WELLFLEET®
RX PLAN

Student Formulary

This formulary applies to the following CA plan issued by

Wellfleet Group, LLC dba Wellfleet Administrators, LLC:

University of California Berkeley

Visit www.wellfleetstudent.com and search for your school to locate plan-specific coverage documents.
For an electronic version of this document visit: http://wellfleetrx.com
To contact customer service please call: (877) 640-7940

Drug list created 1/1/2019. Updated 7/1/2023. Next planned update 1/1/2024.
All Previous versions of this document are no longer active or in effect.
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Wellfleet Rx is a pharmacy solution provided by Wellfleet Group, LLC (Wellfleet). This document represents the efforts of the Wellfleet Rx Pharmacy and Therapeutics (P&T) and Value Assessment Committees, in collaboration with Express Scripts (ESI), to provide physicians and pharmacists with a method to evaluate the safety, efficacy and cost-effectiveness of commercially available drug products. This is accomplished through the auspices of the P&T Committees with input from internal departments at Wellfleet and its Student Health Advisory Board. These committees meet quarterly and more often as warranted to ensure clinical relevancy of the Formulary. To accommodate changes to this document, updates are made accessible as necessary. The P&T Committees use the following criteria in the evaluation of drug selection for the Student Formulary:

- Drug safety profile
- Drug efficacy
- Comparison of relevant therapeutic benefits to current formulary agents of similar use, and to minimize therapeutic duplication where possible
- Cost-effectiveness relative to comparable therapies

As used in this document, the terms defined below have the following meanings.

- "Brand name drug" means a drug that is marketed under a proprietary, trademark-protected name. A brand name drug is listed in this formulary in all CAPITAL letters.
- "Coinsurance" means a percentage of the cost of a covered health care benefit that you pay after you have paid the deductible, if a deductible applies to the health care benefit.
- "Copayment" means a fixed dollar amount that you pay for a covered health care benefit after you have paid the deductible, if a deductible applies to the health care benefit.
- "Deductible" means the amount you pay for covered health care benefits that are subject to the deductible before your health insurer begins to pay. If your health insurance policy has a deductible, it may have either one deductible or separate deductibles for medical benefits and prescription drug benefits. After you pay your deductible, you usually pay only a copayment or coinsurance for covered health care benefits. Your insurance company pays the rest.
- "Drug Tier" means a group of prescription drugs that correspond to a specified cost sharing tier in your health insurance policy. The drug tier in which a prescription drug is placed determines your portion of the cost for the drug.
- "Exception request" means a request for coverage of a non-formulary drug. If you, your designee, or your prescribing health care provider submits a request for coverage of a non-formulary drug, your insurer must cover the non-formulary drug when it is medically necessary for you to take the drug.
- "Exigent circumstances" means when you are suffering from a medical condition that may seriously jeopardize your life, health, or ability to regain maximum function, or when you are undergoing a current course of treatment using a non-formulary drug.
- "Formulary" or "prescription drug list" means the list of drugs that is covered by your health insurance policy under the prescription drug benefit of the policy.

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- "Generic drug" means a drug that is the same as its brand name drug equivalent in dosage, strength, effect, how it is taken, quality, safety, and intended use. A generic drug is listed in this formulary in italicized lowercase letters.
- "Medically Necessary" means health care benefits needed to diagnose, treat, or prevent a medical condition or its symptoms and that meet accepted standards of medicine. Health insurance usually does not cover health care benefits that are not medically necessary.
- "Non-formulary drug" means a prescription drug that is not listed on this formulary.
- "Out-of-pocket costs" means your expenses for health care benefits that aren't reimbursed by your health insurance. Out-of-pocket costs include deductibles, copayments, and coinsurance for covered health care benefits, plus all costs for health care benefits that are not covered.
- "Prescribing provider" means a health care provider who can write a prescription for a drug to diagnose, treat, or prevent a medical condition.
- "Prescription" means an oral, written, or electronic order from a prescribing provider authorizing a prescription drug to be provided to a specific individual.
- "Prescription drug" means a drug that by law requires a prescription.
- "Prior Authorization" means a decision by your health insurer that a health care benefit is medically necessary for you. If a prescription drug is subject to prior authorization in this formulary, your prescribing provider must request approval from your health insurer to cover the drug before you fill your prescription. Your health insurer must grant a prior authorization request when it is medically necessary for you to take the drug.
- "Step therapy" means a specific sequence in which prescription drugs for a particular medical condition must be tried. If a drug is subject to step therapy in this formulary, you may have to try one or more other drugs before your health insurance policy will cover that drug for your medical condition. If your prescribing provider submits a request for an exception to the step therapy requirement, your health insurer must grant the request when it is medically necessary for you to take the drug.

How to Use the Formulary

The Formulary is a list of medications available to Wellfleet Rx members under their pharmacy benefit. All drugs are listed by their generic names or most common proprietary (branded) name. Any drugs not found in this formulary listing or any formulary updates published by Wellfleet Rx are considered non-formulary drugs and require prior authorization.

All drugs are listed in each category in alphabetical order by generic or brand name. If the generic drug is FDA approved, it will appear *italicized* in the formulary listing. Covered brand drugs appear in CAPITALIZED font. See the table below for an example of this formatting:

ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ABECMA INTRAVENOUS SUSPENSION 300X10EXP6 TO 460X10EXP6 CELL	3	PA; SP
abiraterone oral tablet 250 mg, 500 mg	1	SP; Och; QL

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Some drugs on the formulary have certain process requirements or limitations for coverage. These are denoted by:

Symbol	Name	Description
Age	Age Edit	Drug may not be recommended for some patients based on age.
OCh	Oral Chemotherapy	Drug subject to a maximum cost sharing amount of $250.
PA	Prior Authorization	Requires your doctor to request prior authorization to support use of this drug.
QL	Quantity Limit	Coverage may be limited to specific quantities per prescription and/or time period.
SP	Specialty	Subject to Specialty tier Copay. Pharmaceutical, biotech or biological drugs that are used in the management of chronic, orphan or rare diseases and has a monthly cost ≥ $670 for a 30-day supply. These injectable or non-injectable medications may possess more than one of the following attributes: • Requires specialized storage, distribution, and/or handling • Frequent dosing adjustments and clinical monitoring to decrease potential for drug toxicity and improve clinical outcomes • Involves additional patient education, adherence, and/or support • May include generic or biosimilar products • Limited or exclusive drug distribution restrictions
ST	Step Therapy	Coverage may depend on previous use of another drug.
ACA	ACA Preventative Medications	ACA Preventative Medications. These products will have $0 cost-share for specific populations.
Opioid	Opioid Medications	These medications have additional limitations and rules. See below under 'Opioid Medications' for more information.

Please note that a drugs presence on the formulary, no matter the tier, does not guarantee that it will be prescribed for any particular medical condition.

Benefit Coverage and Limitations

This printed Formulary does not provide information regarding the specific coverage and limitations an individual member may have. Many members have specific benefit inclusions, exclusions, or a lack of coverage, which are not reflected in the Formulary. For example, drugs for the treatment of infertility may not be covered. Refer to your benefit summary for more information regarding your specific coverage.

Medications covered under the plan are subject to copay or coinsurance depending on the specific benefit design, type of medication and tier of the medication. Each plan is divided into a 3 Tier copay structure and has a separate copay for Specialty medications. Below is a table divided by plans in the state of California that lists specific copays. Tier 1 medications are preferred formulary generic medications, Tier 2 medications are preferred formulary brand medications and high cost generics, and Tier 3 medications are non-preferred formulary brand and generic as well as excluded.

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The Patient Protection and Affordable Care Act (PPACA), commonly known as health care reform, was signed into federal law in 2010. The PPACA established a package of items and services known as essential health benefits, which includes preventative services and medications. As of 2014, certain health plans are required to cover recommended preventive services and medications without charging a copayment, coinsurance or deductible. Wellfleet Rx has developed a list of medications and coverage criteria to support preventive medication requirements based on the recommendations of the U.S. Preventive Services Task Force (USPSTF) and the Centers for Disease Control and Prevention (CDC) to be covered under the pharmacy benefit. Recommendations from USPSTF and the CDC can occur at any time and health plans have specified timelines to implement these recommendations to be compliant with federal law. Plans that meet the definition of a "grandfathered" plan are not subject to PPACA's Essential Health Benefit requirements. Under the Affordable Care Act (ACA), plans are required to cover USPSTF preventive recommendations that have an A or B rating. Medications covered under this provision are denoted $0 in the "Drug Tier" column. Coverage for these medications can be acquired by following the steps below in the section marked "How to obtain a Prescription with Your Benefit."

For members utilizing disability policies, under California State law, the following equipment and supplies for the management and treatment of insulin-using diabetes, non-insulin using diabetes, and gestational diabetes are required to be covered, as medically necessary: blood glucose monitors and blood glucose strips; blood glucose monitors designed to assist the visually impaired; ketone urine testing strips; lancets and lancet puncture devices; pen delivery systems for the administration of insulin; podiatric devices to prevent or treat diabetes-related complications; insulin syringes; visual aids, excluding eyewear, to assist the visually impaired with proper dosing of insulin. Additionally, the following prescriptions are required to be covered as medically necessary: insulin; prescription medications for the treatment of diabetes; and glucagon. Coverage for outpatient self-management training, education, and medical nutrition therapy necessary to enable the member to properly utilize the equipment, supplies, and medication provided by appropriately licensed or registered health care professional is also required

For members utilizing disability policies, under California State law, the following is required to be covered: all FDA-approved, contraceptive drugs, devices, and other contraceptive products, including all FDA-approved contraceptive drugs, devices, and products available over the counter, as prescriber by the member's health care provider; voluntary sterilization procedures, patient education and counseling on contraception; follow-up services related to the drugs, devices, products, and procedures including management of side-effects, counseling for continued adherence, and device insertion and removal; and up to a 12-month supply of FDA-approved, self-administered hormonal contraceptives are required to be covered.

Maximum Cost Sharing by Drug Tier

Plan	Fulfillment Channels	Tier 1 – Preferred Generics	Tier 2 – Preferred Brand - High Cost Generics (HCG)	Tier 3 – Non-preferred Medications	Specialty Medications*
University of California Berkeley	**Tang Center Pharmacy**	Copays Waived	$25	$40	$75
	Participating Retail	$20	$40	$60	$250 Copay or 20% (whichever is less)

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*Specialty medications are marked with an "SP" symbol in the Notes column of the drug list. Specialty medications may be obtained at participating pharmacies that carry them. Note that for oral antineoplastic medications, a copay over $250 is not permissible per CA state law

The Formulary applies only to outpatient drugs provided to members and does not apply to medications used in inpatient settings. Medications used in an inpatient setting are usually covered under the medical benefit. If a member has any specific questions regarding their coverage, they should contact the plan administrator HealthComp at 833.302.9785.

Utilization Management (UM) tools
Depending upon a member's specific benefit, the following topics may apply:

1. Generic Substitution
When available, FDA approved generic drugs must be used in most situations, regardless of the brand name indicated. Members usually have lower copays and or co-insurance when they use generic drugs. This policy is not meant to preclude or supplant any state statues that may exist. All drugs that are or become available generically are subject to review by the P&T Committee. The P&T Committee approves such multi- source drugs for addition to the MAC list based on the following criteria:

- A multi- source drug product manufactured by at least one (1) nationally marketed company.
- At least one (1) of the generic manufacturer's products must have an "A" rating or the generic product has been determined to be unassociated with efficacy, safety or bioequivalency concerns by the P&T Committee.
- Drug product will be approved for generic substitution by the P&T Committee.

If a member requests a brand name drug instead of an approved generic, the member, based on their coverage, is typically required to pay the difference in cost between the brand and the generic. Doctors can request prior authorization if they determine that there is a medical need for the brand name drug.

2. Medication Request Process
Depending upon plan benefit design, a medication request process may apply as follows:

A. Formulary Drugs
Drugs that are listed in the Formulary with associated Prior Authorization (PA) require evaluation, per P&T Committee Prior Authorization guidelines prior to dispensing at a network pharmacy. Each request will be reviewed on an individual patient need basis. If the request does not meet the guidelines established by the P&T Committee, the request will not be approved, and alternative therapy may be recommended.

B. Non-Formulary Drug Exceptions
Any drug not found in the Formulary listing, or any Formulary updates published by Wellfleet Rx, shall be considered a Non-Formulary drug. Coverage for non-formulary agents may be applied for in advance. When a member gives a prescription order for a non-formulary drug to a pharmacist, the pharmacist will evaluate the patient's drug history and contact the physician to

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determine if there is a reasonable medical need for a non-formulary drug. Each request will be reviewed on an individual patient need basis. Approval will be given if a documented medical need exists. The following basic guidelines are used:

- The use of formulary drugs is contraindicated in the patient.
- The patient has failed an appropriate trial of formulary or related agents.
- The choices available in the formulary are not suited for the present patient care need, and the drug selected is required for patient safety.
- The use of a formulary drug may provoke an underlying condition, which would be detrimental to patient care.

If the request does not meet the guidelines established by the P&T Committees, the request will not be approved, and alternative therapy may be recommended.

C. Obtaining Coverage

Coverage, questions or information regarding the medication request or non-formulary exception process may be obtained by:

- Faxing a completed Prior Authorization Request Form to 877.251.5896.
- Contacting at 877-640-7940 and providing all necessary information requested.

An authorization number, specific for the medical need, will be provided for all approved requests. Non-approved requests may be appealed. The prescriber must provide information to support the appeal on the basis of medical necessity. Therapy that is deemed medically necessary must be covered pending the submission of supporting clinical evidence and documentation. Prior Authorization is generally not available for drugs that are specifically not covered by benefit design.

For any and all requests, a notice to either the member or a designated representative will be made no later than 72 hours following the receipt of all non-urgent requests and 24 hours following the receipt of an urgent or exigent request. Approved coverage for non-urgent requests must provide coverage for the duration of the prescription including refills. Approved coverage for an urgent or exigent circumstance must provide coverage for the duration of the urgency or exigency. A denied claim may be appealed and additional information about appeal rights and procedures will be provided with coverage documents.

3. Step Therapy Process

Drugs that are listed in the Formulary with associated Step Therapy (ST) require evaluation, per P&T Committee Step Therapy guidelines prior to dispensing at a network pharmacy. Previous claims for pre-requisite drugs will be noted at the time of processing if they are within a certain time frame. If no claims are found a prior authorization request form must be submitted stating all previous therapy. Each request will be reviewed on an individual patient need basis. If the request does not meet the guidelines established by the P&T Committee, the request will not be approved, and alternative therapy may be recommended. Note that a member cannot be required to try previously met steps from previous coverage but may be required to try any pre-requisite medication that has not been previously tried before coverage of a medication is approved.

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To obtain coverage for a medication bypassing its step therapy requirements, please refer to the above section (3.C) for step by step instructions on requesting an exception.

4. Quantity Limits

Drugs that are listed in the Formulary with associated Quantity Limits (QL) are subject to those limits. Approval for a quantity of a drug outside of an established QL requires evaluation, per P&T Committee guidelines prior to dispensing at a network pharmacy. Each request will be reviewed on an individual patient need basis. If the request does not meet the guidelines established by the P&T Committee, the request will not be approved, and alternative therapy may be recommended.

5. General Items Not Covered on the Formulary

A. Over the Counter (OTC) medications or their equivalents, unless otherwise specified in the Formulary listing.
B. Nicotine Smoking Cessation products (i.e., transdermal nicotine, nicotine gum, nicotine inhaler), except as required by ACA.
C. Drugs specifically listed as not covered.
D. Any drug products used for cosmetic purposes.
E. Experimental drug products or any drug product used in an experimental manner.
F. Replacement of lost or stolen medication.
G. Non-self-administered injectable drug products unless otherwise specified in the Formulary listing.
H. Foreign sourced drugs or drugs not approved by the United States Food & Drug Administration.
I. New drug entities will be excluded for up to 180 days after they become available on the market until a formulary decision is made. Depending on the formulary decision, the new drug entity may be excluded or have additional requirements under the formulary thereafter.

Any drugs not listed in this print formulary are considered not covered by the drug benefit. The P&T and Formulary Committees recognize that not all medical needs can be met with this document and encourage inquiries about alternative therapies.

6. Opioid Medications

1. Opioid Overutilization Prevention – Opioid medications for treatment of pain will be available to Wellfleet members under the following restrictions which are reflective of current State and Federal guidance for prescribing of these agents.
    a. Maximum Days' Supply for Opioid Prescriptions
        i. Prescriber Type
            1. General Prescribers – 5-day supply
            2. Dentists – 3-day supply
            3. Oncologists – No limit
    b. Cumulative Morphine Milligram Equivalents (MME) Limit (all prescriptions in last 120 days included) – Cumulative MME are utilized for calculating the total daily dose of opioids. Monitoring of MME allows clinicians to appropriately adjust prescribed opioid medications and are often used to reduce risk of overdose.
        i. 90 MME total (and above) will encounter a soft rejection at the pharmacy which can be overridden by a pharmacist (except in the state of Pennsylvania).

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ii. 120 MME total (and above) will encounter a hard rejection which requires prior authorization to be obtained by the prescriber.

c. More than a 5-day supply across all opioid prescriptions within a 60-day period requires prior authorization.
d. Quantity limits will be placed on opioid medications at the individual medication level.

8. Pharmacist and Physician Communication

The Formulary is a tool to promote cost- effective prescription drug use. The P&T and Formulary Committees have made every attempt to create a document that meets all therapeutic needs; however, the art of medicine makes this a formidable task.

How to obtain a Prescription with Your Benefit

Prescriptions can be obtained through the all-network pharmacies. To have a prescription filled, you may contact your physician and have them send a new prescription to any network pharmacy or you are able to have a network pharmacy transfer-in any current Prescription by contacting them and providing your current pharmacy's information. To locate an in-network pharmacy, please visit http://wellfleetrx.com/students/pharmacy-network/. The listing of in-network pharmacies is updated on a quarterly basis.

In the case of specialty drugs, all available specialty drugs may be filled at a network pharmacy unless the medication is under a limited distribution contract.

Formulary Changes

This formulary must be updated monthly to reflect formulary changes as new brand name and generic medications become available. At those times, medications may be subject to any Utilization Management (UM) tool available as determined by the P&T committee. Additional items that may be subject to change are a drugs inclusion on the formulary, a drug's tier placement on the formulary, and any UM tools that affect a drug on the formulary. The plan usually makes and implements changes to the present formulary on a quarterly basis, but depending on your benefit design, those changes may not impact member coverage until the next plan year renewal. For any formulary changes that may negatively affect members, letters will be mailed at least 90 days prior to the effective date of the changes to inform members about the change to their coverage. Letters will also be mailed to providers at the same time to better facilitate either continued coverage of a medication that is impacted or to provide alternative medication that would be covered by the plan.

A medication that has been previously approved for coverage for a member's medical condition that continues to be prescribed for that medical condition cannot be limited any more than previously limited, nor can coverage be excluded, provided that the medication is appropriately prescribed, safe, and effective for treating the medical condition.

Drug list created 1/1/2019. Updated 7/1/2023. Next planned update 1/1/2024.

