalbital-aspirin-caffeine oral tablet</i>	1	
BUTRANS TRANSDERMAL PATCH WEEKLY	3	PA
<i>codeine sulfate oral tablet</i>	1	PA
<i>codeine-butalbital-asa-caff oral capsule</i>	1	PA
DEMEROL (PF) INJECTION SOLUTION 100 MG/2 ML, 25 MG/0.5 ML, 50 MG/ML, 75 MG/1.5 ML	3	PA
<i>demerol (pf) injection solution 100 mg/ml</i>	1	PA

Drug Name	Drug Tier	Requirements / Limits
DEMEROL (PF) INJECTION SYRINGE	3	PA
DEMEROL INJECTION SOLUTION	3	PA
DILAUDID (PF) INJECTION SYRINGE	3	PA
DILAUDID ORAL LIQUID	3	PA
DILAUDID ORAL TABLET	3	PA
<i>diskets oral tablet,soluble</i>	1	PA
DOLOPHINE ORAL TABLET	3	PA
DSUVIA SUBLINGUAL TABLET IN APPLICATOR	3	
DURAGESIC TRANSDERMAL PATCH 72 HOUR	3	PA; QL
<i>duramorph (pf) injection solution</i>	1	PA
<i>dvorah oral tablet</i>	1	PA
EMBEDA ORAL CAPSULE,ORAL ONLY,EXT.REL PELL	3	PA; QL
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	PA
ESGIC ORAL CAPSULE	3	ST
ESGIC ORAL TABLET	3	ST

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Drug Name	Drug Tier	Requirements / Limits
FENTANYL (PF)- BUPIVACAINE- NACL INJECTION SOLUTION 2 MCG/ML- 0.0625 %, 2 MCG/ML- 0.1 %, 2 MCG/ML- 0.125 %	3	PA
FENTANYL CITRATE (PF) INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 1,500 MCG/30 ML (50 MCG/ML), 2,750 MCG/55 ML (50 MCG/ML)	3	PA
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	1	PA
FENTANYL CITRATE (PF) INTRAVENOUS SYRINGE 250 MCG/5 ML (50 MCG/ML), 50 MCG/ML	3	PA
FENTANYL CITRATE (PF)- 0.9%NACL INJECTION PT CONTROLLED ANALGESIA SYRING 550 MCG/55 ML	3	PA

Drug Name	Drug Tier	Requirements / Limits
FENTANYL CITRATE (PF)- 0.9%NACL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 500 MCG/50 ML (10 MCG/ML)	3	PA
FENTANYL CITRATE (PF)- 0.9%NACL INTRAVENOUS SOLUTION 10 MCG/ML, 20 MCG/ML	3	PA
<i>fentanyl citrate (pf)- 0.9%nacl intravenous solution 5 mcg/ml</i>	1	PA
<i>fentanyl citrate (pf)- 0.9%nacl intravenous syringe 10 mcg/ml</i>	1	PA
FENTANYL CITRATE (PF)- 0.9%NACL INTRAVENOUS SYRINGE 50 MCG/5 ML (10 MCG/ML)	3	PA
<i>fentanyl citrate buccal lozenge on a handle</i>	1	PA; QL
<i>fentanyl transdermal patch 72 hour</i>	1	PA; QL
FENTANYL- ROPIVACAINE- NACL (PF) INJECTION SOLUTION 2-0.2 MCG/ML-%	3	PA

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Drug Name	Drug Tier	Requirements / Limits
FENTORA BUCCAL TABLET, EFFERVESCENT	3	PA; QL
FIORICET ORAL CAPSULE	3	ST
FIORICET WITH CODEINE ORAL CAPSULE 50-300-40-30 MG	3	PA
FIORINAL ORAL CAPSULE	3	ST
FIORINAL-CODEINE #3 ORAL CAPSULE	3	PA
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr</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
<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
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	PA
HYDROMORPHONE (PF) IN WATER INJECTION SYRINGE	3	PA

Drug Name	Drug Tier	Requirements / Limits
HYDROMORPHONE (PF) IN WATER INTRAVENOUS PT CONTROLLED ANALGESIA SYRINGE	3	PA
HYDROMORPHONE (PF) INJECTION SOLUTION 1 MG/ML, 4 MG/ML	3	PA
<i>hydromorphone (pf) injection solution 10 mg/ml, 2 mg/ml</i>	1	PA
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PATIENT CONTROL.ANALGESIA SOLN	3	PA
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
<i>hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syringe 10 mg/50 ml (0.2 mg/ml)</i>	1	PA

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Drug Name	Drug Tier	Requirements / Limits
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 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
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS SOLUTION	3	PA
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS SYRINGE 1 MG/5 ML (0.2 MG/ML), 1 MG/ML, 2 MG/ML	3	PA
HYDROMORPHONE IN 0.9 % NACL INJECTION PREFILLED PUMP RESERVOIR	3	PA
HYDROMORPHONE IN 0.9 % NACL INJECTION PT CONTROLLED ANALGESIA SYRING 55 MG/55 ML (1 MG/ML)	3	PA

Drug Name	Drug Tier	Requirements / Limits
HYDROMORPHONE IN 0.9 % NACL INTRAVENOUS PATIENT CONTROL ANALGESIA SOLN 15 MG/30 ML (0.5 MG/ML)	3	PA
HYDROMORPHONE IN 0.9 % NACL INTRAVENOUS PREFILLED PUMP RESERVOIR 10 MG/50 ML (0.2 MG/ML)	3	PA
<i>hydromorphone in 0.9 % nacl intravenous pt controlled analgesia syring 15 mg/30 ml (0.5 mg/ml)</i>	1	PA
HYDROMORPHONE IN 0.9 % NACL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 5 MG/25 ML (0.2 MG/ML), 6 MG/30 ML (0.2 MG/ML)	3	PA
HYDROMORPHONE IN 0.9 % NACL INTRAVENOUS SOLUTION 0.2 MG/ML	3	PA
HYDROMORPHONE IN 0.9 % NACL INTRAVENOUS SYRINGE 0.5 MG/ML, 1 MG/ML (1 ML), 2 MG/10 ML (0.2 MG/ML)	3	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>hydromorphone injection solution</i>	1	PA
HYDROMORPHONE INJECTION SYRINGE 0.5 MG/0.5 ML	3	PA
<i>hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	PA
<i>hydromorphone oral liquid</i>	1	PA
<i>hydromorphone oral tablet</i>	1	PA
<i>hydromorphone oral tablet extended release 24 hr</i>	1	PA; QL
<i>hydromorphone rectal suppository</i>	1	PA
HYSINGLA ER ORAL TABLET, ORAL ONLY, EXT. REL. 24 HR	2	PA; QL
<i>ibuprofen-oxycodone oral tablet</i>	1	PA
INFUMORPH P/F INJECTION SOLUTION	2	PA
KADIAN ORAL CAPSULE, EXTENDED RELEASE PELLETS 10 MG, 100 MG, 20 MG, 200 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
LAZANDA NASAL SPRAY, NON-AEROSOL 100 MCG/SPRAY, 400 MCG/SPRAY	3	PA; QL
<i>levorphanol tartrate oral tablet 2 mg</i>	1	PA
LEVORPHANOL TARTRATE ORAL TABLET 3 MG	3	PA
<i>lorcet (hydrocodone) oral tablet</i>	1	PA
<i>lorcet hd oral tablet</i>	1	PA
<i>lorcet plus oral tablet 7.5-325 mg</i>	1	PA
LORTAB ELIXIR ORAL SOLUTION 10-300 MG/15 ML	3	PA
<i>meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	1	PA
<i>meperidine oral solution</i>	1	PA
<i>meperidine oral tablet</i>	1	PA
<i>methadone oral tablet</i>	1	PA
<i>methadone oral tablet, soluble</i>	1	PA
<i>methadose oral tablet, soluble</i>	1	PA
MITIGO (PF) INJECTION SOLUTION	3	PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated November 1, 2020.

Drug Name	Drug Tier	Requirements / Limits
MORPHABOND ER ORAL TABLET,ORAL ONLY,EXT.REL.12 HR	3	PA; QL
MORPHINE (PF) IN 0.9 % SOD CHL INJECTION SYRINGE 2 MG/2 ML (1 MG/ML)	3	PA
MORPHINE (PF) IN 0.9 % SOD CHL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 150 MG/30 ML (5 MG/ML), 50 MG/50 ML (1 MG/ML), 55 MG/55 ML (1 MG/ML)	3	PA
<i>morphine (pf) in 0.9 % sod chl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)</i>	1	PA
<i>morphine (pf) in 0.9 % sod chl intravenous solution 1 mg/ml</i>	1	PA
<i>morphine (pf) in 0.9 % sod chl intravenous syringe 0.5 mg/ml, 2 mg/2 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml)</i>	1	PA
MORPHINE (PF) IN 0.9 % SOD CHL INTRAVENOUS SYRINGE 2 MG/ML, 4 MG/ML	3	PA

Drug Name	Drug Tier	Requirements / Limits
<i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	1	PA
<i>morphine (pf) intravenous patient control.analgesia soln</i>	1	PA
MORPHINE (PF) INTRAVENOUS SYRINGE	3	PA
<i>morphine concentrate oral solution</i>	1	PA
MORPHINE IN 0.9 % SODIUM CHLOR INJECTION PT CONTROLLED ANALGESIA SYRING 55 MG/55 ML (1 MG/ML)	3	PA
MORPHINE IN 0.9 % SODIUM CHLOR INTRAVENOUS PREFILLED PUMP RESERVOIR 50 MG/50 ML (1 MG/ML)	3	PA
MORPHINE IN 0.9 % SODIUM CHLOR INTRAVENOUS SOLUTION 1 MG/ML, 5 MG/ML	3	PA
MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML	3	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>morphine injection solution 8 mg/ml</i>	1	PA
<i>morphine injection syringe 10 mg/ml, 2 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml</i>	1	PA
MORPHINE INTRAMUSCULAR PEN INJECTOR	3	PA
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml</i>	1	PA
MORPHINE INTRAVENOUS SOLUTION 8 MG/ML	3	PA
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	PA
MORPHINE INTRAVENOUS SYRINGE 8 MG/ML	3	PA
<i>morphine oral capsule, er multiphase 24 hr</i>	1	PA; QL
<i>morphine oral capsule, extend. release pellets</i>	1	PA; QL
<i>morphine oral solution</i>	1	PA
<i>morphine oral tablet</i>	1	PA
<i>morphine oral tablet extended release</i>	1	PA; QL
MS CONTIN ORAL TABLET EXTENDED RELEASE	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
NALOCET ORAL TABLET	3	PA
NORCO ORAL TABLET	3	PA
OXAYDO ORAL TABLET, ORAL ONLY	3	PA
<i>oxycodone oral capsule</i>	1	PA
<i>oxycodone oral concentrate</i>	1	PA
<i>oxycodone oral solution</i>	1	PA
<i>oxycodone oral tablet</i>	1	PA
OXYCODONE ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR	3	PA; QL
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-300 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	PA
<i>oxycodone-aspirin oral tablet</i>	1	PA
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR	2	PA; QL
<i>oxymorphone oral tablet</i>	1	PA
<i>oxymorphone oral tablet extended release 12 hr</i>	1	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	3	PA
<i>phrenilin forte(with caffeine) oral capsule</i>	1	
<i>prolate oral tablet</i>	1	PA
ROXICODONE ORAL TABLET	3	PA
ROXYBOND ORAL TABLET, ORAL ONLY	3	PA
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE	4	LA
SUBSYS SUBLINGUAL SPRAY, NON-AEROSOL	3	PA; QL
<i>tencon oral tablet 50-325 mg</i>	1	
TREZIX ORAL CAPSULE 320.5-30-16 MG	3	PA
VANATOL LQ ORAL SOLUTION	3	ST
VANATOL S ORAL SOLUTION	3	ST
<i>vtol lq oral solution</i>	1	
XTAMPZA ER ORAL CAP, SPRINKL, ER 12HR (DONT CRUSH)	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>zebutal oral capsule 50-325-40 mg</i>	1	
ZOHYDRO ER ORAL CAPSULE, ORAL ONLY, ER 12HR	3	PA; QL
NON-NARCOTIC ANALGESICS		
<i>adult aspirin regimen oral tablet, delayed release (dr/ec)</i>	5	ACA; OTC
ANAPROX DS ORAL TABLET	3	ST
ANJESO INTRAVENOUS SUSPENSION	3	
ARTHROTEC 50 ORAL TABLET, IR, DELAYED REL, BIPHASIC	3	ST
ARTHROTEC 75 ORAL TABLET, IR, DELAYED REL, BIPHASIC	3	ST
<i>aspir-81 oral tablet, delayed release (dr/ec)</i>	5	ACA; OTC
<i>aspirin low dose oral tablet, delayed release (dr/ec)</i>	5	ACA; OTC
<i>aspirin oral tablet</i>	5	ACA; OTC
<i>aspirin oral tablet, chewable</i>	5	ACA; OTC
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg, 81 mg</i>	5	ACA; OTC

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Drug Name	Drug Tier	Requirements / Limits
<i>aspir-low oral tablet, delayed release (dr/ec)</i>	5	ACA; OTC
<i>aspir-trin oral tablet, delayed release (dr/ec)</i>	5	ACA; OTC
<i>bayer aspirin oral tablet</i>	5	ACA; OTC
BAYER CHEWABLE ASPIRIN ORAL TABLET, CHEWABLE	5	ACA; OTC
BUNAVAIL BUCCAL FILM 2.1-0.3 MG, 4.2-0.7 MG	3	QL
BUNAVAIL BUCCAL FILM 6.3-1 MG	3	
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	1	
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	1	QL
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	QL
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	
<i>butorphanol injection solution</i>	1	PA
<i>butorphanol nasal spray, non-aerosol</i>	1	PA; QL
CALDOLOR INTRAVENOUS PIGGYBACK	3	

Drug Name	Drug Tier	Requirements / Limits
CALDOLOR INTRAVENOUS RECON SOLN 800 MG/8 ML (100 MG/ML)	2	
CAMBIA ORAL POWDER IN PACKET	3	ST; QL
CELEBREX ORAL CAPSULE	3	ST
<i>celecoxib oral capsule</i>	1	ST
<i>children's aspirin oral tablet, chewable</i>	5	ACA; OTC
CONZIP ORAL CAPSULE, ER BIPHASE 24 HR 17-83	3	PA; QL
CONZIP ORAL CAPSULE, ER BIPHASE 24 HR 25-75	3	PA; QL
DAYPRO ORAL TABLET	3	ST
DICLOFENAC EPOLAMINE TRANSDERMAL PATCH 12 HOUR	3	ST; QL
<i>diclofenac potassium oral tablet</i>	1	
<i>diclofenac sodium oral tablet extended release 24 hr</i>	1	
<i>diclofenac sodium oral tablet, delayed release (dr/ec)</i>	1	
<i>diclofenac sodium topical drops</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic</i>	1	
<i>diflunisal oral tablet</i>	1	
DISALCID ORAL TABLET	3	
<i>e.c. prin oral tablet,delayed release (dr/ec)</i>	5	ACA; OTC
EC-NAPROSYN ORAL TABLET,DELAYED RELEASE (DR/EC)	3	ST
<i>ecotrin low strength oral tablet,delayed release (dr/ec)</i>	5	ACA; OTC
<i>ecotrin oral tablet,delayed release (dr/ec)</i>	5	ACA; OTC
<i>etodolac oral capsule</i>	1	
<i>etodolac oral tablet</i>	1	
<i>etodolac oral tablet extended release 24 hr</i>	1	
EVZIO INJECTION AUTO-INJECTOR 2 MG/0.4 ML	3	QL
FELDENE ORAL CAPSULE	3	ST
FLECTOR TRANSDERMAL PATCH 12 HOUR	2	ST; QL
<i>flurbiprofen oral tablet 100 mg</i>	1	
<i>ibu oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>ibuprofen oral suspension</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
INDOCIN RECTAL SUPPOSITORY	3	
<i>indomethacin oral capsule</i>	1	
<i>indomethacin oral capsule, extended release</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 cartridge</i>	1	
<i>ketorolac injection solution</i>	1	
<i>ketorolac injection syringe</i>	1	
<i>ketorolac intramuscular cartridge</i>	1	
<i>ketorolac intramuscular solution</i>	1	
<i>ketorolac intramuscular syringe</i>	1	
KETOROLAC NASAL SPRAY,NON-AEROSOL	3	ST; QL
<i>ketorolac oral tablet</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
LICART TRANSDERMAL PATCH 24 HOUR	2	ST; QL
<i>lite coat aspirin oral tablet</i>	5	ACA; OTC
LODINE ORAL TABLET	3	ST
LUCEMYRA ORAL TABLET	2	QL
<i>meclofenamate oral capsule</i>	1	
<i>mefenamic acid oral capsule</i>	1	
<i>meloxicam oral tablet 15 mg</i>	1	
<i>meloxicam oral tablet 7.5 mg</i>	1	QL
MOBIC ORAL TABLET 15 MG	3	ST
MOBIC ORAL TABLET 7.5 MG	3	ST; QL
<i>nabumetone oral tablet</i>	1	
<i>nalbuphine injection solution</i>	1	PA
NALOXONE INJECTION AUTO- INJECTOR	3	QL
<i>naloxone injection solution</i>	1	
<i>naloxone injection syringe</i>	1	
<i>naltrexone oral tablet</i>	1	
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR	3	ST

Drug Name	Drug Tier	Requirements / Limits
NAPROSYN ORAL SUSPENSION	3	ST
NAPROSYN ORAL TABLET 500 MG	3	ST
<i>naproxen oral suspension</i>	1	ST
<i>naproxen oral tablet</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec)</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	1	ST
NARCAN NASAL SPRAY, NON- AEROSOL 4 MG/ACTUATION	2	QL
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR	2	PA; QL
NUCYNTA ORAL TABLET	2	PA; QL
<i>oxaprozin oral tablet</i>	1	
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP	3	ST; QL
<i>pentazocine- naloxone oral tablet</i>	1	PA
<i>piroxicam oral capsule</i>	1	
QMIIZ ODT ORAL TABLET, DISINTE GRATING 15 MG	3	ST

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Drug Name	Drug Tier	Requirements / Limits
QMIIZ ODT ORAL TABLET,DISINTEGRATING 7.5 MG	3	ST; QL
RELAFEN DS ORAL TABLET	3	ST
RELAFEN ORAL TABLET	3	ST
<i>salsalate oral tablet</i>	1	
<i>st joseph aspirin oral tablet,chewable</i>	5	ACA; OTC
<i>st. joseph aspirin oral tablet,delayed release (dr/ec)</i>	5	ACA; OTC
SUBOXONE SUBLINGUAL FILM 12-3 MG	3	
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG, 8-2 MG	3	QL
<i>sulindac oral tablet</i>	1	
<i>tolmetin oral capsule</i>	1	ST
<i>tolmetin oral tablet 200 mg</i>	1	
<i>tolmetin oral tablet 600 mg</i>	1	ST
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83	3	PA; QL
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75	3	PA; QL
TRAMADOL ORAL TABLET 100 MG	3	PA

Drug Name	Drug Tier	Requirements / Limits
<i>tramadol oral tablet 50 mg</i>	1	PA; QL
<i>tramadol oral tablet extended release 24 hr</i>	1	PA; QL
<i>tramadol oral tablet, er multiphase 24 hr</i>	1	PA; QL
<i>tramadol-acetaminophen oral tablet</i>	1	PA; QL
ULTRACET ORAL TABLET	3	PA; QL
ULTRAM ORAL TABLET	3	PA; QL
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	4	LA
ZIPSOR ORAL CAPSULE	3	ST
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	2	QL
ZUBSOLV SUBLINGUAL TABLET 11.4-2.9 MG	2	
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	2	

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Drug Name	Drug Tier	Requirements / Limits
ABILIFY MAINTENANCE INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE SYRING	2	
ABILIFY MYCITE ORAL TABLET WITH SENSOR AND PATCH	3	QL
ABILIFY ORAL TABLET	3	QL
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
ADDERALL ORAL TABLET	3	
ADDERALL XR ORAL CAPSULE, EXTENDED RELEASE 24HR	3	ST
ADDYI ORAL TABLET	3	PA
ADHANSIA XR ORAL CAPSULE, ER BIPHASIC 20-80	3	ST
ADZENYS ER ORAL SUSPENSION, IR - ER, BIPHASIC 24HR	3	ST
ADZENYS XR-ODT ORAL TABLET, DISINTEGRATING ER BIPHASIC 24H	3	ST

Drug Name	Drug Tier	Requirements / Limits
<i>alprazolam intensol oral concentrate</i>	1	
<i>alprazolam oral tablet</i>	1	
<i>alprazolam oral tablet extended release 24 hr</i>	1	
<i>alprazolam oral tablet, disintegrating</i>	1	
AMBIEN CR ORAL TABLET, EXTENDED RELEASE MULTIPHASE	3	ST; QL
AMBIEN ORAL TABLET	3	ST; QL
<i>amitriptyline oral tablet</i>	1	
<i>amitriptyline-chlordiazepoxide oral tablet</i>	1	
<i>amoxapine oral tablet</i>	1	
AMPHETAMINE ORAL SUSPENSION, IR - ER, BIPHASIC 24HR	3	ST
<i>amphetamine sulfate oral tablet</i>	1	
ANAFRANIL ORAL CAPSULE	3	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; QL
APTENSIO XR ORAL CAPSULE, ER SPRINKLE, BIPHASIC 40-60	3	ST

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Drug Name	Drug Tier	Requirements / Limits
<i>aripiprazole oral solution</i>	1	
<i>aripiprazole oral tablet</i>	1	QL
<i>aripiprazole oral tablet, disintegrating</i>	1	QL
ARISTADA INITIO INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE SYRING	2	
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE SYRING	2	
<i>armodafinil oral tablet</i>	1	PA; QL
ATIVAN INJECTION SOLUTION	3	
ATIVAN ORAL TABLET	3	
<i>atomoxetine oral capsule</i>	1	PA
BELSOMRA ORAL TABLET	3	ST; QL
BRISDELLE ORAL CAPSULE	3	ST; QL
<i>bupropion hcl oral tablet</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	3	ST; QL
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	QL
<i>bupirone oral tablet</i>	1	
CAPLYTA ORAL CAPSULE	3	PA; QL
CELEXA ORAL TABLET	3	ST; QL
<i>chlordiazepoxide hcl oral capsule</i>	1	
<i>chlorpromazine injection solution</i>	1	
<i>chlorpromazine oral tablet</i>	1	
<i>citalopram oral solution</i>	1	
<i>citalopram oral tablet</i>	1	QL
<i>clomipramine oral capsule</i>	1	
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	PA
<i>clorazepate dipotassium oral tablet</i>	1	
<i>clozapine oral tablet</i>	1	
<i>clozapine oral tablet, disintegrating</i>	1	
CLOZARIL ORAL TABLET	3	

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Drug Name	Drug Tier	Requirements / Limits
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR	3	ST
COTEMPLA XR-ODT ORAL TABLET,DISINTEGRER BIPHASE 24H	3	ST
CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC)	3	ST; QL
DAYTRANA TRANSDERMAL PATCH 24 HOUR	2	ST
DAYVIGO ORAL TABLET	3	ST
<i>desipramine oral tablet</i>	1	
DESOXYN ORAL TABLET	3	
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; QL
<i>desvenlafaxine succinate oral tablet extended release 24 hr</i>	1	QL
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE	3	ST
<i>dexmethylphenidate oral capsule,erbiphasic 50-50</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>dexmethylphenidate oral tablet</i>	1	
<i>dextroamphetamine oral capsule, extended release</i>	1	
<i>dextroamphetamine oral solution</i>	1	
<i>dextroamphetamine oral tablet</i>	1	
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr</i>	1	
<i>dextroamphetamine-amphetamine oral tablet</i>	1	
<i>diazepam injection solution</i>	1	
<i>diazepam injection syringe</i>	1	
<i>diazepam intensol oral concentrate</i>	1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	
<i>diazepam oral tablet</i>	1	
<i>doxepin oral capsule</i>	1	
<i>doxepin oral concentrate</i>	1	
<i>doxepin oral tablet</i>	1	QL
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE	3	ST; QL
<i>duloxetine oral capsule,delayed release(dr/ec)</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
DYANA VEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR	2	ST
EDLUAR SUBLINGUAL TABLET	3	ST; QL
EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR	3	ST; QL
EMSAM TRANSDERMAL PATCH 24 HOUR	3	
<i>ergoloid oral tablet</i>	1	
<i>escitalopram oxalate oral solution</i>	1	
<i>escitalopram oxalate oral tablet</i>	1	QL
<i>estazolam oral tablet</i>	1	
<i>eszopiclone oral tablet</i>	1	QL
EVEKEO ODT ORAL TABLET, DISINTEGRATING	3	
EVEKEO ORAL TABLET	3	
FANAPT ORAL TABLET	3	QL
FANAPT ORAL TABLETS, DOSE PACK	3	QL
FAZACLO ORAL TABLET, DISINTEGRATING 100 MG, 12.5 MG, 200 MG	3	

Drug Name	Drug Tier	Requirements / Limits
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24HR DOSE PACK	2	ST; QL
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24HR	2	ST; QL
<i>flumazenil intravenous solution</i>	1	
<i>fluoxetine oral capsule 10 mg, 40 mg</i>	1	QL
<i>fluoxetine oral capsule 20 mg</i>	1	
<i>fluoxetine oral capsule, delayed release (dr/ec)</i>	1	QL
<i>fluoxetine oral solution</i>	1	
<i>fluoxetine oral tablet 10 mg</i>	1	QL
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	1	
<i>fluphenazine decanoate injection solution</i>	1	
<i>fluphenazine hcl injection solution</i>	1	
<i>fluphenazine hcl oral concentrate</i>	1	
<i>fluphenazine hcl oral elixir</i>	1	
<i>fluphenazine hcl oral tablet</i>	1	
<i>flurazepam oral capsule</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>fluvoxamine oral capsule,extended release 24hr</i>	1	QL
<i>fluvoxamine oral tablet</i>	1	QL
FOCALIN ORAL TABLET	3	
FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50	3	ST
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; QL
GEODON INTRAMUSCULAR RECON SOLN	3	
GEODON ORAL CAPSULE	3	QL
<i>guanfacine oral tablet extended release 24 hr</i>	1	PA
<i>guanidine oral tablet</i>	1	
HALCION ORAL TABLET 0.25 MG	3	
HALDOL DECANOATE INTRAMUSCULAR SOLUTION	3	
HALDOL INJECTION SOLUTION	3	
<i>haloperidol decanoate intramuscular solution</i>	1	
<i>haloperidol lactate injection solution</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>haloperidol lactate intramuscular syringe</i>	1	
<i>haloperidol lactate oral concentrate</i>	1	
<i>haloperidol oral tablet</i>	1	
HETLIOZ ORAL CAPSULE	4	PA; LA; QL
<i>imipramine hcl oral tablet</i>	1	
<i>imipramine pamoate oral capsule</i>	1	
INTERMEZZO SUBLINGUAL TABLET 1.75 MG	3	ST; QL
INTUNIV ER ORAL TABLET EXTENDED RELEASE 24 HR	3	PA
INVEGA ORAL TABLET EXTENDED RELEASE 24HR	3	QL
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE	3	
INVEGA TRINZA INTRAMUSCULAR SYRINGE	3	
JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK	3	ST
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HR	3	PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated November 1, 2020.