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Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	2	
amphotericin b injection recon soln 50 mg	1	
clotrimazole mucous membrane troche 10 mg	1	
CRESEMBA ORAL CAPSULE 186 MG	2	
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 50 MG	2	
fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml	1	
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	1	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	1	
flucytosine oral capsule 250 mg, 500 mg	1	
griseofulvin microsize oral suspension 125 mg/5 ml	1	
griseofulvin microsize oral tablet 500 mg	2	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	2	
itraconazole oral capsule 100 mg	1	QL
itraconazole oral solution 10 mg/ml	1	QL
ketoconazole oral tablet 200 mg	1	
micafungin intravenous recon soln 50 mg	1	
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7 ML	2	
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON 300 MG	2	
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	2	
nystatin oral suspension 100,000 unit/ml	1	
nystatin oral tablet 500,000 unit	1	
posaconazole oral tablet,delayed release (dr/ec) 100 mg	1	
terbinafine hcl oral tablet 250 mg	1	
VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML)	3	

Drug Name	Drug Tier	Requirements / Limits
VFEND ORAL TABLET 200 MG, 50 MG	3	
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	1	
voriconazole oral tablet 200 mg, 50 mg	2	
ANTIVIRALS		
abacavir oral solution 20 mg/ml	1	QL
abacavir oral tablet 300 mg	1	QL
abacavir-lamivudine oral tablet 600-300 mg	1	QL
acyclovir oral capsule 200 mg	1	
acyclovir oral suspension 200 mg/5 ml	1	
acyclovir oral tablet 400 mg, 800 mg	1	
acyclovir sodium intravenous solution 50 mg/ml	1	
adefovir oral tablet 10 mg	1	SP; QL
amantadine hcl oral capsule 100 mg	1	
amantadine hcl oral solution 50 mg/5 ml	1	
amantadine hcl oral tablet 100 mg	1	
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	3	ACA
APTIVUS ORAL CAPSULE 250 MG	2	QL
atazanavir oral capsule 150 mg, 200 mg, 300 mg	1	QL
BARACLUDE ORAL SOLUTION 0.05 MG/ML	2	SP; QL
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	2	QL
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	3	QL
cidofovir intravenous solution 75 mg/ml	1	
CIMDUO ORAL TABLET 300-300 MG	2	QL
DESCOVY ORAL TABLET 200-25 MG	2	ACA; QL
didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg	1	QL
DOVATO ORAL TABLET 50-300 MG	2	QL
EDURANT ORAL TABLET 25 MG	2	QL
efavirenz oral capsule 200 mg, 50 mg	1	

Drug Name	Drug Tier	Requirements / Limits
efavirenz oral tablet 600 mg	1	
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg	1	QL
emtricitabine oral capsule 200 mg	1	ACA; QL
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	1	ACA; QL
EMTRIVA ORAL SOLUTION 10 MG/ML	2	QL
entecavir oral tablet 0.5 mg, 1 mg	1	SP; QL
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG	2	PA; SP; QL
EPCLUSA ORAL TABLET 200-50 MG	2	SP; QL
etravirine oral tablet 100 mg, 200 mg	1	QL
EVUSHELD (EUA) INTRAMUSCULAR SOLUTION 150 MG/1.5 ML- 150 MG/1.5 ML	3	
famciclovir oral tablet 125 mg, 250 mg, 500 mg	1	
fosamprenavir oral tablet 700 mg	1	QL
foscarnet intravenous solution 24 mg/ml	1	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	2	ST; QL
GANCICLOVIR INTRAVENOUS SOLUTION 500 MG/250 ML (2 MG/ML)	3	
ganciclovir sodium intravenous solution 50 mg/ml	1	
GENVOYA ORAL TABLET 150-150-200-10 MG	2	QL
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	2	PA; SP; QL
HARVONI ORAL TABLET 45-200 MG	2	PA; SP; QL
INVIRASE ORAL TABLET 500 MG	2	QL
ISENTRESS HD ORAL TABLET 600 MG	2	QL
ISENTRESS ORAL POWDER IN PACKET 100 MG	2	QL
ISENTRESS ORAL TABLET 400 MG	2	QL
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	2	QL
JULUCA ORAL TABLET 50-25 MG	3	

Drug Name	Drug Tier	Requirements / Limits
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	3	ACA; QL
lamivudine oral solution 10 mg/ml	1	QL
lamivudine oral tablet 100 mg, 150 mg, 300 mg	1	QL
lamivudine-zidovudine oral tablet 150-300 mg	1	QL
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	1	PA; SP; QL
LEXIVA ORAL SUSPENSION 50 MG/ML	3	QL
lopinavir-ritonavir oral solution 400-100 mg/5 ml	1	QL
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	1	QL
maraviroc oral tablet 150 mg, 300 mg	1	QL
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	2	PA; SP; QL
MAVYRET ORAL TABLET 100-40 MG	2	PA; SP; QL
nevirapine oral suspension 50 mg/5 ml	1	QL
nevirapine oral tablet 200 mg	1	QL
nevirapine oral tablet extended release 24 hr 100 mg, 400 mg	1	QL
NORVIR ORAL POWDER IN PACKET 100 MG	3	QL
ODEFSEY ORAL TABLET 200-25-25 MG	2	QL
oseltamivir oral capsule 30 mg, 45 mg, 75 mg	1	QL
oseltamivir oral suspension for reconstitution 6 mg/ml	1	QL
PIFELTRO ORAL TABLET 100 MG	3	
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML	3	QL
PREVYMIS ORAL TABLET 240 MG, 480 MG	3	QL
PREZCOBIX ORAL TABLET 800-150 MG-MG	3	QL
PREZISTA ORAL SUSPENSION 100 MG/ML	2	QL
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	QL
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	2	QL
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	2	
REYATAZ ORAL POWDER IN PACKET 50 MG	3	QL

Drug Name	Drug Tier	Requirements / Limits
ribavirin inhalation recon soln 6 gram	1	
rimantadine oral tablet 100 mg	1	
ritonavir oral tablet 100 mg	1	QL
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	2	PA; QL
SELZENTRY ORAL SOLUTION 20 MG/ML	2	QL
SELZENTRY ORAL TABLET 25 MG, 75 MG	2	QL
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	1	PA; SP; QL
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	3	SP; QL
SOVALDI ORAL TABLET 200 MG, 400 MG	3	SP; QL
stavudine oral capsule 15 mg, 20 mg, 40 mg	1	QL
SUNLENCA ORAL TABLET 300 MG	3	PA; QL
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	3	PA; QL
SYMFI LO ORAL TABLET 400-300-300 MG	3	QL
SYMFI ORAL TABLET 600-300-300 MG	3	QL
SYMTUZA ORAL TABLET 800-150-200-10 MG	3	QL
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	2	PA; SP; QL
TEMIXYS ORAL TABLET 300-300 MG	3	QL
tenofovir disoproxil fumarate oral tablet 300 mg	1	ACA; QL
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	2	QL
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	2	QL
TRIUMEQ ORAL TABLET 600-50-300 MG	2	QL
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	2	
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	3	
TYBOST ORAL TABLET 150 MG	3	PA; QL
valacyclovir oral tablet 1 gram, 500 mg	1	
valganciclovir oral recon soln 50 mg/ml	1	
valganciclovir oral tablet 450 mg	1	
VEMLIDY ORAL TABLET 25 MG	2	SP; QL

Drug Name	Drug Tier	Requirements / Limits
VIEKIRA PAK ORAL TABLETS,DOSE PACK 12.5 MG-75 MG -50 MG/250 MG	3	SP; QL
VIRACEPT ORAL TABLET 250 MG, 625 MG	2	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	3	QL
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	3	QL
VOSEVI ORAL TABLET 400-100-100 MG	3	PA; SP
XOFLUZA ORAL TABLET 40 MG, 80 MG	3	QL
zidovudine oral capsule 100 mg	1	QL
zidovudine oral syrup 10 mg/ml	1	QL
zidovudine oral tablet 300 mg	1	QL
CEPHALOSPORINS		
AVYCAZ INTRAVENOUS RECON SOLN 2.5 GRAM	2	
cefaclor oral capsule 250 mg, 500 mg	1	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	1	
cefaclor oral tablet extended release 12 hr 500 mg	1	
cefadroxil oral capsule 500 mg	1	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	1	
cefadroxil oral tablet 1 gram	1	
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml	1	
cefazolin injection recon soln 10 gram	1	
cefdinir oral capsule 300 mg	1	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
cefditoren pivoxil oral tablet 200 mg, 400 mg	1	
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/50 ML	3	
cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml	2	
cefepime injection recon soln 1 gram	1	
cefixime oral capsule 400 mg	1	

Drug Name	Drug Tier	Requirements / Limits
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	1	
CEFOTAN INJECTION RECON SOLN 1 GRAM	3	
cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml	1	
cefoxitin intravenous recon soln 10 gram	1	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	1	
cefpodoxime oral tablet 100 mg, 200 mg	1	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
cefprozil oral tablet 250 mg, 500 mg	1	
CEFTAZIDIME IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/50 ML	2	
ceftriaxone in dextrose,iso-os intravenous piggyback 1 gram/50 ml	2	
ceftriaxone injection recon soln 10 gram	1	
cefuroxime axetil oral tablet 250 mg, 500 mg	1	
cefuroxime sodium intravenous recon soln 1.5 gram	1	
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral capsule 750 mg	1	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
cephalexin oral tablet 250 mg, 500 mg	1	
FETROJA INTRAVENOUS RECON SOLN 1 GRAM	3	
tazicef injection recon soln 1 gram	1	
TEFLARO INTRAVENOUS RECON SOLN 400 MG	2	
ZERBAXA INTRAVENOUS RECON SOLN 1.5 GRAM	2	
ERYTHROMYCINS & OTHER MACROLIDES		
azithromycin oral packet 1 gram	1	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	1	
azithromycin oral tablet 250 mg, 500 mg	1	
azithromycin oral tablet 600 mg	1	

Drug Name	Drug Tier	Requirements / Limits
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
clarithromycin oral tablet 250 mg, 500 mg	1	
clarithromycin oral tablet extended release 24 hr 500 mg	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	3	ST; QL
DIFICID ORAL TABLET 200 MG	3	ST; QL
e.e.s. 400 oral tablet 400 mg	1	
ery-tab oral tablet,delayed release (dr/ec) 250 mg	1	
erythrocin (as stearate) oral tablet 250 mg	1	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	2	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml	1	
erythromycin ethylsuccinate oral tablet 400 mg	1	
erythromycin oral capsule,delayed release(dr/ec) 250 mg	1	
erythromycin oral tablet 250 mg, 500 mg	2	
erythromycin oral tablet,delayed release (dr/ec) 250 mg	1	
MISCELLANEOUS ANTIINFECTIVES		
AEMCOLO ORAL TABLET,DELAYED RELEASE (DR/EC) 194 MG	3	PA
albendazole oral tablet 200 mg	1	
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	2	
amikacin injection solution 1,000 mg/4 ml	1	
ARAKODA ORAL TABLET 100 MG	3	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	2	PA; SP; QL
atovaquone oral suspension 750 mg/5 ml	1	
atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg	1	
bacitracin intramuscular recon soln 50,000 unit	1	
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	1	

Drug Name	Drug Tier	Requirements / Limits
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	2	PA; SP; QL
chloramphenicol sod succinate intravenous recon soln 1 gram	1	
chloroquine phosphate oral tablet 250 mg, 500 mg	1	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	1	
CLINDAMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK 300 MG/50 ML	3	
clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml	1	
clindamycin pediatric oral recon soln 75 mg/5 ml	1	
COARTEM ORAL TABLET 20-120 MG	2	
CYCLOSERINE ORAL CAPSULE 250 MG	1	
DALVANCE INTRAVENOUS SOLUTION 500 MG	2	
dapsone oral tablet 100 mg, 25 mg	1	Och
EMVERM ORAL TABLET,CHEWABLE 100 MG	2	PA; QL
ethambutol oral tablet 100 mg, 400 mg	1	
gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml	1	
gentamicin injection solution 40 mg/ml	1	
GENTAMICIN SULFATE (PF) INTRAVENOUS SOLUTION 60 MG/6 ML	1	
hydroxychloroquine oral tablet 100 mg, 200 mg, 300 mg, 400 mg	1	
IMPAVIDO ORAL CAPSULE 50 MG	2	PA; SP; QL
isoniazid injection solution 100 mg/ml	1	
isoniazid oral solution 50 mg/5 ml	1	
isoniazid oral tablet 100 mg, 300 mg	1	
ivermectin oral tablet 3 mg	1	
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	2	PA; SP
KRINTAFEL ORAL TABLET 150 MG	2	QL
LAMPIT ORAL TABLET 120 MG, 30 MG	3	
linezolid oral suspension for reconstitution 100 mg/5 ml	1	

Drug Name	Drug Tier	Requirements / Limits
linezolid oral tablet 600 mg	1	
linezolid-0.9% sodium chloride intravenous parenteral solution 600 mg/300 ml	1	
mefloquine oral tablet 250 mg	1	
meropenem intravenous recon soln 500 mg	1	
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 500 MG/50 ML	1	
metro i.v. intravenous piggyback 500 mg/100 ml	2	
metronidazole oral capsule 375 mg	1	
metronidazole oral tablet 250 mg, 500 mg	1	
NEBUPENT INHALATION RECON SOLN 300 MG	3	
neomycin oral tablet 500 mg	1	
nitazoxanide oral tablet 500 mg	1	
ORBACTIV INTRAVENOUS RECON SOLN 400 MG	2	
paromomycin oral capsule 250 mg	1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	3	
pentamidine inhalation recon soln 300 mg	1	
pentamidine injection recon soln 300 mg	1	
polymyxin b sulfate injection recon soln 500,000 unit	1	
praziquantel oral tablet 600 mg	1	
PRETOMANID ORAL TABLET 200 MG	3	QL
PRIFTIN ORAL TABLET 150 MG	2	
primaquine oral tablet 26.3 mg	2	
pyrazinamide oral tablet 500 mg	1	
pyrimethamine oral tablet 25 mg	1	PA; SP
quinine sulfate oral capsule 324 mg	1	
RECARBRIO INTRAVENOUS RECON SOLN 1.25 GRAM	3	
rifabutin oral capsule 150 mg	1	
rifampin oral capsule 150 mg, 300 mg	1	
SIRTURO ORAL TABLET 100 MG, 20 MG	2	PA; QL

Drug Name	Drug Tier	Requirements / Limits
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG	3	
SIVEXTRO ORAL TABLET 200 MG	3	
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM	2	ST; QL
STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM	1	
tinidazole oral tablet 250 mg, 500 mg	1	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	2	PA; SP
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	1	PA; SP
tobramycin in 0.9 % nacl intravenous piggyback 60 mg/50 ml	1	
tobramycin inhalation solution for nebulization 300 mg/4 ml	1	PA; SP
tobramycin sulfate injection solution 40 mg/ml	1	
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	1	PA; SP
TRECATOR ORAL TABLET 250 MG	3	
VABOMERE INTRAVENOUS RECON SOLN 2 GRAM	3	
XENLETA INTRAVENOUS SOLUTION 150 MG/15 ML	3	PA
XENLETA ORAL TABLET 600 MG	3	PA; QL
ZEMDRI INTRAVENOUS SOLUTION 50 MG/ML	3	
PENICILLINS		
amoxicillin oral capsule 250 mg, 500 mg	1	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	1	
amoxicillin oral tablet 500 mg	1	
amoxicillin oral tablet 875 mg	1	
amoxicillin oral tablet,chewable 125 mg, 250 mg	1	
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml	1	

Drug Name	Drug Tier	Requirements / Limits
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	1	
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	1	
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg	1	
ampicillin oral capsule 500 mg	1	
ampicillin sodium injection recon soln 10 gram	1	
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)	2	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	2	
dicloxacillin oral capsule 250 mg, 500 mg	1	
nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml	1	
nafcillin injection recon soln 1 gram	1	
oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml	1	
oxacillin injection recon soln 1 gram	1	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 1 MILLION UNIT/50 ML	1	
penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml	1	
penicillin g sodium injection recon soln 5 million unit	1	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	1	
penicillin v potassium oral tablet 250 mg, 500 mg	1	
pfizerpen-g injection recon soln 5 million unit	1	
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	1	
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML	2	
QUINOLONES		
AVELOX IN NACL (ISO-OSMOTIC) INTRAVENOUS PIGGYBACK 400 MG/250 ML	2	

Drug Name	Drug Tier	Requirements / Limits
BAXDELA INTRAVENOUS RECON SOLN 300 MG	2	PA
BAXDELA ORAL TABLET 450 MG	2	PA
ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg	1	
ciprofloxacin in 5 % dextrose intravenous piggyback 400 mg/200 ml	1	
FACTIVE ORAL TABLET 320 MG	3	
levofloxacin in d5w intravenous piggyback 250 mg/50 ml	1	
levofloxacin intravenous solution 25 mg/ml	1	
levofloxacin oral solution 250 mg/10 ml	1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1	
moxifloxacin oral tablet 400 mg	1	
MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK 400 MG/250 ML	1	
ofloxacin oral tablet 300 mg, 400 mg	1	
SULFA'S & RELATED AGENTS		
sulfadiazine oral tablet 500 mg	1	
sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	
sulfatrim oral suspension 200-40 mg/5 ml	1	
TETRACYCLINES		
avidoxy oral tablet 100 mg	2	QL
demeclocycline oral tablet 150 mg, 300 mg	1	
doxycycline hyclate intravenous recon soln 100 mg	1	
doxycycline hyclate oral capsule 100 mg, 50 mg	1	QL
doxycycline hyclate oral tablet 100 mg	1	QL
doxycycline hyclate oral tablet 20 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	QL
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml	1	

Drug Name	Drug Tier	Requirements / Limits
doxycycline monohydrate oral tablet 100 mg, 50 mg	1	QL
minocycline oral capsule 100 mg, 50 mg, 75 mg	1	
minocycline oral tablet 100 mg, 50 mg, 75 mg	2	
mondoxyne nl oral capsule 100 mg	1	QL
mondoxyne nl oral capsule 75 mg	1	ST; QL
NUZYRA INTRAVENOUS RECON SOLN 100 MG	3	
NUZYRA ORAL TABLET 150 MG	3	PA; QL
tetracycline oral capsule 250 mg, 500 mg	1	
XERAVA INTRAVENOUS RECON SOLN 50 MG	3	
URINARY TRACT AGENTS		
fosfomycin tromethamine oral packet 3 gram	1	QL
methenamine hippurate oral tablet 1 gram	1	
methenamine mandelate oral tablet 0.5 g, 1 gram	1	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	1	
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	1	
nitrofurantoin oral suspension 25 mg/5 ml	1	
trimethoprim oral tablet 100 mg	1	
VANCOMYCIN		
VANCOCIN ORAL CAPSULE 125 MG, 250 MG	3	QL
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML	1	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 500 MG/100 ML	1	
vancomycin intravenous recon soln 750 mg	1	
vancomycin oral capsule 125 mg, 250 mg	1	QL
vancomycin oral recon soln 50 mg/ml	1	QL
VANCOMYCIN-DILUENT COMBO NO.1 INTRAVENOUS PIGGYBACK 500 MG/100 ML	1	
VIBATIV INTRAVENOUS RECON SOLN 750 MG	2	

ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS

Drug Name	Drug Tier	Requirements / Limits
ADJUNCTIVE AGENTS		
dexrazoxane hcl intravenous recon soln 500 mg	1	
KEPIVANCE INTRAVENOUS RECON SOLN 6.25 MG	2	SP
KHAPZORY INTRAVENOUS RECON SOLN 175 MG	3	SP
leucovorin calcium injection recon soln 200 mg	1	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	1	
levoleucovorin calcium intravenous solution 10 mg/ml	1	SP
MESNEX ORAL TABLET 400 MG	3	
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	2	SP; QL
VORAXAZE INTRAVENOUS RECON SOLN 1,000 UNIT	2	SP
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	2	PA; SP; QL
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
abiraterone oral tablet 250 mg, 500 mg	1	SP; Och; QL
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML	3	PA; SP
anastrozole oral tablet 1 mg	1	Och; ACA; QL
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	3	SP
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	2	PA; SP; Och; QL
azathioprine oral tablet 100 mg, 50 mg	1	
azathioprine sodium injection recon soln 100 mg	1	
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	3	PA; SP; Och; QL
bexarotene oral capsule 75 mg	1	PA; SP; QL
bexarotene topical gel 1 %	1	PA; SP; QL
bicalutamide oral tablet 50 mg	1	Och
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	2	PA; SP; Och; QL
BRAFTOVI ORAL CAPSULE 50 MG, 75 MG	3	PA; SP; QL
BRUKINSA ORAL CAPSULE 80 MG	2	PA; SP; Och

Drug Name	Drug Tier	Requirements / Limits
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	2	PA; SP; Och; QL
capecitabine oral tablet 150 mg, 500 mg	1	SP; Och; QL
CAPRELSA ORAL TABLET 100 MG, 300 MG	2	PA; SP; Och; QL
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	2	PA; SP; Och; QL
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	3	PA; SP; Och; QL
COTELLIC ORAL TABLET 20 MG	2	PA; SP; Och; QL
cyclophosphamide oral capsule 25 mg, 50 mg	2	Och
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	1	Och
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	1	SP
cyclosporine modified oral solution 100 mg/ml	1	SP
cyclosporine oral capsule 100 mg, 25 mg	1	SP
DAURISMO ORAL TABLET 100 MG, 25 MG	3	PA; SP; QL
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	2	ST
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	2	PA; SP; QL
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	2	PA; SP; QL
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	2	PA; SP; QL
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	2	PA; SP; QL
EMCYT ORAL CAPSULE 140 MG	2	SP
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; SP
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	3	SP
ERIVEDGE ORAL CAPSULE 150 MG	2	PA; SP; QL
ERLEADA ORAL TABLET 60 MG	2	PA; SP; Och; QL
erlotinib oral tablet 100 mg, 150 mg, 25 mg	1	PA; SP; Och; QL
etoposide oral capsule 50 mg	1	Och
everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	PA; SP; Och; QL

Drug Name	Drug Tier	Requirements / Limits
everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg	1	PA; SP; Och
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 1 mg	1	SP
everolimus (immunosuppressive) oral tablet 0.75 mg	1	SP; Och
exemestane oral tablet 25 mg	1	Och; ACA; QL
EXKIVITY ORAL CAPSULE 40 MG	3	PA; SP; Och; QL
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	3	PA; SP; QL
FENSOLVI SUBCUTANEOUS SYRINGE 45 MG	3	PA; SP; QL
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML	3	PA; SP
GAVRETO ORAL CAPSULE 100 MG	3	PA; SP; Och; QL
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	2	PA; SP; Och; QL
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	2	PA; SP; Och
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	2	SP
hydroxyurea oral capsule 500 mg	1	Och
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	2	PA; SP; Och
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	2	PA; SP; Och
ICLUSIG ORAL TABLET 10 MG, 30 MG	2	PA; SP; Och
ICLUSIG ORAL TABLET 15 MG, 45 MG	2	PA; SP; Och; QL
IDHIFA ORAL TABLET 100 MG, 50 MG	3	PA; SP; QL
imatinib oral tablet 100 mg, 400 mg	1	SP; Och; QL
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	2	PA; SP; Och; QL
IMBRUVICA ORAL SUSPENSION 70 MG/ML	2	PA; SP; Och; QL
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	2	PA; SP; Och; QL
INLYTA ORAL TABLET 1 MG, 5 MG	2	PA; SP; Och; QL
INQOVI ORAL TABLET 35-100 MG	2	PA; SP; Och; QL
IRESSA ORAL TABLET 250 MG	2	PA; SP; Och; QL
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	2	PA; SP; QL

Drug Name	Drug Tier	Requirements / Limits
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	3	PA; SP
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG	3	PA; SP; QL
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	3	PA; SP; Och; QL
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	2	PA; SP; Och; QL
KRAZATI ORAL TABLET 200 MG	3	PA; SP; Och; QL
lapatinib oral tablet 250 mg	1	PA; SP; Och; QL
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	1	PA; SP; QL
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	2	PA; SP; Och; QL
letrozole oral tablet 2.5 mg	1	Och
LEUKERAN ORAL TABLET 2 MG	2	SP; Och
LEUPROLIDE (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	1	PA; SP
leuprolide subcutaneous kit 1 mg/0.2 ml	1	PA; SP; QL
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	2	PA; SP; Och; QL
LORBRENA ORAL TABLET 100 MG, 25 MG	2	PA; SP; Och; QL
LUMAKRAS ORAL TABLET 120 MG	3	PA; SP; Och; QL
LUPKYNIS ORAL CAPSULE 7.9 MG	3	PA; SP
LYNPARZA ORAL TABLET 100 MG, 150 MG	2	PA; SP; Och; QL
LYSODREN ORAL TABLET 500 MG	2	SP; Och
LYTGOBI ORAL TABLET 4 MG	3	PA; SP; Och; QL
MATULANE ORAL CAPSULE 50 MG	2	SP; Och
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)	1	
megestrol oral tablet 20 mg, 40 mg	1	
MEKINIST ORAL TABLET 0.5 MG, 2 MG	2	PA; SP; Och; QL
MEKTOVI ORAL TABLET 15 MG	3	PA; SP; Och; QL

Drug Name	Drug Tier	Requirements / Limits
melphalan oral tablet 2 mg	1	Och
mercaptopurine oral tablet 50 mg	1	Och
methotrexate sodium (pf) injection recon soln 1 gram	1	
methotrexate sodium injection solution 25 mg/ml	1	
methotrexate sodium oral tablet 2.5 mg	1	Och
mitomycin intravenous recon soln 20 mg	1	SP
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	3	SP
mycophenolate mofetil oral capsule 250 mg	1	
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	1	
mycophenolate mofetil oral tablet 500 mg	1	
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	1	
MYLERAN ORAL TABLET 2 MG	2	SP; Och
NERLYNX ORAL TABLET 40 MG	3	PA; SP; Och; QL
nilutamide oral tablet 150 mg	1	SP; Och; QL
NUBEQA ORAL TABLET 300 MG	2	PA; SP; Och; QL
NULOJIX INTRAVENOUS RECON SOLN 250 MG	2	SP
ODOMZO ORAL CAPSULE 200 MG	3	PA; SP; QL
ONUREG ORAL TABLET 200 MG, 300 MG	2	PA; SP; Och; QL
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	3	PA; SP; Och; QL
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	3	PA; SP; Och; QL
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	2	PA; SP; QL
PURIXAN ORAL SUSPENSION 20 MG/ML	2	ST; SP; Och
QINLOCK ORAL TABLET 50 MG	3	PA; SP; Och; QL
RETEVMO ORAL CAPSULE 40 MG, 80 MG	3	PA; SP; Och; QL
REZLIDHIA ORAL CAPSULE 150 MG	3	SP; Och; QL
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	2	PA; SP; Och; QL
RYDAPT ORAL CAPSULE 25 MG	3	PA; SP; Och; QL

Drug Name	Drug Tier	Requirements / Limits
SANDIMMUNE ORAL SOLUTION 100 MG/ML	2	SP
SCEMBLIX ORAL TABLET 20 MG, 40 MG	3	PA; SP; Och; QL
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	2	PA; SP; QL
SIMULECT INTRAVENOUS RECON SOLN 20 MG	2	SP
sirolimus oral solution 1 mg/ml	1	SP
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	1	SP
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	2	SP
sorafenib oral tablet 200 mg	1	PA; SP; Och; QL
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	2	PA; SP; Och; QL
STIVARGA ORAL TABLET 40 MG	2	PA; SP; Och; QL
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	1	PA; SP; Och; QL
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	2	PA; SP; QL
TABLOID ORAL TABLET 40 MG	2	SP; Och
TABRECTA ORAL TABLET 150 MG, 200 MG	3	PA; SP; Och; QL
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	1	SP
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	2	PA; SP; QL
TAGRISSO ORAL TABLET 40 MG, 80 MG	2	PA; SP; Och; QL
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	2	PA; SP; Och; QL
tamoxifen oral tablet 10 mg, 20 mg	1	Och; ACA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	2	PA; SP; Och; QL
TAZVERIK ORAL TABLET 200 MG	2	PA; SP; QL
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	1	PA; SP; Och
TEPMETKO ORAL TABLET 225 MG	3	PA; SP; Och
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	2	PA; SP; Och; QL
TIBSOVO ORAL TABLET 250 MG	3	PA; SP; QL
toremifene oral tablet 60 mg	1	PA; SP; Och; QL

Drug Name	Drug Tier	Requirements / Limits
tretinoin (antineoplastic) oral capsule 10 mg	1	SP; Och
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	3	Och
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	3	PA; SP; QL
TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1), 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2), 75 MG/DAY (25 MG X 3)	3	PA; SP; Och
TUKYSA ORAL TABLET 150 MG, 50 MG	3	PA; SP; Och; QL
TURALIO ORAL CAPSULE 125 MG	3	PA; SP; Och; QL
UPLIZNA INTRAVENOUS SOLUTION 10 MG/ML	3	PA; SP; QL
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	2	PA; SP; QL
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	2	PA; SP; QL
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	2	PA; SP; Och; QL
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG	3	PA; SP; QL
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	3	PA; SP; Och; QL
VITRAKVI ORAL SOLUTION 20 MG/ML	3	PA; SP; Och; QL
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	2	PA; SP; Och; QL
VONJO ORAL CAPSULE 100 MG	3	PA; SP; Och; QL
VOTRIENT ORAL TABLET 200 MG	2	PA; SP; Och; QL
WELIREG ORAL TABLET 40 MG	3	PA; SP; QL
XALKORI ORAL CAPSULE 200 MG, 250 MG	2	PA; SP; Och; QL
XERMELO ORAL TABLET 250 MG	2	PA; SP; QL
XOSPATA ORAL TABLET 40 MG	3	PA; SP; Och; QL
XTANDI ORAL CAPSULE 40 MG	2	PA; SP; Och; QL
XTANDI ORAL TABLET 40 MG, 80 MG	2	PA; SP; Och; QL
YONSA ORAL TABLET 125 MG	2	PA; SP; Och
ZEJULA ORAL CAPSULE 100 MG	3	PA; SP; Och; QL
ZELBORAF ORAL TABLET 240 MG	2	PA; SP; QL
ZOLINZA ORAL CAPSULE 100 MG	2	SP

Drug Name	Drug Tier	Requirements / Limits
ZYDELIG ORAL TABLET 100 MG, 150 MG	2	PA; SP; Och; QL
ZYKADIA ORAL TABLET 150 MG	2	PA; SP; Och; QL
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH		
ANTICONVULSANTS		
BRIVIACT ORAL SOLUTION 10 MG/ML	3	ST; QL
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	3	ST; QL
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg	1	ST
carbamazepine oral capsule, er multiphase 12 hr 300 mg	1	
carbamazepine oral suspension 100 mg/5 ml	1	
carbamazepine oral tablet 200 mg	1	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	1	
carbamazepine oral tablet,chewable 100 mg	1	
CELONTIN ORAL CAPSULE 300 MG	2	
clobazam oral suspension 2.5 mg/ml	1	ST; QL
clobazam oral tablet 10 mg, 20 mg	1	QL
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	2	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	3	PA; SP; QL
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	3	PA; SP; QL
DIASTAT RECTAL KIT 2.5 MG	3	QL
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	1	QL
DILANTIN ORAL CAPSULE 30 MG	2	
divalproex oral capsule, delayed rel sprinkle 125 mg	1	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	1	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	2	PA; SP
epitol oral tablet 200 mg	1	

Drug Name	Drug Tier	Requirements / Limits
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	3	ST
ethosuximide oral capsule 250 mg	1	
ethosuximide oral solution 250 mg/5 ml	1	
felbamate oral suspension 600 mg/5 ml	1	ST; QL
felbamate oral tablet 400 mg, 600 mg	1	ST; QL
FINTEPLA ORAL SOLUTION 2.2 MG/ML	3	PA; SP; QL
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	2	ST; QL
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	2	ST; QL
gabapentin oral capsule 100 mg, 300 mg, 400 mg	1	QL
gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)	1	QL
gabapentin oral tablet 600 mg, 800 mg	1	QL
lacosamide oral solution 10 mg/ml	1	QL
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	1	QL
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)	1	ST
lamotrigine oral tablet extended release 24hr 100 mg	1	ST
lamotrigine oral tablet extended release 24hr 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	1	ST; QL
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	1	
lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg	1	ST; QL
lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)	1	
levetiracetam in nacl (iso-os) intravenous piggyback 500 mg/100 ml	1	
levetiracetam intravenous solution 500 mg/5 ml	1	
levetiracetam oral solution 100 mg/ml	1	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	1	

Drug Name	Drug Tier	Requirements / Limits
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	1	
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)	3	QL
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG	3	ST; QL
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	1	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	1	
phenytoin oral suspension 100 mg/4 ml, 125 mg/5 ml	1	
phenytoin oral tablet,chewable 50 mg	1	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	1	
phenytoin sodium intravenous solution 50 mg/ml	1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	1	QL
pregabalin oral solution 20 mg/ml	1	
pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg	1	QL
primidone oral tablet 250 mg, 50 mg	1	
roweepra oral tablet 500 mg	3	
rufinamide oral suspension 40 mg/ml	1	ST; QL
rufinamide oral tablet 200 mg, 400 mg	1	ST; QL
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	3	ST; QL
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
subvenite starter (blue) kit oral tablets,dose pack 25 mg (35)	1	
subvenite starter (green) kit oral tablets,dose pack 25 mg (84) -100 mg (14)	1	
subvenite starter (orange) kit oral tablets,dose pack 25 mg (42) -100 mg (7)	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg	1	ST; QL
topiramate oral capsule, sprinkle 15 mg, 25 mg	1	
topiramate oral capsule,extended release 24hr 100 mg, 25 mg, 50 mg	1	ST; QL
topiramate oral capsule,sprinkle,er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	1	ST; QL
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	
valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)	1	
valproic acid (as sodium salt) oral solution 250 mg/5 ml	1	
valproic acid oral capsule 250 mg	1	
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	2	QL
vigabatrin oral powder in packet 500 mg	1	ST; SP; QL
vigadrone oral powder in packet 500 mg	1	ST; SP; QL
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	3	ST; QL
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	ST; QL
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	3	ST; QL
zonisamide oral capsule 100 mg, 25 mg, 50 mg	1	
ZTALMY ORAL SUSPENSION 50 MG/ML	3	PA; ST; SP; QL
ANTIPARKINSONISM AGENTS		
apomorphine subcutaneous cartridge 10 mg/ml	1	PA; SP; QL
benztropine injection solution 1 mg/ml	1	
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	1	
bromocriptine oral capsule 5 mg	1	
bromocriptine oral tablet 2.5 mg	1	
carbidopa oral tablet 25 mg	1	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	1	

Drug Name	Drug Tier	Requirements / Limits
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	1	
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg	1	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	1	
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML	3	QL
entacapone oral tablet 200 mg	1	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	3	PA; SP; QL
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	3	PA; SP; QL
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	3	ST; QL
NOURIANZ ORAL TABLET 20 MG, 40 MG	3	PA; QL
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	
pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	1	ST; QL
rasagiline oral tablet 0.5 mg, 1 mg	1	QL
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1	
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	1	ST; QL
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	3	ST; QL
selegiline hcl oral capsule 5 mg	1	
selegiline hcl oral tablet 5 mg	1	
tolcapone oral tablet 100 mg	1	ST; QL
trihexyphenidyl oral elixir 0.4 mg/ml	1	
trihexyphenidyl oral tablet 2 mg, 5 mg	1	
MIGRAINE & CLUSTER HEADACHE THERAPY		

Drug Name	Drug Tier	Requirements / Limits
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML	2	PA; QL
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML	2	PA
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	2	PA; QL
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	2	PA; QL
almotriptan malate oral tablet 12.5 mg, 6.25 mg	2	ST; QL
dihydroergotamine injection solution 1 mg/ml	2	QL
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	2	QL
eletriptan oral tablet 20 mg, 40 mg	2	ST; QL
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	2	PA; QL
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML, 300 MG/3 ML (100 MG/ML X 3)	2	PA; QL
ERGOMAR SUBLINGUAL TABLET 2 MG	3	QL
ergotamine-caffeine oral tablet 1-100 mg	1	QL
frovatriptan oral tablet 2.5 mg	2	ST; QL
migergot rectal suppository 2-100 mg	2	QL
naratriptan oral tablet 1 mg, 2.5 mg	1	QL
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	2	PA; QL
rizatriptan oral tablet 10 mg, 5 mg	1	QL
rizatriptan oral tablet,disintegrating 10 mg, 5 mg	1	QL
sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation	1	QL
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	1	QL
sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml	1	QL
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml	1	QL
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	1	QL
sumatriptan-naproxen oral tablet 85-500 mg	2	ST; QL

Drug Name	Drug Tier	Requirements / Limits
UBRELVY ORAL TABLET 100 MG, 50 MG	2	PA; QL
zolmitriptan oral tablet 2.5 mg, 5 mg	2	ST; QL
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg	2	ST; QL
MISCELLANEOUS NEUROLOGICAL THERAPY		
AMONDYS-45 INTRAVENOUS SOLUTION 50 MG/ML	3	
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	2	PA; SP; QL
dalfampridine oral tablet extended release 12 hr 10 mg	1	PA; SP; QL
donepezil oral tablet 10 mg, 23 mg, 5 mg	1	
donepezil oral tablet,disintegrating 10 mg, 5 mg	1	
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	3	PA; SP
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	1	QL
galantamine oral solution 4 mg/ml	1	QL
galantamine oral tablet 12 mg, 4 mg, 8 mg	1	QL
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg	1	QL
memantine oral solution 2 mg/ml	1	QL
memantine oral tablet 10 mg, 5 mg	1	QL
NUEDEXTA ORAL CAPSULE 20-10 MG	2	PA; QL
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG	3	
RADICAVA INTRAVENOUS SOLUTION 30 MG/100 ML	2	SP; QL
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	2	SP
RELYVRIO ORAL POWDER IN PACKET 3-1 GRAM	3	PA; SP
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	1	
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	1	QL
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	3	PA; SP; QL
tetrabenazine oral tablet 12.5 mg, 25 mg	1	PA; SP; QL

Drug Name	Drug Tier	Requirements / Limits
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	3	PA; SP; QL
ZEPOSIA ORAL CAPSULE 0.92 MG	2	PA; SP; QL
ZEPOSIA STARTER KIT ORAL CAPSULE,DOSE PACK 0.23-0.46-0.92 MG	2	PA; SP; QL
ZEPOSIA STARTER PACK ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	2	PA; SP; QL
ZOLGENSMA INTRAVENOUS KIT 2 X 10EXP13 VG/ML	3	PA; SP; QL
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
atracurium intravenous solution 10 mg/ml	1	
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
carisoprodol oral tablet 250 mg, 350 mg	1	ST; QL
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine oral tablet 10 mg, 5 mg	1	
cyclobenzaprine oral tablet 7.5 mg	1	ST
dantrolene oral capsule 100 mg, 25 mg, 50 mg	1	
meprobamate oral tablet 200 mg, 400 mg	1	
metaxalone oral tablet 400 mg, 800 mg	1	
methocarbamol oral tablet 500 mg, 750 mg	1	
neostigmine methylsulfate intravenous syringe 3 mg/3 ml (1 mg/ml)	1	
NORGESIC FORTE ORAL TABLET 50-770-60 MG	3	QL
orphenadrine citrate injection solution 30 mg/ml	1	
orphenadrine citrate oral tablet extended release 100 mg	1	
orphenadrine-asa-caffeine oral tablet 50-770-60 mg	2	QL
pyridostigmine bromide oral syrup 60 mg/5 ml	1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	1	
pyridostigmine bromide oral tablet 60 mg	1	
pyridostigmine bromide oral tablet extended release 180 mg	1	
regonol injection solution 5 mg/ml	2	