Drug Name	Drug Tier	Requirements / Limits
KETAMINE SUBLINGUAL TROCHE	3	
LATUDA ORAL TABLET	2	QL
LEXAPRO ORAL TABLET	3	ST; QL
<i>lithium carbonate oral capsule</i>	1	
<i>lithium carbonate oral tablet</i>	1	
<i>lithium carbonate oral tablet extended release</i>	1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	
LITHOBID ORAL TABLET EXTENDED RELEASE	3	
<i>lorazepam injection solution</i>	1	
<i>lorazepam injection syringe</i>	1	
<i>lorazepam intensol oral concentrate</i>	1	
<i>lorazepam oral concentrate</i>	1	
<i>lorazepam oral tablet</i>	1	
<i>loxapine succinate oral capsule</i>	1	
LUNESTA ORAL TABLET	3	ST; QL
<i>maprotiline oral tablet</i>	1	
MARPLAN ORAL TABLET	3	

Drug Name	Drug Tier	Requirements / Limits
<i>methamphetamine oral tablet</i>	1	
METHYLIN ORAL SOLUTION	3	
METHYLPHENIDATE HCL ORAL CAP,ER SPRINKLE,BIPHASIC 40-60	3	ST
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	1	
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	1	
<i>methylphenidate hcl oral solution</i>	1	
<i>methylphenidate hcl oral tablet</i>	1	
<i>methylphenidate hcl oral tablet extended release</i>	1	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	1	
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 72 MG	3	ST
<i>methylphenidate hcl oral tablet, chewable</i>	1	
<i>midazolam (pf) in 0.9 % nacl intravenous solution</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 November 1, 2020.

Drug Name	Drug Tier	Requirements / Limits
MIDAZOLAM (PF) IN 0.9 % NACL INTRAVENOUS SYRINGE	3	
<i>midazolam (pf) injection cartridge</i>	1	
<i>midazolam (pf) injection solution</i>	1	
<i>midazolam (pf) injection syringe</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), 55 MG/55 ML (1 MG/ML)	3	
MIDAZOLAM IN NACL,ISO-OSMO(PF) INTRAVENOUS SOLUTION	3	
<i>midazolam injection solution</i>	1	
MIDAZOLAM INTRAVENOUS SYRINGE 150 MG/30 ML (5 MG/ML)	3	
<i>midazolam oral syrup 2 mg/ml</i>	1	
<i>mirtazapine oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>mirtazapine oral tablet,disintegrating</i>	1	
<i>modafinil oral tablet</i>	1	PA; QL
<i>molindone oral tablet</i>	1	
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR	2	ST
NARDIL ORAL TABLET	3	
<i>nefazodone oral tablet</i>	1	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	
<i>nortriptyline oral capsule</i>	1	
<i>nortriptyline oral solution</i>	1	
NUPLAZID ORAL CAPSULE	4	PA; LA; QL
NUPLAZID ORAL TABLET 10 MG	4	PA; LA; QL
NUVIGIL ORAL TABLET	3	PA; QL
<i>olanzapine intramuscular recon soln</i>	1	
<i>olanzapine oral tablet</i>	1	QL
<i>olanzapine oral tablet,disintegrating</i>	1	QL
<i>olanzapine-fluoxetine oral capsule</i>	1	
<i>oxazepam oral capsule</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>paliperidone oral tablet extended release 24hr</i>	1	QL
PAMELOR ORAL CAPSULE	3	
PARNATE ORAL TABLET	3	
<i>paroxetine hcl oral tablet</i>	1	QL
<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	QL
<i>paroxetine mesylate(menop.sym) oral capsule</i>	1	QL
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; QL
PAXIL ORAL SUSPENSION	3	ST
PAXIL ORAL TABLET	3	ST; QL
<i>perphenazine oral tablet</i>	1	
<i>perphenazine-amitriptyline oral tablet</i>	1	
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXT END REL SYR KIT	3	
PEXEVA ORAL TABLET	3	ST; QL
<i>phenelzine oral tablet</i>	1	
<i>pimozide oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; QL
<i>procentra oral solution</i>	1	
<i>protriptyline oral tablet</i>	1	
PROVIGIL ORAL TABLET	3	PA; QL
PROZAC ORAL CAPSULE 10 MG, 40 MG	3	ST; QL
PROZAC ORAL CAPSULE 20 MG	3	ST
<i>quetiapine oral tablet</i>	1	QL
<i>quetiapine oral tablet extended release 24 hr</i>	1	QL
QUILLICHEW ER ORAL TABLET,CHEW,IR - ER.BIPHASIC24HR	2	ST
QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON	2	ST
<i>ramelteon oral tablet</i>	1	ST; QL
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR	3	ST
REMERON ORAL TABLET 15 MG, 30 MG	3	ST

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Drug Name	Drug Tier	Requirements / Limits
REMERON SOLTAB ORAL TABLET,DISINTE GRATING	3	ST
RESTORIL ORAL CAPSULE	3	
REXULTI ORAL TABLET	3	ST; QL
RISPERDAL CONSTA INTRAMUSCULA R SUSPENSION,EXT ENDED REL RECON	2	
RISPERDAL ORAL SOLUTION	3	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	QL
<i>risperidone oral solution</i>	1	
<i>risperidone oral tablet</i>	1	QL
<i>risperidone oral tablet,disintegrating</i>	1	QL
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 20 MG, 30 MG, 40 MG	3	ST
RITALIN ORAL TABLET	3	
ROZEREM ORAL TABLET	3	ST; QL
SAPHRIS SUBLINGUAL TABLET	3	QL

Drug Name	Drug Tier	Requirements / Limits
SARAFEM ORAL TABLET 10 MG	3	ST; QL
SARAFEM ORAL TABLET 20 MG	3	ST
<i>seconal sodium oral capsule</i>	1	QL
SECUADO TRANSDERMAL PATCH 24 HOUR	3	QL
SEROQUEL ORAL TABLET	3	QL
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR	3	QL
<i>sertraline oral concentrate</i>	1	
<i>sertraline oral tablet</i>	1	QL
SILENOR ORAL TABLET	3	ST; QL
SPRAVATO NASAL SPRAY, NON- AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	4	PA; LA
STRATTERA ORAL CAPSULE	3	PA
SUNOSI ORAL TABLET	2	PA; QL
SYMBYAX ORAL CAPSULE 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG	3	
<i>temazepam oral capsule</i>	1	
<i>thioridazine oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>thiothixene oral capsule</i>	1	
TOFRANIL ORAL TABLET	3	
TRANXENE T-TAB ORAL TABLET 7.5 MG	3	
<i>tranylcypromine oral tablet</i>	1	
<i>trazodone oral tablet</i>	1	
<i>triazolam oral tablet</i>	1	
<i>trifluoperazine oral tablet</i>	1	
<i>trimipramine oral capsule</i>	1	
TRINTELLIX ORAL TABLET	3	ST; QL
VALIUM ORAL TABLET	3	
<i>venlafaxine oral capsule, extended release 24hr</i>	1	QL
<i>venlafaxine oral tablet</i>	1	QL
<i>venlafaxine oral tablet extended release 24hr</i>	1	QL
VERSACLOZ ORAL SUSPENSION	3	
VIIBRYD ORAL TABLET	2	ST; QL
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)-20 MG (23)	2	ST; QL
VRAYLAR ORAL CAPSULE	3	QL

Drug Name	Drug Tier	Requirements / Limits
VRAYLAR ORAL CAPSULE, DOSE PACK	3	QL
VYLEESI SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL
VYVANSE ORAL CAPSULE	2	ST
VYVANSE ORAL TABLET, CHEWABLE	2	ST
WAKIX ORAL TABLET	4	PA; LA; QL
WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR	3	ST; QL
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; QL
XANAX ORAL TABLET	3	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR	3	
XYREM ORAL SOLUTION	4	PA; LA
<i>zaleplon oral capsule</i>	1	QL
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	
<i>ziprasidone hcl oral capsule</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>ziprasidone mesylate intramuscular recon soln</i>	1	
ZOLOFT ORAL CONCENTRATE	3	ST
ZOLOFT ORAL TABLET	3	ST; QL
<i>zolpidem oral tablet</i>	1	QL
<i>zolpidem oral tablet,ext release multiphase</i>	1	QL
<i>zolpidem sublingual tablet</i>	1	QL
ZOLPIMIST ORAL SPRAY, NON-AEROSOL	3	ST; QL
ZULRESSO INTRAVENOUS SOLUTION	4	PA; LA
ZYPREXA INTRAMUSCULAR RECON SOLN	3	
ZYPREXA ORAL TABLET	3	QL
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	
ZYPREXA ZYDIS ORAL TABLET, DISINTEGRATING	3	QL
CARDIOVASCULAR, HYPERTENSION & LIPIDS		
ANTIARRHYTHMIC AGENTS		

Drug Name	Drug Tier	Requirements / Limits
<i>amiodarone oral tablet</i>	1	
BETAPACE AF ORAL TABLET	3	ST
BETAPACE ORAL TABLET	3	ST
<i>bretylum tosylate injection solution</i>	1	
<i>disopyramide phosphate oral capsule</i>	1	
<i>dofetilide oral capsule</i>	1	
<i>flecainide oral tablet</i>	1	
<i>mexiletine oral capsule</i>	1	
MULTAQ ORAL TABLET	3	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE	3	
NORPACE ORAL CAPSULE	3	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>procainamide injection solution</i>	1	
<i>propafenone oral capsule, extended release 12 hr</i>	1	
<i>propafenone oral tablet</i>	1	
<i>quinidine gluconate oral tablet extended release</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>quinidine sulfate oral tablet</i>	1	
RYTHMOL SR ORAL CAPSULE, EXTENDED RELEASE 12 HR	3	
<i>sotalol af oral tablet</i>	1	
SOTALOL INTRAVENOUS SOLUTION	2	
<i>sotalol oral tablet</i>	1	
SOTYLIZE ORAL SOLUTION	2	
TIKOSYN ORAL CAPSULE	3	
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL ORAL TABLET	3	
ACCURETIC ORAL TABLET	3	
<i>acebutolol oral capsule</i>	1	
ADALAT CC ORAL TABLET EXTENDED RELEASE	3	
ALDACTAZIDE ORAL TABLET	3	
ALDACTONE ORAL TABLET	3	
<i>aliskiren oral tablet</i>	1	
ALTACE ORAL CAPSULE	3	
<i>amiloride oral tablet</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>amlodipine oral tablet</i>	1	
<i>amlodipine-benazepril oral capsule</i>	1	
<i>amlodipine-olmesartan oral tablet</i>	1	
<i>amlodipine-valsartan oral tablet</i>	1	
<i>amlodipine-valsartan-hcthiaizid oral tablet</i>	1	
ATACAND HCT ORAL TABLET	3	ST
ATACAND ORAL TABLET	3	ST
<i>atenolol oral tablet</i>	1	
<i>atenolol-chlorthalidone oral tablet</i>	1	
AVALIDE ORAL TABLET	3	ST
AVAPRO ORAL TABLET	3	ST
AZOR ORAL TABLET	3	ST
<i>benazepril oral tablet</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet</i>	1	
BENICAR HCT ORAL TABLET	3	ST
BENICAR ORAL TABLET	3	ST
<i>betaxolol oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
BIDIL ORAL TABLET	3	
<i>bisoprolol fumarate oral tablet</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	1	
BREVIBLOC IN NACL (ISO-OSM) INTRAVENOUS PARENTERAL SOLUTION	3	
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10 ML (10 MG/ML)	3	
<i>bumetanide injection solution</i>	1	
<i>bumetanide oral tablet</i>	1	
BYSTOLIC ORAL TABLET	2	ST
CALAN ORAL TABLET 120 MG	3	
CALAN SR ORAL TABLET EXTENDED RELEASE	3	
<i>candesartan oral tablet</i>	1	
<i>candesartan-hydrochlorothiazid oral tablet</i>	1	
<i>captopril oral tablet</i>	1	
<i>captopril-hydrochlorothiazide oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR	3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR	3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	
CARDURA ORAL TABLET	3	QL
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR	3	QL
CAROSPIR ORAL SUSPENSION	3	ST
<i>cartia xt oral capsule,extended release 24hr</i>	1	
<i>carvedilol oral tablet</i>	1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr</i>	1	
CATAPRES ORAL TABLET	3	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY	3	QL
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY	3	QL
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY	3	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>chlorothiazide sodium intravenous recon soln</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>clonidine hcl oral tablet</i>	1	
<i>clonidine transdermal patch weekly</i>	1	QL
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR	3	ST
COREG ORAL TABLET	3	ST
CORGARD ORAL TABLET	3	ST
<i>corlopam intravenous solution</i>	1	
COZAAR ORAL TABLET	3	ST
DEMSER ORAL CAPSULE	3	PA
DIBENZYLINE ORAL CAPSULE	3	PA
<i>diltiazem hcl oral capsule, extended release 12 hr</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</i>	1	
<i>diltiazem hcl oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>diltiazem hcl oral tablet extended release 24 hr</i>	1	
<i>dilt-xr oral capsule, ext. rel 24h degradable</i>	1	
DIOVAN HCT ORAL TABLET	3	ST
DIOVAN ORAL TABLET	3	ST
DIURIL IV INTRAVENOUS RECON SOLN	3	
DIURIL ORAL SUSPENSION	3	
<i>doxazosin oral tablet</i>	1	QL
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HR	3	ST
DYAZIDE ORAL CAPSULE	3	
DYRENIUM ORAL CAPSULE	3	
EDARBI ORAL TABLET	2	ST
EDARBYCLOR ORAL TABLET	2	ST
EDECRIIN ORAL TABLET	3	
<i>enalapril maleate oral tablet</i>	1	
<i>enalaprilat intravenous solution</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
EPANED ORAL SOLUTION	3	ST
<i>eplerenone oral tablet</i>	1	
<i>epoprostenol (glycine) intravenous recon soln</i>	4	PA; LA
<i>eprosartan oral tablet</i>	1	
<i>esmolol in nacl (iso-osm) intravenous parenteral solution</i>	1	
ESMOLOL IN STERILE WATER INTRAVENOUS PARENTERAL SOLUTION	3	
<i>esmolol intravenous solution</i>	1	
<i>ethacrynate sodium intravenous recon soln</i>	1	
<i>ethacrynic acid oral tablet</i>	1	
EXFORGE HCT ORAL TABLET	3	ST
EXFORGE ORAL TABLET	3	ST
<i>felodipine oral tablet extended release 24 hr</i>	1	
FLOLAN INTRAVENOUS RECON SOLN	4	PA; LA
<i>fosinopril oral tablet</i>	1	
<i>fosinopril-hydrochlorothiazide oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
FUROSEMIDE IN 0.9 % NACL INTRAVENOUS PIGGYBACK	3	
<i>furosemide injection solution</i>	1	
<i>furosemide injection syringe</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet</i>	1	
<i>guanfacine oral tablet</i>	1	
HEMANGEOL ORAL SOLUTION	4	LA
<i>hydralazine injection solution</i>	1	
<i>hydralazine oral tablet</i>	1	
<i>hydrochlorothiazide oral capsule</i>	1	
<i>hydrochlorothiazide oral tablet</i>	1	
HYZAAR ORAL TABLET	3	ST
<i>indapamide oral tablet</i>	1	
INDERAL LA ORAL CAPSULE, EXTENDED RELEASE 24 HR	3	ST

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Drug Name	Drug Tier	Requirements / Limits
INDERAL XL ORAL CAPSULE,EXTENDED RELEASE 24HR	3	ST
INNOPRAN XL ORAL CAPSULE,EXTENDED RELEASE 24HR	3	ST
INSPRA ORAL TABLET	3	
<i>irbesartan oral tablet</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet</i>	1	
<i>isradipine oral capsule</i>	1	
KAPSPARGO SPRINKLE ORAL CAPSULE,SPRINKLE,ER 24HR	3	ST
KATERZIA ORAL SUSPENSION	3	ST
<i>labetalol intravenous solution</i>	1	
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	1	
<i>labetalol oral tablet</i>	1	
LASIX ORAL TABLET	3	
<i>lisinopril oral tablet</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
LOPRESSOR ORAL TABLET	3	ST
<i>losartan oral tablet</i>	1	
<i>losartan-hydrochlorothiazide oral tablet</i>	1	
LOTENSIN HCT ORAL TABLET	3	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	3	
<i>matzim la oral tablet extended release 24 hr</i>	1	
MAXZIDE ORAL TABLET	3	
MAXZIDE-25MG ORAL TABLET	3	
<i>methyldopa oral tablet</i>	1	
<i>methyldopa-hydrochlorothiazide oral tablet</i>	1	
<i>methyldopate intravenous solution</i>	1	
<i>metolazone oral tablet</i>	1	
<i>metoprolol succinate oral tablet extended release 24 hr</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
METOPROLOL SU-HYDROCHLOROTHIAZ ORAL TABLET EXTENDED RELEASE 24 HR 100-12.5 MG, 25-12.5 MG	3	ST
<i>metoprolol tartrate hydrochlorothiazide oral tablet</i>	1	
<i>metoprolol tartrate intravenous solution</i>	1	
<i>metoprolol tartrate intravenous syringe</i>	1	
<i>metoprolol tartrate oral tablet</i>	1	
<i>metyrosine oral capsule</i>	1	PA
MICARDIS HCT ORAL TABLET	3	ST
MICARDIS ORAL TABLET	3	ST
MICROZIDE ORAL CAPSULE	3	
MINIPRESS ORAL CAPSULE	3	
<i>minoxidil oral tablet</i>	1	
<i>moexipril oral tablet</i>	1	
<i>nadolol oral tablet</i>	1	
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	1	
<i>nicardipine oral capsule</i>	1	
<i>nifedipine oral capsule</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>nifedipine oral tablet extended release</i>	1	
<i>nifedipine oral tablet extended release 24hr</i>	1	
<i>nimodipine oral capsule</i>	1	
<i>nisoldipine oral tablet extended release 24 hr</i>	1	
NORVASC ORAL TABLET	3	ST
NYMALIZE ORAL SOLUTION	3	
NYMALIZE ORAL SYRINGE	3	
<i>olmesartan-amlodipin-hcthiaazid oral tablet</i>	1	
<i>olmesartan-hydrochlorothiazide oral tablet</i>	1	
ORENITRAM ORAL TABLET EXTENDED RELEASE	4	PA; LA
<i>osmitrol 20 % intravenous parenteral solution</i>	1	
<i>perindopril erbumine oral tablet</i>	1	
<i>phentolamine injection recon soln</i>	1	
<i>pindolol oral tablet</i>	1	
<i>prazosin oral capsule</i>	1	
PRESTALIA ORAL TABLET	3	

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Drug Name	Drug Tier	Requirements / Limits
PRINIVIL ORAL TABLET 10 MG, 20 MG	3	
PROCARDIA ORAL CAPSULE	3	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR	3	
<i>propranolol intravenous solution</i>	1	
<i>propranolol oral capsule, extended release 24 hr</i>	1	
<i>propranolol oral solution</i>	1	
<i>propranolol oral tablet</i>	1	
<i>propranolol-hydrochlorothiazid oral tablet</i>	1	
QBRELIS ORAL SOLUTION	3	ST
<i>quinapril oral tablet</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet</i>	1	
<i>ramipril oral capsule</i>	1	
SODIUM EDECRIN INTRAVENOUS RECON SOLN	3	
<i>spironolactone oral tablet</i>	1	
<i>spironolacton-hydrochlorothiaz oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	
TARKA ORAL TABLET, IR - ER, BIPHASIC 24HR 2-180 MG, 2-240 MG, 4-240 MG	3	
<i>taztia xt oral capsule, extended release 24 hr</i>	1	
TEKTURNA HCT ORAL TABLET	2	
TEKTURNA ORAL TABLET	3	
<i>telmisartan oral tablet</i>	1	
<i>telmisartan-amlodipine oral tablet</i>	1	
<i>telmisartan-hydrochlorothiazid oral tablet</i>	1	
TENORETIC 100 ORAL TABLET	3	ST
TENORETIC 50 ORAL TABLET	3	ST
TENORMIN ORAL TABLET	3	ST
<i>terazosin oral capsule</i>	1	QL
<i>tiadylt er oral capsule, extended release 24 hr</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 November 1, 2020.

Drug Name	Drug Tier	Requirements / Limits
TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR	3	
<i>timolol maleate oral tablet</i>	1	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR	3	ST
<i>toremide oral tablet</i>	1	
<i>trandolapril oral tablet</i>	1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr</i>	1	
<i>triamterene oral capsule</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	
TRIBENZOR ORAL TABLET	3	ST
UPTRAVI ORAL TABLET	4	PA; LA
UPTRAVI ORAL TABLETS,DOSE PACK	4	PA; LA
<i>valsartan oral tablet</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet</i>	1	
VASERETIC ORAL TABLET	3	

Drug Name	Drug Tier	Requirements / Limits
VASOTEC ORAL TABLET	3	
<i>veletri intravenous recon soln</i>	4	PA; LA
<i>verapamil oral capsule, 24 hr er pellet ct</i>	1	
<i>verapamil oral capsule,ext rel. pellets 24 hr</i>	1	
<i>verapamil oral tablet</i>	1	
<i>verapamil oral tablet extended release</i>	1	
VERELAN ORAL CAPSULE,EXT REL. PELLETS 24 HR	3	
VERELAN PM ORAL CAPSULE, 24 HR ER PELLET CT	3	
ZESTORETIC ORAL TABLET	3	
ZESTRIL ORAL TABLET	3	
ZIAC ORAL TABLET	3	ST
CARDIAC GLYCOSIDES		
<i>digitek oral tablet</i>	1	
<i>digox oral tablet</i>	1	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	1	
<i>digoxin oral tablet</i>	1	
LANOXIN ORAL TABLET	3	
COAGULATION THERAPY		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated November 1, 2020.

Drug Name	Drug Tier	Requirements / Limits
ADVATE INTRAVENOUS RECON SOLN	4	LA
ADYNOVATE INTRAVENOUS SOLUTION	4	LA
AFSTYLA INTRAVENOUS RECON SOLN	4	LA
AGGRENOLX ORAL CAPSULE, ER MULTIPHASE 12 HR	3	
ALPHANATE INTRAVENOUS RECON SOLN	4	LA
ALPHANINE SD INTRAVENOUS RECON SOLN	4	LA
ALPROLIX INTRAVENOUS RECON SOLN	4	LA
AMICAR ORAL SOLUTION	3	
AMICAR ORAL TABLET	3	
<i>aminocaproic acid intravenous solution</i>	1	
<i>aminocaproic acid oral solution</i>	1	
<i>aminocaproic acid oral tablet</i>	1	
ANDEXXA INTRAVENOUS RECON SOLN	3	
ANGIOMAX INTRAVENOUS RECON SOLN	3	

Drug Name	Drug Tier	Requirements / Limits
ARGATROBAN IN 0.9 % SOD CHLOR INTRAVENOUS PARENTERAL SOLUTION	3	
ARGATROBAN IN 0.9 % SOD CHLOR INTRAVENOUS SOLUTION	3	
ARGATROBAN IN NAACL (ISO-OS) INTRAVENOUS SOLUTION	3	
ARGATROBAN INTRAVENOUS SOLUTION	3	
ARIIXTRA SUBCUTANEOUS SYRINGE	4	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr</i>	1	
ASPIRIN- OMEPRAZOLE ORAL TABLET, IR, DELAYED REL, BIPHASIC	3	ST
BENEFIX INTRAVENOUS RECON SOLN	4	LA
BEVYXXA ORAL CAPSULE	3	QL
<i>bivalirudin intravenous recon soln</i>	1	
BIVALIRUDIN INTRAVENOUS SOLUTION	3	

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Drug Name	Drug Tier	Requirements / Limits
BIVALIRUDIN-0.9 % SODIUM CHLOR INTRAVENOUS PIGGYBACK	3	
BRILINTA ORAL TABLET	2	
CABLIVI INJECTION KIT	4	PA; LA
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN	4	LA
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN	4	LA
<i>cilostazol oral tablet</i>	1	
<i>clopidogrel oral tablet</i>	1	
COAGADEX INTRAVENOUS RECON SOLN	4	LA
COUMADIN ORAL TABLET	3	
CYKLOKAPRON INTRAVENOUS SOLUTION	3	
DEFITELIO INTRAVENOUS SOLUTION	3	
<i>dipyridamole oral tablet</i>	1	
DOPTELET (15 TAB PACK) ORAL TABLET	4	PA; LA; QL
EFFIENT ORAL TABLET	3	

Drug Name	Drug Tier	Requirements / Limits
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	2	PA
ELIQUIS ORAL TABLET	2	PA
ELOCTATE INTRAVENOUS RECON SOLN	4	PA; LA
<i>enoxaparin subcutaneous solution</i>	4	
<i>enoxaparin subcutaneous syringe</i>	4	
ESPEROCT INTRAVENOUS RECON SOLN	4	PA; LA
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT	4	LA
FIBRYGA INTRAVENOUS RECON SOLN	4	LA
<i>fondaparinux subcutaneous syringe</i>	4	
FRAGMIN SUBCUTANEOUS SOLUTION	4	
FRAGMIN SUBCUTANEOUS SYRINGE	4	
HEMLIBRA SUBCUTANEOUS SOLUTION	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
HEMOFIL M HIGH INTRAVENOUS RECON SOLN	4	LA
HEMOFIL M LOW INTRAVENOUS RECON SOLN	4	LA
HEMOFIL M MID INTRAVENOUS RECON SOLN	4	LA
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN	4	LA
<i>hep flush-10 (pf) intravenous solution</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</i>	1	
<i>heparin (porcine) injection cartridge</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>heparin (porcine) injection solution</i>	1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	
<i>heparin flush(porcine)-0.9nacl intravenous kit</i>	1	
<i>heparin lock flush (porcine) intravenous solution 100 unit/ml</i>	1	
<i>heparin lock flush intravenous solution</i>	1	
<i>heparin lock flush intravenous syringe</i>	1	
<i>heparin lockflush(porcine)(pf) intravenous syringe</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</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	3	
HUMATE-P INTRAVENOUS RECON SOLN	4	LA
IDELVION INTRAVENOUS RECON SOLN	4	LA
IXINITY INTRAVENOUS RECON SOLN	4	LA
<i>jantoven oral tablet</i>	1	
JIVI INTRAVENOUS RECON SOLN	4	LA
KCENTRA INTRAVENOUS RECON SOLN	3	
KOATE INTRAVENOUS RECON SOLN	4	LA
KOGENATE FS INTRAVENOUS RECON SOLN	4	LA

Drug Name	Drug Tier	Requirements / Limits
KOVALTRY INTRAVENOUS RECON SOLN	4	LA
LOVENOX SUBCUTANEOUS SOLUTION	4	
LOVENOX SUBCUTANEOUS SYRINGE	4	
MEPHYTON ORAL TABLET	3	QL
MONONINE INTRAVENOUS RECON SOLN	4	LA
MULPLETA ORAL TABLET	4	PA; LA; QL
NOVOEIGHT INTRAVENOUS RECON SOLN	4	LA
NOVOSEVEN RT INTRAVENOUS RECON SOLN	4	LA
NUWIQ INTRAVENOUS RECON SOLN	4	LA
OBIZUR INTRAVENOUS RECON SOLN	4	LA
<i>pentoxifylline oral tablet extended release</i>	1	
<i>phytonadione (vitamin k1) injection solution</i>	1	
PHYTONADIONE (VITAMIN K1) INJECTION SYRINGE	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	QL
PLAVIX ORAL TABLET 75 MG	3	
PRADAXA ORAL CAPSULE	3	PA
<i>prasugrel oral tablet</i>	1	
PRAXBIND INTRAVENOUS SOLUTION	3	
PROFILNINE INTRAVENOUS RECON SOLN	4	LA
PROMACTA ORAL POWDER IN PACKET	4	PA; LA
PROMACTA ORAL TABLET	4	PA; LA
<i>protamine intravenous solution</i>	1	
REBINYN INTRAVENOUS RECON SOLN	4	LA
RECOMBINATE INTRAVENOUS RECON SOLN	4	PA; LA
RIASTAP INTRAVENOUS RECON SOLN	4	LA
RIXUBIS INTRAVENOUS RECON SOLN	4	LA
SAVAYSA ORAL TABLET	3	PA
TAVALISSE ORAL TABLET	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
TRANEXAMIC ACID IN NACL,ISO-OS INTRAVENOUS PIGGYBACK	3	
<i>tranexamic acid intravenous solution</i>	1	
<i>vitamin k injection solution</i>	1	
<i>vitamin k1 injection solution</i>	1	
<i>warfarin oral tablet</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	2	PA
XARELTO ORAL TABLET	2	PA
XYNTHA INTRAVENOUS SOLUTION	4	PA; LA
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE	4	PA; LA
YOSPRALA ORAL TABLET,IR,DELA YED REL,BIPHASIC	3	ST
ZONTIVITY ORAL TABLET	3	

LIPID/CHOLESTEROL LOWERING AGENTS

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Drug Name	Drug Tier	Requirements / Limits
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; QL
<i>amlodipine-atorvastatin oral tablet</i>	1	QL
ANTARA ORAL CAPSULE 30 MG, 90 MG	3	
<i>atorvastatin oral tablet</i>	1	QL
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	3	ST; QL
<i>cholestyramine (with sugar) oral powder</i>	1	
<i>cholestyramine (with sugar) oral powder in packet</i>	1	
<i>cholestyramine light oral powder</i>	1	
<i>cholestyramine light oral powder in packet</i>	1	
<i>colesevelam oral powder in packet</i>	1	
<i>colesevelam oral tablet</i>	1	
COLESTID FLAVORED ORAL PACKET	3	ST
COLESTID ORAL GRANULES	3	ST
COLESTID ORAL PACKET	3	ST

Drug Name	Drug Tier	Requirements / Limits
COLESTID ORAL TABLET	3	ST
<i>colestipol oral granules</i>	1	
<i>colestipol oral packet</i>	1	
<i>colestipol oral tablet</i>	1	
CRESTOR ORAL TABLET	3	ST; QL
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE	3	ST; QL
<i>ezetimibe oral tablet</i>	1	
<i>ezetimibe-simvastatin oral tablet</i>	1	QL
<i>fenofibrate micronized oral capsule</i>	1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	
FENOFIBRATE ORAL CAPSULE	3	
<i>fenofibrate oral tablet</i>	1	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec)</i>	1	
<i>fenofibric acid oral tablet</i>	1	
FENOGLIDE ORAL TABLET	3	
FIBRICOR ORAL TABLET	3	

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Drug Name	Drug Tier	Requirements / Limits
FLOLIPID ORAL SUSPENSION	3	ST; QL
<i>fluvastatin oral capsule</i>	1	QL
<i>fluvastatin oral tablet extended release 24 hr</i>	1	QL
<i>gemfibrozil oral tablet</i>	1	
JUXTAPID ORAL CAPSULE	4	PA; LA
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; QL
LIPITOR ORAL TABLET	3	ST; QL
LIPOFEN ORAL CAPSULE	2	
LIVALO ORAL TABLET	2	ST; QL
LOPID ORAL TABLET	3	
<i>lovastatin oral tablet</i>	1	QL
LOVAZA ORAL CAPSULE	3	PA
NEXLETOL ORAL TABLET	2	PA
NEXLIZET ORAL TABLET	2	PA
<i>niacin oral tablet 500 mg</i>	1	
<i>niacin oral tablet extended release 24 hr</i>	1	
NIACOR ORAL TABLET	3	

Drug Name	Drug Tier	Requirements / Limits
NIASPAN EXTENDED-RELEASE ORAL TABLET EXTENDED RELEASE 24 HR	3	
<i>omega-3 acid ethyl esters oral capsule</i>	1	PA
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR	4	PA; QL
PRAVACHOL ORAL TABLET 20 MG, 40 MG	3	ST; QL
<i>pravastatin oral tablet</i>	1	QL
<i>prevalite oral powder</i>	1	
<i>prevalite oral powder in packet</i>	1	
QUESTRAN LIGHT ORAL POWDER	3	ST
QUESTRAN ORAL POWDER	3	ST
QUESTRAN ORAL POWDER IN PACKET	3	ST
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR	4	PA; QL
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR	4	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
REPATHA SYRINGE SUBCUTANEOUS SYRINGE	4	PA; QL
<i>rosuvastatin oral tablet</i>	1	QL
SIMVASTATIN ORAL SUSPENSION	3	ST; QL
<i>simvastatin oral tablet</i>	1	QL
TRICOR ORAL TABLET	3	
TRIGLIDE ORAL TABLET 160 MG	3	
<i>triklo oral capsule</i>	1	PA
TRILIPIX ORAL CAPSULE,DELAY ED RELEASE(DR/EC)	3	
VASCEPA ORAL CAPSULE	2	PA
VYTORIN 10-10 ORAL TABLET	3	ST; QL
VYTORIN 10-20 ORAL TABLET	3	ST; QL
VYTORIN 10-40 ORAL TABLET	3	ST; QL
VYTORIN 10-80 ORAL TABLET	3	ST; QL
WELCHOL ORAL POWDER IN PACKET	3	ST
WELCHOL ORAL TABLET	3	ST
ZETIA ORAL TABLET	3	ST

Drug Name	Drug Tier	Requirements / Limits
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	3	ST; QL
ZYPITAMAG ORAL TABLET	3	ST; QL
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR ORAL SOLUTION	2	PA
CORLANOR ORAL TABLET	2	PA
ENTRESTO ORAL TABLET	2	PA; QL
GIAPREZA INTRAVENOUS SOLUTION	3	
NIPRIDE RTU INTRAVENOUS SOLUTION 20 MG/100 ML (0.2 MG/ML), 50 MG/100 ML (0.5 MG/ML)	3	
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR	3	
<i>ranolazine oral tablet extended release 12 hr</i>	1	
VECAMYL ORAL TABLET	3	
VYNDAMAX ORAL CAPSULE	4	PA; LA
VYNDAQEL ORAL CAPSULE	4	PA; LA
NITRATES		

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Drug Name	Drug Tier	Requirements / Limits
DILATRATE-SR ORAL CAPSULE, EXTENDED RELEASE	2	
GONITRO SUBLINGUAL POWDER IN PACKET	3	
ISORDIL ORAL TABLET	3	
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	
<i>isosorbide dinitrate oral tablet</i>	1	
<i>isosorbide mononitrate oral tablet</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	1	
MINITRAN TRANSDERMAL PATCH 24 HOUR	3	
<i>nitro-bid transdermal ointment</i>	1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR	3	
<i>nitroglycerin in 5 % dextrose intravenous solution</i>	1	
<i>nitroglycerin intravenous solution</i>	1	
<i>nitroglycerin oral capsule, extended release</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>nitroglycerin sublingual tablet</i>	1	
<i>nitroglycerin transdermal patch 24 hour</i>	1	
<i>nitroglycerin translingual spray,non-aerosol</i>	1	
NITROLINGUAL TRANSLINGUAL SPRAY,NON- AEROSOL	3	
NITROMIST TRANSLINGUAL AEROSOL,SPRAY	3	
NITROSTAT SUBLINGUAL TABLET	3	
<i>nitro-time oral capsule, extended release</i>	1	

DERMATOLOGICALS/TOPICAL THERAPY

ANTIPSORIATIC / ANTISEBORRHEIC

<i>acitretin oral capsule</i>	1	
ANALPRAM-HC TOPICAL LOTION	3	ST
<i>calcipotriene scalp solution</i>	1	QL
<i>calcipotriene topical cream</i>	1	QL
CALCIPOTRIENE TOPICAL FOAM	3	QL
<i>calcipotriene topical ointment</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>calcipotriene-betamethasone topical ointment</i>	1	QL
<i>calcipotriene-betamethasone topical suspension</i>	1	QL
<i>calcitriol topical ointment</i>	1	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE	4	PA; LA; QL
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
COSENTYX SUBCUTANEOUS SYRINGE	4	PA; LA; QL
DOVONEX TOPICAL CREAM	3	QL
ENSTILAR TOPICAL FOAM	2	QL
EPIFOAM TOPICAL FOAM	3	ST
ILUMYA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
PRAMOSONE TOPICAL CREAM 1-1 %	3	ST
PRAMOSONE TOPICAL LOTION	3	ST
<i>selenium sulfide topical lotion</i>	1	

Drug Name	Drug Tier	Requirements / Limits
SILIQ SUBCUTANEOUS SYRINGE	4	PA; LA; QL
SKYRIZI SUBCUTANEOUS SYRINGE KIT	4	PA; LA; QL
SORIATANE ORAL CAPSULE 10 MG, 25 MG	3	
SORILUX TOPICAL FOAM	3	QL
STELARA SUBCUTANEOUS SOLUTION	4	PA; LA; QL
STELARA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
<i>sulfacetamide sodium topical cleanser</i>	1	
TACLONEX TOPICAL OINTMENT	3	QL
TACLONEX TOPICAL SUSPENSION	3	QL
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
TALTZ SYRINGE SUBCUTANEOUS SYRINGE	4	PA; LA; QL
TREMFYA SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL
TREMFYA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
VECTICAL TOPICAL OINTMENT	3	
BURN THERAPY		
SILVADENE TOPICAL CREAM	3	
<i>silver sulfadiazine topical cream</i>	1	
<i>ssd topical cream</i>	1	
KERATOLYTICS		
INOVA 4-1 TOPICAL COMBO PACK	3	ST
INOVA 8-2 TOPICAL COMBO PACK	3	ST
MISCELLANEOUS DERMATOLOGICALS		
AMELUZ TOPICAL GEL	3	
<i>ammonium lactate topical cream</i>	1	
<i>ammonium lactate topical lotion</i>	1	
CANTHARIDIN IN ACETONE TOPICAL SOLUTION	3	

Drug Name	Drug Tier	Requirements / Limits
CARAC TOPICAL CREAM	2	ST
CONDYLOX TOPICAL GEL	3	
<i>diclofenac sodium topical gel 3 %</i>	1	PA; QL
<i>doxepin topical cream</i>	1	QL
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE	4	PA; LA; QL
EFUDEX TOPICAL CREAM	3	ST
ELIDEL TOPICAL CREAM	3	ST; QL
ESKATA TOPICAL SOLUTION WITH APPLICATOR	3	
EUCRISA TOPICAL OINTMENT	3	ST; QL
FLUOROPLEX TOPICAL CREAM	3	
FLUOROURACIL TOPICAL CREAM 0.5 %	3	
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution</i>	1	
<i>iodine-sodium iodide topical tincture 2 %</i>	1	
IODOFLEX TOPICAL PADS, MEDICATED	3	

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Drug Name	Drug Tier	Requirements / Limits
IODOSORB TOPICAL GEL	3	
LEVULAN TOPICAL SOLUTION	3	
<i>methoxsalen oral capsule, liqd-filled, rapid rel</i>	1	
<i>methyl salicylate oil</i>	1	
<i>methyl salicylate topical liquid</i>	1	
OXSORALEN ULTRA ORAL CAPSULE, LIQD-FILLED, RAPID REL	3	
PANRETIN TOPICAL GEL	3	
PICATO TOPICAL GEL	2	
<i>pimecrolimus topical cream</i>	1	ST; QL
<i>podofilox topical solution</i>	1	
PROTOPIC TOPICAL OINTMENT	3	ST; QL
<i>pradoxin topical cream</i>	1	QL
QBREXZA TOPICAL TOWELETTE	2	PA
REGRANEX TOPICAL GEL	2	QL
SCENESSE SUBCUTANEOUS IMPLANT	4	PA; LA
<i>tacrolimus topical ointment</i>	1	ST; QL

Drug Name	Drug Tier	Requirements / Limits
TOLAK TOPICAL CREAM	3	
UVADEX INJECTION SOLUTION	2	
VALCHLOR TOPICAL GEL	4	LA
VEREGEN TOPICAL OINTMENT	3	PA; QL
<i>wintergreen oil oil</i>	1	
ZONALON TOPICAL CREAM	3	QL
THERAPY FOR ACNE		
ABSORICA LD ORAL CAPSULE	3	ST
ABSORICA ORAL CAPSULE	3	ST
ACANYA TOPICAL GEL WITH PUMP	3	ST
ACZONE TOPICAL GEL	3	ST
ACZONE TOPICAL GEL WITH PUMP	3	ST
<i>adapalene topical gel 0.3 %</i>	1	PA
<i>adapalene topical gel with pump</i>	1	PA
<i>adapalene-benzoyl peroxide topical gel with pump</i>	1	PA
AKLIEF TOPICAL CREAM	3	PA
AKTIPAK TOPICAL GEL	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 November 1, 2020.

Drug Name	Drug Tier	Requirements / Limits
ALTRENO TOPICAL LOTION	3	PA
<i>amnesteem oral capsule</i>	1	
AMZEEQ TOPICAL FOAM	2	ST
ARAZLO TOPICAL LOTION	3	PA
ATRALIN TOPICAL GEL	3	PA
<i>avita topical cream</i>	1	PA
AVITA TOPICAL GEL	3	PA
<i>azelaic acid topical gel</i>	1	
AZELEX TOPICAL CREAM	3	ST
BENZAACLIN PUMP TOPICAL GEL WITH PUMP	3	ST
BENZAACLIN TOPICAL GEL	3	ST
BENZAMYCIN TOPICAL GEL	3	ST
<i>benzoyl peroxide topical cleanser 7 %</i>	1	
<i>benzoyl peroxide topical foam 9.8 %</i>	1	
<i>claravis oral capsule</i>	1	
CLEOCIN T TOPICAL GEL	3	ST; QL
CLEOCIN T TOPICAL LOTION	3	ST; QL
CLINDACIN ETZ TOPICAL KIT	3	ST
<i>clindacin p topical swab</i>	1	

Drug Name	Drug Tier	Requirements / Limits
CLINDACIN PAC TOPICAL KIT	3	ST
<i>clindamycin phosphate topical foam</i>	1	QL
<i>clindamycin phosphate topical gel</i>	1	QL
CLINDAMYCIN PHOSPHATE TOPICAL GEL, ONCE DAILY	3	ST; QL
<i>clindamycin phosphate topical lotion</i>	1	QL
<i>clindamycin phosphate topical solution</i>	1	QL
<i>clindamycin phosphate topical swab</i>	1	
<i>clindamycin-benzoyl peroxide topical gel</i>	1	
<i>clindamycin-benzoyl peroxide topical gel with pump</i>	1	
<i>clindamycin-tretinoin topical gel</i>	1	PA
<i>dapsone topical gel</i>	1	
DAPSONE TOPICAL GEL WITH PUMP	3	ST
DIFFERIN TOPICAL GEL WITH PUMP	3	PA
ENZOCLEAR TOPICAL FOAM	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 November 1, 2020.

Drug Name	Drug Tier	Requirements / Limits
EPIDUO FORTE TOPICAL GEL WITH PUMP	2	PA
EPIDUO TOPICAL GEL WITH PUMP	3	PA
<i>ery pads topical swab</i>	1	
<i>erygel topical gel</i>	1	
<i>erythromycin with ethanol topical gel</i>	1	
<i>erythromycin with ethanol topical solution</i>	1	
<i>erythromycin with ethanol topical swab</i>	1	
<i>erythromycin-benzoyl peroxide topical gel</i>	1	
EVOCLIN TOPICAL FOAM	3	ST; QL
FABIOR TOPICAL FOAM	3	PA
FINACEA TOPICAL FOAM	2	ST
FINACEA TOPICAL GEL	3	ST
INOVA TOPICAL COMBO PACK	3	ST
<i>isotretinoin oral capsule</i>	1	
<i>ivermectin topical cream</i>	1	QL
METROCREAM TOPICAL CREAM	3	ST
METROGEL TOPICAL GEL 1 %	3	ST

Drug Name	Drug Tier	Requirements / Limits
METROGEL TOPICAL GEL WITH PUMP	3	ST
<i>metronidazole topical cream</i>	1	
<i>metronidazole topical gel</i>	1	
<i>metronidazole topical gel with pump</i>	1	
<i>metronidazole topical lotion</i>	1	
MIRVASO TOPICAL GEL	2	PA
MIRVASO TOPICAL GEL WITH PUMP	2	PA
<i>myorisan oral capsule</i>	1	
NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL	3	ST
<i>neuac topical gel</i>	1	
NORITATE TOPICAL CREAM	3	ST
ONEXTON TOPICAL GEL WITH PUMP	2	ST
PACNEX TOPICAL CLEANSER	3	ST
PR BENZOYL PEROXIDE TOPICAL CLEANSER	3	ST
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP	3	PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated November 1, 2020.

Drug Name	Drug Tier	Requirements / Limits
RETIN-A MICRO TOPICAL GEL	3	PA
RETIN-A TOPICAL CREAM	3	PA
RETIN-A TOPICAL GEL	3	PA
RHOFADE TOPICAL CREAM	3	PA
<i>rosadan topical cream</i>	1	
<i>rosadan topical gel</i>	1	
ROSADAN TOPICAL KIT, CLEANSER AND GEL	3	ST
ROSADAN TOPICAL KIT, CLEANSER AND CREAM	3	ST
SOOLANTRA TOPICAL CREAM	3	ST; QL
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	1	
<i>tazarotene topical cream</i>	1	PA
TAZORAC TOPICAL CREAM 0.05 %	2	PA
TAZORAC TOPICAL CREAM 0.1 %	3	PA
TAZORAC TOPICAL GEL	2	PA
<i>tretinoin microspheres topical gel</i>	1	PA

Drug Name	Drug Tier	Requirements / Limits
<i>tretinoin microspheres topical gel with pump</i>	1	PA
<i>tretinoin topical cream</i>	1	PA
<i>tretinoin topical gel</i>	1	PA
TRETIN-X CREAM KIT TOPICAL COMBO PACK	3	PA
TRETIN-X TOPICAL CREAM 0.075 %	3	PA
VELTIN TOPICAL GEL	3	PA; ST
<i>zenatane oral capsule</i>	1	
ZIANA TOPICAL GEL	3	PA; ST
ZILXI TOPICAL FOAM	3	ST
TOPICAL ANESTHETICS		
<i>glydo mucous membrane jelly in applicator</i>	1	QL
<i>lidocaine (pf) injection solution</i>	1	
LIDOCAINE (PF) INJECTION SYRINGE 100 MG/5 ML (2 %), 200 MG/10 ML (2 %), 400 MG/20 ML (2 %), 60 MG/3 ML (2 %)	3	
<i>lidocaine (pf) injection syringe 50 mg/5 ml (1 %)</i>	1	
<i>lidocaine hcl injection solution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>lidocaine hcl injection syringe 10 mg/ml (1 %), 100 mg/10 ml (1 %)</i>	1	
LIDOCAINE HCL INJECTION SYRINGE 100 MG/5 ML (2 %), 30 MG/3 ML (1%), 50 MG/5 ML (1 %)	3	
LIDOCAINE HCL INTRADERMAL PEN INJECTOR	3	
<i>lidocaine hcl laryngotracheal solution</i>	1	
<i>lidocaine hcl mucous membrane jelly</i>	1	QL
<i>lidocaine hcl mucous membrane jelly in applicator</i>	1	QL
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
<i>lidocaine hcl-hydrocortison ac topical cream</i>	1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1	PA
<i>lidocaine topical ointment</i>	1	QL
<i>lidocaine viscous mucous membrane solution</i>	1	
<i>lidocaine-epinephrine injection solution</i>	1	
<i>lidocaine-prilocaine topical cream</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>lidocaine-prilocaine topical kit</i>	1	
LIDODERM TOPICAL ADHESIVE PATCH,MEDICATED	3	PA
NUMBRINO NASAL SOLUTION	3	
SYNERA TOPICAL PATCH, MEDICATED SELF-HEATING	3	
XYLOCAINE INJECTION SOLUTION	3	
XYLOCAINE WITH EPINEPHRINE INJECTION SOLUTION	3	
XYLOCAINE-MPF INJECTION SOLUTION 10 MG/ML (1 %), 15 MG/ML (1.5 %), 20 MG/ML (2 %), 5 MG/ML (0.5 %)	3	
ZINGO INTRADERMAL PEN INJECTOR	3	
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED	2	PA
TOPICAL ANTIBACTERIALS		
ALTABAX TOPICAL OINTMENT	3	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
CENTANY AT TOPICAL OINTMENT KIT	3	ST; QL
CENTANY TOPICAL OINTMENT	3	ST; QL
CORTISPORIN TOPICAL CREAM	3	
CORTISPORIN TOPICAL OINTMENT	3	
<i>gentamicin topical cream</i>	1	
<i>gentamicin topical ointment</i>	1	
KLARON TOPICAL SUSPENSION	3	ST
<i>lugols topical solution</i>	1	
<i>mafenide acetate topical packet</i>	1	
<i>mupirocin calcium topical cream</i>	1	ST; QL
<i>mupirocin topical ointment</i>	1	QL
NEO-SYNALAR KIT TOPICAL CREAM	3	
NEO-SYNALAR TOPICAL CREAM	3	
<i>strong iodine topical solution</i>	1	
<i>sulfacetamide sodium (acne) topical suspension</i>	1	
SULFAMYLON TOPICAL CREAM	2	

Drug Name	Drug Tier	Requirements / Limits
SULFAMYLON TOPICAL PACKET	3	
XEPI TOPICAL CREAM	3	ST; QL
TOPICAL ANTIFUNGALS		
CICLODAN KIT TOPICAL COMBO PACK	3	
<i>ciclodan topical cream</i>	1	QL
<i>ciclodan topical solution</i>	1	
<i>ciclopirox topical cream</i>	1	QL
<i>ciclopirox topical gel</i>	1	QL
<i>ciclopirox topical shampoo</i>	1	QL
<i>ciclopirox topical solution</i>	1	
<i>ciclopirox topical suspension</i>	1	QL
<i>clotrimazole topical cream</i>	1	QL
<i>clotrimazole topical solution</i>	1	QL
<i>clotrimazole-betamethasone topical cream</i>	1	QL
<i>clotrimazole-betamethasone topical lotion</i>	1	QL
<i>econazole topical cream</i>	1	QL
ECOZA TOPICAL FOAM	3	QL
ERTACZO TOPICAL CREAM	3	QL

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Drug Name	Drug Tier	Requirements / Limits
EXELDERM TOPICAL CREAM	3	QL
EXELDERM TOPICAL SOLUTION	3	QL
EXTINA TOPICAL FOAM	3	QL
<i>ketoconazole topical cream</i>	1	QL
<i>ketoconazole topical foam</i>	1	QL
<i>ketoconazole topical shampoo</i>	1	QL
<i>ketodan kit topical combo pack</i>	1	
<i>ketodan topical foam</i>	1	QL
LOPROX (AS OLAMINE) TOPICAL CREAM	3	QL
LOPROX (AS OLAMINE) TOPICAL SUSPENSION	3	QL
LOPROX KIT TOPICAL COMBO PACK	3	QL
LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER	3	QL
LOPROX TOPICAL SHAMPOO	3	QL
LULICONAZOLE TOPICAL CREAM	3	PA; QL
LUZU TOPICAL CREAM	3	PA; QL
MENTAX TOPICAL CREAM	3	QL

Drug Name	Drug Tier	Requirements / Limits
MICONAZOLE NITRATE-ZINC OX-PET TOPICAL OINTMENT	3	QL
<i>naftifine topical cream</i>	1	QL
<i>naftifine topical gel</i>	1	QL
NAFTIN TOPICAL CREAM 2 %	3	QL
NAFTIN TOPICAL GEL	3	QL
<i>nyamyc topical powder</i>	1	QL
<i>nystatin topical cream</i>	1	QL
<i>nystatin topical ointment</i>	1	QL
<i>nystatin topical powder</i>	1	QL
<i>nystatin-triamcinolone topical cream</i>	1	QL
<i>nystatin-triamcinolone topical ointment</i>	1	QL
<i>nystop topical powder</i>	1	QL
<i>oxiconazole topical cream</i>	1	QL
OXISTAT TOPICAL CREAM	3	QL
OXISTAT TOPICAL LOTION	3	QL
SULCONAZOLE TOPICAL CREAM	3	QL
SULCONAZOLE TOPICAL SOLUTION	3	QL

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Drug Name	Drug Tier	Requirements / Limits
VUSION TOPICAL OINTMENT	3	QL
XOLEGEL TOPICAL GEL	3	QL
TOPICAL ANTIVIRALS		
<i>acyclovir topical cream</i>	1	PA; QL
<i>acyclovir topical ointment</i>	1	PA; QL
DENAVIR TOPICAL CREAM	3	
XERESE TOPICAL CREAM	3	
ZOVIRAX TOPICAL CREAM	3	PA; QL
ZOVIRAX TOPICAL OINTMENT	3	PA; QL
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	1	
ALA-SCALP TOPICAL LOTION	3	ST
<i>alclometasone topical cream</i>	1	
<i>alclometasone topical ointment</i>	1	
<i>amcinonide topical cream</i>	1	ST
<i>amcinonide topical lotion</i>	1	ST
<i>beseer topical lotion</i>	1	ST
<i>betamethasone dipropionate topical cream</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>betamethasone dipropionate topical lotion</i>	1	
<i>betamethasone dipropionate topical ointment</i>	1	
<i>betamethasone valerate topical cream</i>	1	
<i>betamethasone valerate topical foam</i>	1	ST
<i>betamethasone valerate topical lotion</i>	1	
<i>betamethasone valerate topical ointment</i>	1	
<i>betamethasone, augmented topical cream</i>	1	
<i>betamethasone, augmented topical gel</i>	1	
<i>betamethasone, augmented topical lotion</i>	1	
<i>betamethasone, augmented topical ointment</i>	1	
CAPEX TOPICAL SHAMPOO	3	ST
<i>clobetasol scalp solution</i>	1	QL
<i>clobetasol topical cream</i>	1	QL
<i>clobetasol topical foam</i>	1	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>clobetasol topical gel</i>	1	QL
<i>clobetasol topical lotion</i>	1	ST; QL
<i>clobetasol topical ointment</i>	1	QL
<i>clobetasol topical shampoo</i>	1	ST; QL
<i>clobetasol topical spray,non-aerosol</i>	1	ST; QL
<i>clobetasol-emollient topical cream</i>	1	QL
<i>clobetasol-emollient topical foam</i>	1	ST; QL
CLOBEX TOPICAL LOTION	3	ST; QL
CLOBEX TOPICAL SHAMPOO	3	ST; QL
CLOBEX TOPICAL SPRAY,NON-AEROSOL	3	ST; QL
CLOCORTOLONE PIVALATE TOPICAL CREAM	3	ST
CLODAN KIT TOPICAL KIT,SHAMPOO AND CLEANSER	3	ST
<i>clodan topical shampoo</i>	1	ST; QL
CLODERM TOPICAL CREAM	3	ST
CORDRAN TAPE LARGE ROLL TOPICAL TAPE	3	ST
CORDRAN TOPICAL CREAM	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
CORDRAN TOPICAL LOTION	3	ST; QL
CORDRAN TOPICAL OINTMENT	3	ST; QL
CUTIVATE TOPICAL CREAM	3	ST
CUTIVATE TOPICAL LOTION	3	ST
DERMA-SMOOTHIE/FS BODY OIL TOPICAL OIL	3	ST
DERMA-SMOOTHIE/FS SCALP OIL SCALP OIL	3	ST
DERMASORB HC COMPLETE KIT TOPICAL COMBO PACK,CLEANSER AND LOTION	3	ST
DERMASORB TA COMPLETE KIT TOPICAL CREAM	3	ST
DERMATOP TOPICAL OINTMENT	3	ST
DESONATE TOPICAL GEL	3	ST
<i>desonide topical cream</i>	1	
<i>desonide topical gel</i>	1	ST
<i>desonide topical lotion</i>	1	ST
<i>desonide topical ointment</i>	1	
DESOWEN TOPICAL LOTION	3	ST