Drug Name	Drug Tier	Requirements / Limits
tizanidine oral capsule 2 mg, 4 mg, 6 mg	1	
tizanidine oral tablet 2 mg, 4 mg	1	
NARCOTIC ANALGESICS		
acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg	1	ST; Opioid; QL
acetaminophen-codeine oral solution 120-12 mg/5 ml	1	ST; Opioid; QL
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	1	ST; Opioid; QL
ALLZITAL ORAL TABLET 25-325 MG	3	ST; Opioid
ascomp with codeine oral capsule 30-50-325-40 mg	1	ST; Opioid; QL
buprenorphine hcl injection syringe 0.3 mg/ml	1	Opioid
buprenorphine hcl sublingual tablet 2 mg, 8 mg	1	Opioid; QL
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	1	Opioid; QL
butalbital compound w/codeine oral capsule 30-50-325-40 mg	1	ST; Opioid; QL
butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg	2	ST; Opioid; QL
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg	1	ST; Opioid; QL
butalbital-acetaminophen oral capsule 50-300 mg	2	ST; Opioid; QL
butalbital-acetaminophen oral tablet 50-300 mg	2	ST; Opioid; QL
butalbital-acetaminophen oral tablet 50-325 mg	1	Opioid; QL
butalbital-acetaminophen-caff oral capsule 50-300-40 mg	2	Opioid; QL
butalbital-acetaminophen-caff oral capsule 50-325-40 mg	1	Opioid; QL
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	1	Opioid; QL
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1	Opioid; QL
butalbital-aspirin-caffeine oral tablet 50-325-40 mg	1	Opioid; QL
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg	1	ST; Opioid; QL
codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg	1	ST; Opioid; QL

Drug Name	Drug Tier	Requirements / Limits
diskets oral tablet,soluble 40 mg	2	ST; Opioid; QL
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	ST; Opioid; QL
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	1	PA; ST; Opioid; QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour	1	PA; ST; Opioid; QL
hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	1	ST; Opioid; QL
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	1	ST; Opioid; QL
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	ST; Opioid; QL
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	ST; Opioid; QL
hydromorphone (pf) injection solution 10 mg/ml	1	ST; Opioid; QL
hydromorphone injection syringe 1 mg/ml	1	ST; Opioid; QL
hydromorphone oral liquid 1 mg/ml	1	ST; Opioid; QL
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	1	ST; Opioid; QL
hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg	2	PA; ST; Opioid; QL
hydromorphone rectal suppository 3 mg	1	ST; Opioid; QL
levorphanol tartrate oral tablet 2 mg	1	ST; Opioid; QL
meperidine oral tablet 50 mg	2	ST; Opioid; QL
methadone oral concentrate 10 mg/ml	1	ST; Opioid; QL
methadone oral solution 10 mg/5 ml, 5 mg/5 ml	1	ST; Opioid; QL
methadone oral tablet 10 mg, 5 mg	1	ST; Opioid; QL
methadone oral tablet,soluble 40 mg	1	ST; Opioid; QL
methadose oral concentrate 10 mg/ml	2	ST; Opioid; QL
methadose oral tablet,soluble 40 mg	1	ST; Opioid; QL
morphine (pf) injection solution 0.5 mg/ml	1	ST; Opioid; QL
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	1	ST; Opioid; QL
MORPHINE INTRAMUSCULAR PEN INJECTOR 10 MG/0.7 ML	1	ST; Opioid; QL

Drug Name	Drug Tier	Requirements / Limits
morphine intravenous syringe 2 mg/ml	1	ST; Opioid; QL
morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	2	ST; Opioid; QL
morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)	1	ST; Opioid; QL
morphine oral tablet 15 mg, 30 mg	1	ST; Opioid; QL
morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	1	ST; Opioid; QL
morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg	1	ST; Opioid; QL
oxycodone oral capsule 5 mg	1	ST; Opioid; QL
oxycodone oral concentrate 20 mg/ml	2	ST; Opioid; QL
oxycodone oral solution 5 mg/5 ml	1	ST; Opioid; QL
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	ST; Opioid; QL
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 20 MG, 40 MG, 80 MG	1	ST; Opioid; QL
oxycodone-acetaminophen oral solution 5-325 mg/5 ml	1	ST; Opioid; QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-325 mg	1	ST; Opioid; QL
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	2	ST; Opioid; QL
oxymorphone oral tablet 10 mg, 5 mg	1	ST; Opioid; QL
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg	1	ST; Opioid; QL
PROLATE ORAL SOLUTION 10-300 MG/5 ML	3	ST; Opioid; QL
ROXYBOND ORAL TABLET, ORAL ONLY 15 MG, 30 MG, 5 MG	2	ST; Opioid; QL
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML	2	SP; Opioid; QL
tencon oral tablet 50-325 mg	1	Opioid
zebutal oral capsule 50-325-40 mg	1	Opioid
NON-NARCOTIC ANALGESICS		
aspirin oral tablet 325 mg	1	ACA

Drug Name	Drug Tier	Requirements / Limits
buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	1	Opioid; QL
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	1	Opioid; QL
butorphanol injection solution 1 mg/ml	1	ST; QL
butorphanol nasal spray,non-aerosol 10 mg/ml	1	ST; QL
CALDOLOR INTRAVENOUS PIGGYBACK 800 MG/200 ML (4 MG/ML)	2	
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	1	QL
DICLOFENAC EPOLAMINE TRANSDERMAL PATCH 12 HOUR 1.3 %	1	QL
diclofenac potassium oral powder in packet 50 mg	1	QL
diclofenac potassium oral tablet 25 mg, 50 mg	1	
diclofenac sodium oral tablet extended release 24 hr 100 mg	1	
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg	1	
diclofenac sodium topical drops 1.5 %	1	QL
diclofenac sodium topical gel 1 %	1	QL
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg	1	
DICLOFONO TOPICAL GEL IN PACKET 1.6 %	3	ST
diflunisal oral tablet 500 mg	1	
DISALCID ORAL TABLET 500 MG, 750 MG	3	
etodolac oral capsule 200 mg, 300 mg	1	
etodolac oral tablet 400 mg, 500 mg	1	
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg	1	
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 -3.6 MILLION)	2	PA; SP; QL
fenoprofen oral tablet 600 mg	2	
flurbiprofen oral tablet 100 mg	1	
FROTEK TOPICAL CREAM IN PACKET 10 %	3	ST
ibu oral tablet 400 mg, 600 mg, 800 mg	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
ibuprofen-famotidine oral tablet 800-26.6 mg	1	

Drug Name	Drug Tier	Requirements / Limits
INDOCIN RECTAL SUPPOSITORY 50 MG	3	QL
indomethacin oral capsule 25 mg, 50 mg	1	
indomethacin oral capsule, extended release 75 mg	1	
ketoprofen oral capsule 25 mg, 50 mg, 75 mg	2	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	2	
ketorolac injection solution 15 mg/ml	1	
ketorolac intramuscular solution 60 mg/2 ml	1	
ketorolac intramuscular syringe 60 mg/2 ml	1	
ketorolac oral tablet 10 mg	1	QL
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION	3	Opioid
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	3	ST; QL
LUCEMYRA ORAL TABLET 0.18 MG	2	Opioid; QL
meclofenamate oral capsule 100 mg, 50 mg	1	
mefenamic acid oral capsule 250 mg	2	
meloxicam oral tablet 15 mg, 7.5 mg	1	
MONOVISC INTRA-ARTICULAR SYRINGE 88 MG/4 ML	2	PA; QL
nabumetone oral tablet 500 mg, 750 mg	1	
nalbuphine injection solution 10 mg/ml	1	ST; QL
naloxone injection solution 0.4 mg/ml	1	Opioid
naloxone nasal spray,non-aerosol 4 mg/actuation	1	Opioid
naltrexone oral tablet 50 mg	1	Opioid
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	
naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
naproxen sodium oral tablet, er multiphase 24 hr 750 mg	1	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	3	ST; QL
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
OLINVYK INTRAVENOUS SOLUTION 1 MG/ML	3	
ORTHOVISC INTRA-ARTICULAR SYRINGE 30 MG/2 ML	2	PA; QL
oxaprozin oral tablet 600 mg	1	
pentazocine-naloxone oral tablet 50-0.5 mg	1	ST; QL
piroxicam oral capsule 10 mg, 20 mg	1	
salsalate oral tablet 500 mg, 750 mg	1	
sulindac oral tablet 150 mg, 200 mg	1	
TORONOVA II SUIK KIT 30 MG/ML	3	
TORONOVA SUIK KIT 30 MG/ML	3	
tramadol oral tablet 50 mg	1	ST; QL
tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg	1	ST; QL
tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg	1	ST; QL
tramadol-acetaminophen oral tablet 37.5-325 mg	1	ST; QL
VISCO-3 INTRA-ARTICULAR SYRINGE 10 MG/ML	3	PA
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	2	SP; Opioid
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	2	Opioid; QL
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	2	SP; QL
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	2	SP; QL
ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	3	ST
alprazolam intensol oral concentrate 1 mg/ml	2	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	

Drug Name	Drug Tier	Requirements / Limits
alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg	1	
alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg	2	
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg	1	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	1	
amphetamine sulfate oral tablet 10 mg, 5 mg	1	PA; QL
aripiprazole oral solution 1 mg/ml	1	ST; QL
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	1	QL
aripiprazole oral tablet,disintegrating 10 mg, 15 mg	1	ST; QL
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	2	
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML, 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML	2	SP
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	1	QL
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	1	ST; QL
atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	1	QL
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	ST; QL
bupropion hcl oral tablet 100 mg, 75 mg	1	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	1	QL
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	2	ST; QL
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	1	QL
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1	

Drug Name	Drug Tier	Requirements / Limits
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	1	
chlorpromazine injection solution 25 mg/ml	1	
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	1	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	1	
citalopram oral solution 10 mg/5 ml	1	
citalopram oral tablet 10 mg, 20 mg, 40 mg	1	
clomipramine oral capsule 25 mg, 50 mg, 75 mg	2	
clonidine hcl oral tablet extended release 12 hr 0.1 mg	1	QL
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	1	
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	QL
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	1	ST; QL
desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	2	
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	1	QL
dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	1	QL
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	1	QL
dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg	1	QL
dextroamphetamine sulfate oral solution 5 mg/5 ml	1	QL
dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	QL
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	1	QL
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	1	QL
diazepam injection syringe 5 mg/ml	1	
diazepam intensol oral concentrate 5 mg/ml	1	

Drug Name	Drug Tier	Requirements / Limits
diazepam oral solution 5 mg/5 ml (1 mg/ml)	1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	1	
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
doxepin oral concentrate 10 mg/ml	1	
doxepin oral tablet 3 mg, 6 mg	1	ST; QL
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	1	
duloxetine oral capsule,delayed release(dr/ec) 40 mg	2	
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG	3	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	3	ST; QL
ergoloid oral tablet 1 mg	1	
escitalopram oxalate oral solution 5 mg/5 ml	1	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	1	
estazolam oral tablet 1 mg, 2 mg	1	
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	1	QL
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	ST; QL
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	3	ST; QL
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	3	ST; QL
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	3	ST; QL
fluoxetine oral capsule 10 mg, 20 mg, 40 mg	1	
fluoxetine oral capsule,delayed release(dr/ec) 90 mg	1	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	1	
fluoxetine oral tablet 10 mg	1	
fluoxetine oral tablet 20 mg	2	
fluphenazine decanoate injection solution 25 mg/ml	1	
fluphenazine hcl injection solution 2.5 mg/ml	1	

Drug Name	Drug Tier	Requirements / Limits
fluphenazine hcl oral concentrate 5 mg/ml	1	
fluphenazine hcl oral elixir 2.5 mg/5 ml	1	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	1	
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	1	
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	1	QL
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	1	
haloperidol lactate injection solution 5 mg/ml	1	
haloperidol lactate intramuscular syringe 5 mg/ml	1	
haloperidol lactate oral concentrate 2 mg/ml	1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	1	
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	3	PA
HETLIOZ ORAL CAPSULE 20 MG	3	PA
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	2	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML, 1,560 MG/5 ML	3	SP
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML	3	SP
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML, 410 MG/1.32 ML, 546 MG/1.75 ML, 819 MG/2.63 ML	3	SP
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	2	ST; QL
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	1	
lithium carbonate oral tablet 300 mg	1	
lithium carbonate oral tablet extended release 300 mg, 450 mg	1	
lorazepam injection syringe 2 mg/ml	1	
lorazepam intensol oral concentrate 2 mg/ml	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	

Drug Name	Drug Tier	Requirements / Limits
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	1	
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	ST; QL
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	3	PA; QL
MARPLAN ORAL TABLET 10 MG	3	ST
methamphetamine oral tablet 5 mg	1	QL
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	1	QL
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg	1	QL
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	1	QL
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	1	QL
methylphenidate hcl oral tablet extended release 10 mg	1	
methylphenidate hcl oral tablet extended release 20 mg	1	QL
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg	1	QL
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 72 MG	1	QL
methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg	2	QL
midazolam oral syrup 2 mg/ml	1	
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	1	
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	1	
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG	1	
modafinil oral tablet 100 mg, 200 mg	1	QL
molindone oral tablet 10 mg, 25 mg	1	QL
molindone oral tablet 5 mg	1	
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG	2	QL

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

Drug Name	Drug Tier	Requirements / Limits
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	1	QL
ramelteon oral tablet 8 mg	1	ST; QL
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	2	SP
risperidone oral solution 1 mg/ml	1	QL
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	QL
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	QL
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG	3	ST; QL
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	3	ST; QL
sertraline oral concentrate 20 mg/ml	1	
sertraline oral tablet 100 mg, 25 mg, 50 mg	1	
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	1	PA; SP; QL
SUNOSI ORAL TABLET 150 MG, 75 MG	3	PA; QL
tasimelteon oral capsule 20 mg	1	PA
temazepam oral capsule 15 mg, 30 mg	1	
temazepam oral capsule 22.5 mg, 7.5 mg	2	
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
tranylcypromine oral tablet 10 mg	2	
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg	1	
triazolam oral tablet 0.125 mg, 0.25 mg	1	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	1	
trimipramine oral capsule 100 mg, 25 mg, 50 mg	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	ST; QL
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg	1	

Drug Name	Drug Tier	Requirements / Limits
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg	2	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	3	ST; QL
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	3	ST; QL
vilazodone oral tablet 10 mg, 20 mg, 40 mg	1	ST; QL
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	3	ST; QL
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	3	ST; QL
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	2	QL
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	2	QL
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	3	PA; SP; QL
XYREM ORAL SOLUTION 500 MG/ML	3	PA; SP; QL
XYWAV ORAL SOLUTION 0.5 GRAM/ML	3	PA; SP
zaleplon oral capsule 10 mg, 5 mg	1	QL
zenzedi oral tablet 10 mg, 5 mg	1	QL
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	1	QL
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)	1	
zolpidem oral tablet 10 mg, 5 mg	1	QL
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg	1	QL
zolpidem sublingual tablet 1.75 mg, 3.5 mg	1	ST; QL
ZOLPIMIST ORAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)	3	ST
ZULRESSO INTRAVENOUS SOLUTION 5 MG/ML	3	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG	3	SP

CARDIOVASCULAR, HYPERTENSION & LIPIDS

Drug Name	Drug Tier	Requirements / Limits
ANTIARRHYTHMIC AGENTS		
amiodarone oral tablet 100 mg, 200 mg, 400 mg	1	
bretylium tosylate injection solution 50 mg/ml	1	
disopyramide phosphate oral capsule 100 mg, 150 mg	1	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	1	
flecainide oral tablet 100 mg, 150 mg, 50 mg	1	
mexiletine oral capsule 150 mg, 200 mg, 250 mg	1	
MULTAQ ORAL TABLET 400 MG	3	ST
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	3	ST
pacerone oral tablet 100 mg, 200 mg, 400 mg	1	
procainamide injection solution 100 mg/ml	1	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	1	
propafenone oral tablet 150 mg, 225 mg, 300 mg	1	
quinidine gluconate oral tablet extended release 324 mg	1	
quinidine sulfate oral tablet 200 mg, 300 mg	1	
sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
sotalol af oral tablet 120 mg, 160 mg, 80 mg	1	
SOTALOL INTRAVENOUS SOLUTION 150 MG/10 ML (15 MG/ML)	2	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML	2	ST; QL
ANTIHYPERTENSIVE THERAPY		
acebutolol oral capsule 200 mg, 400 mg	1	
aliskiren oral tablet 150 mg, 300 mg	1	ST; QL
amiloride oral tablet 5 mg	1	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	1	
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1	ST

Drug Name	Drug Tier	Requirements / Limits
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1	ST
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	1	ST
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	
benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1	
betaxolol oral tablet 10 mg, 20 mg	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	
bumetanide injection solution 0.25 mg/ml	1	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	1	
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	1	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	3	ST
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg	1	
chlorothiazide sodium intravenous recon soln 500 mg	1	
chlorthalidone oral tablet 25 mg, 50 mg	1	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr	1	QL

Drug Name	Drug Tier	Requirements / Limits
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	1	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	1	
diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	
diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	1	
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1	
EDARBI ORAL TABLET 40 MG, 80 MG	2	ST
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	2	ST
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	
eplerenone oral tablet 25 mg, 50 mg	1	
epoprostenol (glycine) intravenous recon soln 0.5 mg, 1.5 mg	1	PA; SP
epoprostenol intravenous recon soln 0.5 mg, 1.5 mg	1	PA; SP
eprosartan oral tablet 600 mg	1	ST
ethacrynic acid oral tablet 25 mg	1	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	1	
FLOLAN INTRAVENOUS RECON SOLN 0.5 MG, 1.5 MG	3	PA; SP
fosinopril oral tablet 10 mg, 20 mg, 40 mg	1	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	1	
furosemide injection solution 10 mg/ml	1	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1	

Drug Name	Drug Tier	Requirements / Limits
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	
guanfacine oral tablet 1 mg, 2 mg	1	
hydralazine injection solution 20 mg/ml	1	
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
hydrochlorothiazide oral capsule 12.5 mg	1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	
indapamide oral tablet 1.25 mg, 2.5 mg	1	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1	
isradipine oral capsule 2.5 mg, 5 mg	1	
labetalol intravenous solution 5 mg/ml	1	
labetalol oral tablet 100 mg, 200 mg, 300 mg	1	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
losartan oral tablet 100 mg, 25 mg, 50 mg	1	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
methyldopa oral tablet 250 mg, 500 mg	1	
methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg	1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	1	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	1	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1	
metoprolol tartrate intravenous solution 5 mg/5 ml	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
metyrosine oral capsule 250 mg	1	
minoxidil oral tablet 10 mg, 2.5 mg	1	

Drug Name	Drug Tier	Requirements / Limits
moexipril oral tablet 15 mg, 7.5 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	QL
nicardipine oral capsule 20 mg, 30 mg	1	
nifedipine oral capsule 10 mg, 20 mg	1	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	1	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	1	
nimodipine oral capsule 30 mg	1	
nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	1	
NYMALIZE ORAL SOLUTION 60 MG/10 ML	3	PA
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML	3	PA; QL
olmesartan oral tablet 20 mg, 40 mg, 5 mg	1	
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1	ST
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	1	
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	3	PA; SP
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	1	
phenoxybenzamine oral capsule 10 mg	1	PA; SP; QL
pindolol oral tablet 10 mg, 5 mg	1	
prazosin oral capsule 1 mg, 2 mg, 5 mg	1	
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG	3	ST
propranolol intravenous solution 1 mg/ml	1	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	1	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	

Drug Name	Drug Tier	Requirements / Limits
propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg	1	
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	1	
taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	1	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	1	
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	1	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1	
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	1	
treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml	1	PA; SP
triamterene oral capsule 100 mg, 50 mg	1	ST
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	1	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	1	
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG	2	PA; SP; QL
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	2	PA; SP; QL
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	2	PA; SP; QL