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

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

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Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone butyrate topical ointment</i>	1	ST
<i>hydrocortisone butyrate topical solution</i>	1	ST; QL
<i>hydrocortisone butyr-emollient topical cream</i>	1	QL
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream</i>	1	
<i>hydrocortisone valerate topical ointment</i>	1	
<i>hydrocortisone-min oil-wht pet topical ointment</i>	1	
IMPOYZ TOPICAL CREAM	3	ST; QL
KENALOG TOPICAL AEROSOL	3	ST; QL
LEXETTE TOPICAL FOAM	3	ST
LOCOID LIPOCREAM TOPICAL CREAM	3	ST; QL
LOCOID TOPICAL CREAM	3	ST; QL

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

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Drug Name	Drug Tier	Requirements / Limits
SYNALAR CREAM KIT TOPICAL CREAM	3	ST
SYNALAR OINTMENT KIT TOPICAL COMBO PACK, OINTMENT AND CREAM	3	ST
SYNALAR TOPICAL CREAM	3	ST
SYNALAR TOPICAL OINTMENT	3	ST
SYNALAR TOPICAL SOLUTION	3	ST
SYNALAR TS TOPICAL KIT	3	ST
TEMOVATE TOPICAL CREAM	3	ST; QL
TEMOVATE TOPICAL OINTMENT	3	ST; QL
TEXACORT TOPICAL SOLUTION	3	ST
TOPICORT TOPICAL CREAM	3	ST
TOPICORT TOPICAL GEL	3	ST
TOPICORT TOPICAL OINTMENT	3	ST
TOPICORT TOPICAL SPRAY, NON-AEROSOL	3	ST
<i>tovet emollient topical foam</i>	1	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>triamcinolone acetonide topical aerosol</i>	1	ST; QL
<i>triamcinolone acetonide topical cream</i>	1	
<i>triamcinolone acetonide topical lotion</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>trianex topical ointment</i>	1	ST
<i>triderm topical cream 0.1 %</i>	1	
<i>triderm topical cream 0.5 %</i>	1	ST
TRIDESILON TOPICAL CREAM	3	ST
ULTRAVATE TOPICAL LOTION	3	ST
VANOS TOPICAL CREAM	3	ST; QL
VERDESO TOPICAL FOAM	3	ST
TOPICAL ENZYMES		
SANTYL TOPICAL OINTMENT	2	QL
TOPICAL SCABICIDES / PEDICULICIDES		
<i>croton topical lotion</i>	1	
ELIMITE TOPICAL CREAM	3	

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Drug Name	Drug Tier	Requirements / Limits
EURAX TOPICAL CREAM	3	
EURAX TOPICAL LOTION	3	
<i>lindane topical shampoo</i>	1	
<i>malathion topical lotion</i>	1	
NATROBA TOPICAL SUSPENSION	3	
OVIDE TOPICAL LOTION	3	
<i>permethrin topical cream</i>	1	
SKLICE TOPICAL LOTION	3	
<i>spinosad topical suspension</i>	1	
ULESFIA TOPICAL LOTION	3	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
ANTIDOTES		
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML, 2 MG/0.7 ML	3	
DUODOTE INTRAMUSCULAR PEN INJECTOR	3	
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation solution</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>neomycin-polymyxin b gu irrigation solution</i>	1	
PHYSIOLYTE IRRIGATION SOLUTION	3	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION	3	
<i>ringer's irrigation solution</i>	1	
SORBITOL IRRIGATION SOLUTION	3	
SORBITOL-MANNITOL TRANSURETHRAL SOLUTION	3	
<i>tis-u-sol pentalyte irrigation irrigation solution</i>	1	
MISCELLANEOUS AGENTS		
ABLYSINOL INTRA-ARTERIAL SOLUTION	3	
<i>acamprosate oral tablet, delayed release (dr/ec)</i>	1	
<i>acetic acid irrigation solution</i>	1	
AGRYLIN ORAL CAPSULE	3	
<i>alendronate oral tablet 40 mg</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
AMMONIA N-13 INTRAVENOUS SOLUTION 3.75 MCI TO 37.5 MCI/ML	3	
AMMONUL INTRAVENOUS SOLUTION	3	
AMPHADASE INJECTION SOLUTION	3	
<i>anagrelide oral capsule</i>	1	
ANTABUSE ORAL TABLET	3	
<i>aqua care sodium chloride irrigation solution</i>	1	
<i>aqua care sterile water irrigation solution</i>	1	
AXUMIN INTRAVENOUS SOLUTION	3	
BUPHENYL ORAL POWDER	3	
BUPHENYL ORAL TABLET	3	
<i>caffeine citrate oral solution</i>	1	
CARBAGLU ORAL TABLET, DISPERSIBLE	4	LA
CARNITOR (SUGAR-FREE) ORAL SOLUTION	3	
CARNITOR INTRAVENOUS SOLUTION	3	

Drug Name	Drug Tier	Requirements / Limits
CARNITOR ORAL SOLUTION	3	
CARNITOR ORAL TABLET	3	
<i>cevimeline oral capsule</i>	1	
CHEMET ORAL CAPSULE	2	
CHOLETEC INTRAVENOUS RECON SOLN	3	
<i>clovique oral capsule</i>	1	PA
<i>deferasirox oral granules in packet</i>	4	PA; LA
<i>deferasirox oral tablet</i>	4	PA; LA
<i>deferasirox oral tablet, dispersible</i>	4	PA; LA
<i>disulfiram oral tablet</i>	1	
ENDARI ORAL POWDER IN PACKET	4	PA; LA
EVOXAC ORAL CAPSULE	3	
EXJADE ORAL TABLET, DISPERSIBLE	4	PA; LA
FERRIPROX ORAL SOLUTION	4	PA; LA
FERRIPROX ORAL TABLET	4	PA; LA
FERRLECIT INTRAVENOUS SOLUTION	3	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated November 1, 2020.

Drug Name	Drug Tier	Requirements / Limits
FLUDEOXYGLUCOSE F-18 INTRAVENOUS SOLUTION 20 MCI TO 300 MCI/ML	3	
GIVLAARI SUBCUTANEOUS SOLUTION	4	PA; LA
GLEOLAN ORAL RECON SOLN	3	
HYLENEX INJECTION SOLUTION	3	
<i>ic green injection recon soln</i>	1	
INCRELEX SUBCUTANEOUS SOLUTION	4	PA; LA
<i>indocyanine green injection recon soln</i>	1	
INFASURF INTRATRACHEAL SUSPENSION	3	
JADENU ORAL TABLET	4	PA; LA
JADENU SPRINKLE ORAL GRANULES IN PACKET	4	PA; LA
KIT FOR TC 99M-SESTAMIBI NO.1 INTRAVENOUS RECON SOLN	3	
KIT PREP OF TC-99M-MEBROFENIN INTRAVENOUS RECON SOLN	3	

Drug Name	Drug Tier	Requirements / Limits
KIT PREP OF TC-99M-SOD PYROPH INTRAVENOUS RECON SOLN	3	
<i>levocarnitine (with sugar) oral solution</i>	1	
<i>levocarnitine oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral tablet</i>	1	
LITHOSTAT ORAL TABLET	3	
METOPIRONE ORAL CAPSULE	3	
<i>midodrine oral tablet</i>	1	
MYOVIEW KIT INTRAVENOUS RECON SOLN	3	
<i>nitisinone oral capsule</i>	4	PA; LA
NITYR ORAL TABLET	4	PA; LA
NORTHERA ORAL CAPSULE	4	PA; LA
ORFADIN ORAL CAPSULE	4	PA; LA
ORFADIN ORAL SUSPENSION	4	PA; LA
OXBRYTA ORAL TABLET	4	PA; LA; QL
<i>pilocarpine hcl oral tablet 5 mg</i>	1	
RADIOGARDASE ORAL CAPSULE	3	
RAVICTI ORAL LIQUID	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
RECLAST INTRAVENOUS PIGGYBACK	4	LA
REVCIVI INTRAMUSCULAR SOLUTION	4	PA; LA
RILUTEK ORAL TABLET	3	PA
<i>riluzole oral tablet</i>	1	
<i>risedronate oral tablet 30 mg</i>	1	QL
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG	3	
SINOGRAFIN INJECTION SOLUTION	3	
<i>sodium benzoate-sodium phenylacet intravenous solution</i>	1	
<i>sodium chlor 0.9% bacteriostat injection solution</i>	1	
<i>sodium chloride 0.9% (flush) injection syringe</i>	1	
<i>sodium chloride 0.9% injection solution</i>	1	
<i>sodium chloride 0.9% intravenous parenteral solution</i>	1	
<i>sodium chloride 0.9% intravenous piggyback</i>	1	
<i>sodium chloride injection syringe</i>	1	
<i>sodium chloride irrigation solution</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>sodium ferric gluconate-sucrose intravenous solution</i>	1	
<i>sodium phenylbutyrate oral powder</i>	1	
<i>sodium phenylbutyrate oral tablet</i>	1	
SOLIRIS INTRAVENOUS SOLUTION	4	PA; LA
SURVANTA INTRATRACHEAL SUSPENSION	3	
SYPRINE ORAL CAPSULE	3	PA
THALLOUS CHLORIDE TL-201 INTRAVENOUS SOLUTION	3	
THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC)	4	PA; LA
THIOLA ORAL TABLET	4	PA; LA
TIGLUTIK ORAL SUSPENSION	3	PA
<i>trientine oral capsule</i>	1	PA
ULTOMIRIS INTRAVENOUS SOLUTION	4	PA; LA
<i>water for irrigation, sterile irrigation solution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
XURIDEN ORAL GRANULES IN PACKET	4	PA; LA
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	4	LA
SMOKING DETERRENTS		
bupropion hcl (smoking deter) oral tablet extended release 12 hr	5	ACA
CHANTIX CONTINUING MONTH BOX ORAL TABLET	5	ACA
CHANTIX ORAL TABLET	5	ACA
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK	5	ACA
NICODERM CQ TRANSDERMAL PATCH 24 HOUR	5	ACA; OTC; QL
NICORETTE BUCCAL GUM 2 MG	5	ACA; OTC; QL
nicorette buccal gum 4 mg	5	ACA; OTC; QL
NICORETTE BUCCAL LOZENGE	5	ACA; OTC; QL
NICORETTE BUCCAL MINI LOZENGE	5	ACA; OTC; QL

Drug Name	Drug Tier	Requirements / Limits
nicotine (polacrilex) buccal gum	5	ACA; OTC; QL
nicotine (polacrilex) buccal lozenge	5	ACA; OTC; QL
nicotine (polacrilex) buccal mini lozenge	5	ACA; OTC; QL
nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr	5	ACA; OTC; QL
nicotine transdermal patch, td daily, sequential	5	ACA; OTC; QL
NICOTROL INHALATION CARTRIDGE	5	ACA
NICOTROL NS NASAL SPRAY, NON-AEROSOL	5	ACA
quit 2 buccal gum	5	ACA; OTC; QL
quit 2 buccal lozenge	5	ACA; OTC; QL
quit 4 buccal gum	5	ACA; OTC; QL
quit 4 buccal lozenge	5	ACA; OTC; QL
stop smoking aid buccal lozenge	5	ACA; OTC; QL
EAR, NOSE & THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
azelastine nasal aerosol, spray	1	QL
azelastine nasal spray, non-aerosol	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>chlorhexidine gluconate mucous membrane mouthwash</i>	1	
CLINPRO 5000 DENTAL PASTE	3	
<i>denta 5000 plus dental cream</i>	1	
<i>dentagel dental gel</i>	1	
<i>fluoride (sodium) dental cream</i>	1	
<i>fluoride (sodium) dental gel</i>	1	
<i>fluoride (sodium) dental paste</i>	1	
FLUORIDEX DAILY DEFENSE DENTAL PASTE	3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	3	
GELX MUCOUS MEMBRANE GEL	3	
<i>ipratropium bromide nasal spray, non-aerosol</i>	1	QL
<i>olopatadine nasal spray, non-aerosol</i>	1	QL
<i>oralone dental paste</i>	1	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	3	
<i>paroex oral rinse mucous membrane mouthwash</i>	1	

Drug Name	Drug Tier	Requirements / Limits
PATANASE NASAL SPRAY, NON-AEROSOL	3	QL
PERIDEX MUCOUS MEMBRANE MOUTHWASH	3	
<i>periogard mucous membrane mouthwash</i>	1	
<i>pilocarpine hcl oral tablet 7.5 mg</i>	1	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE	3	
PREVIDENT 5000 DRY MOUTH DENTAL GEL	3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE	3	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE	3	
PREVIDENT 5000 PLUS DENTAL CREAM	3	
PREVIDENT 5000 SENSITIVE DENTAL PASTE	3	
PREVIDENT DENTAL GEL	3	
PREVIDENT DENTAL SOLUTION	3	

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Drug Name	Drug Tier	Requirements / Limits
SALAGEN (PILOCARPINE) ORAL TABLET 7.5 MG	3	
<i>sf 5000 plus dental cream</i>	1	
<i>sf dental gel</i>	1	
<i>sodium fluoride 5000 plus dental cream</i>	1	
<i>sodium fluoride-pot nitrate dental paste</i>	1	
<i>triamcinolone acetonide dental paste</i>	1	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear) solution</i>	1	
<i>ciprofloxacin hcl otic (ear) dropperette</i>	1	
DERMOTIC OIL OTIC (EAR) DROPS	3	
<i>flac otic oil otic (ear) drops</i>	1	
<i>fluocinolone acetonide oil otic (ear) drops</i>	1	
<i>hydrocortisone- acetic acid otic (ear) drops</i>	1	
<i>ofloxacin otic (ear) drops</i>	1	
OTIPRIO INTRATYMPANIC SUSPENSION	3	QL

Drug Name	Drug Tier	Requirements / Limits
OTIC STEROID / ANTIBIOTIC		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION	3	
CIPRODEX OTIC (EAR) DROPS,SUSPENSION	3	
<i>ciprofloxacin- dexamethasone otic (ear) drops,suspension</i>	1	
CIPROFLOXACIN- FLUOCINOLONE OTIC (EAR) SOLUTION	3	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION	3	
<i>neomycin- polymyxin-hc otic (ear) drops,suspension</i>	1	
<i>neomycin- polymyxin-hc otic (ear) solution</i>	1	
OTOVEL OTIC (EAR) SOLUTION	2	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR INJECTION GEL	4	PA; LA; QL
BETAMETH AC,SOD PHOS(PF)-WATER INJECTION SUSPENSION	3	

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Drug Name	Drug Tier	Requirements / Limits
BETAMETHASON E ACE,SOD PHOS-WTR INJECTION SUSPENSION	3	
<i>betamethasone acet,sod phos injection suspension</i>	1	
BETAMETHASON E SOD PHOSPH-WATER INJECTION SOLUTION	3	
CELESTONE SOLUSPAN INJECTION SUSPENSION	3	
CORTEF ORAL TABLET	3	
<i>cortisone oral tablet</i>	1	
CORTROSYN INJECTION RECON SOLN	3	
<i>cosyntropin injection recon soln</i>	1	
<i>decadron oral elixir</i>	1	
<i>decadron oral tablet</i>	1	
<i>deltasone oral tablet 20 mg</i>	1	
DEPO-MEDROL INJECTION SUSPENSION	3	
<i>dexabliss oral tablets,dose pack</i>	1	ST
DEXAMETHASON E AC, SOD PH-WATER INJECTION SUSPENSION	3	

Drug Name	Drug Tier	Requirements / Limits
DEXAMETHASON E ACE-NACL,ISO-OSM INJECTION SUSPENSION	3	
<i>dexamethasone intensol oral drops</i>	1	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet</i>	1	
<i>dexamethasone oral tablets,dose pack</i>	1	ST
<i>dexamethasone sodium phos (pf) injection solution</i>	1	
<i>dexamethasone sodium phosphate injection solution</i>	1	
<i>dexamethasone sodium phosphate injection syringe</i>	1	
DXEVO ORAL TABLETS,DOSE PACK	3	ST
EMFLAZA ORAL SUSPENSION	4	PA; LA
EMFLAZA ORAL TABLET	4	PA; LA
<i>fludrocortisone oral tablet</i>	1	
HEMADY ORAL TABLET	3	
<i>hidex oral tablets,dose pack</i>	1	ST
<i>hydrocortisone oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
KENALOG INJECTION SUSPENSION	3	
KENALOG-80 INJECTION SUSPENSION	3	
MEDROL (PAK) ORAL TABLETS,DOSE PACK	3	
MEDROL ORAL TABLET	3	
METHYLPRED AC(PF)-NACL,ISO-OSM INJECTION SUSPENSION	3	
METHYLPREDNISOL AC-BUPIVAC-WAT INJECTION SUSPENSION	3	
<i>methylprednisolone acetate injection suspension</i>	1	
METHYLPREDNISOLONE ACET-WATER INJECTION SUSPENSION 50 MG/ML	3	
<i>methylprednisolone oral tablet</i>	1	
<i>methylprednisolone oral tablets,dose pack</i>	1	
<i>millipred dp oral tablets,dose pack</i>	1	
<i>millipred oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ORAPRED ODT ORAL TABLET,DISINTEGRATING	3	
<i>prednisolone oral solution 15 mg/5 ml</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</i>	1	
<i>prednisone intensol oral concentrate</i>	1	
<i>prednisone oral solution</i>	1	
<i>prednisone oral tablet</i>	1	
<i>prednisone oral tablets,dose pack</i>	1	
RAYOS ORAL TABLET,DELAYED RELEASE (DR/EC)	3	ST
TAPERDEX ORAL TABLETS,DOSE PACK	3	ST
TRIAMCINOL AC (PF) IN 0.9%NACL INJECTION SUSPENSION	3	

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Drug Name	Drug Tier	Requirements / Limits
TRIAMCINOL ACE-BUPIV-0.9% NACL INJECTION SUSPENSION	3	
TRIAMCINOLONE ACETON-0.9% NACL INJECTION SUSPENSION	3	
<i>triamcinolone acetonide injection suspension</i>	1	
TRIAMCINOLONE DIA(PF)-0.9%NACL INJECTION SUSPENSION	3	
TRIAMCINOLONE DIACET-0.9% NACL INJECTION SUSPENSION	3	
TRIESENCE (PF) INTRAOCULAR SUSPENSION	3	
ZCORT ORAL TABLETS,DOSE PACK	3	ST
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet</i>	1	
SSKI ORAL SOLUTION	3	
TAPAZOLE ORAL TABLET	3	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		

Drug Name	Drug Tier	Requirements / Limits
ASSURE PLATINUM TEST STRIP STRIP	3	ST; OTC
CONTOUR NEXT TEST STRIPS STRIP	3	ST; OTC
EASY TRAK II TEST STRIP STRIP	3	ST; OTC
FORA GTEL GLUCOSE TEST STRIP STRIP	3	ST; OTC
GOJJI BLOOD GLUCOSE TEST STRIP STRIP	3	ST; OTC
MICRODOT XTRA BLOOD GLUCOSE STRIP	3	ST; OTC
VIVAGUARD INO TEST STRIP STRIP	3	ST; OTC
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
GLUCAGON HCL INJECTION RECON SOLN	3	
SPACE CHAMBER SPACER	2	
GLUCOSE ELEVATING AGENTS		
BAQSIMI NASAL SPRAY,NON-AEROSOL	2	QL
<i>diazoxide oral suspension</i>	1	
GLUCAGEN HYPOKIT INJECTION RECON SOLN	2	QL

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Drug Name	Drug Tier	Requirements / Limits
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN	2	QL
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN	2	QL
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR	2	QL
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE	2	QL
PROGLYCEM ORAL SUSPENSION	3	
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
ACCU-CHEK GUIDE ME GLUCOSE MTR	3	OTC
CEQR SIMPLICITY DEVICE	3	
EASY STEP HIGH CONTROL SOLN SOLUTION	3	OTC
EASY TRAK II CTRL SOLN-NORMAL SOLUTION	3	OTC
FORA GTEL MULTI-FUNCTN MONITOR DEVICE	3	OTC

Drug Name	Drug Tier	Requirements / Limits
GENTEEL VACUUM LANCING DEVICE COMBO PACK	3	OTC
GLUCOCARD SHINE CONNEX METER	3	OTC
GLUCOCARD SHINE EXPRESS METER	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
MINIMED MIO 32" INFUSION SET	2	
MINIMED MIO ADVANCE INF SET 23" INFUSION SET	2	OTC
MINIMED QUICK SET 43" INFUSION SET	2	
MINIMED SILHOUETTE 23" INFUSION SET	2	
MINIMED SURE T 32" INFUSION SET	2	
OMNIPOD DASH 5 PACK POD SUBCUTANEOUS CARTRIDGE	2	

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Drug Name	Drug Tier	Requirements / Limits
ONETOUGH VERIO REFLECT METER	2	OTC
PRECISION XTRA KETONE-GLUCOSE KIT	2	OTC
PREMIER COMPACT GLUCOSE METER KIT	3	OTC
VIVAGUARD INO CTRL SOLN-L1,2,3 SOLUTION	3	OTC
VIVAGUARD INO GLUCOSE METER	3	OTC
INSULIN THERAPY		
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN	3	ST
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION	3	ST
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	3	
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN	3	ST

Drug Name	Drug Tier	Requirements / Limits
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION	3	ST
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN	3	
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN	2	ST
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE	2	ST
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION	2	ST
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT	2	
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN	2	
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION	2	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN	2	

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Drug Name	Drug Tier	Requirements / Limits
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN	2	
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION	2	
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION	2	
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN	2	
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN	2	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION	2	
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION	2	

Drug Name	Drug Tier	Requirements / Limits
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION	2	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN	2	
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS INSULIN PEN	3	ST
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS SOLUTION	3	ST
INSULIN ASPART U-100 SUBCUTANEOUS CARTRIDGE	3	ST
INSULIN ASPART U-100 SUBCUTANEOUS INSULIN PEN	3	ST
INSULIN ASPART U-100 SUBCUTANEOUS SOLUTION	3	ST
INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN	3	
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN	3	ST
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT	3	

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Drug Name	Drug Tier	Requirements / Limits
INSULIN LISPRO SUBCUTANEOUS SOLUTION	3	ST
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN	2	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION	2	
LEVEMIR FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN	2	
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION	2	
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN	2	
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN	2	
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION	2	
MYXREDLIN INTRAVENOUS SOLUTION	3	

Drug Name	Drug Tier	Requirements / Limits
NOVOLIN 70-30 100 UNIT/ML VIAL LATEX-FREE 100 UNIT/ML (70-30)	2	ST
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN	2	
NOVOLIN N 100 UNIT/ML VIAL 100 UNIT/ML	2	ST
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN	2	
NOVOLIN R 100 UNIT/ML VIAL 100 UNIT/ML	2	ST
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN	2	
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN	2	ST
NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION	2	ST
NOVOLOG MIX 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN	2	ST

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Drug Name	Drug Tier	Requirements / Limits
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE	2	ST
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION	2	ST
RELION NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	
RELION NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	
RELION NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	2	
SEMGLEE PEN U- 100 INSULIN SUBCUTANEOUS INSULIN PEN	3	
SEMGLEE U-100 INSULIN SUBCUTANEOUS SOLUTION	3	
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN	2	PA; QL
TOUJEO MAX U- 300 SOLOSTAR SUBCUTANEOUS INSULIN PEN	2	

Drug Name	Drug Tier	Requirements / Limits
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN	2	
TRESIBA FLEXTOUCH U- 100 SUBCUTANEOUS INSULIN PEN	2	
TRESIBA FLEXTOUCH U- 200 SUBCUTANEOUS INSULIN PEN	2	
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION	2	
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN	2	PA; QL
MISCELLANEOUS HORMONES		
ACTHREL INTRAVENOUS RECON SOLN	2	
ANADROL-50 ORAL TABLET	3	PA
ANDRODERM TRANSDERMAL PATCH 24 HOUR	2	PA; QL
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	3	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
ANDROGEL TRANSDERMAL GEL IN PACKET	3	PA; QL
ANDROID ORAL CAPSULE	3	PA
AVEED INTRAMUSCULAR SOLUTION	4	PA; LA
<i>cabergoline oral tablet</i>	1	QL
<i>calcitonin (salmon) nasal spray, non-aerosol</i>	1	
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	
<i>calcitriol oral capsule</i>	1	
<i>calcitriol oral solution</i>	1	
CERDELGA ORAL CAPSULE	4	PA; LA
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	4	LA
CHORIONIC GONADOTROPIN, HUMAN INJECTION RECON SOLN	3	LA
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR RECON SOLN	4	LA; QL
<i>cinacalcet oral tablet</i>	1	
<i>clomiphene citrate oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
CRYSVITA SUBCUTANEOUS SOLUTION	4	PA; LA; QL
<i>danazol oral capsule</i>	1	PA
DDAVP NASAL SOLUTION	2	
DDAVP NASAL SPRAY WITH PUMP	3	
DDAVP ORAL TABLET	3	
DEPO-TESTOSTERONE INTRAMUSCULAR OIL	3	PA
<i>desmopressin nasal spray, non-aerosol</i>	1	
<i>desmopressin oral tablet</i>	1	
<i>doxercalciferol intravenous solution</i>	1	
<i>doxercalciferol oral capsule</i>	1	
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE	4	ST; LA
FORTESTA TRANSDERMAL GEL IN METERED-DOSE PUMP	3	PA; QL
GALAFOLD ORAL CAPSULE	4	PA; LA; QL
<i>ganirelix subcutaneous syringe</i>	4	ST; LA

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Drug Name	Drug Tier	Requirements / Limits
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR	4	ST; LA
GONAL-F RFF SUBCUTANEOUS RECON SOLN	4	ST; LA
GONAL-F SUBCUTANEOUS RECON SOLN	4	ST; LA
HECTOROL INTRAVENOUS SOLUTION	3	
ISTURISA ORAL TABLET	4	PA; LA; QL
JATENZO ORAL CAPSULE	3	PA; QL
JYNARQUE ORAL TABLET	4	PA; LA; QL
JYNARQUE ORAL TABLETS, SEQUENTIAL	4	PA; LA; QL
KORLYM ORAL TABLET	4	PA; LA
KUVAN ORAL POWDER IN PACKET	4	PA; LA
KUVAN ORAL TABLET,SOLUBL E	4	PA; LA
MENOPUR SUBCUTANEOUS RECON SOLN	4	LA
METHITEST ORAL TABLET	2	PA
<i>methyltestosterone oral capsule</i>	1	PA

Drug Name	Drug Tier	Requirements / Limits
MIACALCIN INJECTION SOLUTION	2	
<i>miglustat oral capsule</i>	4	PA; LA
MYALEPT SUBCUTANEOUS RECON SOLN	4	PA; LA
<i>nandrolone decanoate intramuscular oil</i>	1	PA
NATESTO NASAL GEL IN METERED-DOSE PUMP	2	PA; QL
NATPARA SUBCUTANEOUS CARTRIDGE	4	PA; LA
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTE GRATING	3	PA; QL
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTE GRATING	3	PA; QL
NOCTIVA NASAL SPRAY, NON- AEROSOL	3	PA; QL
NOVAREL INTRAMUSCULA R RECON SOLN	4	LA; QL
ORLISSA ORAL TABLET	2	PA; QL
OVIDREL SUBCUTANEOUS SYRINGE	4	LA

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Drug Name	Drug Tier	Requirements / Limits
<i>oxandrolone oral tablet</i>	1	PA
PALYNZIQ SUBCUTANEOUS SYRINGE	4	PA; LA; QL
<i>pamidronate intravenous recon soln</i>	1	
<i>pamidronate intravenous solution</i>	1	
PARICALCITOL HEMODIALYSIS PORT INJECTION SOLUTION	3	
<i>paricalcitol intravenous solution</i>	1	
<i>paricalcitol oral capsule</i>	1	
PREGNYL INTRAMUSCULAR RECON SOLN	4	LA; QL
RAYALDEE ORAL CAPSULE, EXTENDED RELEASE 24 HR	3	
ROCALTROL ORAL CAPSULE	3	
ROCALTROL ORAL SOLUTION	3	
SAMSCA ORAL TABLET	4	PA; LA; QL
<i>sapropterin oral powder in packet</i>	1	PA; LA
<i>sapropterin oral tablet, soluble</i>	1	PA; LA
SENSIPAR ORAL TABLET	3	

Drug Name	Drug Tier	Requirements / Limits
SOMAVERT SUBCUTANEOUS RECON SOLN	4	PA; LA
STIMATE NASAL SPRAY, NON-AEROSOL	4	LA
STRENSIQ SUBCUTANEOUS SOLUTION	4	PA; LA
SYNAREL NASAL SPRAY, NON-AEROSOL	2	
TEPEZZA INTRAVENOUS RECON SOLN	4	LA
TESTIM TRANSDERMAL GEL	3	PA; QL
TESTOPEL IMPLANT PELLETT	4	PA; LA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	PA
TESTOSTERONE CYPIONATE INTRAMUSCULAR OIL 50 MG/ML	3	PA
<i>testosterone enanthate intramuscular oil</i>	1	PA
TESTOSTERONE IMPLANT PELLETT 200 MG	3	PA
<i>testosterone propionate intramuscular oil</i>	1	PA
<i>testosterone transdermal gel</i>	1	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>testosterone transdermal gel in metered-dose pump</i>	1	PA; QL
<i>testosterone transdermal gel in packet</i>	1	PA; QL
<i>testosterone transdermal solution in metered pump w/app</i>	1	PA; QL
TESTRED ORAL CAPSULE	3	PA
<i>tolvaptan oral tablet 30 mg</i>	4	PA; LA; QL
VAPRISOL IN 5 % DEXTROSE INTRAVENOUS SOLUTION	3	
VOGELXO TRANSDERMAL GEL	3	PA; QL
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP	3	PA; QL
VOGELXO TRANSDERMAL GEL IN PACKET	3	PA; QL
XYOSTED SUBCUTANEOUS AUTO-INJECTOR	3	PA
ZAVESCA ORAL CAPSULE	4	PA; LA
ZEMPLAR INTRAVENOUS SOLUTION	3	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	

Drug Name	Drug Tier	Requirements / Limits
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose oral tablet</i>	1	
ACTOPLUS MET ORAL TABLET	3	QL
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 15-1,000 MG	3	QL
ACTOS ORAL TABLET	3	QL
ADLYXIN SUBCUTANEOUS PEN INJECTOR	3	ST; QL
ALOGLIPTIN ORAL TABLET	3	ST; QL
ALOGLIPTIN-METFORMIN ORAL TABLET	3	ST; QL
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET	3	ST; QL
AMARYL ORAL TABLET	3	
AVANDIA ORAL TABLET 2 MG, 4 MG	3	QL
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	2	QL
BYDUREON SUBCUTANEOUS PEN INJECTOR	2	QL
BYETTA SUBCUTANEOUS PEN INJECTOR	2	QL

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Drug Name	Drug Tier	Requirements / Limits
CYCLOSET ORAL TABLET	3	
DUETACT ORAL TABLET	3	QL
FARXIGA ORAL TABLET	2	ST; QL
<i>glimepiride oral tablet</i>	1	
<i>glipizide oral tablet</i>	1	
<i>glipizide oral tablet extended release 24hr</i>	1	
<i>glipizide-metformin oral tablet</i>	1	
GLUCOPHAGE ORAL TABLET	3	
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR	3	QL
GLUCOTROL ORAL TABLET	3	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR	3	
<i>glyburide micronized oral tablet</i>	1	
<i>glyburide oral tablet</i>	1	
<i>glyburide-metformin oral tablet</i>	1	
GLYNASE ORAL TABLET	3	
GLYSET ORAL TABLET	3	
GLYXAMBI ORAL TABLET	2	ST; QL

Drug Name	Drug Tier	Requirements / Limits
INVOKAMET ORAL TABLET	2	ST; QL
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR	2	ST; QL
INVOKANA ORAL TABLET	2	ST; QL
JANUMET ORAL TABLET	2	QL
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR	2	QL
JANUVIA ORAL TABLET	2	QL
JARDIANCE ORAL TABLET	2	ST; QL
JENTADUETO ORAL TABLET	2	QL
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR	2	QL
KAZANO ORAL TABLET	3	ST; QL
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR	3	ST; QL
<i>metformin oral solution</i>	1	PA
<i>metformin oral tablet</i>	1	
<i>metformin oral tablet extended release 24 hr</i>	1	QL
<i>miglitol oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>nateglinide oral tablet</i>	1	
NESINA ORAL TABLET	3	ST; QL
ONGLYZA ORAL TABLET	3	ST; QL
OSENI ORAL TABLET	3	ST; QL
OZEMPIC SUBCUTANEOUS PEN INJECTOR	2	QL
<i>pioglitazone oral tablet</i>	1	QL
<i>pioglitazone-glimepiride oral tablet</i>	1	QL
<i>pioglitazone-metformin oral tablet</i>	1	QL
PRANDIN ORAL TABLET 1 MG, 2 MG	3	
PRECOSE ORAL TABLET	3	
QTERN ORAL TABLET	3	ST
<i>repaglinide oral tablet</i>	1	
<i>repaglinide-metformin oral tablet</i>	1	QL
RIOMET ER ORAL SUSPENSION,EXTENDED REL RECON	3	PA
RIOMET ORAL SOLUTION	3	PA
RYBELSUS ORAL TABLET	2	QL

Drug Name	Drug Tier	Requirements / Limits
SEGLUROMET ORAL TABLET	2	ST; QL
STARLIX ORAL TABLET	3	
STEGLATRO ORAL TABLET	2	ST; QL
STEGLUJAN ORAL TABLET	3	ST; QL
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR	2	QL
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR	2	QL
SYNJARDY ORAL TABLET	2	ST; QL
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR	2	ST; QL
TRADJENTA ORAL TABLET	2	QL
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR	2	ST
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML	2	QL
TRULICITY SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML, 4.5 MG/0.5 ML	2	
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR	2	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR	2	ST; QL
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR	2	ST; QL
THYROID HORMONES		
ARMOUR THYROID ORAL TABLET	2	
CYTOMEL ORAL TABLET	3	
<i>euthyrox oral tablet</i>	1	
<i>levo-t oral tablet</i>	1	
<i>levothyroxine intravenous recon soln 100 mcg</i>	2	
<i>levothyroxine intravenous recon soln 200 mcg, 500 mcg</i>	1	
LEVOTHYROXINE INTRAVENOUS SOLUTION	3	
<i>levothyroxine oral tablet</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</i>	1	
<i>liothyronine oral tablet</i>	1	
<i>nature-throid oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>np thyroid oral tablet</i>	1	
SYNTHROID ORAL TABLET	3	
<i>thyroid (pork) oral tablet</i>	1	
THYROLAR-1 ORAL TABLET	3	
THYROLAR-1/2 ORAL TABLET	3	
THYROLAR-1/4 ORAL TABLET	3	
THYROLAR-2 ORAL TABLET	3	
THYROLAR-3 ORAL TABLET	3	
TIROSINT ORAL CAPSULE	3	
TIROSINT-SOL ORAL SOLUTION	3	
TRIOSTAT INTRAVENOUS SOLUTION	3	
<i>unithroid oral tablet</i>	1	
<i>westhroid oral tablet 130 mg, 195 mg, 32.5 mg, 65 mg, 97.5 mg</i>	1	
WP THYROID ORAL TABLET	3	
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
<i>atropine in 0.9 % sod chloride intravenous syringe 0.8 mg/2 ml (0.4 mg/ml)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
ATROPINE IN 0.9 % SOD CHLORIDE INTRAVENOUS SYRINGE 1 MG/2.5 ML (0.4 MG/ML), 1.2 MG/3 ML (0.4 MG/ML), 2 MG/5 ML (0.4 MG/ML)	3	
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	1	
BENTYL INTRAMUSCULAR SOLUTION	3	
<i>chlordiazepoxide-clidinium oral capsule</i>	1	
CUVPOSA ORAL SOLUTION	3	
<i>dicyclomine intramuscular solution</i>	1	
<i>dicyclomine oral capsule</i>	1	
<i>dicyclomine oral solution</i>	1	
<i>dicyclomine oral tablet</i>	1	
<i>diphenoxylate-atropine oral tablet</i>	1	
DONNATAL ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML	3	
DONNATAL ORAL TABLET	3	
GLYCATE ORAL TABLET	3	

Drug Name	Drug Tier	Requirements / Limits
GLYCOPYRROLATE (PF) IN WATER INJECTION SYRINGE	3	
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml), 1 mg/5 ml (0.2 mg/ml)</i>	1	
GLYCOPYRROLATE (PF) IN WATER INTRAVENOUS SYRINGE 0.6 MG/3 ML (0.2 MG/ML)	3	
<i>glycopyrrolate injection solution</i>	1	
GLYCOPYRROLATE INTRAVENOUS SYRINGE	3	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
GLYRX-PF INJECTION SOLUTION	3	
HYOSCYAMINE SULFATE INJECTION SOLUTION	3	
LIBRAX (WITH CLIDINIUM) ORAL CAPSULE	3	
LOMOTIL ORAL TABLET	3	
<i>loperamide oral capsule</i>	1	
<i>methscopolamine oral tablet</i>	1	
MOTOFEN ORAL TABLET	3	

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Drug Name	Drug Tier	Requirements / Limits
MYTESI ORAL TABLET, DELAYED RELEASE (DR/EC)	3	
<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</i>	1	
<i>phenohydro oral elixir 16.2-0.1037 - 0.0194 mg/5 ml</i>	1	
<i>phenohydro oral tablet</i>	1	
<i>propantheline oral tablet</i>	1	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
ACTIGALL ORAL CAPSULE	3	
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN	3	
AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION	3	
AKYNZEO (NETUPITANT) ORAL CAPSULE	3	QL
<i>alophen (bisacodyl) oral tablet, delayed release (dr/ec)</i>	5	ACA; OTC
<i>alosetron oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ALOXI INTRAVENOUS SOLUTION	3	
AMITIZA ORAL CAPSULE	3	PA; QL
ANA-LEX KIT RECTAL KIT	3	
ANALPRAM-HC RECTAL CREAM 1-1 %	3	
ANUSOL-HC TOPICAL CREAM WITH PERINEAL APPLICATOR	3	ST
<i>aprepitant oral capsule</i>	1	QL
<i>aprepitant oral capsule, dose pack</i>	1	QL
APRISO ORAL CAPSULE, EXTENDED RELEASE 24HR	3	
ASACOL HD ORAL TABLET, DELAYED RELEASE (DR/EC)	3	ST
AURYXIA ORAL TABLET	3	PA
AZULFIDINE ENTABS ORAL TABLET, DELAYED RELEASE (DR/EC)	3	ST
AZULFIDINE ORAL TABLET	3	ST
<i>balsalazide oral capsule</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
BARHEMSYS INTRAVENOUS SOLUTION	3	
<i>bisacodyl oral tablet, delayed release (dr/ec)</i>	5	ACA; OTC
<i>bisa-lax (bisacodyl) oral tablet, delayed release (dr/ec)</i>	5	ACA; OTC
BONJESTA ORAL TABLET, IR, DELAYED REL, BIPHASIC	3	PA; QL
<i>budesonide oral capsule, delayed, extended release</i>	1	
<i>budesonide oral tablet, delayed and extended release</i>	1	
<i>calcium acetate (phosphate bind) oral capsule</i>	1	
<i>calcium acetate (phosphate bind) oral tablet</i>	1	
CANASA RECTAL SUPPOSITORY	3	
CHENODAL ORAL TABLET	4	LA
CHOLBAM ORAL CAPSULE 250 MG	4	PA; LA
CHOLBAM ORAL CAPSULE 50 MG	4	PA; LA; QL
CIMZIA POWDER FOR RECONSTITUTION SUBCUTANEOUS KIT	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
CIMZIA SUBCUTANEOUS SYRINGE KIT	4	PA; LA; QL
CINVANTI INTRAVENOUS EMULSION	2	
<i>citrate of magnesia oral solution</i>	5	ACA; OTC
<i>citroma oral solution</i>	5	ACA; OTC
<i>clearlax oral powder</i>	5	ACA; OTC
<i>clearlax oral powder in packet</i>	5	ACA; OTC
CLENPIQ ORAL SOLUTION	5	ACA
COLAZAL ORAL CAPSULE	3	ST
<i>colocort rectal enema</i>	1	
COLYTE WITH FLAVOR PACKS ORAL RECONSTITUTION SOLUTION 240-22.72-6.72 -5.84 GRAM	3	
COMPAZINE ORAL TABLET	3	
COMPAZINE RECTAL SUPPOSITORY	3	
<i>compro rectal suppository</i>	1	
<i>constulose oral solution</i>	1	
CORTENEMA RECTAL ENEMA	3	
CORTIFOAM RECTAL FOAM	3	

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Drug Name	Drug Tier	Requirements / Limits
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC)	2	
<i>cromolyn oral concentrate</i>	1	
CYSTADANE ORAL POWDER	4	LA
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS)	3	ST
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC)	3	PA; QL
<i>dimenhydrinate injection solution</i>	1	
DIPENTUM ORAL CAPSULE	3	ST
<i>doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec)</i>	1	PA; QL
<i>dronabinol oral capsule</i>	1	
<i>droperidol injection solution</i>	1	
<i>ducodyl (bisacodyl) oral tablet,delayed release (dr/ec)</i>	5	ACA; OTC
EMEND (FOSAPREPITANT) INTRAVENOUS RECON SOLN	3	
EMEND ORAL CAPSULE 40 MG, 80 MG	3	QL

Drug Name	Drug Tier	Requirements / Limits
EMEND ORAL CAPSULE,DOSE PACK	3	QL
EMEND ORAL SUSPENSION FOR RECONSTITUTION	3	QL
ENTEREG ORAL CAPSULE	3	
ENTOCORT EC ORAL CAPSULE,DELAYED,EXTEND.RELEASE	3	
ENTYVIO INTRAVENOUS RECON SOLN	4	PA; LA
<i>enulose oral solution</i>	1	
<i>fleet laxative (bisacodyl) oral tablet,delayed release (dr/ec)</i>	5	ACA; OTC
<i>fosaprepitant intravenous recon soln</i>	1	
FOSRENOL ORAL POWDER IN PACKET	3	
FOSRENOL ORAL TABLET,CHEWABLE	3	
GASTROCROM ORAL CONCENTRATE	3	
GATTEX 30-VIAL SUBCUTANEOUS KIT	4	PA; LA
<i>gavilax oral powder</i>	5	ACA; OTC

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Drug Name	Drug Tier	Requirements / Limits
<i>gavilyte-c oral recon soln</i>	5	ACA
<i>gavilyte-g oral recon soln</i>	5	ACA
<i>gavilyte-n oral recon soln</i>	5	ACA
<i>generlac oral solution</i>	1	
<i>gentle laxative (bisacodyl) oral tablet, delayed release (dr/ec)</i>	5	ACA; OTC
<i>gentlelax oral powder</i>	5	ACA; OTC
GIALAX ORAL KIT	5	ACA
GIMOTI NASAL SPRAY WITH PUMP	3	ST
<i>glycolax oral powder</i>	5	ACA; OTC
GOLYTELY ORAL POWDER IN PACKET	5	ACA
GOLYTELY ORAL RECON SOLN	3	
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	1	
<i>granisetron hcl intravenous solution</i>	1	
<i>granisetron hcl oral tablet</i>	1	QL
<i>healthylax oral powder in packet</i>	5	ACA; OTC
<i>hydrocortisone acetate rectal suppository 25 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone rectal enema</i>	1	
<i>hydrocortisone topical cream with perineal applicator</i>	1	
<i>hydrocortisone-pramoxine rectal cream</i>	1	
KINEVAC INJECTION RECON SOLN	2	
<i>kionex (with sorbitol) oral suspension</i>	1	
KRISTALOSE ORAL PACKET	3	
<i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i>	1	
<i>lanthanum oral tablet, chewable</i>	1	
<i>laxaclear oral powder</i>	5	ACA; OTC
<i>laxative (bisacodyl) oral tablet</i>	5	ACA; OTC
<i>laxative (bisacodyl) oral tablet, delayed release (dr/ec)</i>	5	ACA; OTC
<i>laxative peg 3350 oral powder</i>	5	ACA; OTC
LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC)	3	ST
LINZESS ORAL CAPSULE	2	PA; QL
LOKELMA ORAL POWDER IN PACKET	2	QL

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Drug Name	Drug Tier	Requirements / Limits
LOTRONEX ORAL TABLET	3	
<i>magnesium citrate oral solution</i>	5	ACA; OTC
MARINOL ORAL CAPSULE	3	
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
<i>mesalamine oral capsule (with del rel tablets)</i>	1	
<i>mesalamine oral capsule, extended release 24hr</i>	1	
<i>mesalamine oral tablet, delayed release (dr/ec)</i>	1	
<i>mesalamine rectal enema</i>	1	
<i>mesalamine rectal suppository</i>	1	
<i>mesalamine with cleansing wipe rectal enema kit</i>	1	
<i>metoclopramide hcl injection solution</i>	1	
<i>metoclopramide hcl injection syringe</i>	1	
<i>metoclopramide hcl oral solution</i>	1	ST
<i>metoclopramide hcl oral tablet</i>	1	
<i>metoclopramide hcl oral tablet, disintegrating</i>	1	ST
<i>milk of magnesia concentrated oral suspension</i>	5	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>milk of magnesia oral suspension</i>	5	ACA; OTC
<i>miralax oral powder in packet</i>	5	ACA; OTC
MOTEGRITY ORAL TABLET	3	PA; QL
MOVANTIK ORAL TABLET	2	PA; QL
MOVIPREP ORAL POWDER IN PACKET	5	ACA
<i>natura-lax oral powder</i>	5	ACA; OTC
NULYTELY LEMON-LIME ORAL RECON SOLN	5	ACA
NULYTELY WITH FLAVOR PACKS ORAL RECON SOLN	3	
OICALIVA ORAL TABLET	4	PA; LA; QL
<i>ondansetron hcl (pf) injection solution</i>	1	
<i>ondansetron hcl (pf) injection syringe</i>	1	
<i>ondansetron hcl intravenous solution</i>	1	
<i>ondansetron hcl oral solution</i>	1	QL
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	QL
<i>ondansetron oral tablet, disintegrating</i>	1	QL
<i>oral saline laxative oral liquid</i>	5	ACA; OTC

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Drug Name	Drug Tier	Requirements / Limits
ORTIKOS ORAL CAPSULE, EXTENDED RELEASE	3	
OSMOPREP ORAL TABLET	5	ACA
PALONOSETRON INTRAVENOUS SOLUTION 0.25 MG/2 ML	3	
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	1	
<i>palonosetron intravenous syringe</i>	1	
PANCREAZE ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800-98,400 UNIT, 2,600-6,200- 10,850 UNIT, 21,000-54,700-83,900 UNIT, 4,200-14,200- 24,600 UNIT	3	ST
PEDIA-LAX ORAL TABLET, CHEWABLE	5	ACA; OTC
<i>peg 3350-electrolytes oral recon soln</i>	5	ACA
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet</i>	5	ACA
<i>peg-electrolyte soln oral recon soln</i>	5	ACA
<i>peg-prep oral kit</i>	5	ACA

Drug Name	Drug Tier	Requirements / Limits
PENTASA ORAL CAPSULE, EXTENDED RELEASE	2	
PERTZYE ORAL CAPSULE, DELAYED RELEASE(DR/EC)	3	ST
PHOSLYRA ORAL SOLUTION	2	
<i>phosphate laxative oral liquid</i>	5	ACA; OTC
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL	5	ACA
<i>polyethylene glycol 3350 oral powder</i>	5	ACA; OTC
<i>polyethylene glycol 3350 oral powder in packet</i>	5	ACA; OTC
<i>powderlax oral powder</i>	5	ACA; OTC
<i>powderlax oral powder in packet</i>	5	ACA; OTC
<i>prochlorperazine edisylate injection solution</i>	1	
<i>prochlorperazine maleate oral tablet</i>	1	
<i>prochlorperazine rectal suppository</i>	1	
PROCTOFOAM HC RECTAL FOAM	3	ST
<i>procto-med hc topical cream with perineal applicator</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 November 1, 2020.

Drug Name	Drug Tier	Requirements / Limits
<i>procto-pak topical cream with perineal applicator</i>	1	
<i>proctosol hc topical cream with perineal applicator</i>	1	
<i>proctozone-hc topical cream with perineal applicator</i>	1	
<i>purelax oral powder</i>	5	ACA; OTC
<i>purelax oral powder in packet</i>	5	ACA; OTC
RECTIV RECTAL OINTMENT	2	
REGLAN ORAL TABLET	3	ST
RELISTOR ORAL TABLET	2	PA
RELISTOR SUBCUTANEOUS SOLUTION	2	PA
RELISTOR SUBCUTANEOUS SYRINGE	2	PA
RENAGEL ORAL TABLET 800 MG	3	
RENVELA ORAL POWDER IN PACKET	3	
RENVELA ORAL TABLET	3	
ROWASA RECTAL ENEMA KIT	3	
SANCUSO TRANSDERMAL PATCH WEEKLY	3	QL
<i>scopolamine base transdermal patch 3 day</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>sevelamer carbonate oral powder in packet</i>	1	
<i>sevelamer carbonate oral tablet</i>	1	
<i>sevelamer hcl oral tablet</i>	1	
SFROWASA RECTAL ENEMA	3	
<i>smoothlax oral powder</i>	5	ACA; OTC
<i>smoothlax oral powder in packet</i>	5	ACA; OTC
<i>sodium polystyrene (sorb free) oral suspension</i>	1	
<i>sodium polystyrene sulfonate oral powder</i>	1	
SOLESTA IMPLANT GEL FOR IMPLANT IN SYRINGE	4	LA
<i>sps (with sorbitol) oral suspension</i>	1	
<i>sps (with sorbitol) rectal enema</i>	1	
SUCRAID ORAL SOLUTION	4	LA
<i>sulfasalazine oral tablet</i>	1	
<i>sulfasalazine oral tablet, delayed release (dr/ec)</i>	1	
SUPREP BOWEL PREP KIT ORAL RECON SOLN	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
SUSTOL SUBCUTANEOUS LIQUID,EXTENDED RELEASE SYRING	3	
SYMPROIC ORAL TABLET	2	PA
SYNDROS ORAL SOLUTION	3	
TIGAN INTRAMUSCULAR SOLUTION	3	
TIGAN ORAL CAPSULE 300 MG	3	
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY	3	
<i>trilyte with flavor packets oral reconstituted solution</i>	5	ACA
<i>trimethobenzamide oral capsule</i>	1	
TRULANCE ORAL TABLET	2	PA
UCERIS ORAL TABLET,DELAYED AND EXT.RELEASE	3	
UCERIS RECTAL FOAM	2	
URSO 250 ORAL TABLET	3	
URSO FORTE ORAL TABLET	3	
<i>ursodiol oral capsule</i>	1	
<i>ursodiol oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
VARUBI ORAL TABLET	2	QL
VELPHORO ORAL TABLET,CHEWABLE	2	
VELTASSA ORAL POWDER IN PACKET	3	QL
VIBERZI ORAL TABLET	2	PA
VIOKACE ORAL TABLET	2	
<i>women's gentle laxative(bisac) oral tablet,delayed release (dr/ec)</i>	5	ACA; OTC
<i>women's laxative (bisacodyl) oral tablet</i>	5	ACA; OTC
<i>women's laxative (bisacodyl) oral tablet,delayed release (dr/ec)</i>	5	ACA; OTC
ZELNORM ORAL TABLET	3	PA

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Drug Name	Drug Tier	Requirements / Limits
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000-24,000 UNIT	2	
ZOFRAN ORAL TABLET 4 MG	3	QL
ZUPLENZ ORAL FILM	3	QL
ULCER THERAPY		
ACIPHEX ORAL TABLET,DELAYED RELEASE (DR/EC)	3	ST
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE	3	ST; QL
<i>amoxicil-clarithromy-lansopraz oral combo pack</i>	1	QL
CARAFATE ORAL SUSPENSION	3	
CARAFATE ORAL TABLET	3	

Drug Name	Drug Tier	Requirements / Limits
<i>cimetidine hcl oral solution</i>	1	
<i>cimetidine oral tablet</i>	1	
CYTOTEC ORAL TABLET	3	
DEXILANT ORAL CAPSULE,BIPHAS E DELAYED RELEAS 30 MG	3	ST; QL
DEXILANT ORAL CAPSULE,BIPHAS E DELAYED RELEAS 60 MG	3	ST
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	1	ST; QL
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	1	ST
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	1	ST; QL
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	1	ST
<i>esomeprazole sodium intravenous recon soln</i>	1	
ESOMEPRAZOLE STRONTIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 49.3 MG	3	ST

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Drug Name	Drug Tier	Requirements / Limits
<i>famotidine (pf) intravenous solution</i>	1	
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback</i>	1	
FAMOTIDINE IN 0.9 % NACL INTRAVENOUS SYRINGE 20 MG/10 ML	3	
<i>famotidine intravenous solution</i>	1	
<i>famotidine oral suspension</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
HELIDAC ORAL COMBO PACK	3	
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	1	QL
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	1	
<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg</i>	1	QL
<i>lansoprazole oral tablet, disintegrat, delay rel 30 mg</i>	1	
<i>misoprostol oral tablet</i>	1	
NEXIUM IV INTRAVENOUS RECON SOLN 40 MG	3	

Drug Name	Drug Tier	Requirements / Limits
NEXIUM ORAL CAPSULE, DELAYED RELEASE(DR/EC) 20 MG	3	ST; QL
NEXIUM ORAL CAPSULE, DELAYED RELEASE(DR/EC) 40 MG	3	ST
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 20 MG	3	ST; QL
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG	2	ST; QL
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	3	ST
<i>nizatidine oral capsule</i>	1	
<i>nizatidine oral solution</i>	1	
OMECLAMOX-PAK ORAL COMBO PACK	3	QL
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg</i>	1	QL
<i>omeprazole oral capsule, delayed release(dr/ec) 20 mg, 40 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i>	1	ST; QL
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	1	ST
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>	1	ST; QL
<i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>	1	ST
<i>pantoprazole intravenous recon soln</i>	1	
<i>pantoprazole oral granules dr for susp in packet</i>	1	
<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	3	
PREVACID ORAL CAPSULE, DELAYED RELEASE(DR/EC) 15 MG	3	ST; QL
PREVACID ORAL CAPSULE, DELAYED RELEASE(DR/EC) 30 MG	3	ST

Drug Name	Drug Tier	Requirements / Limits
PREVACID SOLUTAB ORAL TABLET, DISINTEGRAT, DELAY REL 15 MG	3	ST; QL
PREVACID SOLUTAB ORAL TABLET, DISINTEGRAT, DELAY REL 30 MG	3	ST
PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON	3	ST; QL
PROTONIX INTRAVENOUS RECON SOLN	3	
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET	3	ST
PROTONIX ORAL TABLET, DELAYED RELEASE (DR/EC) 20 MG	3	ST; QL
PROTONIX ORAL TABLET, DELAYED RELEASE (DR/EC) 40 MG	3	ST
PYLERA ORAL CAPSULE	2	
RABEPRAZOLE ORAL CAPSULE, DELAYED REL SPRINKLE	3	ST; QL
<i>rabeprazole oral tablet, delayed release (dr/ec)</i>	1	ST
<i>ranitidine hcl injection solution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>ranitidine hcl oral capsule</i>	1	
<i>ranitidine hcl oral syrup</i>	1	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	
<i>sucralfate oral suspension</i>	1	
<i>sucralfate oral tablet</i>	1	
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE	2	QL
ZANTAC INJECTION SOLUTION	3	
ZEGERID ORAL CAPSULE 20-1.1 MG-GRAM	3	ST; QL
ZEGERID ORAL CAPSULE 40-1.1 MG-GRAM	3	ST
ZEGERID ORAL PACKET 20-1,680 MG	3	ST; QL
ZEGERID ORAL PACKET 40-1,680 MG	3	ST

IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

Drug Name	Drug Tier	Requirements / Limits
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA; LA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE	4	PA; LA
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PA; LA
FULPHILA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
GRANIX SUBCUTANEOUS SOLUTION	4	PA; LA
GRANIX SUBCUTANEOUS SYRINGE	4	PA; LA
LEUKINE INJECTION RECON SOLN	4	PA; LA
MACRILEN ORAL RECON SOLN	4	PA; LA; QL
MIRCERA INJECTION SYRINGE	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
MOZOBIL SUBCUTANEOUS SOLUTION	4	LA
NEULASTA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
NEULASTA SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR	4	PA; LA; QL
NEUPOGEN INJECTION SOLUTION	4	PA; LA
NEUPOGEN INJECTION SYRINGE	4	PA; LA
NIVESTYM INJECTION SOLUTION	4	PA; LA
NIVESTYM SUBCUTANEOUS SYRINGE	4	PA; LA
PROCRIT INJECTION SOLUTION	4	PA; LA
REBLOZYL SUBCUTANEOUS RECON SOLN	4	PA; LA
RETACRIT INJECTION SOLUTION	4	PA; LA
UDENYCA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
ZARXIO INJECTION SYRINGE	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
ZIEXTENZO SUBCUTANEOUS SYRINGE	4	PA; LA
GROWTH HORMONES		
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG	4	PA; LA
EGRIFTA SV SUBCUTANEOUS RECON SOLN	4	PA; LA
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE	4	PA; LA
GENOTROPIN SUBCUTANEOUS CARTRIDGE	4	PA; LA
HUMATROPE INJECTION CARTRIDGE	4	PA; LA
HUMATROPE INJECTION RECON SOLN	4	PA; LA
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR	4	PA; LA
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR	4	PA; LA
OMNITROPE SUBCUTANEOUS CARTRIDGE	4	PA; LA
OMNITROPE SUBCUTANEOUS RECON SOLN	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE	4	PA; LA
SAIZEN SUBCUTANEOUS RECON SOLN	4	PA; LA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	4	PA; LA
ZOMACTON SUBCUTANEOUS RECON SOLN	4	PA; LA
ZORBTIVE SUBCUTANEOUS RECON SOLN	4	PA; LA
INTERFERONS		
AUBAGIO ORAL TABLET	4	PA; LA
AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT	4	PA; LA; QL
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	4	PA; LA; QL
AVONEX INTRAMUSCULAR SYRINGE KIT	4	PA; LA; QL
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC)	4	PA; LA
BETASERON SUBCUTANEOUS KIT	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
COPAXONE SUBCUTANEOUS SYRINGE	4	PA; LA; QL
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg, 240 mg</i>	4	PA; LA
EXTAVIA SUBCUTANEOUS KIT	4	PA; LA; QL
EXTAVIA SUBCUTANEOUS RECON SOLN	4	PA; LA; QL
GILENYA ORAL CAPSULE 0.5 MG	4	PA; LA
<i>glatiramer subcutaneous syringe</i>	4	PA; LA; QL
<i>glatopa subcutaneous syringe</i>	4	PA; LA; QL
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR	4	PA; LA
MAVENCLAD (10 TABLET PACK) ORAL TABLET	4	PA; LA; QL
MAVENCLAD (4 TABLET PACK) ORAL TABLET	4	PA; LA; QL
MAVENCLAD (5 TABLET PACK) ORAL TABLET	4	PA; LA; QL
MAVENCLAD (6 TABLET PACK) ORAL TABLET	4	PA; LA; QL
MAVENCLAD (7 TABLET PACK) ORAL TABLET	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
MAVENCLAD (8 TABLET PACK) ORAL TABLET	4	PA; LA; QL
MAVENCLAD (9 TABLET PACK) ORAL TABLET	4	PA; LA; QL
MAYZENT ORAL TABLET	4	PA; LA; QL
OCREVUS INTRAVENOUS SOLUTION	4	PA; LA
PEGASYS SUBCUTANEOUS SOLUTION	4	LA; QL
PEGASYS SUBCUTANEOUS SYRINGE	4	LA; QL
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	4	LA; QL
PLEGRIDY SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
PLEGRIDY SUBCUTANEOUS SYRINGE	4	PA; LA; QL
POMALYST ORAL CAPSULE	4	PA; LA
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE	4	PA; LA; QL
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
REVLIMID ORAL CAPSULE	4	PA; LA
<i>ribasphere oral capsule</i>	4	LA
<i>ribasphere oral tablet 600 mg</i>	4	LA
<i>ribasphere ribapak oral tablets,dose pack 600 mg (7)-400 mg (7), 600 mg (7)- 600 mg (7), 600-400 mg (28)-mg (28), 600-600 mg (28)-mg (28)</i>	4	LA
<i>ribavirin oral capsule</i>	4	LA
<i>ribavirin oral tablet 200 mg</i>	4	LA
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG	4	PA; LA
TECFIDERA ORAL CAPSULE,DELAY ED RELEASE(DR/EC)	4	PA; LA
VUMERITY ORAL CAPSULE,DELAY ED RELEASE(DR/EC)	4	PA; LA
ZEPOSIA ORAL CAPSULE	4	PA; LA
ZEPOSIA STARTER KIT ORAL CAPSULE,DOSE PACK	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
ZEPOSIA STARTER PACK ORAL CAPSULE,DOSE PACK	4	PA; LA
INTERLEUKINS		
ACTIMMUNE SUBCUTANEOUS SOLUTION	4	LA
ALDARA TOPICAL CREAM IN PACKET	3	ST
ALFERON N INJECTION SOLUTION	2	
ARCALYST SUBCUTANEOUS RECON SOLN	4	LA
ILARIS (PF) SUBCUTANEOUS SOLUTION	4	PA; LA
IMIQUIMOD TOPICAL CREAM IN METERED- DOSE PUMP	3	ST
<i>imiquimod topical cream in packet</i>	1	
INTRON A INJECTION RECON SOLN	4	LA
INTRON A INJECTION SOLUTION	4	LA
KINERET SUBCUTANEOUS SYRINGE	4	PA; LA; QL
PROLEUKIN INTRAVENOUS RECON SOLN	4	LA

Drug Name	Drug Tier	Requirements / Limits
ZYCLARA TOPICAL CREAM IN METERED- DOSE PUMP	3	ST
ZYCLARA TOPICAL CREAM IN PACKET	3	ST
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF) INTRAMUSCULA R RECON SOLN	5	ACA
ADACEL(TDAP ADOLESN/ADULT) (PF) INTRAMUSCULA R SUSPENSION	5	ACA
ADACEL(TDAP ADOLESN/ADULT) (PF) INTRAMUSCULA R SYRINGE	5	ACA
AFLURIA QD 2019-20(3YR UP)(PF) INTRAMUSCULA R SYRINGE	5	ACA
AFLURIA QD 2019-20(6- 35MO)(PF) INTRAMUSCULA R SYRINGE	5	ACA
AFLURIA QD 2020-21(3YR UP)(PF) INTRAMUSCULA R SYRINGE	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
AFLURIA QD 2020-21(6-35MO)(PF) INTRAMUSCULAR SYRINGE	5	ACA
AFLURIA QUAD 2019-20(6MO UP) INTRAMUSCULAR SUSPENSION	5	ACA
AFLURIA QUAD 2020-2021(6MO UP) INTRAMUSCULAR SUSPENSION	5	ACA
ASCENIV INTRAVENOUS SOLUTION	4	LA
ATGAM INTRAVENOUS SOLUTION	2	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	
BEXSERO INTRAMUSCULAR SYRINGE	5	ACA
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION	5	ACA
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	5	ACA
BOTOX INJECTION RECON SOLN	4	PA; LA
CUTAQUIG SUBCUTANEOUS SOLUTION	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
CUVITRU SUBCUTANEOUS SOLUTION 10 GRAM/50 ML (20%)	4	PA; LA
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION	5	ACA
DYSPORT INTRAMUSCULAR RECON SOLN	4	PA; LA
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION	5	ACA
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	5	ACA
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	5	ACA
FLUAD 2019-2020 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE	5	ACA
FLUAD 2020-2021 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE	5	ACA
FLUAD QUAD 2020-21(65Y UP)(PF) INTRAMUSCULAR SYRINGE	5	ACA
FLUARIX QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
FLUARIX QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE	5	ACA
FLUBLOK QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE	5	ACA
FLUBLOK QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE	5	ACA
FLUCELVAX QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE	5	ACA
FLUCELVAX QUAD 2019-2020 INTRAMUSCULAR SUSPENSION	5	ACA
FLUCELVAX QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE	5	ACA
FLUCELVAX QUAD 2020-2021 INTRAMUSCULAR SUSPENSION	5	ACA
FLULAVAL QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE	5	ACA
FLULAVAL QUAD 2019-2020 INTRAMUSCULAR SUSPENSION	5	ACA

Drug Name	Drug Tier	Requirements / Limits
FLULAVAL QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE	5	ACA
FLUMIST QUAD 2019-2020 NASAL NASAL SPRAY SYRINGE	5	ACA
FLUMIST QUAD 2020-2021 NASAL NASAL SPRAY SYRINGE	5	ACA
FLUZONE HIGH-DOSE 2019-20 (PF) INTRAMUSCULAR SYRINGE	5	ACA
FLUZONE HIGHDOSE QUAD 20-21 PF INTRAMUSCULAR SYRINGE	5	ACA
FLUZONE QUAD 2019-2020 (PF) INTRAMUSCULAR SUSPENSION	5	ACA
FLUZONE QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE	5	ACA
FLUZONE QUAD 2019-2020 INTRAMUSCULAR SUSPENSION	5	ACA
FLUZONE QUAD 2020-2021 (PF) INTRAMUSCULAR SUSPENSION	5	ACA
FLUZONE QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
FLUZONE QUAD 2020-2021 INTRAMUSCULAR SUSPENSION	5	ACA
FLUZONE QUAD PEDI 2019-20 (PF) INTRAMUSCULAR SYRINGE	5	ACA
GAMASTAN INTRAMUSCULAR SOLUTION	4	LA
GAMASTAN S/D INTRAMUSCULAR SOLUTION	4	LA
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION	5	ACA
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE	5	ACA
GRASTEK SUBLINGUAL TABLET	2	PA
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	5	ACA
HAVRIX (PF) INTRAMUSCULAR SYRINGE	5	ACA
HEPAGAM B INJECTION SOLUTION	2	
HEPLISAV-B (PF) INTRAMUSCULAR SOLUTION	5	ACA
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE	5	ACA

Drug Name	Drug Tier	Requirements / Limits
HIBERIX (PF) INTRAMUSCULAR RECON SOLN	5	ACA
HIZENTRA SUBCUTANEOUS SYRINGE	4	PA; LA
HYPERHEP B S/D INTRAMUSCULAR SOLUTION	2	
HYPERHEP B S/D INTRAMUSCULAR SYRINGE	2	
HYPERHEP B S-D NEONATAL INTRAMUSCULAR SYRINGE	2	
HYPERRAB (PF) INTRAMUSCULAR SOLUTION	2	
HYPERRAB S/D (PF) INTRAMUSCULAR SOLUTION	2	
HYPERTET S/D (PF) INTRAMUSCULAR SYRINGE	2	
IMOGAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION	2	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN	2	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	5	ACA
IPOL INJECTION SUSPENSION	5	ACA
IXIARO (PF) INTRAMUSCULAR SYRINGE	2	
KEDRAB (PF) INTRAMUSCULAR SOLUTION	3	
KINRIX (PF) INTRAMUSCULAR SUSPENSION	5	ACA
KINRIX (PF) INTRAMUSCULAR SYRINGE	5	ACA
MENACTRA (PF) INTRAMUSCULAR SOLUTION	5	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	5	ACA
M-M-R II (PF) SUBCUTANEOUS RECON SOLN	5	ACA
MYOBLOC INTRAMUSCULAR SOLUTION	4	PA; LA
NABI-HB INTRAMUSCULAR SOLUTION	3	
ODACTRA SUBLINGUAL TABLET	2	PA

Drug Name	Drug Tier	Requirements / Limits
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	4	PA; LA
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE	4	PA; LA; QL
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE	4	PA; LA; QL
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE	4	PA; LA; QL
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE	4	PA; LA; QL
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE	4	PA; LA; QL
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE	4	PA; LA; QL
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE	4	PA; LA; QL
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE	4	PA; LA; QL
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE	4	PA; LA; QL
PALFORZIA INITIAL DOSE ORAL CAPSULE, SPRINKLE	4	PA; LA; QL
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET	4	PA; LA; QL
PEDIARIX (PF) INTRAMUSCULAR SYRINGE	5	ACA
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION	5	ACA
PENTACEL (PF) INTRAMUSCULAR KIT	5	ACA
PENTACEL ACTHIB COMPONENT (PF) INTRAMUSCULAR RECON SOLN	5	ACA
PNEUMOVAX-23 INJECTION SOLUTION	5	ACA
PNEUMOVAX-23 INJECTION SYRINGE	5	ACA
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE	5	ACA
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	5	ACA

Drug Name	Drug Tier	Requirements / Limits
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION	5	ACA
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	2	
RAGWITEK SUBLINGUAL TABLET	2	PA
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	5	ACA
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE	5	ACA
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION	5	ACA
ROTATEQ VACCINE ORAL SOLUTION	5	ACA
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	ACA; QL
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	
TDVAX INTRAMUSCULAR SUSPENSION	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
TENIVAC (PF) INTRAMUSCULAR SUSPENSION	5	ACA
TENIVAC (PF) INTRAMUSCULAR SYRINGE	5	ACA
TETANUS, DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION	5	ACA
THYMOGLOBULIN INTRAVENOUS RECON SOLN	4	
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION	2	
TRUMENBA INTRAMUSCULAR SYRINGE	5	ACA
TWINRIX (PF) INTRAMUSCULAR SYRINGE	5	ACA
TYPHIM VI INTRAMUSCULAR SOLUTION	2	
TYPHIM VI INTRAMUSCULAR SYRINGE	2	
VAQTA (PF) INTRAMUSCULAR SUSPENSION	5	ACA
VAQTA (PF) INTRAMUSCULAR SYRINGE	5	ACA

Drug Name	Drug Tier	Requirements / Limits
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	5	ACA
VARIZIG INTRAMUSCULAR SOLUTION	2	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION	2	
VIVOTIF ORAL CAPSULE, DELAYED RELEASE(DR/EC)	2	
XEMBIFY SUBCUTANEOUS SOLUTION	4	PA; LA
XEOMIN INTRAMUSCULAR RECON SOLN	4	PA; LA
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	
ZINPLAVA INTRAVENOUS SOLUTION	3	
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	5	ACA

MUSCULOSKELETAL & RHEUMATOLOGY
GOUT THERAPY

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Drug Name	Drug Tier	Requirements / Limits
<i>allopurinol oral tablet</i>	1	
<i>allopurinol sodium intravenous recon soln</i>	1	
<i>aloprim intravenous recon soln</i>	1	
COLCHICINE ORAL CAPSULE	3	
<i>colchicine oral tablet</i>	1	
COLCRYS ORAL TABLET	3	
<i>febuxostat oral tablet</i>	1	ST
GLOPERBA ORAL SOLUTION	3	
MITIGARE ORAL CAPSULE	2	
<i>probenecid oral tablet</i>	1	
<i>probenecid-colchicine oral tablet</i>	1	
ULORIC ORAL TABLET	3	ST
ZYLOPRIM ORAL TABLET	3	
OSTEOPOROSIS THERAPY		
ACTONEL ORAL TABLET 150 MG, 35 MG, 5 MG	3	ST; QL
<i>alendronate oral solution</i>	1	QL
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
AELVIA ORAL TABLET, DELAYED RELEASE (DR/EC)	3	ST; QL
BINOSTO ORAL TABLET, EFFERVESCENT	3	ST; QL
BONIVA INTRAVENOUS SYRINGE	4	LA
BONIVA ORAL TABLET	3	ST; QL
EVENITY SUBCUTANEOUS SYRINGE	4	PA; LA; QL
EVISTA ORAL TABLET	3	
FORTEO SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
FOSAMAX ORAL TABLET 70 MG	3	ST; QL
FOSAMAX PLUS D ORAL TABLET	3	ST; QL
<i>ibandronate intravenous solution</i>	4	LA
<i>ibandronate intravenous syringe</i>	4	LA
<i>ibandronate oral tablet</i>	1	QL
PROLIA SUBCUTANEOUS SYRINGE	4	LA
<i>raloxifene oral tablet</i>	1	ACA
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>risedronate oral tablet, delayed release (dr/ec)</i>	1	QL
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
TYMLOS SUBCUTANEOUS PEN INJECTOR	4	LA; QL
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
ACTEMRA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
ARAVAL ORAL TABLET	3	QL
CUPRIMINE ORAL CAPSULE	3	PA
DEPEN TITRATABS ORAL TABLET	3	
ENBREL MINI SUBCUTANEOUS CARTRIDGE	4	PA; LA; QL
ENBREL SUBCUTANEOUS RECON SOLN	4	PA; LA; QL
ENBREL SUBCUTANEOUS SOLUTION	4	PA; LA; QL
ENBREL SUBCUTANEOUS SYRINGE	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT	4	PA; LA; QL
HUMIRA PEN PSOR-UEVITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT	4	PA; LA; QL
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT	4	PA; LA; QL
HUMIRA SUBCUTANEOUS SYRINGE KIT	4	PA; LA; QL
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT	4	PA; LA; QL
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT	4	PA; LA; QL
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; LA; QL
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT	4	PA; LA; QL
KEVZARA SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
KEVZARA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
<i>leflunomide oral tablet</i>	1	QL
OLUMIANT ORAL TABLET	4	PA; LA; QL
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL
ORENCIA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
OTEZLA ORAL TABLET	4	PA; LA; QL
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	4	PA; LA; QL

Drug Name	Drug Tier	Requirements / Limits
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	2	ST
<i>penicillamine oral capsule</i>	1	PA
<i>penicillamine oral tablet</i>	1	
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	2	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR	4	PA; LA; QL
SAVELLA ORAL TABLET	2	ST; QL
SAVELLA ORAL TABLETS,DOSE PACK	2	ST; QL
SIMPONI SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
SIMPONI SUBCUTANEOUS SYRINGE	4	PA; LA; QL
XELJANZ ORAL TABLET	4	PA; LA; QL
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR	4	PA; LA; QL
OBSTETRICS & GYNECOLOGY		
DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES		
CAYA CONTOURED VAGINAL DIAPHRAGM	5	ACA
FC2 FEMALE CONDOM	5	ACA; OTC
FEMCAP VAGINAL DEVICE 22 MM	5	ACA
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE	5	ACA; LA
LILETTA INTRAUTERINE INTRAUTERINE DEVICE	5	ACA; LA
MIRENA INTRAUTERINE INTRAUTERINE DEVICE	5	ACA; LA
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE	5	ACA; LA

Drug Name	Drug Tier	Requirements / Limits
SKYLA INTRAUTERINE INTRAUTERINE DEVICE	5	ACA; LA
WIDE-SEAL DIAPHRAGM	5	ACA
ESTROGENS & PROGESTINS		
ACTIVELLA ORAL TABLET	3	
ALORA TRANSDERMAL PATCH SEMIWEEKLY	3	QL
<i>amabelz oral tablet</i>	1	
ANGELIQ ORAL TABLET	3	
AYGESTIN ORAL TABLET	3	
BIJUVA ORAL CAPSULE	3	
<i>camila oral tablet</i>	5	ACA
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	3	ST; QL
CLIMARA TRANSDERMAL PATCH WEEKLY	3	QL
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY	2	
<i>covaryx h.s. oral tablet</i>	1	
<i>covaryx oral tablet</i>	1	
CRINONE VAGINAL GEL 4 %	2	

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Drug Name	Drug Tier	Requirements / Limits
CRINONE VAGINAL GEL 8 %	4	LA
<i>deblitane oral tablet</i>	5	ACA
DELESTROGEN INTRAMUSCULAR OIL	3	
DEPO-ESTRADIOL INTRAMUSCULAR OIL	2	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	QL
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	2	
DEPO-PROVERA INTRAMUSCULAR SYRINGE	3	QL
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE	5	ACA; QL
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %)	2	QL
DIVIGEL TRANSDERMAL GEL IN PACKET 1.25 MG/1.25 GRAM (0.1 %)	2	
<i>dotti transdermal patch semiweekly</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
DUAVEE ORAL TABLET	2	
<i>eemt hs oral tablet</i>	1	
<i>eemt oral tablet</i>	1	
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP	3	ST; QL
ENDOMETRIN VAGINAL INSERT	4	LA
<i>errin oral tablet</i>	5	ACA
ESTRACE ORAL TABLET	3	
ESTRACE VAGINAL CREAM	3	
<i>estradiol oral tablet</i>	1	
<i>estradiol transdermal patch semiweekly</i>	1	QL
<i>estradiol transdermal patch weekly</i>	1	QL
<i>estradiol vaginal cream</i>	1	
<i>estradiol vaginal tablet</i>	1	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	
<i>estradiol-norethindrone acet oral tablet</i>	1	
ESTRING VAGINAL RING	2	

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Drug Name	Drug Tier	Requirements / Limits
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP	3	ST; QL
<i>estrogens-methyltestosterone oral tablet</i>	1	
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL	3	QL
FEMHRT LOW DOSE ORAL TABLET	3	
FEMRING VAGINAL RING	3	
<i>fyavolv oral tablet</i>	1	
<i>heather oral tablet</i>	5	ACA
<i>hydroxyprogest(pf)(p reg presv) intramuscular oil</i>	4	LA; QL
<i>hydroxyprogesterone cap(ppres) intramuscular oil</i>	4	LA; QL
<i>hydroxyprogesterone caproate intramuscular oil</i>	1	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT	3	PA; QL
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK	3	PA; QL
<i>incassia oral tablet</i>	5	ACA
<i>jencycla oral tablet</i>	5	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>jinteli oral tablet</i>	1	
<i>lopreeza oral tablet</i>	1	
<i>lyza oral tablet</i>	5	ACA
MAKENA (PF) SUBCUTANEOUS AUTO-INJECTOR	4	LA; QL
MAKENA INTRAMUSCULAR OIL 250 MG/ML (1 ML)	4	LA; QL
<i>medroxyprogesterone intramuscular suspension</i>	5	ACA; QL
<i>medroxyprogesterone intramuscular syringe</i>	5	ACA; QL
<i>medroxyprogesterone oral tablet</i>	1	
MENEST ORAL TABLET	3	
MENOSTAR TRANSDERMAL PATCH WEEKLY	3	QL
<i>mimvey lo oral tablet</i>	1	
<i>mimvey oral tablet</i>	1	
MINIVELLE TRANSDERMAL PATCH SEMIWEEKLY	3	QL
<i>nora-be oral tablet</i>	5	ACA
<i>norethindrone (contraceptive) oral tablet</i>	5	ACA
<i>norethindrone acetate oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>norlyda oral tablet</i>	5	ACA
PREFEST ORAL TABLET	3	
PREMARIN INJECTION RECON SOLN	2	
PREMARIN ORAL TABLET	2	
PREMARIN VAGINAL CREAM	2	
PREMPHASE ORAL TABLET	2	
PREMPRO ORAL TABLET	2	
<i>progesterone intramuscular oil</i>	4	LA
<i>progesterone micronized oral capsule</i>	1	
PROVERA ORAL TABLET	3	
<i>sharobel oral tablet</i>	5	ACA
<i>tulana oral tablet</i>	5	ACA
VAGIFEM VAGINAL TABLET	3	
VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY	3	QL
<i>yuvafem vaginal tablet</i>	1	
MISCELLANEOUS OB/GYN		