Drug Name	Drug Tier	Requirements / Limits
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1	
veletri intravenous recon soln 0.5 mg, 1.5 mg	3	PA; SP
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	1	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	1	
verapamil oral tablet 120 mg, 40 mg, 80 mg	1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	1	
CARDIAC GLYCOSIDES		
digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	1	
digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	1	
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	2	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	1	
COAGULATION THERAPY		
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	2	SP
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT	2	SP
AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	2	SP
AGGRASTAT CONCENTRATE INTRAVENOUS CONCENTRATE 250 MCG/ML	3	SP

Drug Name	Drug Tier	Requirements / Limits
ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML	2	SP
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	2	SP
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	2	SP
aminocaproic acid intravenous solution 250 mg/ml	1	
aminocaproic acid oral solution 250 mg/ml (25 %)	1	
aminocaproic acid oral tablet 1,000 mg, 500 mg	1	
ANDEXXA INTRAVENOUS RECON SOLN 200 MG	3	PA; SP
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	1	
ASPIRIN-OMEPRAZOLE ORAL TABLET,IR,DELAYED REL,BIPHASIC 81-40 MG	2	QL
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	2	SP
bivalirudin intravenous recon soln 250 mg	1	PA; SP
BRILINTA ORAL TABLET 60 MG	2	QL
CABLIVI INJECTION KIT 11 MG	3	PA; SP; QL
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT	2	SP
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN 1,000 UNIT	2	SP
cilostazol oral tablet 100 mg	1	
clopidogrel oral tablet 75 mg	1	
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE	2	SP
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT	2	SP
DEFITELIO INTRAVENOUS SOLUTION 80 MG/ML	3	
dipyridamole oral tablet 25 mg	1	

Drug Name	Drug Tier	Requirements / Limits
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	2	PA; SP; QL
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	2	QL
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	2	QL
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT	2	SP
enoxaparin subcutaneous solution 300 mg/3 ml	1	SP; QL
enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml	1	SP; QL
eptifibatide intravenous solution 2 mg/ml	1	SP
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	2	SP
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT	2	SP
FIBRYGA INTRAVENOUS RECON SOLN 1 GRAM (700 MG- 1,300 MG)	3	
fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml	1	SP; QL
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML, 25,000 ANTI-XA UNIT/ML	2	SP; QL
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML, 7,500 ANTI-XA UNIT/0.3 ML	2	SP; QL
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4 ML	3	PA; SP
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT	2	SP
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT	2	SP
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT	2	SP

Drug Name	Drug Tier	Requirements / Limits
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT	2	SP
heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)	1	
heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml	1	
heparin (porcine) injection solution 1,000 unit/ml	1	
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/500 ml	1	
heparin, porcine (pf) injection solution 1,000 unit/ml	1	
HEPARIN, PORCINE (PF) SUBCUTANEOUS SYRINGE 5,000 UNIT/0.5 ML	1	
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT	2	SP
IDELVION INTRAVENOUS RECON SOLN 3,500 (+/-) UNIT	3	SP
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	2	SP
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	2	SP
KCENTRA INTRAVENOUS RECON SOLN 1,000 UNIT (800-1240 UNIT), 500 UNIT (400-620 UNIT)	3	SP
KENGREAL INTRAVENOUS RECON SOLN 50 MG	3	
KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	3	SP
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	2	SP
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	2	SP
MEPHYTON ORAL TABLET 5 MG	3	

Drug Name	Drug Tier	Requirements / Limits
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	2	SP
NOVOSEVEN RT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG), 8 MG (8,000 MCG)	2	SP
NPLATE SUBCUTANEOUS RECON SOLN 125 MCG	2	PA; SP
NPLATE SUBCUTANEOUS RECON SOLN 250 MCG, 500 MCG	2	PA; SP; QL
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE	2	SP
pentoxifylline oral tablet extended release 400 mg	1	
phytonadione (vitamin k1) oral tablet 5 mg	1	
prasugrel oral tablet 5 mg	1	QL
PRAXBIND INTRAVENOUS SOLUTION 2.5 GRAM/50 ML	3	SP
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	2	SP
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	2	PA; SP; QL
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	2	PA; SP; QL
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 500 (+/-) UNIT	3	SP
REBINYN INTRAVENOUS RECON SOLN 3,000 (+/-) UNIT	3	
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	3	SP
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 5 MG (5,000 MCG)	3	SP
TRETTEN INTRAVENOUS RECON SOLN 2,500 UNIT	2	SP
vitamin k injection solution 1 mg/0.5 ml	1	
VONVENDI INTRAVENOUS RECON SOLN 650 (+/-) UNIT RANGE	2	SP

Drug Name	Drug Tier	Requirements / Limits
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT	2	SP
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	2	QL
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	2	QL
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	2	QL
ZONTIVITY ORAL TABLET 2.08 MG	3	QL
LIPID/CHOLESTEROL LOWERING AGENTS		
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	1	ST; QL
atorvastatin oral tablet 10 mg, 20 mg	1	ACA; QL
atorvastatin oral tablet 40 mg, 80 mg	1	QL
cholestyramine (with sugar) oral powder 4 gram	1	
cholestyramine (with sugar) oral powder in packet 4 gram	1	
cholestyramine light oral powder 4 gram	1	
cholestyramine light oral powder in packet 4 gram	1	
colesevelam oral tablet 625 mg	1	
colestipol oral granules 5 gram	1	
colestipol oral packet 5 gram	1	
colestipol oral tablet 1 gram	1	
ezetimibe oral tablet 10 mg	1	QL
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg	1	QL
ezetimibe-simvastatin oral tablet 10-80 mg	1	ST; QL
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	1	
FENOFIBRATE ORAL CAPSULE 150 MG, 50 MG	1	ST
fenofibrate oral tablet 120 mg, 40 mg	2	
fenofibrate oral tablet 160 mg, 54 mg	1	

Drug Name	Drug Tier	Requirements / Limits
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg	1	
fenofibric acid oral tablet 105 mg	2	
fenofibric acid oral tablet 35 mg	1	
fluvastatin oral capsule 20 mg, 40 mg	2	ST; ACA; QL
fluvastatin oral tablet extended release 24 hr 80 mg	2	ST; ACA; QL
gemfibrozil oral tablet 600 mg	1	
icosapent ethyl oral capsule 0.5 gram, 1 gram	1	ST; QL
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	2	PA; SP; QL
lovastatin oral tablet 10 mg, 20 mg, 40 mg	1	ACA; QL
NEXLETOL ORAL TABLET 180 MG	2	PA
NEXLIZET ORAL TABLET 180-10 MG	2	PA; QL
niacin oral tablet 500 mg	1	
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	1	
omega-3 acid ethyl esters oral capsule 1 gram	1	QL
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	ACA; QL
prevalite oral powder 4 gram	1	
prevalite oral powder in packet 4 gram	1	
QUESTRAN LIGHT ORAL POWDER 4 GRAM	3	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	2	PA; QL
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	2	PA; QL
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	2	PA; QL
rosuvastatin oral tablet 10 mg, 5 mg	1	ACA; QL
rosuvastatin oral tablet 20 mg, 40 mg	1	QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	ACA; QL
simvastatin oral tablet 80 mg	1	QL
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR ORAL SOLUTION 5 MG/5 ML	2	QL
CORLANOR ORAL TABLET 5 MG, 7.5 MG	2	ST; QL

Drug Name	Drug Tier	Requirements / Limits
EMERPHED INTRAVENOUS SOLUTION 5 MG/ML	3	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	2	
GIAPREZA INTRAVENOUS SOLUTION 2.5 MG/ML	3	
phenylephrine hcl injection solution 10 mg/ml	1	
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg	1	QL
VECAMYL ORAL TABLET 2.5 MG	3	PA
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	PA
VYNDAMAX ORAL CAPSULE 61 MG	3	PA; SP; QL
VYNDAQEL ORAL CAPSULE 20 MG	3	PA; SP; QL
NITRATES		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide dinitrate oral tablet 40 mg	2	
isosorbide mononitrate oral tablet 10 mg, 20 mg	1	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	1	
nitro-bid transdermal ointment 2 %	2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR	3	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1	
nitroglycerin translingual spray,non-aerosol 400 mcg/spray	1	
NITROLINGUAL TRANSLINGUAL SPRAY,NON-AEROSOL 400 MCG/SPRAY	3	
NITROMIST TRANSLINGUAL AEROSOL,SPRAY 400 MCG/SPRAY	3	
nitro-time oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg	1	
DERMATOLOGICALS/TOPICAL THERAPY		

Drug Name	Drug Tier	Requirements / Limits
ANTIPSORIATIC / ANTISEBORRHEIC		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	1	
calcipotriene scalp solution 0.005 %	1	ST
calcipotriene topical cream 0.005 %	1	ST
calcipotriene topical ointment 0.005 %	1	ST
calcipotriene-betamethasone topical ointment 0.005-0.064 %	1	ST
calcitriol topical ointment 3 mcg/gram	1	ST
drithocreme hp topical cream 1 %	2	ST
hydrocortisone-pramoxine topical cream 2.5-1 %	1	
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	3	PA; SP; QL
selenium sulfide topical lotion 2.5 %	1	
selenium sulfide topical shampoo 2.25 %	2	
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	2	PA; SP; QL
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	2	PA; SP; QL
SORILUX TOPICAL FOAM 0.005 %	3	ST
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	2	PA; SP
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	2	PA; SP; QL
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	2	PA; SP; QL
sulfacetamide sodium topical cleanser 10 %	1	
sulfacetamide sodium topical cleanser, gel 10 %	1	
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	2	PA; SP; QL
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	2	PA; SP; QL
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	2	PA; SP; QL
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	2	PA; SP; QL

Drug Name	Drug Tier	Requirements / Limits
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	2	PA; SP; QL
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	2	PA; SP; QL
ZITHRANOL TOPICAL SHAMPOO 1 %	3	
BURN THERAPY		
silver sulfadiazine topical cream 1 %	1	
ssd topical cream 1 %	1	
KERATOLYTICS		
salicylic acid topical cream 6 %	1	
salicylic acid topical cream,extended release 6 %	1	
salicylic acid topical film forming liquid w/appl 27.5 %	1	
salicylic acid topical film-forming soln er w/ appl 28.5 %	1	
salicylic acid topical foam 6 %	1	
salicylic acid topical gel 6 %	1	
salicylic acid topical liquid 26 %	1	
salicylic acid topical lotion 6 %	1	
salicylic acid topical lotion,extended release 6 %	1	
salicylic acid topical ointment 3 %	2	
salicylic acid topical shampoo 6 %	1	
salicylic acid-ceramides no.1 topical kit,cleanser and cream er 6 %	2	
SALIMEZ FORTE TOPICAL CREAM 10 %	3	
salimez topical cream 6 %	2	
salvax topical foam 6 %	1	
ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 %	3	
MISCELLANEOUS DERMATOLOGICALS		
AMELUZ TOPICAL GEL 10 %	3	
ATRAPRO HYDROGEL TOPICAL GEL	3	
avo cream topical emulsion	1	
cem-urea topical gel 45 %	1	
CERACADE TOPICAL EMULSION	3	
CERAMAX TOPICAL CREAM	3	

Drug Name	Drug Tier	Requirements / Limits
CERAMAX TOPICAL LOTION	3	
DEXERYL TOPICAL CREAM	3	
diclofenac sodium topical gel 3 %	1	ST; QL
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 %	2	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	2	PA; SP; QL
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML	2	PA; SP; QL
emulsion sb topical emulsion	1	
EUCRISA TOPICAL OINTMENT 2 %	3	ST
FLUOROURACIL TOPICAL CREAM 0.5 %	1	PA
fluorouracil topical cream 5 %	1	
fluorouracil topical solution 2 %, 5 %	1	
HALUCORT TOPICAL GEL	3	
IODOFLEX TOPICAL PADS, MEDICATED 0.9 %	3	
IODOSORB TOPICAL GEL 0.9 %	3	
LEVICYN ANTIPRURITIC SG TOPICAL SPRAY GEL	3	
LEVICYN ANTIPRURITIC TOPICAL GEL	3	
LEVULAN TOPICAL SOLUTION 20 %	3	
luxamend topical cream	3	
mb hydrogel topical kit,cream and gel 96.53-3-0.4 -0.066 %	1	
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg	1	
methyl salicylate oil	1	
methyl salicylate topical liquid	1	
PANRETIN TOPICAL GEL 0.1 %	3	SP
pimecrolimus topical cream 1 %	1	ST
podofilox topical solution 0.5 %	1	
pruclair topical cream	1	
QBREXZA TOPICAL TOWELETTE 2.4 %	3	PA; QL
REGRANEX TOPICAL GEL 0.01 %	2	

Drug Name	Drug Tier	Requirements / Limits
SCENESSE SUBCUTANEOUS IMPLANT 16 MG	3	PA; SP; QL
SEBUDERM TOPICAL GEL	3	
silver nitrate applicators topical stick 75-25 %	1	
silver nitrate topical solution 0.5 %, 10 %, 25 %, 50 %	1	
sonafine topical emulsion	1	
tacrolimus topical ointment 0.03 %, 0.1 %	1	
umecta topical foam 40 %	1	
urea nail stick topical solution 50 %	1	
urea topical cream 39 %, 40 %, 45 %, 47 %, 50 %	1	
UREA TOPICAL CREAM 39.5 %	1	
urea topical foam 35 %	1	
urea topical gel 45 %	1	
VALCHLOR TOPICAL GEL 0.016 %	2	PA; SP
wintergreen oil oil	1	
THERAPY FOR ACNE		
accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	QL
adapalene topical cream 0.1 %	1	
adapalene topical gel 0.3 %	1	
adapalene topical gel with pump 0.3 %	1	
ADAPALENE TOPICAL LOTION 0.1 %	1	
adapalene topical solution 0.1 %	2	
amnesteem oral capsule 10 mg, 20 mg, 40 mg	2	QL
AVAR-E LS TOPICAL CREAM 10-2 %	3	
azelaic acid topical gel 15 %	1	ST
benzepro topical towelette 6 %	1	
benzoyl peroxide topical cleanser 7 %	1	
benzoyl peroxide topical foam 9.8 %	1	
bp 10-1 topical cleanser 10-1 %	1	
brimonidine topical gel with pump 0.33 %	1	
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	QL
cleansing wash topical cleanser 10-4-10 %	1	
clindamycin phosphate topical foam 1 %	2	
clindamycin phosphate topical gel 1 %	1	

Drug Name	Drug Tier	Requirements / Limits
clindamycin phosphate topical gel, once daily 1 %	1	
clindamycin phosphate topical lotion 1 %	1	
clindamycin phosphate topical solution 1 %	1	QL
clindamycin phosphate topical swab 1 %	1	
clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %	1	
clindamycin-benzoyl peroxide topical gel 1-5 %	1	
clindamycin-tretinoin topical gel 1.2-0.025 %	2	
dapsone topical gel 5 %	1	
ery pads topical swab 2 %	1	
erythromycin with ethanol topical gel 2 %	1	
erythromycin with ethanol topical solution 2 %	1	QL
erythromycin-benzoyl peroxide topical gel 3-5 %	1	
isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	1	QL
metronidazole topical cream 0.75 %	1	
metronidazole topical gel 0.75 %	1	
metronidazole topical gel 1 %	2	
metronidazole topical gel with pump 1 %	2	
metronidazole topical lotion 0.75 %	2	
MIRVASO TOPICAL GEL WITH PUMP 0.33 %	2	
NEUAC KIT TOPICAL COMBO PACK,CREAM AND GEL 1.2-5 %	3	
neuac topical gel 1.2 %(1 % base) -5 %	1	
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %	2	
rosadan topical cream 0.75 %	1	
rosula cleansing cloths topical pads, medicated 10-5 %	1	
sss 10-5 topical cream 10-5 % (w/w)	1	
sss 10-5 topical foam 10-5 %	1	
sulfacetamide sodium-sulfur topical cleanser 10-2 %, 9-4 %, 9-4.5 %, 9.8-4.8 %	1	
sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)	1	QL

Drug Name	Drug Tier	Requirements / Limits
sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w), 9.8-4.8 %	1	
sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %	1	
sulfacetamide sodium-sulfur topical pads, medicated 10-4 %	2	
sulfacetamide sodium-sulfur topical pads, medicated 9.8-4.8 %	1	
sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %	1	
sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %	1	QL
sulfacleanse 8-4 topical suspension 8-4 %	1	
tazarotene topical cream 0.1 %	1	
tazarotene topical gel 0.05 %, 0.1 %	1	
TAZORAC TOPICAL CREAM 0.05 %	2	ST
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	2	ST
tretinoin microspheres topical gel 0.04 %, 0.1 %	2	ST; QL
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	1	
tretinoin topical gel 0.01 %	1	
tretinoin topical gel 0.025 %, 0.05 %	2	
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 %	3	
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	QL
TOPICAL ANESTHETICS		
COCAINE NASAL SOLUTION 4 %	1	
ethyl chloride topical aerosol,spray 100 %	3	
GOPRELTO NASAL SOLUTION 4 %	3	
lidocaine hcl laryngotracheal solution 4 %	1	
lidocaine hcl topical cream 3 %	1	
lidocaine hcl-hydrocortison ac topical cream 3-0.5 %	1	
lidocaine topical adhesive patch,medicated 5 %	1	
lidocaine topical ointment 5 %	1	QL
lidocaine viscous mucous membrane solution 2 %	1	
lidocaine-prilocaine topical cream 2.5-2.5 %	1	

Drug Name	Drug Tier	Requirements / Limits
lidocort topical cream 3-0.5 %	3	
lta pre-attached laryngotracheal solution 4 %	2	
NUMBRINO NASAL SOLUTION 4 %	1	
TOPICAL ANTIBACTERIALS		
corti-sav topical cream 1-1 %	1	
gentamicin topical cream 0.1 %	1	QL
gentamicin topical ointment 0.1 %	1	
hydrocortisone-iodoquinol topical cream 1-1 %	1	
hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %	1	
lugols topical solution 5-10 %	1	
mafenide acetate topical packet 50 gram	1	
mupirocin topical ointment 2 %	1	
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	3	ST
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	3	ST
QUINJA TOPICAL GEL 1.25-1 %	3	
strong iodine topical solution 5-10 %	1	
sulfacetamide sodium (acne) topical suspension 10 %	1	
SULFAMYLON TOPICAL CREAM 85 MG/G	2	
XEPI TOPICAL CREAM 1 %	3	
TOPICAL ANTIFUNGALS		
ALA-QUIN TOPICAL CREAM 3-0.5 %	3	
ciclopirox topical cream 0.77 %	1	QL
ciclopirox topical gel 0.77 %	2	QL
ciclopirox topical shampoo 1 %	2	
ciclopirox topical solution 8 %	1	QL
ciclopirox topical suspension 0.77 %	1	QL
clotrimazole-betamethasone topical cream 1-0.05 %	1	
clotrimazole-betamethasone topical lotion 1-0.05 %	1	
econazole topical cream 1 %	2	QL
ERTACZO TOPICAL CREAM 2 %	3	ST