Drug Name	Drug Tier	Requirements / Limits
ANNOVERA VAGINAL RING	5	ACA; QL
AVC VAGINAL VAGINAL CREAM	3	
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE	3	
CLEOCIN VAGINAL CREAM	3	
CLEOCIN VAGINAL SUPPOSITORY	3	
<i>clindamycin phosphate vaginal cream</i>	1	
CLINDESSE VAGINAL CREAM, EXTENDED RELEASE	3	
<i>eluryng vaginal ring</i>	5	ACA
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	5	ACA
GYNAZOLE-1 VAGINAL CREAM	3	
<i>gynol ii vaginal gel</i>	5	ACA; OTC
INTRAROSA VAGINAL INSERT	3	PA
LUPANETA PACK (1 MONTH) KIT. SYRINGE AND TABLET	4	PA; LA
LUPANETA PACK (3 MONTH) KIT. SYRINGE AND TABLET	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
LYSTEDA ORAL TABLET	3	
METROGEL VAGINAL VAGINAL GEL	3	
<i>metronidazole vaginal gel</i>	1	
<i>miconazole-3 vaginal suppository</i>	1	
NEXPLANON SUBDERMAL IMPLANT	5	ACA; LA
NUVARING VAGINAL RING	3	
NUVESSA VAGINAL GEL	3	
ORIAHNN ORAL CAPSULE, SEQUENTIAL	3	PA
OSPHENA ORAL TABLET	3	PA
PHEXXI VAGINAL GEL	3	
PREPIDIL VAGINAL GEL	3	
PROSTIN E2 VAGINAL SUPPOSITORY	3	
<i>terconazole vaginal cream</i>	1	
<i>terconazole vaginal suppository</i>	1	
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE	5	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>tranexamic acid oral tablet</i>	1	
TWIRLA TRANSDERMAL PATCH WEEKLY	5	ST; ACA
<i>vaginal contraceptive foam vaginal foam</i>	5	ACA; OTC
<i>vandazole vaginal gel</i>	1	
VCF CONTRACEPTIVE FILM VAGINAL FILM	5	ACA; OTC
VCF CONTRACEPTIVE GEL VAGINAL GEL	5	ACA; OTC
<i>xulane transdermal patch weekly</i>	5	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle oral tablet</i>	5	ACA
<i>altavera (28) oral tablet</i>	5	ACA
<i>alyacen 1/35 (28) oral tablet</i>	5	ACA
<i>alyacen 7/7/7 (28) oral tablet</i>	5	ACA
<i>amethia lo oral tablets,dose pack,3 month</i>	5	ACA
<i>amethia oral tablets,dose pack,3 month</i>	5	ACA
<i>amethyst (28) oral tablet</i>	5	ACA
<i>apri oral tablet</i>	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>aranelle (28) oral tablet</i>	5	ACA
<i>ashlyna oral tablets,dose pack,3 month</i>	5	ACA
<i>aubra eq oral tablet</i>	5	ACA
<i>aubra oral tablet</i>	5	ACA
<i>aurovela 1.5/30 (21) oral tablet</i>	5	ACA
<i>aurovela 1/20 (21) oral tablet</i>	5	ACA
<i>aurovela 24 fe oral tablet</i>	5	ACA
<i>aurovela fe 1.5/30 (28) oral tablet</i>	5	ACA
<i>aurovela fe 1-20 (28) oral tablet</i>	5	ACA
<i>aviane oral tablet</i>	5	ACA
<i>ayuna oral tablet</i>	5	ACA
<i>azurette (28) oral tablet</i>	5	ACA
BALCOLTRA ORAL TABLET	5	ST; ACA
<i>balziva (28) oral tablet</i>	5	ACA
<i>bekyree (28) oral tablet</i>	5	ACA
BEYAZ ORAL TABLET	3	ST
<i>blisovi 24 fe oral tablet</i>	5	ACA
<i>blisovi fe 1.5/30 (28) oral tablet</i>	5	ACA
<i>blisovi fe 1/20 (28) oral tablet</i>	5	ACA
<i>briellyn oral tablet</i>	5	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>camrese lo oral tablets,dose pack,3 month</i>	5	ACA
<i>camrese oral tablets,dose pack,3 month</i>	5	ACA
<i>caziant (28) oral tablet</i>	5	ACA
<i>charlotte 24 fe oral tablet,chewable</i>	5	ACA
<i>chateal eq (28) oral tablet</i>	5	ACA
<i>cryselle (28) oral tablet</i>	5	ACA
<i>cyclafem 1/35 (28) oral tablet</i>	5	ACA
<i>cyclafem 7/7/7 (28) oral tablet</i>	5	ACA
<i>cyred eq oral tablet</i>	5	ACA
<i>cyred oral tablet</i>	5	ACA
<i>dasetta 1/35 (28) oral tablet</i>	5	ACA
<i>dasetta 7/7/7 (28) oral tablet</i>	5	ACA
<i>daysee oral tablets,dose pack,3 month</i>	5	ACA
<i>desog-e.estradiol/e.estradiol oral tablet</i>	5	ACA
<i>desogestrel-ethinyl estradiol oral tablet</i>	5	ACA
<i>drospirenone-e.estradiol-lm,fa oral tablet</i>	5	ACA
<i>drospirenone-ethinyl estradiol oral tablet</i>	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>econtra ez oral tablet</i>	5	ACA; OTC; QL
<i>econtra one-step oral tablet</i>	5	ACA; OTC; QL
<i>elimest oral tablet</i>	5	ACA
ELLA ORAL TABLET	5	ACA; QL
<i>emoquette oral tablet</i>	5	ACA
<i>enpresse oral tablet</i>	5	ACA
<i>enskyce oral tablet</i>	5	ACA
<i>estarylla oral tablet</i>	5	ACA
ESTROSTEP FE-28 ORAL TABLET	3	ST
<i>ethynodiol diac-eth estradiol oral tablet</i>	5	ACA
<i>falmina (28) oral tablet</i>	5	ACA
<i>fayosim oral tablets,dose pack,3 month</i>	5	ACA
<i>femynor oral tablet</i>	5	ACA
GENERESS FE ORAL TABLET,CHEWABLE	3	ST
<i>gianvi (28) oral tablet</i>	5	ACA
<i>hailey 24 fe oral tablet</i>	5	ACA
<i>hailey fe 1.5/30 (28) oral tablet</i>	5	ACA
<i>hailey fe 1/20 (28) oral tablet</i>	5	ACA
<i>hailey oral tablet</i>	5	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>introvale oral tablets,dose pack,3 month</i>	5	ACA
<i>isibloom oral tablet</i>	5	ACA
<i>jaimiess oral tablets,dose pack,3 month</i>	5	ACA
<i>jasmiel (28) oral tablet</i>	5	ACA
<i>jolessa oral tablets,dose pack,3 month</i>	5	ACA
<i>juleber oral tablet</i>	5	ACA
<i>junel 1.5/30 (21) oral tablet</i>	5	ACA
<i>junel 1/20 (21) oral tablet</i>	5	ACA
<i>junel fe 1.5/30 (28) oral tablet</i>	5	ACA
<i>junel fe 1/20 (28) oral tablet</i>	5	ACA
<i>junel fe 24 oral tablet</i>	5	ACA
<i>kaitlib fe oral tablet,chewable</i>	5	ACA
<i>kalliga oral tablet</i>	5	ACA
<i>kariva (28) oral tablet</i>	5	ACA
<i>kelnor 1/35 (28) oral tablet</i>	5	ACA
<i>kelnor 1-50 oral tablet</i>	5	ACA
<i>kurvelo (28) oral tablet</i>	5	ACA
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month</i>	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>larin 1.5/30 (21) oral tablet</i>	5	ACA
<i>larin 1/20 (21) oral tablet</i>	5	ACA
<i>larin 24 fe oral tablet</i>	5	ACA
<i>larin fe 1.5/30 (28) oral tablet</i>	5	ACA
<i>larin fe 1/20 (28) oral tablet</i>	5	ACA
<i>larissia oral tablet</i>	5	ACA
<i>layolis fe oral tablet, chewable</i>	5	ACA
<i>leena 28 oral tablet</i>	5	ACA
<i>lessina oral tablet</i>	5	ACA
<i>levonest (28) oral tablet</i>	5	ACA
<i>levonorgestrel oral tablet 1.5 mg</i>	5	ACA; OTC; QL
<i>levonorgestrel-ethinyl estrad oral tablet</i>	5	ACA
<i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month</i>	5	ACA
<i>levonorg-eth estrad triphasic oral tablet</i>	5	ACA
<i>levora-28 oral tablet</i>	5	ACA
<i>lillow (28) oral tablet</i>	5	ACA
LO LOESTRIN FE ORAL TABLET	5	ST; ACA
LOESTRIN 1.5/30 (21) ORAL TABLET	3	ST

Drug Name	Drug Tier	Requirements / Limits
LOESTRIN 1/20 (21) ORAL TABLET	3	ST
LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET	3	ST
LOESTRIN FE 1/20 (28-DAY) ORAL TABLET	3	ST
<i>lojaimiess oral tablets, dose pack, 3 month</i>	5	ACA
<i>loryna (28) oral tablet</i>	5	ACA
LOSEASONIQUE ORAL TABLETS, DOSE PACK, 3 MONTH	3	ST
<i>low-ogestrel (28) oral tablet</i>	5	ACA
<i>lo-zumandimine (28) oral tablet</i>	5	ACA
<i>lutera (28) oral tablet</i>	5	ACA
<i>marlissa (28) oral tablet</i>	5	ACA
<i>melodetta 24 fe oral tablet, chewable</i>	5	ACA
<i>mibelas 24 fe oral tablet, chewable</i>	5	ACA
<i>microgestin 1.5/30 (21) oral tablet</i>	5	ACA
<i>microgestin 1/20 (21) oral tablet</i>	5	ACA
<i>microgestin fe 1.5/30 (28) oral tablet</i>	5	ACA
<i>microgestin fe 1/20 (28) oral tablet</i>	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>mili oral tablet</i>	5	ACA
MINASTRIN 24 FE ORAL TABLET,CHEWABLE	3	ST
MIRCETTE (28) ORAL TABLET	3	ST
<i>mono-lynyah oral tablet</i>	5	ACA
<i>my choice oral tablet</i>	5	ACA; OTC; QL
<i>my way oral tablet</i>	5	ACA; OTC; QL
NATAZIA ORAL TABLET	5	ST; ACA
<i>necon 0.5/35 (28) oral tablet</i>	5	ACA
<i>new day oral tablet</i>	5	ACA; OTC; QL
<i>nikki (28) oral tablet</i>	5	ACA
<i>noreth-ethinyl estradiol-iron oral tablet,chewable</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 tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i>	5	ACA
<i>norethindrone-e.estradiol-iron oral tablet,chewable</i>	5	ACA
<i>norgestimate-ethinyl estradiol oral tablet</i>	5	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>nortrel 0.5/35 (28) oral tablet</i>	5	ACA
<i>nortrel 1/35 (21) oral tablet</i>	5	ACA
<i>nortrel 1/35 (28) oral tablet</i>	5	ACA
<i>nortrel 7/7/7 (28) oral tablet</i>	5	ACA
<i>ocella oral tablet</i>	5	ACA
<i>ogestrel (28) oral tablet</i>	5	ACA
<i>opcicon one-step oral tablet</i>	5	ACA; OTC; QL
<i>option-2 oral tablet</i>	5	ACA; OTC; QL
<i>orsythia oral tablet</i>	5	ACA
<i>philith oral tablet</i>	5	ACA
<i>pimtrea (28) oral tablet</i>	5	ACA
<i>pirmella oral tablet</i>	5	ACA
PLAN B ONE-STEP ORAL TABLET	2	OTC; QL
<i>portia 28 oral tablet</i>	5	ACA
<i>previfem oral tablet</i>	5	ACA
QUARTETTE ORAL TABLETS,DOSE PACK,3 MONTH	3	ST
<i>reclipsen (28) oral tablet</i>	5	ACA
<i>rivelsa oral tablets,dose pack,3 month</i>	5	ACA
SAFYRAL ORAL TABLET	3	ST

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Drug Name	Drug Tier	Requirements / Limits
SEASONIQUE ORAL TABLETS,DOSE PACK,3 MONTH	3	ST
<i>setlakin oral tablets,dose pack,3 month</i>	5	ACA
<i>simliya (28) oral tablet</i>	5	ACA
<i>simpesse oral tablets,dose pack,3 month</i>	5	ACA
SLYND ORAL TABLET	5	ST; ACA
<i>sprintec (28) oral tablet</i>	5	ACA
<i>sronyx oral tablet</i>	5	ACA
<i>syeda oral tablet</i>	5	ACA
<i>tarina 24 fe oral tablet</i>	5	ACA
<i>tarina fe 1/20 (28) oral tablet</i>	5	ACA
TAYTULLA ORAL CAPSULE	5	ST; ACA
<i>tilia fe oral tablet</i>	5	ACA
<i>tri femynor oral tablet</i>	5	ACA
<i>tri-estarylla oral tablet</i>	5	ACA
<i>tri-legest fe oral tablet</i>	5	ACA
<i>tri-linyah oral tablet</i>	5	ACA
<i>tri-lo-estarylla oral tablet</i>	5	ACA
<i>tri-lo-marzia oral tablet</i>	5	ACA
<i>tri-lo-mili oral tablet</i>	5	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>tri-lo-sprintec oral tablet</i>	5	ACA
<i>tri-mili oral tablet</i>	5	ACA
<i>tri-previfem (28) oral tablet</i>	5	ACA
<i>tri-sprintec (28) oral tablet</i>	5	ACA
<i>trivora (28) oral tablet</i>	5	ACA
<i>tri-vylibra lo oral tablet</i>	5	ACA
<i>tri-vylibra oral tablet</i>	5	ACA
<i>tydemy oral tablet</i>	5	ACA
<i>velivet triphasic regimen (28) oral tablet</i>	5	ACA
<i>vienva oral tablet</i>	5	ACA
<i>viorele (28) oral tablet</i>	5	ACA
<i>volnea (28) oral tablet</i>	5	ACA
<i>vyfemla (28) oral tablet</i>	5	ACA
<i>vylibra oral tablet</i>	5	ACA
<i>wera (28) oral tablet</i>	5	ACA
<i>wymzya fe oral tablet,chewable</i>	5	ACA
YASMIN (28) ORAL TABLET	3	ST
YAZ (28) ORAL TABLET	3	ST
<i>zarah oral tablet</i>	5	ACA
<i>zovia 1/35e (28) oral tablet</i>	5	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>zumandimine (28) oral tablet</i>	5	ACA
OXYTOCICS		
<i>methergine oral tablet</i>	1	QL
<i>methylergonovine oral tablet</i>	1	QL
<i>oxytocin injection solution</i>	1	
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>ak-poly-bac ophthalmic (eye) ointment</i>	1	
AZASITE OPHTHALMIC (EYE) DROPS	2	
BACIGUENT OPHTHALMIC (EYE) OINTMENT	3	
<i>bacitracin ophthalmic (eye) ointment</i>	1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment</i>	1	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION	3	

Drug Name	Drug Tier	Requirements / Limits
CEFUROXIME (PF) IN 0.9% NAACL INTRAVITREAL SOLUTION	3	
CILOXAN OPHTHALMIC (EYE) DROPS	3	
CILOXAN OPHTHALMIC (EYE) OINTMENT	3	
<i>ciprofloxacin hcl ophthalmic (eye) drops</i>	1	
<i>erythromycin ophthalmic (eye) ointment</i>	1	
<i>gatifloxacin ophthalmic (eye) drops</i>	1	
<i>gentak ophthalmic (eye) ointment</i>	1	
<i>gentamicin ophthalmic (eye) drops</i>	1	
<i>levofloxacin ophthalmic (eye) drops</i>	1	
MOXEZA OPHTHALMIC (EYE) DROPS, VISCOUS	3	
MOXIFLOXACIN (PF)-BSS INTRAVITREAL SOLUTION	3	
<i>moxifloxacin ophthalmic (eye) drops</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	1	
MOXIFLOXACIN-SOD CHLOR,ISO(PF) INTRAOCULAR SOLUTION 0.8 MG/0.8 ML, 5 MG/ML	3	
MOXIFLOXACIN-SOD CHLOR,ISO(PF) INTRAOCULAR SYRINGE	3	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION	2	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops</i>	1	
<i>neo-polycin ophthalmic (eye) ointment</i>	1	
OCUFLOX OPHTHALMIC (EYE) DROPS	3	
<i>ofloxacin ophthalmic (eye) drops</i>	1	
<i>polycin ophthalmic (eye) ointment</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops</i>	1	
POLYTRIM OPHTHALMIC (EYE) DROPS	3	
<i>tobramycin ophthalmic (eye) drops</i>	1	
TOBREX OPHTHALMIC (EYE) DROPS	3	
TOBREX OPHTHALMIC (EYE) OINTMENT	3	
VIGAMOX OPHTHALMIC (EYE) DROPS	3	
ZYMAXID OPHTHALMIC (EYE) DROPS	3	
ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops</i>	1	
ZIRGAN OPHTHALMIC (EYE) GEL	3	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye) drops</i>	1	
BETIMOL OPHTHALMIC (EYE) DROPS	3	

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Drug Name	Drug Tier	Requirements / Limits
BETOPTIC S OPTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>carteolol ophthalmic (eye) drops</i>	1	
ISTALOL OPTHALMIC (EYE) DROPS, ONCE DAILY	3	ST
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops</i>	1	
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	1	
TIMOPTIC OCUDOSE (PF) OPTHALMIC (EYE) DROPPERETTE	3	ST
TIMOPTIC OPTHALMIC (EYE) DROPS	3	ST
TIMOPTIC-XE OPTHALMIC (EYE) GEL FORMING SOLUTION	3	ST
CHOLINESTERASE INHIBITOR MIOTICS		

Drug Name	Drug Tier	Requirements / Limits
PHOSPHOLINE IODIDE OPTHALMIC (EYE) DROPS	2	
CYCLOPLEGIC MYDRIATICS		
ATROPINE IN 0.9 % SOD CHLORIDE OPTHALMIC (EYE) DROPS	3	
<i>atropine ophthalmic (eye) drops</i>	1	
ATROPINE OPTHALMIC (EYE) DROPS, EMULSION	3	
<i>atropine ophthalmic (eye) ointment</i>	1	
CYCLOGYL OPTHALMIC (EYE) DROPS	3	
<i>cyclopentolate ophthalmic (eye) drops</i>	1	
ISOPTO ATROPINE OPTHALMIC (EYE) DROPS	3	
MYDRIACYL OPTHALMIC (EYE) DROPS	3	
PAREMYD OPTHALMIC (EYE) DROPS	3	
PHENYLEPH-TROPICAMIDE IN WATER OPTHALMIC (EYE) DROPS	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>tropicamide ophthalmic (eye) drops</i>	1	
DIRECT ACTING MIOTICS		
ISOPTO CARPINE OPHTHALMIC (EYE) DROPS	3	
MIOCHOL-E INTRAOCULAR KIT	3	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
MISCELLANEOUS OPHTHALMOLOGICS		
AKTEN (PF) OPHTHALMIC (EYE) GEL	3	
ALCAINE OPHTHALMIC (EYE) DROPS	3	
ALOCRI OPHTHALMIC (EYE) DROPS	3	
ALOMIDE OPHTHALMIC (EYE) DROPS	3	
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS	3	
<i>azelastine ophthalmic (eye) drops</i>	1	
BEPREVE OPHTHALMIC (EYE) DROPS	2	ST

Drug Name	Drug Tier	Requirements / Limits
CEQUA OPHTHALMIC (EYE) DROPPERETTE	3	PA
<i>cromolyn ophthalmic (eye) drops</i>	1	
CYSTADROPS OPHTHALMIC (EYE) DROPS	4	LA
CYSTARAN OPHTHALMIC (EYE) DROPS	4	LA
<i>epinastine ophthalmic (eye) drops</i>	1	
JETREA (PF) INTRAVITREAL SOLUTION 0.125 MG/0.1 ML (1.25 MG/ML)	4	LA
KLARITY-A (AZITHRO- CHONDR)(PF) OPHTHALMIC (EYE) DROPS	3	
KLARITY-B (BETAMETH- CHOND)(PF) OPHTHALMIC (EYE) DROPS	3	
KLARITY-L (LOTEPRED- CHOND)(PF) OPHTHALMIC (EYE) DROPS	3	
LACRISERT OPHTHALMIC (EYE) INSERT	3	

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Drug Name	Drug Tier	Requirements / Limits
LASTACAFT OPTHALMIC (EYE) DROPS	3	ST
LIDOCAINE-PHENYLEPHRIN-BSS(PF) INTRAOCULAR SYRINGE	3	
OMIDRIA INTRAOCULAR CONCENTRATE	3	
OXERVATE OPTHALMIC (EYE) DROPS	4	PA; LA
PAZEO OPTHALMIC (EYE) DROPS	2	ST
PHOTREXA CROSS-LINKING KIT OPTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS	3	
PHOTREXA VISCOUS OPTHALMIC (EYE) DROPS, VISCOUS	3	
PREDNISOL ACEGATIFLOX-BROMFEN OPTHALMIC (EYE) DROPS,SUSPENSION	3	
PREDNISOLN SP-MOXIFLOX-BROMFEN OPTHALMIC (EYE) DROPS	3	

Drug Name	Drug Tier	Requirements / Limits
PREDNISOLONE ACETATE-NEPAFENAC OPTHALMIC (EYE) DROPS,SUSPENSION	3	
PREDNISOLONE-MOXIFLO-NEPAFENAC OPTHALMIC (EYE) DROPS,SUSPENSION	3	
PREDNISOLONE-MOXIFLOX-BROMFEN OPTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>proparacaine ophthalmic (eye) drops</i>	1	
RACEPINEPH-LIDOCAINE-BSS 7(PF) INTRAOCULAR SOLUTION	3	
RESTASIS MULTIDOSE OPTHALMIC (EYE) DROPS	2	PA; QL
RESTASIS OPTHALMIC (EYE) DROPPERETTE	2	PA; QL
<i>tetrcaine ophthalmic (eye) drops</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
TETRACAINE HCL (PF) OPHTHALMIC (EYE) DROPS	3	
<i>tetracaine hcl ophthalmic (eye) drops</i>	1	
VISUDYNE INTRAVENOUS RECON SOLN	4	LA
VITRASE INJECTION SOLUTION	3	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE	2	PA; QL
ZERVIATE OPHTHALMIC (EYE) DROPPERETTE	3	ST
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR LS OPHTHALMIC (EYE) DROPS	3	ST
ACULAR OPHTHALMIC (EYE) DROPS	3	ST
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE	3	ST
<i>bromfenac ophthalmic (eye) drops</i>	1	
BROMSITE OPHTHALMIC (EYE) DROPS	3	

Drug Name	Drug Tier	Requirements / Limits
<i>flurbiprofen sodium ophthalmic (eye) drops</i>	1	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION	2	
<i>ketorolac ophthalmic (eye) drops</i>	1	
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION	3	ST
PROLENSA OPHTHALMIC (EYE) DROPS	2	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release</i>	1	
<i>acetazolamide oral tablet</i>	1	
<i>acetazolamide sodium injection recon soln</i>	1	
<i>methazolamide oral tablet</i>	1	
OTHER GLAUCOMA DRUGS		
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>bimatoprost ophthalmic (eye) drops</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
BRIMONIDINE-DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS	3	
COMBIGAN OPHTHALMIC (EYE) DROPS	2	
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE	3	
COSOPT OPHTHALMIC (EYE) DROPS	3	ST
DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS	3	
<i>dorzolamide ophthalmic (eye) drops</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	1	
DORZOLAMIDE-TIMOLOL (PF) OPHTHALMIC (EYE) DROPS	3	
<i>dorzolamide-timolol ophthalmic (eye) drops</i>	1	
DURYSTA INTRACAMERAL IMPLANT	4	ST; LA
LATANOPROST (PF) OPHTHALMIC (EYE) DROPS	3	

Drug Name	Drug Tier	Requirements / Limits
<i>latanoprost ophthalmic (eye) drops</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	
<i>miostat intraocular solution</i>	1	
MITOSOL OPHTHALMIC (EYE) KIT	3	
RHOPRESSA OPHTHALMIC (EYE) DROPS	2	
ROCKLATAN OPHTHALMIC (EYE) DROPS	3	ST
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
TIMOL-BRIMON-DORZO-LATANOP(PF) OPHTHALMIC (EYE) DROPS	3	
TIMOLOL-BRIMONIDI-DORZOLAM(PF) OPHTHALMIC (EYE) DROPS	3	
TIMOLOL-DORZOLAMID-LATANOP(PF) OPHTHALMIC (EYE) DROPS	3	

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Drug Name	Drug Tier	Requirements / Limits
TIMOLOL-LATANOPROST(P F) OPHTHALMIC (EYE) DROPS	3	
TRAVATAN Z OPHTHALMIC (EYE) DROPS	3	
<i>travoprost ophthalmic (eye) drops</i>	1	
TRUSOPT OPHTHALMIC (EYE) DROPS	3	ST
VYZULTA OPHTHALMIC (EYE) DROPS	3	ST
XALATAN OPHTHALMIC (EYE) DROPS	3	ST
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION	3	ST
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE	2	ST
STEROID-ANTIBIOTIC COMBINATIONS		
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
MAXITROL OPHTHALMIC (EYE) OINTMENT	3	

Drug Name	Drug Tier	Requirements / Limits
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension</i>	1	
<i>neo-polycin hc ophthalmic (eye) ointment</i>	1	
PRED-G OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT	3	
PREDNISOLONE SOD PH-MOXIFLOX OPHTHALMIC (EYE) DROPS	3	
PREDNISOLONE-MOXIFLOXACIN HCL OPHTHALMIC (EYE) DROPS,SUSPENSION	3	

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Drug Name	Drug Tier	Requirements / Limits
TOBRADEX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	2	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION	2	
<i>tobramycin- dexamethasone ophthalmic (eye) drops,suspension</i>	1	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION	2	
STERIODS		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION	2	ST
<i>dexamethasone sodium phosphate ophthalmic (eye) drops</i>	1	
DEXTENZA INTRACANALICULAR INSERT	3	
DEXYCU (PF) INTRAOCULAR SUSPENSION	3	
DUREZOL OPHTHALMIC (EYE) DROPS	3	

Drug Name	Drug Tier	Requirements / Limits
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	ST
<i>fluorometholone ophthalmic (eye) drops,suspension</i>	1	
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION	3	ST
FML LIQUIFILM OPHTHALMIC (EYE) DROPS,SUSPENSION	3	ST
FML S.O.P. OPHTHALMIC (EYE) OINTMENT	3	ST
ILUVIEN INTRAVITREAL IMPLANT	4	LA
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION	2	ST
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL	2	
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
LOTEMAX OPHTHALMIC (EYE) OINTMENT	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated November 1, 2020.

Drug Name	Drug Tier	Requirements / Limits
LOTEMAX SM OPTHALMIC (EYE) DROPS,GEL	2	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension</i>	1	
MAXIDEX OPTHALMIC (EYE) DROPS,SUSPENSION	3	ST
OZURDEX INTRAVITREAL IMPLANT	4	LA
PRED FORTE OPTHALMIC (EYE) DROPS,SUSPENSION	3	
PRED MILD OPTHALMIC (EYE) DROPS,SUSPENSION	3	ST
PREDNISOLONE ACETATE (PF) OPTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>prednisolone acetate ophthalmic (eye) drops,suspension</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops</i>	1	
RETISERT INTRAVITREAL IMPLANT	4	LA

Drug Name	Drug Tier	Requirements / Limits
YUTIQ INTRAVITREAL IMPLANT	4	LA
STEROID-SULFONAMIDE COMBINATIONS		
BLEPHAMIDE OPTHALMIC (EYE) DROPS,SUSPENSION	3	
BLEPHAMIDE S.O.P. OPTHALMIC (EYE) OINTMENT	3	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops</i>	1	
SULFONAMIDES		
BLEPH-10 OPTHALMIC (EYE) DROPS	3	
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	1	
SYMPATHOMIMETICS		
ALPHAGAN P OPTHALMIC (EYE) DROPS 0.1 %	2	
ALPHAGAN P OPTHALMIC (EYE) DROPS 0.15 %	3	ST
<i>apraclonidine ophthalmic (eye) drops</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>brimonidine ophthalmic (eye) drops</i>	1	
IOPIDINE OPTHALMIC (EYE) DROPPERETTE	3	ST
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL OPTHALMIC (EYE) DROPS	3	
<i>phenylephrine hcl ophthalmic (eye) drops</i>	1	
UPNEEQ OPTHALMIC (EYE) DROPPERETTE	3	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI-HISTAMINE & ANTI-ALLERGENIC AGENTS		
<i>adrenalin injection solution</i>	1	
AUVI-Q INJECTION AUTO-INJECTOR	3	PA; QL
<i>carbinoxamine maleate oral liquid</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>cetirizine oral solution 1 mg/ml</i>	1	
CLARINEX ORAL TABLET	3	QL

Drug Name	Drug Tier	Requirements / Limits
<i>clemastine oral tablet 2.68 mg</i>	1	
<i>cyproheptadine oral syrup</i>	1	
<i>cyproheptadine oral tablet</i>	1	
<i>desloratadine oral tablet</i>	1	QL
<i>desloratadine oral tablet, disintegrating</i>	1	QL
DIPHEN ORAL ELIXIR	3	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>diphenhydramine hcl injection syringe</i>	1	
EPINEPHRINE HCL (PF) INJECTION SOLUTION	3	
EPINEPHRINE INJECTION 0.15 MG AUTO-INJECTOR (IMPAX, LINEAGE GENERIC) 0.15 MG/0.15 ML	3	ST; QL
<i>epinephrine injection auto-injector (mylan generic) 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	QL
EPIPEN 2-PAK INJECTION AUTO-INJECTOR	2	ST; QL
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR	2	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>hydroxyzine hcl intramuscular solution</i>	1	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	
<i>hydroxyzine pamoate oral capsule</i>	1	
KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR	3	
<i>levocetirizine oral solution</i>	1	
<i>levocetirizine oral tablet</i>	1	QL
<i>phenadoz rectal suppository</i>	1	
PHENERGAN INJECTION SOLUTION	3	
<i>promethazine injection solution</i>	1	
<i>promethazine oral syrup</i>	1	
<i>promethazine oral tablet</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan rectal suppository</i>	1	
QUZYTIR INTRAVENOUS SOLUTION	3	
RYCLORA ORAL SOLUTION	3	

Drug Name	Drug Tier	Requirements / Limits
SYMJEPI INJECTION SYRINGE	2	QL
VISTARIL ORAL CAPSULE	3	
COUGH & COLD THERAPY		
<i>benzonatate oral capsule</i>	1	
BROMFED DM ORAL SYRUP	3	
<i>brompheniramine-pseudoeph-dm oral syrup</i>	1	
CAPCOF ORAL LIQUID	3	
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR	3	QL
<i>codeine-guaifenesin oral liquid</i>	1	
CODITUSSIN AC ORAL LIQUID	3	
CODITUSSIN DAC ORAL LIQUID	3	
<i>g tussin ac oral liquid</i>	1	
<i>guaiaitussin ac oral liquid</i>	1	
HISTEX-AC ORAL SYRUP	3	
<i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral tablet</i>	1	
<i>hydromet oral syrup</i>	1	
<i>lortuss ex oral syrup</i>	1	
MAR-COF CG ORAL LIQUID	3	
<i>maxi-tuss ac oral liquid</i>	1	
MAXI-TUSS CD ORAL LIQUID	3	
<i>m-clear wc oral liquid</i>	1	
M-END PE ORAL LIQUID	3	
NINJACOF-XG ORAL LIQUID	3	
OBREDON ORAL SOLUTION	3	ST
<i>pe-guai oral drops</i>	1	
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML	3	
<i>promethazine-codeine oral syrup</i>	1	
<i>promethazine-dm oral syrup</i>	1	
<i>promethazine-phenyleph-codeine oral syrup</i>	1	
<i>promethazine-phenylephrine oral syrup</i>	1	