Drug Name	Drug Tier	Requirements / Limits
KERYDIN TOPICAL SOLUTION WITH APPLICATOR 5 %	3	PA; QL
ketoconazole topical cream 2 %	1	QL
ketoconazole topical foam 2 %	2	
ketoconazole topical shampoo 2 %	1	
ketodan kit topical combo pack 2 %	2	
ketodan topical foam 2 %	2	
LULICONAZOLE TOPICAL CREAM 1 %	3	
naftifine topical cream 1 %	2	
naftifine topical cream 2 %	2	QL
nyamyc topical powder 100,000 unit/gram	1	
nystatin topical cream 100,000 unit/gram	1	
nystatin topical ointment 100,000 unit/gram	1	
nystatin topical powder 100,000 unit/gram	1	
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%	1	
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%	1	
nystop topical powder 100,000 unit/gram	1	
oxiconazole topical cream 1 %	2	QL
OXISTAT TOPICAL LOTION 1 %	3	
SULCONAZOLE TOPICAL CREAM 1 %	2	
tavaborole topical solution with applicator 5 %	1	PA; QL
TOPICAL ANTIVIRALS		
acyclovir topical ointment 5 %	2	QL
penciclovir topical cream 1 %	1	
TOPICAL CORTICOSTEROIDS		
ADVANCED ALLERGY COLLECT KIT TOPICAL KIT 2.5 %	1	
alclometasone topical cream 0.05 %	1	
alclometasone topical ointment 0.05 %	1	
betamethasone dipropionate topical cream 0.05 %	1	
betamethasone dipropionate topical lotion 0.05 %	1	
betamethasone dipropionate topical ointment 0.05 %	1	

Drug Name	Drug Tier	Requirements / Limits
betamethasone valerate topical cream 0.1 %	1	
betamethasone valerate topical foam 0.12 %	1	
betamethasone valerate topical lotion 0.1 %	1	
betamethasone valerate topical ointment 0.1 %	1	
betamethasone, augmented topical cream 0.05 %	1	
betamethasone, augmented topical gel 0.05 %	1	
betamethasone, augmented topical lotion 0.05 %	1	
betamethasone, augmented topical ointment 0.05 %	1	
clobetasol scalp solution 0.05 %	1	
clobetasol topical cream 0.05 %	1	
clobetasol topical foam 0.05 %	1	
clobetasol topical gel 0.05 %	1	
clobetasol topical lotion 0.05 %	1	
clobetasol topical ointment 0.05 %	1	
clobetasol topical shampoo 0.05 %	1	
clobetasol topical spray,non-aerosol 0.05 %	1	
clobetasol-emollient topical cream 0.05 %	1	
clobetasol-emollient topical foam 0.05 %	1	
desonide topical cream 0.05 %	2	
desonide topical lotion 0.05 %	2	
desonide topical ointment 0.05 %	2	
desoximetasone topical cream 0.05 %	2	
desoximetasone topical cream 0.25 %	1	
desoximetasone topical gel 0.05 %	2	
desoximetasone topical ointment 0.05 %	2	
desoximetasone topical ointment 0.25 %	1	
DUOBRII TOPICAL LOTION 0.01-0.045 %	3	ST
fluocinolone and shower cap scalp oil 0.01 %	1	
fluocinolone topical cream 0.01 %, 0.025 %	1	
fluocinolone topical oil 0.01 %	1	
fluocinolone topical ointment 0.025 %	1	
fluocinolone topical solution 0.01 %	1	
fluocinonide topical cream 0.05 %, 0.1 %	1	

Drug Name	Drug Tier	Requirements / Limits
fluocinonide topical gel 0.05 %	1	
fluocinonide topical ointment 0.05 %	1	
fluocinonide topical solution 0.05 %	1	
fluocinonide-e topical cream 0.05 %	1	
flurandrenolide topical cream 0.05 %	2	
flurandrenolide topical lotion 0.05 %	1	
flurandrenolide topical ointment 0.05 %	1	
fluticasone propionate topical cream 0.05 %	1	
fluticasone propionate topical lotion 0.05 %	1	
fluticasone propionate topical ointment 0.005 %	1	
halcinonide topical cream 0.1 %	2	ST
halobetasol propionate topical cream 0.05 %	1	
halobetasol propionate topical ointment 0.05 %	1	
hydrocortisone butyrate topical cream 0.1 %	2	
hydrocortisone butyrate topical lotion 0.1 %	1	
hydrocortisone butyrate topical ointment 0.1 %	1	
hydrocortisone butyrate topical solution 0.1 %	1	
hydrocortisone butyr-emollient topical cream 0.1 %	2	
hydrocortisone topical cream 2.5 %	1	
hydrocortisone topical lotion 2.5 %	1	
hydrocortisone topical ointment 2.5 %	1	
hydrocortisone valerate topical cream 0.2 %	1	
hydrocortisone valerate topical ointment 0.2 %	2	
mometasone topical cream 0.1 %	1	
mometasone topical ointment 0.1 %	1	
mometasone topical solution 0.1 %	1	
NUCORT TOPICAL LOTION 2 %	3	
prednicarbate topical cream 0.1 %	1	
prednicarbate topical ointment 0.1 %	1	
triamcinolone acetonide topical aerosol 0.147 mg/gram	2	
triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %	1	

Drug Name	Drug Tier	Requirements / Limits
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	1	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	1	
triderm topical cream 0.1 %, 0.5 %	1	
TOPICAL ENZYMES		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	2	
TOPICAL SCABICIDES / PEDICULICIDES		
crotan topical lotion 10 %	3	ST
EURAX TOPICAL CREAM 10 %	3	ST
EURAX TOPICAL LOTION 10 %	3	ST
lindane topical shampoo 1 %	1	
malathion topical lotion 0.5 %	1	
permethrin topical cream 5 %	1	
spinosad topical suspension 0.9 %	1	
ULESFIA TOPICAL LOTION 5 %	3	ST
DIAGNOSTICS & MISCELLANEOUS AGENTS		
ANOREXIANTS		
ADIPEX-P ORAL CAPSULE 37.5 MG	3	
ADIPEX-P ORAL TABLET 37.5 MG	3	
LOMAIRA ORAL TABLET 8 MG	3	
phentermine oral capsule 15 mg, 30 mg, 37.5 mg	1	
phentermine oral tablet 37.5 mg	1	
QSYMIA ORAL CAPSULE, ER MULTIPHASE 24 HR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG	3	
SAXENDA SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML (18 MG/3 ML)	3	QL
ANTIDOTES		
PROVAYBLUE INTRAVENOUS SOLUTION 5 MG/ML	1	
IRRIGATING SOLUTIONS		
lactated ringers irrigation solution	3	
neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml	1	

Drug Name	Drug Tier	Requirements / Limits
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L	3	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L	3	
ringer's irrigation solution	1	
SORBITOL IRRIGATION SOLUTION 3 %	1	
SORBITOL-MANNITOL TRANSURETHRAL SOLUTION 2.7-0.54 GRAM/100 ML	1	
tis-u-sol pentalyte irrigation irrigation solution 800-40-20-8.75- 6.25 mg/100 ml	3	
MISCELLANEOUS AGENTS		
acamprosate oral tablet,delayed release (dr/ec) 333 mg	1	
acetic acid irrigation solution 0.25 %	1	
anagrelide oral capsule 0.5 mg, 1 mg	1	
aqua care sodium chloride irrigation solution 0.9 %	1	
aqua care sterile water irrigation solution	1	
caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)	1	
carglumic acid oral tablet, dispersible 200 mg	1	SP
CARNITOR ORAL SOLUTION 100 MG/ML	3	
cevimeline oral capsule 30 mg	1	
CHEMET ORAL CAPSULE 100 MG	2	
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	1	PA; SP
deferasirox oral tablet 180 mg, 360 mg, 90 mg	1	PA; SP
deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg	1	PA; SP
deferiprone oral tablet 1,000 mg, 500 mg	1	PA; SP
disulfiram oral tablet 250 mg, 500 mg	1	
droxidopa oral capsule 100 mg, 200 mg, 300 mg	1	PA; QL
ENDARI ORAL POWDER IN PACKET 5 GRAM	3	PA; SP
FERRIPROX (2 TIMES A DAY) ORAL TABLET 1,000 MG	2	SP
FERRIPROX ORAL SOLUTION 100 MG/ML	2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	3	PA; SP; QL
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	2	PA; SP
levocarnitine (with sugar) oral solution 100 mg/ml	1	
levocarnitine oral solution 100 mg/ml	1	
levocarnitine oral tablet 330 mg	1	
LITHOSTAT ORAL TABLET 250 MG	3	
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	1	
nitisinone oral capsule 10 mg, 2 mg, 5 mg	1	PA; SP
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	2	PA; SP
ORFADIN ORAL CAPSULE 5 MG	2	PA; SP
ORFADIN ORAL SUSPENSION 4 MG/ML	2	PA; SP
pilocarpine hcl oral tablet 5 mg	1	
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	3	PA; SP; QL
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7)	3	PA; SP; QL
RADIOGARDASE ORAL CAPSULE 0.5 GRAM	3	
RAVICTI ORAL LIQUID 1.1 GRAM/ML	2	PA; SP; QL
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	3	PA; SP
RILUTEK ORAL TABLET 50 MG	3	
riluzole oral tablet 50 mg	1	
risedronate oral tablet 30 mg	1	ST; QL
sodium chlor 0.9% bacteriostat injection solution 0.9 %	1	
sodium chloride irrigation solution 0.9 %	1	
sodium phenylbutyrate oral tablet 500 mg	3	PA; QL
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML	2	PA; SP; QL
TAVNEOS ORAL CAPSULE 10 MG	3	PA; SP; QL
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG	3	SP
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	3	PA; SP; QL
tiopronin oral tablet 100 mg	1	SP

Drug Name	Drug Tier	Requirements / Limits
trientine oral capsule 250 mg	1	SP; QL
ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML	3	PA; SP; QL
water for irrigation, sterile irrigation solution	1	
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	2	PA; SP; QL
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	2	SP
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	3	PA; SP
SMOKING DETERRENTS		
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	1	ACA; QL
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24 HR, 21 MG/24 HR, 7 MG/24 HR	3	ST; ACA; QL
NICORETTE BUCCAL GUM 2 MG	3	ST; ACA; QL
nicorette buccal gum 4 mg	3	ST; ACA; QL
NICORETTE BUCCAL LOZENGE 2 MG, 4 MG	3	ST; ACA; QL
NICORETTE BUCCAL MINI LOZENGE 2 MG, 4 MG	3	ST; ACA; QL
nicotine (polacrilex) buccal gum 2 mg, 4 mg	1	ST; ACA; QL
nicotine (polacrilex) buccal lozenge 2 mg, 4 mg	1	ST; ACA; QL
nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg	1	ST; ACA; QL
nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr	1	ST; ACA; QL
nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr	3	ST; ACA; QL
NICOTROL INHALATION CARTRIDGE 10 MG	3	ACA; QL
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	3	ACA; QL
quit 2 buccal gum 2 mg	1	ST; ACA; QL
quit 2 buccal lozenge 2 mg	1	ST; ACA; QL
quit 4 buccal gum 4 mg	1	ST; ACA; QL
quit 4 buccal lozenge 4 mg	1	ST; ACA; QL
stop smoking aid buccal lozenge 2 mg, 4 mg	1	ST; ACA; QL
varenicline oral tablet 0.5 mg, 1 mg	1	ACA; QL

Drug Name	Drug Tier	Requirements / Limits
varenicline oral tablets,dose pack 0.5 mg (11)- 1 mg (42)	1	ACA; QL
EAR, NOSE & THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
azelastine nasal aerosol,spray 137 mcg (0.1 %)	1	QL
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	1	QL
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 %	3	
DEBACTEROL MUCOUS MEMBRANE SWAB 30-50 %	3	
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)	1	
olopatadine nasal spray,non-aerosol 0.6 %	2	QL
oralone dental paste 0.1 %	1	
paroex oral rinse mucous membrane mouthwash 0.12 %	1	QL
periogard mucous membrane mouthwash 0.12 %	1	
pilocarpine hcl oral tablet 7.5 mg	1	
triamcinolone acetonide dental paste 0.1 %	1	
MISCELLANEOUS OTIC PREPARATIONS		
acetic acid otic (ear) solution 2 %	1	
ciprofloxacin hcl otic (ear) dropperette 0.2 %	1	
fluocinolone acetonide oil otic (ear) drops 0.01 %	1	
hydrocortisone-acetic acid otic (ear) drops 1-2 %	1	
ofloxacin otic (ear) drops 0.3 %	1	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	3	
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %	1	
CIPROFLOXACIN-FLUOCINOLONE OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	1	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%	1	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	1	

Drug Name	Drug Tier	Requirements / Limits
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
cortisone oral tablet 25 mg	1	
dexamethasone intensol oral drops 1 mg/ml	2	
dexamethasone oral elixir 0.5 mg/5 ml	1	
dexamethasone oral solution 0.5 mg/5 ml	1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1	
fludrocortisone oral tablet 0.1 mg	1	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	1	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	
methylprednisolone oral tablets,dose pack 4 mg	1	
millipred dp oral tablets,dose pack 5 mg (21 tabs), 5 mg (48 tabs)	2	
millipred oral tablet 5 mg	2	ST
prednisolone oral solution 15 mg/5 ml	1	
prednisolone oral tablet 5 mg	1	
prednisolone sodium phosphate oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	1	
prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg	1	
prednisone intensol oral concentrate 5 mg/ml	2	
prednisone oral solution 5 mg/5 ml	1	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1	
prednisone oral tablets,dose pack 10 mg, 5 mg	1	
ANTITHYROID AGENTS		
methimazole oral tablet 10 mg, 5 mg	1	
propylthiouracil oral tablet 50 mg	1	
SSKI ORAL SOLUTION 1 GRAM/ML	1	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
CONTOUR TEST STRIPS STRIP	3	PA; QL
ONETOUCH ULTRA TEST STRIP	2	QL
ONETOUCH VERIO TEST STRIPS STRIP	2	QL

Drug Name	Drug Tier	Requirements / Limits
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
ACE AEROSOL CLOUD ENHANCER SPACER	1	QL
AEROCHAMBER MINI SPACER	1	QL
AEROCHAMBER PLUS FLOW-VU SPACER	1	QL
AEROCHAMBER PLUS Z STAT SPACER	1	QL
AEROTRACH PLUS SPACER	1	QL
AEROVENT PLUS SPACER	1	QL
BD VERITOR SYSTEM SARS-COV-2 KIT	3	ACA; QL
BINAXNOW COVID-19 AG CARD KIT	3	ACA; QL
BREATHERITE MDI SPACER SPACER	1	QL
COMPACT SPACE CHAMBER SPACER	1	QL
COVID19 TEST ADM.BY PHARMACIST	3	ACA; QL
COVID-19 TEST SPECIMEN COLLECT	3	ACA; QL
CUE COVID-19 HOME TEST KIT	3	ACA; QL
EASIVENT HOLDING CHAMBER SPACER	1	QL
EVERLYWELL COVID19 HOM COLLECT	3	ACA; QL
FLEXICHAMBER SPACER	1	QL
ID NOW COVID-19 TEST KIT KIT	3	ACA; QL
INSPIRACHAMBER SPACER	1	QL
LITEAIRE MDI CHAMBER SPACER	1	QL
LUCIRA CHECK-IT COVID HOME TST KIT	3	ACA; QL
MICROCHAMBER SPACER	1	QL
MICROSPACER SPACER	1	QL
OPTICHAMBER DIAMOND VHC SPACER	1	QL
PIXEL COVID19 HOME COLLECT KIT	3	ACA; QL
POCKET CHAMBER SPACER	1	QL
PRIMEAIRE SPACER	1	QL
PROCHAMBER SPACER	1	QL
QUICKVUE SARS ANTIGEN KIT	3	ACA; QL
RITEFLO AEROCHAMBER SPACER	1	QL
SOFIA SARS ANTIGEN FIA KIT	3	ACA; QL
SOFIA2 FLU-SARS ANTIGEN FIA KIT	3	ACA; QL
SPACE CHAMBER SPACER	1	QL
VERITOR SARS-COV-2 AND FLU A-B KIT	3	ACA; QL

Drug Name	Drug Tier	Requirements / Limits
VORTEX HOLDING CHAMBER SPACER	1	QL
GLUCOSE ELEVATING AGENTS		
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION	2	
diazoxide oral suspension 50 mg/ml	1	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	1	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	2	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	2	
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
ACCU-CHEK COMBO SYSTEM KIT	3	
AUTOSOFT 30 INFUSION SET	3	
AUTOSOFT 90 INFUSION SET	3	
AUTOSOFT XC INFUSION SET 23" INFUSION SET	3	
BD INTEGRA NEEDLE NEEDLE 23 GAUGE X 1"	3	
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	3	
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	2	
CEQUR SIMPLICITY DEVICE 2 UNIT	3	
DEXCOM G6 RECEIVER	2	PA
DEXCOM G6 SENSOR DEVICE	2	PA
DEXCOM G6 TRANSMITTER DEVICE	2	PA
DEXCOM G7 RECEIVER	2	PA
DEXCOM G7 SENSOR DEVICE	2	
EVERSENSE SENSOR-HOLDER SUBCUTANEOUS DEVICE	3	

Drug Name	Drug Tier	Requirements / Limits
EVERSENSE SMART TRANSMITTER DEVICE	3	
FREESTYLE LIBRE 14 DAY READER	2	PA;
FREESTYLE LIBRE 14 DAY SENSOR KIT	2	PA;
FREESTYLE LIBRE 2 READER	2	PA;
FREESTYLE LIBRE 2 SENSOR KIT	2	PA;
FREESTYLE LIBRE 3 SENSOR DEVICE	2	
GOJJI KETONE CONTROL SOLN-L1 SOLUTION	3	
GUARDIAN CONNECT TRANSMITTER DEVICE	3	
GUARDIAN LINK 3 TRANSMITTER DEVICE	3	
GUARDIAN SENSOR 3 DEVICE	3	
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN	3	
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN	3	
LANCING DEVICE	3	
MINIMED 770G INSULIN PUMP	3	PA
MINIMED MIO ADVANCE INF SET23" INFUSION SET	3	PA
MINIMED QUICK SET 43" INFUSION SET	3	PA
MINIMED SILHOUETTE 23" INFUSION SET	3	PA
MINIMED SURE T 32" INFUSION SET	3	PA
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN	3	
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE	3	
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	3	
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	3	
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	3	
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	3	
ONETOUCH ULTRA CONTROL SOLUTION	2	
ONETOUCH ULTRA2 METER	2	

Drug Name	Drug Tier	Requirements / Limits
ONETOUCH ULTRAMINI KIT	2	
ONETOUCH VERIO FLEX METER	2	
ONETOUCH VERIO MID CONTROL SOLUTION	2	
SAFE-CLIP NEEDLE STORAGE DEV DEVICE	3	
T:FLEX SUBCUTANEOUS CARTRIDGE	3	PA
T:SLIM X2 BASAL-IQ INSULIN PMP	3	PA
T:SLIM X2 CONTROL-IQ	3	PA
T:SLIM X2 SUBCUTANEOUS CARTRIDGE	3	PA
TRUSTEEL INFUSION SET 23" INFUSION SET	3	
VARISOFT INFUSION SET 23" INFUSION SET	3	
V-GO 20 DEVICE	3	PA
V-GO 30 DEVICE	3	PA
V-GO 40 DEVICE	3	PA
INSULIN THERAPY		
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	3	PA
AFREZZA INHALATION CARTRIDGE WITH INHALER 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60)	3	PA; QL
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	3	ST
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	ST
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL
BASAGLAR TEMPO PEN(U-100)INSLN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	2	QL
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)	2	QL

Drug Name	Drug Tier	Requirements / Limits
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	2	QL
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	2	QL
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	2	QL
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	2	QL
HUMALOG TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	2	QL
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	QL
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	QL
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	QL
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	QL
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	QL
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	2	QL
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	2	QL
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	2	QL
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	QL

Drug Name	Drug Tier	Requirements / Limits
LEVEMIR FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL
LEVEMIR FLEXTOUCH U-100 INSULN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	QL
MYXREDLIN INTRAVENOUS SOLUTION 100 UNIT/100 ML (1 UNIT/ML)	3	
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	2	ST; QL
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	2	QL
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	2	QL
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	QL
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	QL
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	2	ST; QL
MISCELLANEOUS HORMONES		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	2	SP
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	2	PA; QL
BRINEURA INTRAVENTRICULAR KIT 300 MG/10 ML (150MG/5ML X2)	3	SP; QL
cabergoline oral tablet 0.5 mg	1	
calcitonin (salmon) injection solution 200 unit/ml	1	
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	1	
calcitriol intravenous solution 1 mcg/ml	1	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	1	