Drug Name	Drug Tier	Requirements / Limits
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR	3	
SEMPREX-D ORAL CAPSULE	3	
TESSALON PERLES ORAL CAPSULE	3	
TUSSICAPS ORAL CAPSULE,EXTENDED RELEASE 12 HR	3	ST
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR	3	
TUZISTRA XR ORAL SUSPENSION,EXTENDED REL 12 HR	3	ST
<i>virtussin ac oral liquid</i>	1	
<i>virtussin dac oral syrup</i>	1	
ZODRYL AC 25 ORAL SUSPENSION	3	
ZODRYL AC 30 ORAL SUSPENSION	3	
ZODRYL AC 35 ORAL SUSPENSION	3	
ZODRYL AC 40 ORAL SUSPENSION	3	
ZODRYL AC 50 ORAL SUSPENSION	3	

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Drug Name	Drug Tier	Requirements / Limits
ZODRYL AC 60 ORAL SUSPENSION	3	
ZODRYL AC 80 ORAL SUSPENSION	3	
ZODRYL DAC 25 ORAL SUSPENSION	3	
ZODRYL DAC 30 ORAL SUSPENSION	3	
ZODRYL DAC 35 ORAL SUSPENSION	3	
ZODRYL DAC 40 ORAL SUSPENSION	3	
ZODRYL DAC 50 ORAL SUSPENSION	3	
ZODRYL DAC 60 ORAL SUSPENSION	3	
ZODRYL DAC 80 ORAL SUSPENSION	3	
ZODRYL DEC 25 ORAL SUSPENSION	3	
ZODRYL DEC 30 ORAL SUSPENSION	3	
ZODRYL DEC 35 ORAL SUSPENSION	3	
ZODRYL DEC 40 ORAL SUSPENSION	3	

Drug Name	Drug Tier	Requirements / Limits
ZODRYL DEC 50 ORAL SUSPENSION	3	
ZODRYL DEC 60 ORAL SUSPENSION	3	
ZODRYL DEC 80 ORAL SUSPENSION	3	
Z-TUSS AC ORAL LIQUID	3	
PULMONARY AGENTS		
ACCOLATE ORAL TABLET	3	
<i>acetylcysteine solution</i>	1	
ADCIRCA ORAL TABLET	4	PA; LA; QL
ADEMPAS ORAL TABLET	4	PA; LA
ADRENALIN NASAL SOLUTION	3	
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE	3	QL
ADVAIR HFA INHALATION HFA AEROSOL INHALER	2	QL
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR	3	QL

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Drug Name	Drug Tier	Requirements / Limits
AIRDUO RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED	3	QL
<i>albuterol sulfate inhalation hfa aerosol inhaler</i>	1	QL
<i>albuterol sulfate inhalation solution for nebulization</i>	1	
<i>albuterol sulfate oral syrup</i>	1	
<i>albuterol sulfate oral tablet</i>	1	
<i>albuterol sulfate oral tablet extended release 12 hr</i>	1	
ALVESCO INHALATION HFA AEROSOL INHALER	3	ST; QL
<i>alyq oral tablet</i>	4	PA; LA; QL
<i>ambrisentan oral tablet</i>	4	PA; LA
<i>aminophylline intravenous solution 250 mg/10 ml</i>	1	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE	2	QL
ARCAPTA NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE	3	QL

Drug Name	Drug Tier	Requirements / Limits
ARMONAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR	3	QL
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE	2	QL
ASMANEX HFA INHALATION HFA AEROSOL INHALER	2	QL
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	QL
ATROVENT HFA INHALATION HFA AEROSOL INHALER	3	QL
<i>azelastine- fluticasone nasal spray,non-aerosol</i>	1	QL
BECONASE AQ NASAL SPRAY, NON- AEROSOL	3	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
BERINERT INTRAVENOUS KIT	4	PA; LA
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER	2	QL
<i>bosentan oral tablet</i>	4	PA; LA
BREO ELLIPTA INHALATION BLISTER WITH DEVICE	2	QL
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER	2	PA
BROVANA INHALATION SOLUTION FOR NEBULIZATION	3	ST; QL
<i>budesonide inhalation suspension for nebulization</i>	1	QL
BUDESONIDE-FORMOTEROL INHALATION HFA AEROSOL INHALER	3	QL
CINRYZE INTRAVENOUS RECON SOLN	4	PA; LA
COMBIVENT RESPIMAT INHALATION MIST	2	QL
<i>cromolyn inhalation solution for nebulization</i>	1	

Drug Name	Drug Tier	Requirements / Limits
CUROSURF INTRATRACHEAL SUSPENSION	3	
DALIRESP ORAL TABLET 250 MCG	2	PA; QL
DALIRESP ORAL TABLET 500 MCG	2	PA
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED	3	QL
DULERA INHALATION HFA AEROSOL INHALER	2	QL
DYMISTA NASAL SPRAY, NON-AEROSOL	2	ST; QL
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	3	
ESBRIET ORAL CAPSULE	4	PA; LA; QL
ESBRIET ORAL TABLET 267 MG	4	PA; LA; QL
ESBRIET ORAL TABLET 801 MG	4	PA; LA
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA
FASENRA SUBCUTANEOUS SYRINGE	4	PA; LA
FIRAZYR SUBCUTANEOUS SYRINGE	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE	2	QL
FLOVENT HFA INHALATION HFA AEROSOL INHALER	2	QL
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	1	QL
<i>fluticasone propionate nasal spray, suspension</i>	1	QL
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	2	QL
<i>fluticasone propion-salmeterol inhalation blister with device</i>	1	QL
HAEGARDA SUBCUTANEOUS RECON SOLN	4	PA; LA
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION	3	
<i>icatibant subcutaneous syringe</i>	4	PA
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE	2	QL

Drug Name	Drug Tier	Requirements / Limits
<i>ipratropium bromide inhalation solution</i>	1	
<i>ipratropium-albuterol inhalation solution for nebulization</i>	1	QL
KALBITOR SUBCUTANEOUS SOLUTION	4	PA; LA
KALYDECO ORAL GRANULES IN PACKET 25 MG	4	PA; LA
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG	4	PA; LA; QL
KALYDECO ORAL TABLET	4	PA; LA; QL
LETAIRIS ORAL TABLET	4	PA; LA
<i>levalbuterol hcl inhalation solution for nebulization</i>	1	
LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER	3	ST; QL
LONHALA MAGNAIR REFILL INHALATION SOLUTION FOR NEBULIZATION	3	QL
LONHALA MAGNAIR STARTER INHALATION SOLUTION FOR NEBULIZATION	3	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>metaproterenol oral syrup</i>	1	
<i>mometasone nasal spray, non-aerosol</i>	1	QL
<i>montelukast oral granules in packet</i>	1	
<i>montelukast oral tablet</i>	1	
<i>montelukast oral tablet, chewable</i>	1	
NASONEX NASAL SPRAY, NON-AEROSOL	3	ST; QL
<i>nebusal inhalation solution for nebulization 3 %</i>	1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	3	
NUCALA SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL
NUCALA SUBCUTANEOUS RECON SOLN	4	PA; LA; QL
NUCALA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
OFEV ORAL CAPSULE	4	PA; LA; QL
OMNARIS NASAL SPRAY, NON-AEROSOL	3	ST; QL
OPSUMIT ORAL TABLET	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
ORKAMBI ORAL GRANULES IN PACKET	4	PA; LA; QL
ORKAMBI ORAL TABLET	4	PA; LA; QL
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION	2	QL
PROAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR	3	ST; QL
PROAIR HFA INHALATION HFA AEROSOL INHALER	2	ST; QL
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED	2	QL
PROVENTIL HFA INHALATION HFA AEROSOL INHALER	3	ST; QL
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED	2	QL
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION	3	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>pulmosal inhalation solution for nebulization</i>	1	
PULMOZYME INHALATION SOLUTION	4	LA
QNASL NASAL HFA AEROSOL INHALER	2	ST; QL
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED	2	QL
REVATIO INTRAVENOUS SOLUTION	4	PA; LA
REVATIO ORAL SUSPENSION FOR RECONSTITUTION	4	PA; LA; QL
REVATIO ORAL TABLET	4	PA; LA; QL
RUCONEST INTRAVENOUS RECON SOLN	4	PA; LA
SEEBRI NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE	3	QL
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE	2	QL
<i>sildenafil (pulm.hypertension) intravenous solution</i>	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution</i>	4	PA; LA; QL
<i>sildenafil (pulm.hypertension) oral tablet</i>	4	PA; LA; QL
SINGULAIR ORAL GRANULES IN PACKET	3	
SINGULAIR ORAL TABLET	3	
SINGULAIR ORAL TABLET,CHEWABLE	3	
SINUVA SINUS IMPLANT	4	PA; LA
<i>sodium chloride inhalation solution for nebulization</i>	1	
SPIRIVA RESPIMAT INHALATION MIST	2	QL
SPIRIVA WITH HANDHALER INHALATION CAPSULE, W/INHALATION DEVICE	2	QL
STIOLTO RESPIMAT INHALATION MIST	2	QL
STRIVERDI RESPIMAT INHALATION MIST	2	QL

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Drug Name	Drug Tier	Requirements / Limits
SURFAXIN INTRATRACHEAL SUSPENSION	3	
SYMBICORT INHALATION HFA AEROSOL INHALER	2	QL
SYMDEKO ORAL TABLETS, SEQUENTIAL	4	PA; LA; QL
<i>tadalafil (pulm. hypertension) oral tablet</i>	4	PA; LA; QL
TAKHZYRO SUBCUTANEOUS SOLUTION	4	PA; LA; QL
<i>terbutaline oral tablet</i>	1	
<i>terbutaline subcutaneous solution</i>	1	
THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR	3	
<i>theophylline oral elixir</i>	1	
<i>theophylline oral solution</i>	1	
<i>theophylline oral tablet extended release 12 hr</i>	1	
<i>theophylline oral tablet extended release 24 hr</i>	1	
TRACLEER ORAL TABLET	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
TRACLEER ORAL TABLET FOR SUSPENSION	4	PA; LA
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	2	QL
TRIKAFTA ORAL TABLETS, SEQUENTIAL	4	PA; LA
TYVASO INHALATION SOLUTION FOR NEBULIZATION	4	PA; LA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION	4	PA; LA
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION	4	PA; LA
UTIBRON NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE	2	QL
VENTOLIN HFA INHALATION HFA AEROSOL INHALER	2	QL
<i>wixela inhub inhalation blister with device</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
XHANCE NASAL AEROSOL BREATH ACTIVATED	3	ST; QL
XOLAIR SUBCUTANEOUS RECON SOLN	4	PA; LA; QL
XOLAIR SUBCUTANEOUS SYRINGE	4	PA; LA; QL
XOPENEX CONCENTRATE INHALATION SOLUTION FOR NEBULIZATION	3	
XOPENEX HFA INHALATION HFA AEROSOL INHALER	3	ST; QL
XOPENEX INHALATION SOLUTION FOR NEBULIZATION	3	
YUPELRI INHALATION SOLUTION FOR NEBULIZATION	2	QL
<i>zafirlukast oral tablet</i>	1	
ZETONNA NASAL HFA AEROSOL INHALER	3	ST; QL
<i>zileuton oral tablet, er multiphase 12 hr</i>	1	ST
ZYFLO ORAL TABLET	3	ST

UROLOGICALS
ANTICHOLINERGICS & ANTISPASMODICS

Drug Name	Drug Tier	Requirements / Limits
<i>darifenacin oral tablet extended release 24 hr</i>	1	
DETROL LA ORAL CAPSULE, EXTENDED RELEASE 24HR	3	ST
DETROL ORAL TABLET	3	ST
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 5 MG	3	ST
ENABLEX ORAL TABLET EXTENDED RELEASE 24 HR	3	ST
<i>flavoxate oral tablet</i>	1	
GELNIQUE TRANSDERMAL GEL IN METERED-DOSE PUMP 100 MG/GRAM (10 %)	2	ST; QL
GELNIQUE TRANSDERMAL GEL IN PACKET	2	ST; QL
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	2	ST
<i>oxybutynin chloride oral syrup</i>	1	
<i>oxybutynin chloride oral tablet</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY	3	ST; QL
<i>solifenacin oral tablet</i>	1	
<i>tolterodine oral capsule, extended release 24hr</i>	1	
<i>tolterodine oral tablet</i>	1	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR	2	ST
<i>tropium oral capsule, extended release 24hr</i>	1	
<i>tropium oral tablet</i>	1	
VESICARE ORAL TABLET	3	ST
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin oral tablet extended release 24 hr</i>	1	
AVODART ORAL CAPSULE	3	
CIALIS ORAL TABLET 2.5 MG, 5 MG	3	PA; QL
<i>dutasteride oral capsule</i>	1	
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr</i>	1	
<i>finasteride oral tablet 5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
FLOMAX ORAL CAPSULE	3	
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR	3	
PROSCAR ORAL TABLET	3	
RAPAFLO ORAL CAPSULE	3	
<i>silodosin oral capsule</i>	1	
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	PA; QL
<i>tamsulosin oral capsule</i>	1	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR	3	
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride oral tablet</i>	1	
URECHOLINE ORAL TABLET 25 MG, 5 MG, 50 MG	3	
MISCELLANEOUS UROLOGICALS		
<i>alprostadil injection solution</i>	1	
CAVERJECT IMPULSE INTRACAVERNOSAL KIT	2	QL
CAVERJECT INTRACAVERNOSAL RECON SOLN	2	QL

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Drug Name	Drug Tier	Requirements / Limits
CAVERJECT INTRACAVERNOSAL SYRINGE	2	QL
CIALIS ORAL TABLET 10 MG, 20 MG	3	QL
CYSTAGON ORAL CAPSULE	4	LA
<i>cytra k crystals oral packet</i>	1	
EDEX INTRACAVERNOSAL KIT	3	QL
ELMIRON ORAL CAPSULE	2	
IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION	3	QL
IFE-PG20 INTRACAVERNOSAL SOLUTION	3	QL
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE	2	
LEVITRA ORAL TABLET 10 MG, 20 MG	3	ST; QL
MUSE INTRA-URETHRAL SUPPOSITORY	2	QL
PAPAV-PHENTOLAM-ALPROST-WATER INTRACAVERNOSAL SOLUTION	3	QL

Drug Name	Drug Tier	Requirements / Limits
PAPAV-PHENTOLAMINE IN WATER INTRACAVERNOSAL SOLUTION	3	QL
<i>potassium citrate oral tablet extended release</i>	1	
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE	4	ST; LA
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET	4	ST; LA
PROSTIN VR PEDIATRIC INJECTION SOLUTION	3	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	2	
SHOHL'S MODIFIED ORAL SOLUTION	3	
<i>sildenafil oral tablet</i>	1	QL
STAXYN ORAL TABLET,DISINTEGRATING	3	ST; QL
STENDRA ORAL TABLET	3	ST; QL
<i>tadalafil oral tablet 10 mg, 20 mg</i>	1	QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated November 1, 2020.

Drug Name	Drug Tier	Requirements / Limits
TRI-MIX (PAPAVRN-PHNTLMN-PGE1) INTRACAVERNOSAL RECON SOLN	3	QL
<i>uretron d-s oral tablet 81.6-10.8-40.8 mg</i>	1	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE	3	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE	3	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE	3	
<i>uro-mp oral capsule</i>	1	
UROQID-ACID NO.2 ORAL TABLET	3	
<i>uryl oral tablet</i>	1	
<i>varденаfil oral tablet</i>	1	QL
<i>varденаfil oral tablet, disintegrating</i>	1	QL
VIAGRA ORAL TABLET	3	ST; QL
<i>vilamit mb oral capsule</i>	1	
URINARY ANESTHETICS		
PYRIDIUM ORAL TABLET	3	
VITAMINS, HEMATINICS & ELECTROLYTES		

Drug Name	Drug Tier	Requirements / Limits
ELECTROLYTES		
CALCIUM GLUCONATE IN NAACL, ISO-OSM INTRAVENOUS SOLUTION	3	
<i>calcium gluconate in 0.9% nacl intravenous solution 1 gram/100 ml</i>	1	
CALCIUM GLUCONATE IN WATER INTRAVENOUS SYRINGE	3	
EFFER-K ORAL TABLET, EFFERVESCENT 20 MEQ	3	
<i>effe-k oral tablet, effervescent 25 meq</i>	1	
GALZIN ORAL CAPSULE	3	
<i>klor-con 10 oral tablet extended release</i>	1	
<i>klor-con 8 oral tablet extended release</i>	1	
<i>klor-con m10 oral tablet, er particles/crystals</i>	1	
<i>klor-con m15 oral tablet, er particles/crystals</i>	1	
<i>klor-con m20 oral tablet, er particles/crystals</i>	1	
<i>klor-con oral packet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>klor-con/ef oral tablet, effervescent</i>	1	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	
<i>k-tab oral tablet extended release 8 meq</i>	1	
<i>lugols oral solution</i>	1	
NORMOSOL-R INTRAVENOUS PARENTERAL SOLUTION	3	
POTABA ORAL CAPSULE	3	
<i>potassium chloride oral capsule, extended release</i>	1	
<i>potassium chloride oral liquid</i>	1	
<i>potassium chloride oral packet</i>	1	
<i>potassium chloride oral tablet extended release</i>	1	
<i>potassium chloride oral tablet, er particles/crystals</i>	1	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	1	
<i>sodium chloride 0.45 % intravenous piggyback</i>	1	
<i>sodium chloride 3 % intravenous parenteral solution</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>sodium chloride 5 % intravenous parenteral solution</i>	1	
<i>sodium chloride intravenous parenteral solution</i>	1	
<i>strong iodine oral solution</i>	1	
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
DOJOLVI ORAL LIQUID	4	PA; LA
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	2	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	2	
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	2	
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	2	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	2	
VITAMINS & HEMATINICS		
ASCOR INTRAVENOUS SOLUTION	3	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated November 1, 2020.

Drug Name	Drug Tier	Requirements / Limits
<i>ascorbic acid (vitamin c) injection solution</i>	1	
<i>b complex 100 injection solution</i>	1	
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP, DR	3	
<i>bal-care dha oral combo pack, tablet and cap, dr</i>	1	
CITRANATAL (DUAL-IRON) ORAL TABLET	3	
CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK	3	
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG - 50 MG-300 MG	3	
CITRANATAL B-CALM (FE GLUC) ORAL TABLETS, SEQUENTIAL	3	
CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK	3	
CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE	3	
<i>c-nate dha oral capsule</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>complete natal dha oral combo pack</i>	1	
CONCEPT DHA ORAL CAPSULE	3	
CONCEPT OB ORAL CAPSULE	3	
<i>cyanocobalamin (vitamin b-12) injection solution</i>	1	
DRISDOL ORAL CAPSULE	3	
DUET DHA BALANCED ORAL COMBO PACK 25 MG IRON-1 MG - 267 MG-233 MG	3	
DUET DHA WITH OMEGA-3 ORAL COMBO PACK 25 MG IRON-1 MG - 400 MG	3	
<i>elite-ob oral tablet</i>	1	
ENBRACE HR ORAL CAPSULE, IR - DELAY REL, BIPHASE	3	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	
FERAHEME INTRAVENOUS SOLUTION	2	
<i>fluoride (sodium) oral drops</i>	5	ACA; OTC
<i>fluoride (sodium) oral tablet, chewable</i>	5	ACA; OTC

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Drug Name	Drug Tier	Requirements / Limits
<i>fluoritab oral tablet, chewable</i>	5	ACA; OTC
FOLET ONE ORAL CAPSULE	3	
<i>folic acid injection solution</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</i>	1	
<i>hydroxocobalamin intramuscular solution</i>	1	
INFED INJECTION SOLUTION	2	
INFUVITE ADULT INTRAVENOUS SOLUTION	3	
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION	2	
INJECTAFER INTRAVENOUS SOLUTION	3	
KOSHER PRENATAL PLUS IRON ORAL TABLET	3	
<i>ludent fluoride oral tablet, chewable</i>	5	ACA; OTC
<i>m.v.i. adult intravenous solution</i>	1	
M.V.I. PEDIATRIC INTRAVENOUS RECON SOLN	2	

Drug Name	Drug Tier	Requirements / Limits
MARNATAL-F ORAL CAPSULE	3	
MECOBALAMIN (VITAMIN B12) INJECTION RECON SOLN	3	
<i>m-natal plus oral tablet</i>	1	
MONOFERRIC INTRAVENOUS SOLUTION	3	
<i>multi-vitamin with fluoride oral drops</i>	5	ACA; OTC
<i>multi-vitamin with fluoride oral tablet, chewable</i>	5	ACA; OTC
<i>multivitamins with fluoride oral tablet, chewable</i>	5	ACA; OTC
<i>mvc-fluoride oral tablet, chewable</i>	5	ACA; OTC
<i>mynatal advance oral tablet</i>	1	
<i>mynatal oral capsule</i>	1	
<i>mynatal oral tablet</i>	1	
<i>mynatal plus oral tablet</i>	1	
<i>mynatal-z oral tablet</i>	1	
<i>mynate 90 plus oral tablet extended release</i>	1	
NASCOBAL NASAL SPRAY, NON-AEROSOL	2	ST

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. Updated November 1, 2020.

Drug Name	Drug Tier	Requirements / Limits
NATACHEW (FE BIS-GLYCINATE) ORAL TABLET,CHEWABLE	3	
NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE	3	
NESTABS ABC ORAL COMBO PACK	3	
NESTABS DHA ORAL COMBO PACK	3	
NESTABS ONE ORAL CAPSULE	3	
NESTABS ORAL TABLET	3	
<i>newgen oral tablet</i>	1	
NEXAVIR INJECTION SOLUTION	3	
OB COMPLETE ONE ORAL CAPSULE	3	
OB COMPLETE ORAL TABLET	3	
OB COMPLETE PETITE ORAL CAPSULE	3	
OB COMPLETE PREMIER ORAL TABLET	3	
OB COMPLETE WITH DHA ORAL CAPSULE	3	

Drug Name	Drug Tier	Requirements / Limits
<i>obstetrix dha oral combo pack,tablet and cap,dr</i>	1	
OBSTETRIX EC ORAL TABLET,DELAYED RELEASE (DR/EC)	3	
OBSTETRIX ONE ORAL CAPSULE	3	
OBTREX DHA ORAL COMBO PACK, TABLET AND CAP, DR	3	
<i>pnv 29-1 oral tablet</i>	1	
<i>pnv-dha + docusate oral capsule</i>	1	
<i>pnv-dha oral capsule</i>	1	
<i>pnv-omega oral capsule</i>	1	
<i>pnv-select oral tablet</i>	1	
<i>pnv-vp-u oral capsule</i>	1	
<i>pr natal 400 ec oral combo pack,tablet and cap,dr</i>	1	
<i>pr natal 400 oral combo pack</i>	1	
<i>pr natal 430 ec oral combo pack,tablet and cap,dr</i>	1	
<i>pr natal 430 oral combo pack</i>	1	
PREGENNA ORAL TABLET	3	
<i>prenal chew oral tablet,chew,ir - dr,biphase</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>prenal pearl oral capsule,ir - delay rel,biphase</i>	1	
<i>prenal true oral combo pack</i>	1	
<i>prenaissance oral capsule</i>	1	
<i>prenaissance plus oral capsule</i>	1	
PRENATA ORAL TABLET,CHEWABLE	3	
<i>prenatabs fa oral tablet</i>	1	
<i>prenatabs rx oral tablet</i>	1	
<i>prenatal plus (calcium carb) oral tablet</i>	1	
PRENATAL PLUS DHA ORAL COMBO PACK	3	
<i>prenatal plus oral tablet</i>	1	
<i>prenatal vitamin plus low iron oral tablet</i>	1	
<i>prenatal-u oral capsule</i>	1	
PRENATE AM ORAL TABLET	3	
PRENATE CHEWABLE ORAL TABLET,CHEWABLE	3	

Drug Name	Drug Tier	Requirements / Limits
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE	3	
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET	3	
PRENATE ENHANCE ORAL CAPSULE	3	
PRENATE ESSENTIAL(IRON-ASP-GL) ORAL CAPSULE	3	
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE	3	
PRENATE PIXIE ORAL CAPSULE	3	
PRENATE RESTORE ORAL CAPSULE	3	
PRENATE STAR ORAL TABLET	3	
<i>pretab oral tablet</i>	1	
PRIMACARE ORAL CAPSULE	3	
PROVIDA OB ORAL CAPSULE	3	
PUREFE OB PLUS ORAL CAPSULE	3	
R-NATAL OB ORAL CAPSULE	3	
SELECT-OB (FOLIC ACID) ORAL TABLET,CHEWABLE	3	

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Drug Name	Drug Tier	Requirements / Limits
SELECT-OB + DHA ORAL COMBO PACK	3	
SELECT-OB ORAL TABLET,CHEWABLE	3	
<i>se-natal 19 chewable oral tablet,chewable</i>	1	
<i>se-natal-19 oral tablet</i>	2	
<i>taron-c dha oral capsule</i>	1	
<i>taron-prex prenatal-dha oral capsule</i>	1	
THRIVITE RX ORAL TABLET	3	
TRICARE ORAL TABLET	3	
TRIFERIC HEMODIALYSIS POWDER IN PACKET	3	
TRIFERIC HEMODIALYSIS SOLUTION	3	
<i>trinatal rx 1 oral tablet</i>	1	
<i>trinate oral tablet</i>	1	
TRISTART DHA ORAL CAPSULE	3	
<i>triveen-duo dha oral combo pack</i>	1	
<i>tri-vitamin with fluoride oral drops</i>	5	ACA; OTC
<i>trust natal dha oral combo pack</i>	1	

Drug Name	Drug Tier	Requirements / Limits
VENOFER INTRAVENOUS SOLUTION	2	
VINATE DHA RF ORAL CAPSULE	3	
<i>virt-c dha oral capsule</i>	1	
<i>virt-nate dha oral capsule</i>	1	
<i>virt-pn dha oral capsule</i>	1	
<i>virt-pn plus oral capsule</i>	1	
VITAFOL FE PLUS ORAL CAPSULE	3	
VITAFOL FE+ (WITH DOCUSATE) ORAL CAPSULE	3	
VITAFOL GUMMIES ORAL TABLET,CHEWABLE	3	
VITAFOL NANO ORAL TABLET	3	
VITAFOL ULTRA ORAL CAPSULE	3	
VITAFOL-OB ORAL TABLET	3	
VITAFOL-OB+DHA ORAL COMBO PACK	3	
VITAFOL-ONE ORAL CAPSULE	3	
VITAMED MD ONE RX ORAL CAPSULE	3	

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Drug Name	Drug Tier	Requirements / Limits
VITAMEDMD REDICHEW RX ORAL TABLET,CHEW,IR - DR,BIPHASE	3	
<i>vitamins a,c,d and fluoride oral drops</i>	5	ACA; OTC
VITAPEARL ORAL CAPSULE,IR - DELAY REL,BIPHASE	3	

Drug Name	Drug Tier	Requirements / Limits
VITATRUE ORAL COMBO PACK	3	
<i>vp-ch-pnv oral capsule</i>	1	
VP-PNV-DHA ORAL CAPSULE	3	
<i>zatean-pn dha oral capsule</i>	1	
<i>zatean-pn plus oral capsule</i>	1	
<i>zingiber oral tablet</i>	1	

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