Drug Name	Drug Tier	Requirements / Limits
calcitriol oral solution 1 mcg/ml	1	
CERDELGA ORAL CAPSULE 84 MG	2	PA; SP; QL
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	2	PA; SP
cinacalcet oral tablet 30 mg, 60 mg, 90 mg	1	PA; SP
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	3	PA; SP; QL
danazol oral capsule 100 mg, 200 mg, 50 mg	1	
desmopressin injection solution 4 mcg/ml	1	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	1	
DESMOPRESSIN NASAL SPRAY,NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	1	
desmopressin oral tablet 0.1 mg, 0.2 mg	1	
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	1	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	2	SP
FABRAZYME INTRAVENOUS RECON SOLN 35 MG	2	SP
GALAFOLD ORAL CAPSULE 123 MG	3	PA; SP; QL
ISTURISA ORAL TABLET 1 MG, 10 MG, 5 MG	3	PA; SP; QL
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG	3	PA; QL
javygtor oral powder in packet 100 mg, 500 mg	1	PA; SP
javygtor oral tablet,soluble 100 mg	1	PA; SP
JYNARQUE ORAL TABLET 15 MG, 30 MG	3	PA; SP; QL
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM)	3	PA; SP
JYNARQUE ORAL TABLETS, SEQUENTIAL 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	3	PA; SP; QL
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	2	PA; SP
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	3	PA; SP
KUVAN ORAL TABLET,SOLUBLE 100 MG	3	PA; SP

Drug Name	Drug Tier	Requirements / Limits
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	2	PA; SP
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML	3	SP
methyltestosterone oral capsule 10 mg	1	ST
miglustat oral capsule 100 mg	1	PA; SP; QL
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	2	SP; QL
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	2	SP
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG	3	ST; QL
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG	3	ST; QL
ORILISSA ORAL TABLET 150 MG, 200 MG	2	PA; QL
oxandrolone oral tablet 10 mg, 2.5 mg	1	PA
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	3	PA; SP; QL
pamidronate intravenous solution 30 mg/10 ml (3 mg/ml)	1	
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	1	
PARSABIV INTRAVENOUS SOLUTION 5 MG/ML	3	PA; SP; QL
sapropterin oral powder in packet 100 mg, 500 mg	1	PA; SP
sapropterin oral tablet,soluble 100 mg	1	PA; SP
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	2	SP
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	2	PA; SP
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML	2	PA; SP; QL
TEPEZZA INTRAVENOUS RECON SOLN 500 MG	3	PA; SP; QL
TESTONE CIK INTRAMUSCULAR KIT 200 MG/ML	3	PA
TESTOPEL IMPLANT PELLET 75 MG	3	PA
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	1	PA; QL

Drug Name	Drug Tier	Requirements / Limits
testosterone enanthate intramuscular oil 200 mg/ml	1	PA
TESTOSTERONE IMPLANT PELLET 100 MG, 50 MG	1	PA
testosterone transdermal gel 50 mg/5 gram (1 %)	2	PA
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	2	PA
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	1	PA; QL
testosterone transdermal gel in packet 1 % (25 mg/2.5gram)	2	PA; QL
testosterone transdermal gel in packet 1 % (50 mg/5 gram)	2	PA
testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)	1	PA; QL
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)	2	PA
TLANDO ORAL CAPSULE 112.5 MG	3	PA
tolvaptan oral tablet 15 mg, 30 mg	1	PA; SP; QL
vasopressin intravenous solution 20 unit/ml	1	
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	2	PA; SP
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG	3	PA; SP; QL
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	3	PA; SP
ZAVESCA ORAL CAPSULE 100 MG	3	PA; SP; QL
zoledronic acid intravenous solution 4 mg/5 ml	1	SP
ZOLEDRONIC AC-MANNITOL-0.9NACL INTRAVENOUS PIGGYBACK 4 MG/100 ML	1	SP
NON-INSULIN HYPOGLYCEMIC AGENTS		
acarbose oral tablet 100 mg, 25 mg, 50 mg	1	
FARXIGA ORAL TABLET 10 MG, 5 MG	2	QL
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glipizide oral tablet 10 mg, 5 mg	1	
glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg	1	

Drug Name	Drug Tier	Requirements / Limits
glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	1	
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	1	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	1	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	1	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	2	ST; QL
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	2	ST; QL
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	2	ST; QL
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	QL
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	QL
metformin oral solution 500 mg/5 ml	1	
metformin oral tablet 1,000 mg, 500 mg, 850 mg	1	
metformin oral tablet extended release 24 hr 500 mg, 750 mg	1	
miglitol oral tablet 100 mg, 25 mg, 50 mg	1	
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	2	ST; QL
nateglinide oral tablet 120 mg, 60 mg	1	
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	ST; QL
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	1	
pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg	1	ST
pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg	1	ST
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	1	
repaglinide-metformin oral tablet 1-500 mg, 2-500 mg	1	

Drug Name	Drug Tier	Requirements / Limits
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	ST; QL
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG	2	ST; QL
STEGLATRO ORAL TABLET 15 MG, 5 MG	2	QL
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	2	ST; QL
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	2	
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	2	
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	2	ST; QL
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 25-1,000 MG, 5-1,000 MG	2	ST; QL
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 12.5-2.5-1,000 MG, 25-5-1,000 MG, 5-2.5-1,000 MG	3	ST; QL
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	2	ST; QL
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	2	ST; QL
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	2	ST; QL
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	2	ST; QL
THYROID HORMONES		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	2	
euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	2	
levo-t oral tablet 300 mcg	3	

Drug Name	Drug Tier	Requirements / Limits
LEVOTHYROXINE INTRAVENOUS SOLUTION 20 MCG/ML	1	
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	2	
liothyronine intravenous solution 10 mcg/ml	1	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	1	
np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	2	
SYNTHROID ORAL TABLET 300 MCG	3	
unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	2	
unithroid oral tablet 300 mcg	3	
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
ATROPINE IN 0.9 % SOD CHLORIDE INTRAVENOUS SYRINGE 0.25 MG/5 ML (0.05 MG/ML)	1	
atropine injection syringe 0.1 mg/ml	1	
belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg	1	
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	1	
dicyclomine oral capsule 10 mg	1	
dicyclomine oral solution 10 mg/5 ml	1	
dicyclomine oral tablet 20 mg	1	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	
ed-spaz oral tablet,disintegrating 0.125 mg	1	
GLYCOPYRROLATE (PF) IN WATER INJECTION SYRINGE 0.2 MG/ML	1	

Drug Name	Drug Tier	Requirements / Limits
glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYRX-PF INJECTION SOLUTION 0.2 MG/ML	3	
hyoscyamine sulfate oral drops 0.125 mg/ml	1	
hyoscyamine sulfate oral elixir 0.125 mg/5 ml	1	
hyoscyamine sulfate oral tablet 0.125 mg	1	
hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg	1	
hyoscyamine sulfate oral tablet,disintegrating 0.125 mg	1	
hyoscyamine sulfate sublingual tablet 0.125 mg	1	
hyosyne oral drops 0.125 mg/ml	1	
hyosyne oral elixir 0.125 mg/5 ml	1	
methscopolamine oral tablet 2.5 mg, 5 mg	1	
opium tincture oral tincture 10 mg/ml (morphine)	1	
oscimin oral tablet 0.125 mg	1	
oscimin sl sublingual tablet 0.125 mg	1	
phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml	1	
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG)	3	
MISCELLANEOUS AGENTS		
AURYXIA ORAL TABLET 210 MG IRON	3	QL
lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg	1	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	2	PA; QL
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	1	
sevelamer carbonate oral tablet 800 mg	1	
sodium polystyrene sulfonate oral powder	1	
sps (with sorbitol) oral suspension 15-20 gram/60 ml	1	
sps (with sorbitol) rectal enema 30-40 gram/120 ml	2	

Drug Name	Drug Tier	Requirements / Limits
VELPHORO ORAL TABLET,CHEWABLE 500 MG	2	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG	3	
alosetron oral tablet 0.5 mg, 1 mg	1	
alvimopan oral capsule 12 mg	1	
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	2	QL
ANA-LEX KIT RECTAL KIT 2-2 %	1	
anucort-hc rectal suppository 25 mg	1	
ANZEMET ORAL TABLET 50 MG	3	ST; QL
aprepitant oral capsule 125 mg, 40 mg, 80 mg	1	QL
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	1	QL
balsalazide oral capsule 750 mg	1	
BARHEMSYS INTRAVENOUS SOLUTION 5 MG/2 ML (2.5 MG/ML)	3	
betaine oral powder 1 gram/scoop	1	SP
budesonide oral capsule,delayed,extend.release 3 mg	1	
budesonide oral tablet,delayed and ext.release 9 mg	1	
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG	3	PA; SP; QL
BYLVAY ORAL PELLET 200 MCG, 600 MCG	3	PA; SP; QL
CANASA RECTAL SUPPOSITORY 1,000 MG	3	
CHENODAL ORAL TABLET 250 MG	2	PA; SP; QL
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	2	PA; SP
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	3	PA; SP; QL
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	3	PA; SP; QL
CINVANTI INTRAVENOUS EMULSION 7.2 MG/ML	3	
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML	2	ACA
compro rectal suppository 25 mg	1	

Drug Name	Drug Tier	Requirements / Limits
constulose oral solution 10 gram/15 ml	1	
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500-15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	2	
cromolyn oral concentrate 100 mg/5 ml	1	
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) 400 MG	3	
DIPENTUM ORAL CAPSULE 250 MG	3	ST
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	1	ST; QL
ENTEREG ORAL CAPSULE 12 MG	3	
ENTYVIO INTRAVENOUS RECON SOLN 300 MG	2	PA; SP; QL
enulose oral solution 10 gram/15 ml	1	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	3	PA; SP; QL
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	1	ACA
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	1	ACA
generlac oral solution 10 gram/15 ml	1	
GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	3	
granisetron (pf) intravenous solution 100 mcg/ml	1	
granisetron hcl intravenous solution 1 mg/ml (1 ml)	1	
granisetron hcl oral tablet 1 mg	1	ST; QL
hydrocortisone acetate rectal suppository 25 mg, 30 mg	1	
hydrocortisone rectal enema 100 mg/60 ml	1	
hydrocortisone topical cream with perineal applicator 1 %, 2.5 %	1	
hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %, 2.5-1 % (4g)	1	
lactulose oral packet 10 gram	2	
lactulose oral solution 10 gram/15 ml, 10 gram/15 ml (15 ml)	1	

Drug Name	Drug Tier	Requirements / Limits
lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %	1	
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL 3 %-2.5 % (7 GRAM)	1	
lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram), 3-0.5 %, 3-1 % (7 gram)	1	
lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %	1	
lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)	1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	2	
LIVMARLI ORAL SOLUTION 9.5 MG/ML	3	PA; SP; QL
lubiprostone oral capsule 24 mcg, 8 mcg	1	QL
mesalamine oral capsule (with del rel tablets) 400 mg	1	
mesalamine oral capsule, extended release 500 mg	1	
mesalamine oral capsule,extended release 24hr 0.375 gram	1	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	1	
mesalamine rectal enema 4 gram/60 ml	1	
mesalamine rectal suppository 1,000 mg	1	
mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml	2	
metoclopramide hcl injection solution 5 mg/ml	1	
metoclopramide hcl oral solution 5 mg/5 ml	1	
metoclopramide hcl oral tablet 10 mg, 5 mg	1	
MOTEGRITY ORAL TABLET 1 MG, 2 MG	2	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	2	QL
OCALIVA ORAL TABLET 10 MG, 5 MG	2	PA; SP; QL
ondansetron hcl (pf) injection solution 4 mg/2 ml	1	
ondansetron hcl intravenous solution 2 mg/ml	1	
ondansetron hcl oral solution 4 mg/5 ml	1	QL
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron oral tablet,disintegrating 4 mg, 8 mg	1	

Drug Name	Drug Tier	Requirements / Limits
PALONOSETRON INTRAVENOUS SOLUTION 0.25 MG/2 ML	3	
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT	3	ST
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	1	ACA
peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram	1	ACA
peg-electrolyte soln oral recon soln 420 gram	1	ACA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	2	
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500- 60,500 UNIT, 24,000-86,250- 90,750 UNIT, 4,000-14,375-15,125 UNIT, 8,000-28,750- 30,250 UNIT	3	ST
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	3	ACA
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)	1	
prochlorperazine maleate oral tablet 10 mg, 5 mg	1	
prochlorperazine rectal suppository 25 mg	1	
procto-med hc topical cream with perineal applicator 2.5 %	1	
proctosol hc topical cream with perineal applicator 2.5 %	1	
proctozone-hc topical cream with perineal applicator 2.5 %	1	
RECTIV RECTAL OINTMENT 0.4 % (W/W)	2	
RELISTOR ORAL TABLET 150 MG	2	PA; QL
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	2	PA; QL
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	2	PA; QL
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	3	PA
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
scopolamine base transdermal patch 3 day 1 mg over 3 days	1	QL
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	2	PA; SP; QL
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram	1	ACA
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	2	SP; QL
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	1	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	2	
SYMPROIC ORAL TABLET 0.2 MG	2	QL
SYNDROS ORAL SOLUTION 5 MG/ML	3	ST; QL
trimethobenzamide oral capsule 300 mg	1	
TRULANCE ORAL TABLET 3 MG	2	QL
UCERIS RECTAL FOAM 2 MG/ACTUATION	2	
ursodiol oral capsule 200 mg, 300 mg, 400 mg	1	
ursodiol oral tablet 250 mg, 500 mg	1	
VARUBI ORAL TABLET 90 MG	2	QL
VIBERZI ORAL TABLET 100 MG, 75 MG	3	PA; QL
VIOKACE ORAL TABLET 10,440-39,150-39,150 UNIT, 20,880-78,300- 78,300 UNIT	2	
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	
ULCER THERAPY		
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg	1	QL
cimetidine hcl oral solution 300 mg/5 ml	1	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	1	
CYTOTEC ORAL TABLET 100 MCG, 200 MCG	3	
dexlansoprazole oral capsule,biphase delayed releas 30 mg	1	QL

Drug Name	Drug Tier	Requirements / Limits
dexlansoprazole oral capsule,biphase delayed releas 60 mg	3	QL
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg, 40 mg	1	QL
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg, 40 mg	1	QL
famotidine (pf) intravenous solution 20 mg/2 ml	1	
famotidine intravenous solution 10 mg/ml	1	
famotidine oral suspension 40 mg/5 ml (8 mg/ml)	1	
famotidine oral tablet 40 mg	1	
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	1	
misoprostol oral tablet 100 mcg, 200 mcg	1	
nizatidine oral capsule 150 mg, 300 mg	1	
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg	1	
pantoprazole oral granules dr for susp in packet 40 mg	1	
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	1	
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	2	
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	1	QL
sucralfate oral suspension 100 mg/ml	1	
sucralfate oral tablet 1 gram	1	
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)	3	PA
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG	3	PA
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY		
ANTIVIRALS		
ribavirin oral capsule 200 mg	1	
ribavirin oral tablet 200 mg	1	
BIOTECHNOLOGY DRUGS		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	3	SP

Drug Name	Drug Tier	Requirements / Limits
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	2	PA; SP
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	2	PA; SP; QL
LEUKINE INJECTION RECON SOLN 250 MCG	2	PA; SP
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	3	PA; SP
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	3	PA; SP
NIVESTYM INJECTION SOLUTION 300 MCG/ML	2	PA; SP
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	PA; SP
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG	3	PA; SP
RETACRIT INJECTION SOLUTION 2,000 UNIT/ML	2	PA; SP; QL
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML	2	PA; SP
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	2	PA; SP
GROWTH HORMONES		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	2	PA; SP; QL
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	2	PA; SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	2	PA; SP
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	2	PA; SP
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	2	PA; SP
INTERFERONS		

Drug Name	Drug Tier	Requirements / Limits
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	2	PA; SP
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	3	PA; SP; QL
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	3	PA; SP; QL
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	3	PA; SP; QL
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO ORAL TABLET 14 MG, 7 MG	2	PA; QL
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	2	PA; SP; QL
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	2	PA; SP; QL
BETASERON SUBCUTANEOUS KIT 0.3 MG	2	PA; SP; QL
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg	1	PA; SP; QL
glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml	1	PA; SP; QL
glatopa subcutaneous syringe 20 mg/ml, 40 mg/ml	1	PA; SP; QL
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	3	PA; SP; QL
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML	2	PA; SP; QL
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	3	PA; SP; QL
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	2	PA; SP; QL
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA; SP; QL
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA; SP; QL
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	2	PA; SP; QL
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	PA; SP; QL

Drug Name	Drug Tier	Requirements / Limits
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	PA; SP; QL
teriflunomide oral tablet 14 mg, 7 mg	1	QL
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	ACA; QL
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	ACA; QL
AFLURIA QD 2022-23(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	3	ACA; QL
AFLURIA QUAD 2022-2023(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	3	ACA; QL
ATGAM INTRAVENOUS SOLUTION 50 MG/ML	2	SP
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	3	ACA; QL; Age (Min 10 Years and Max 25 Years)
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	3	ACA
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	3	ACA; QL
BOTOX INJECTION RECON SOLN 100 UNIT	2	PA; SP
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %)	3	PA; SP
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	2	ACA
DYSPORT INTRAMUSCULAR RECON SOLN 300 UNIT, 500 UNIT	3	PA; SP
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	3	ACA; QL; Age (Min 18 Years and Max 999 Years)
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	3	ACA; QL; Age (Min 18 Years and Max 999 Years)

Drug Name	Drug Tier	Requirements / Limits
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	3	ACA
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 %	3	PA; SP
FLUAD QUAD 2022-23(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	3	ACA; QL
FLUARIX QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	3	ACA; QL
FLUBLOK QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	3	ACA; QL
FLUCELVAX QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	3	ACA; QL
FLUCELVAX QUAD 2022-2023 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	3	ACA; QL
FLULAVAL QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	3	ACA; QL
FLUMIST QUAD 2022-2023 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	3	ACA
FLUZONE HIGHDOSE QUAD 22-23 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML	3	ACA; QL
FLUZONE QUAD 2022-2023 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	3	ACA; QL
FLUZONE QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	3	ACA; QL
FLUZONE QUAD 2022-2023 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	3	ACA; QL
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	2	PA; SP
GAMASTAN S/D INTRAMUSCULAR SOLUTION 15-18 % RANGE	2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	2	PA; SP
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 5 GRAM	2	PA; SP
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	3	PA; SP
GAMMAPLEX INTRAVENOUS SOLUTION 10 %	3	PA; SP
GAMUNEX-C INJECTION SOLUTION 2.5 GRAM/25 ML (10 %)	2	PA; SP
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	3	ACA; QL; Age (Min 9 Years and Max 45 Years)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	ACA; QL; Age (Min 9 Years and Max 45 Years)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	3	ACA; QL; Age (Min 18 Years and Max 999 Years)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	ACA
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	3	ACA; QL; Age (Min 18 Years and Max 999 Years)
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	ACA
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML, 220 UNIT/ML (5 ML)	2	
HYPERHEP B NEONATAL INTRAMUSCULAR SYRINGE 110 UNIT/0.5 ML	2	
HYPERRAB (PF) INTRAMUSCULAR SOLUTION 300 UNIT/ML	3	
HYPERTET (PF) INTRAMUSCULAR SYRINGE 250 UNIT/ML	2	
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	3	PA; SP
IMOGAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	2	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	3	ACA
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	2	ACA

Drug Name	Drug Tier	Requirements / Limits
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	2	ACA
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	3	ACA
JANSSEN COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION 0.5 ML	3	ACA; QL
JYNNEOS (PF)(STOCKPILE) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	3	
KEDRAB (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	2	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	2	ACA
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	3	ACA; QL; Age (Min 11 Years and Max 23 Years)
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	3	ACA; QL; Age (Min 11 Years and Max 23 Years)
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	3	ACA; QL; Age (Min 11 Years and Max 23 Years)
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	3	ACA; QL
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	3	ACA; QL
MODERNA COVID BIVAL(6M-5Y)-PF INTRAMUSCULAR SUSPENSION 10 MCG/0.2 ML	3	ACA
MODERNA COVID BIVAL(6Y UP)(PF) INTRAMUSCULAR SUSPENSION 50 MCG/0.5 ML	3	ACA
MODERNA COVID(6M-5Y) VACC(EUA) INTRAMUSCULAR SUSPENSION 25 MCG/0.25 ML	3	ACA
MODERNA COVID-19 (6-11YR)(EUA) INTRAMUSCULAR SUSPENSION 50 MCG/0.5 ML	3	ACA
MODERNA COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION 100 MCG/0.5 ML	3	ACA
MYOBLOC INTRAMUSCULAR SOLUTION 10,000 UNIT/2 ML, 2,500 UNIT/0.5 ML, 5,000 UNIT/ML	2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
NABI-HB INTRAMUSCULAR SOLUTION GREATER THAN 1,560 UNIT/5 ML, GREATR THAN 312 UNIT/ML	2	
NOVAVAX COVID-19 VACC,ADJ(EUA) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML	3	ACA
PANZYGA INTRAVENOUS SOLUTION 10 %	3	PA; SP
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	2	ACA
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	2	ACA
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	2	ACA
PFIZER COVID BIVAL(12Y UP)(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML	3	ACA
PFIZER COVID BIVAL(5-11YR)(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MCG/0.2 ML	3	ACA
PFIZER COVID BIVAL(6MO-4Y)(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 MCG/0.2 ML	3	ACA
PFIZER COVID-19 TRIS VACCN(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML	3	ACA
PFIZER COVID-19 TRIS VACCN(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MCG/0.2 ML, 3 MCG/0.2 ML	3	ACA
PFIZER COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 30 MCG/0.3 ML	3	ACA
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML	3	ACA; QL; Age (Min 65 Years and Max 999 Years)
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	3	ACA; QL; Age (Min 65 Years and Max 999 Years)
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	ACA; Age (Min 65 Years and Max 999 Years)
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	3	ACA; QL

Drug Name	Drug Tier	Requirements / Limits
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	3	ACA
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	2	ACA
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	2	ACA
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	3	ACA
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 40 MCG/ML	3	ACA; QL; Age (Min 18 Years and Max 999 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML	3	ACA
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	3	ACA; QL; Age (Min 18 Years and Max 999 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	3	ACA
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	2	ACA
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	2	ACA
ROTATEQ VACCINE ORAL SOLUTION 2 ML	2	ACA
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	3	ACA; QL; Age (Min 50 Years and Max 999 Years)
SPIKEVAX (PF) INTRAMUSCULAR SUSPENSION 100 MCG/0.5 ML	3	ACA
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML	3	ACA
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	3	ACA; QL
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	3	ACA; QL
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	3	ACA; QL
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	ACA; QL; Age (Min 10 Years and Max 25 Years)

Drug Name	Drug Tier	Requirements / Limits
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	3	ACA; QL
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	3	ACA
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	3	ACA
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	3	ACA
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	3	ACA; QL; Age (Min 18 Years and Max 999 Years)
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	3	ACA
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	3	ACA; QL; Age (Min 18 Years and Max 999 Years)
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	3	ACA; QL
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML	2	
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML	2	ACA
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML	2	ACA
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	Age (Min 65 Years and Max 999 Years)
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	3	ACA
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	2	PA; SP
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	3	ACA
IMMUNOLOGY		
INTERLEUKINS		
imiquimod topical cream in packet 5 %	1	QL
MUSCULOSKELETAL & RHEUMATOLOGY		
GOUT THERAPY		

Drug Name	Drug Tier	Requirements / Limits
allopurinol oral tablet 100 mg, 300 mg	1	
allopurinol sodium intravenous recon soln 500 mg	1	
COLCHICINE ORAL CAPSULE 0.6 MG	1	QL
colchicine oral tablet 0.6 mg	1	QL
febuxostat oral tablet 40 mg, 80 mg	1	ST; QL
MITIGARE ORAL CAPSULE 0.6 MG	2	QL
probenecid oral tablet 500 mg	1	
probenecid-colchicine oral tablet 500-0.5 mg	1	
OSTEOPOROSIS THERAPY		
alendronate oral solution 70 mg/75 ml	1	QL
alendronate oral tablet 10 mg, 5 mg	1	
alendronate oral tablet 35 mg, 70 mg	1	QL
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	2	SP; QL
FOSAMAX PLUS D ORAL TABLET 70 MG-2,800 UNIT, 70 MG- 5,600 UNIT	3	
ibandronate intravenous syringe 3 mg/3 ml	1	
ibandronate oral tablet 150 mg	1	QL
raloxifene oral tablet 60 mg	1	ACA; QL
risedronate oral tablet 150 mg, 35 mg, 5 mg	1	ST; QL
risedronate oral tablet,delayed release (dr/ec) 35 mg	1	ST; QL
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	2	PA; SP; QL
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	2	PA; SP; QL
ACTEMRA INTRAVENOUS SOLUTION 80 MG/4 ML (20 MG/ML)	2	PA; SP; QL
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	2	PA; SP
AMJEVITA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	2	PA; QL
AMJEVITA SUBCUTANEOUS SYRINGE 20 MG/0.4 ML, 40 MG/0.8 ML	2	PA; QL

Drug Name	Drug Tier	Requirements / Limits
BENLYSTA INTRAVENOUS RECON SOLN 120 MG	2	SP; QL
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	3	PA; SP; QL
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	3	PA; SP; QL
DEPEN TITRATABS ORAL TABLET 250 MG	3	PA; SP; QL
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	2	PA; SP; QL
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	2	PA; SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	2	PA; SP; QL
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	2	PA; SP; QL
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	2	PA; SP; QL
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA; SP; QL
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA; SP; QL
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA; SP; QL
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	2	PA; SP; QL
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	2	PA; SP; QL
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	2	PA; SP; QL
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	2	PA; SP; QL
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	2	PA; SP; QL
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	2	PA; SP; QL

Drug Name	Drug Tier	Requirements / Limits
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	2	PA; SP; QL
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	3	PA; SP; QL
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	3	PA; SP; QL
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	3	PA; SP; QL
leflunomide oral tablet 10 mg, 20 mg	1	
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	3	PA; SP; QL
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	3	PA; SP; QL
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	3	PA; SP; QL
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	3	PA; SP; QL
OTEZLA ORAL TABLET 30 MG	2	PA; SP; QL
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	2	PA; SP; QL
penicillamine oral capsule 250 mg	1	PA; SP
penicillamine oral tablet 250 mg	1	PA; SP
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; QL
RIDAURA ORAL CAPSULE 3 MG	2	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	2	PA; SP; QL
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	2	
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	2	
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	3	PA; SP; QL
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	3	PA; SP; QL

Drug Name	Drug Tier	Requirements / Limits
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	3	PA; SP; QL
XELJANZ ORAL SOLUTION 1 MG/ML	2	PA; SP
XELJANZ ORAL TABLET 10 MG, 5 MG	2	PA; SP; QL
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	2	PA; SP; QL
OBSTETRICS & GYNECOLOGY		
DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	3	ACA
CONDOMS-PREM LUBRICATED DEVICE	3	ACA; QL
DUREX AVANTI BARE REAL FEEL	3	ACA; QL
FC2 FEMALE CONDOM	3	ACA
FEMCAP VAGINAL DEVICE 22 MM	3	ACA
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HRS (5 YRS) 19.5 MG	3	ACA
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HRS (8 YRS) 52 MG	3	ACA
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24 HOURS (8 YRS) 52 MG	3	ACA
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	3	ACA
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HRS (3 YRS) 13.5 MG	3	ACA
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	3	ACA; QL
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM	3	ACA
ESTROGENS & PROGESTINS		
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	1	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	3	
AYGESTIN ORAL TABLET 5 MG	3	
BIJUVA ORAL CAPSULE 1-100 MG	3	ST
camila oral tablet 0.35 mg	1	ACA
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	2	QL

Drug Name	Drug Tier	Requirements / Limits
covaryx h.s. oral tablet 0.625-1.25 mg	1	
covaryx oral tablet 1.25-2.5 mg	1	
deblitane oral tablet 0.35 mg	1	ACA
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	2	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	ST; ACA
DEPO-PROVERA INTRAMUSCULAR SYRINGE 150 MG/ML	3	ST; ACA
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	3	ACA
dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1	QL
DUAVEE ORAL TABLET 0.45-20 MG	2	
eemt hs oral tablet 0.625-1.25 mg	1	
eemt oral tablet 1.25-2.5 mg	1	
errin oral tablet 0.35 mg	1	ACA
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	1	
estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%), 1 mg/gram (0.1 %), 1.25 mg/1.25 gram (0.1 %)	1	
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1	QL
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1	QL
estradiol vaginal cream 0.01 % (0.1 mg/gram)	1	
estradiol vaginal tablet 10 mcg	1	
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	1	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	1	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	2	QL
estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg	1	

Drug Name	Drug Tier	Requirements / Limits
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	
heather oral tablet 0.35 mg	1	ACA
hydroxyprogesterone caproate intramuscular oil 250 mg/ml	1	PA; SP; QL
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	3	QL
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG	3	QL
incassia oral tablet 0.35 mg	1	ACA
jencycla oral tablet 0.35 mg	1	ACA
jinteli oral tablet 1-5 mg-mcg	1	
lyleq oral tablet 0.35 mg	1	ACA
lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1	QL
lyza oral tablet 0.35 mg	1	ACA
medroxyprogesterone intramuscular suspension 150 mg/ml	1	ACA
medroxyprogesterone intramuscular syringe 150 mg/ml	1	ACA
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	3	
mimvey oral tablet 1-0.5 mg	1	
nora-be oral tablet 0.35 mg	1	ACA
norethindrone (contraceptive) oral tablet 0.35 mg	1	ACA
norethindrone acetate oral tablet 5 mg	1	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	
PREMARIN INJECTION RECON SOLN 25 MG	2	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	2	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	2	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	2	

Drug Name	Drug Tier	Requirements / Limits
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	2	
progesterone intramuscular oil 50 mg/ml	1	
progesterone micronized oral capsule 100 mg, 200 mg	1	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG	3	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	
sharobel oral tablet 0.35 mg	1	ACA
tulana oral tablet 0.35 mg	1	ACA
yuvafem vaginal tablet 10 mcg	1	
MISCELLANEOUS OB/GYN		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	3	ACA
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG	3	
clindamycin phosphate vaginal cream 2 %	1	
eluryng vaginal ring 0.12-0.015 mg/24 hr	1	ACA; QL
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	1	ACA; QL
GYNAZOLE-1 VAGINAL CREAM 2 %	3	
haloette vaginal ring 0.12-0.015 mg/24 hr	1	ACA; QL
isoxsuprine oral tablet 10 mg, 20 mg	1	
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	1	
miconazole-3 vaginal suppository 200 mg	1	
MIFEPREX ORAL TABLET 200 MG	3	
mifepristone oral tablet 200 mg	1	
NEXPLANON SUBDERMAL IMPLANT 68 MG	3	ACA
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	3	PA; QL
OSPHENA ORAL TABLET 60 MG	3	QL
PHEXXI VAGINAL GEL 1.8-1-0.4 %	3	ACA
PREPIDIL VAGINAL GEL 0.5 MG/3 G	3	
terconazole vaginal cream 0.4 %, 0.8 %	1	
terconazole vaginal suppository 80 mg	2	

Drug Name	Drug Tier	Requirements / Limits
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG	3	ACA
tranexamic acid oral tablet 650 mg	1	
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 %	3	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR	3	ACA
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	3	ACA
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	1	ACA
xulane transdermal patch weekly 150-35 mcg/24 hr	1	ACA; QL
zafemy transdermal patch weekly 150-35 mcg/24 hr	1	ACA; QL
ORAL CONTRACEPTIVES & RELATED AGENTS		
afirmelle oral tablet 0.1-20 mg-mcg	1	ACA
after pill oral tablet 1.5 mg	1	ACA
AFTERA ORAL TABLET 1.5 MG	1	ACA
altavera (28) oral tablet 0.15-0.03 mg	1	ACA
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	1	ACA
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1	ACA
amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	ACA
amethyst (28) oral tablet 90-20 mcg (28)	1	ACA
apri oral tablet 0.15-0.03 mg	1	ACA
aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg	1	ACA
ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	ACA
aubra eq oral tablet 0.1-20 mg-mcg	1	ACA
aubra oral tablet 0.1-20 mg-mcg	1	ACA
aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg	1	ACA
aurovela 1/20 (21) oral tablet 1-20 mg-mcg	1	ACA
aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	ACA

Drug Name	Drug Tier	Requirements / Limits
aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	ACA
aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	ACA
aviane oral tablet 0.1-20 mg-mcg	1	ACA
ayuna oral tablet 0.15-0.03 mg	1	ACA
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	ACA
balziva (28) oral tablet 0.4-35 mg-mcg	1	ACA
blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	ACA
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	ACA
blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	ACA
briellyn oral tablet 0.4-35 mg-mcg	1	ACA
camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	1	ACA
camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	ACA
caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg	1	ACA
charlotte 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	1	ACA
chateal (28) oral tablet 0.15-0.03 mg	1	ACA
chateal eq (28) oral tablet 0.15-0.03 mg	1	ACA
cryselle (28) oral tablet 0.3-30 mg-mcg	1	ACA
cyred eq oral tablet 0.15-0.03 mg	1	ACA
cyred oral tablet 0.15-0.03 mg	1	ACA
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	1	ACA
dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1	ACA
daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	ACA
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	ACA
desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg	1	ACA
dolishale oral tablet 90-20 mcg (28)	1	ACA

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

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

Drug Name	Drug Tier	Requirements / Limits
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	2	ACA
lojaimiess oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	1	ACA
loryna (28) oral tablet 3-0.02 mg	1	ACA
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	1	ACA
lo-zumandimine (28) oral tablet 3-0.02 mg	1	ACA
lutera (28) oral tablet 0.1-20 mg-mcg	1	ACA
marlissa (28) oral tablet 0.15-0.03 mg	1	ACA
merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)	1	ACA
mibelas 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	1	ACA
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	1	ACA
microgestin 1/20 (21) oral tablet 1-20 mg-mcg	1	ACA
microgestin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	ACA
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	ACA
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	ACA
mili oral tablet 0.25-35 mg-mcg	1	ACA
mono-linyah oral tablet 0.25-35 mg-mcg	1	ACA
my choice oral tablet 1.5 mg	1	ACA
my way oral tablet 1.5 mg	1	ACA
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	3	ACA
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	ACA
new day oral tablet 1.5 mg	1	ACA
NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28)	3	ACA
nikki (28) oral tablet 3-0.02 mg	1	ACA
noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)	1	ACA
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	ACA
norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)	1	ACA

Drug Name	Drug Tier	Requirements / Limits
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9), 1.5 mg-30 mcg (21)/75 mg (7)	1	ACA
norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	1	ACA
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg	1	ACA
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	ACA
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)	1	ACA
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	1	ACA
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1	ACA
nylia 1/35 (28) oral tablet 1-35 mg-mcg	1	ACA
nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1	ACA
nymyo oral tablet 0.25-35 mg-mcg	1	ACA
ocella oral tablet 3-0.03 mg	1	ACA
opcicon one-step oral tablet 1.5 mg	1	ACA
option-2 oral tablet 1.5 mg	1	ACA
philith oral tablet 0.4-35 mg-mcg	1	ACA
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	ACA
pirmella oral tablet 0.5/0.75/1 mg- 35 mcg, 1-35 mg-mcg	1	ACA
portia 28 oral tablet 0.15-0.03 mg	1	ACA
reclipsen (28) oral tablet 0.15-0.03 mg	1	ACA
rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	1	ACA
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	1	ACA
simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	ACA
simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	ACA
SLYND ORAL TABLET 4 MG (28)	3	ACA
sprintec (28) oral tablet 0.25-35 mg-mcg	1	ACA
sronyx oral tablet 0.1-20 mg-mcg	1	ACA
syeda oral tablet 3-0.03 mg	1	ACA

Drug Name	Drug Tier	Requirements / Limits
TAKE ACTION ORAL TABLET 1.5 MG	1	ACA
tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	ACA
tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	ACA
taysofy oral capsule 1 mg-20 mcg (24)/75 mg (4)	1	ACA
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	2	ACA
tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	1	ACA
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	1	ACA
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	1	ACA
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	1	ACA
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	1	ACA
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	1	ACA
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	1	ACA
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	1	ACA
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	1	ACA
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	1	ACA
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	1	ACA
trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	1	ACA
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg	1	ACA
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	1	ACA
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG	1	ACA
tydemy oral tablet 3-0.03-0.451 mg (21) (7)	1	ACA
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg	1	ACA
vestura (28) oral tablet 3-0.02 mg	1	ACA

Drug Name	Drug Tier	Requirements / Limits
vienva oral tablet 0.1-20 mg-mcg	1	ACA
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	ACA
volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	ACA
vyfemla (28) oral tablet 0.4-35 mg-mcg	1	ACA
vylibra oral tablet 0.25-35 mg-mcg	1	ACA
wera (28) oral tablet 0.5-35 mg-mcg	1	ACA
wymzya fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)	1	ACA
zarah oral tablet 3-0.03 mg	1	ACA
zovia 1-35 (28) oral tablet 1-35 mg-mcg	1	ACA
zumandimine (28) oral tablet 3-0.03 mg	1	ACA
OXYTOCICS		
methergine oral tablet 0.2 mg	3	
methylergonovine oral tablet 0.2 mg	1	
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE OPHTHALMIC (EYE) DROPS 1 %	2	
bacitracin ophthalmic (eye) ointment 500 unit/gram	1	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	1	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	3	ST
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 %	3	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	1	
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	1	
gatifloxacin ophthalmic (eye) drops 0.5 %	1	
gentamicin ophthalmic (eye) drops 0.3 %	1	
moxifloxacin ophthalmic (eye) drops 0.5 %	1	
moxifloxacin ophthalmic (eye) drops, viscous 0.5 %	1	ST
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	2	

Drug Name	Drug Tier	Requirements / Limits
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	1	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	1	
neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	1	
ofloxacin ophthalmic (eye) drops 0.3 %	1	
polycin ophthalmic (eye) ointment 500-10,000 unit/gram	1	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	1	
tobramycin ophthalmic (eye) drops 0.3 %	1	
TOBRAMYCIN-VANCOMYCIN OPHTHALMIC (EYE) DROPS 1.5-5 %	1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	3	
ANTIVIRALS		
trifluridine ophthalmic (eye) drops 1 %	1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	3	
BETA-BLOCKERS		
betaxolol ophthalmic (eye) drops 0.5 %	1	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	3	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	ST
carteolol ophthalmic (eye) drops 1 %	1	
levobunolol ophthalmic (eye) drops 0.5 %	1	
timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %	1	QL
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	1	
timolol maleate ophthalmic (eye) drops, once daily 0.5 %	1	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %	1	
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	2	

Drug Name	Drug Tier	Requirements / Limits
CYCLOPLEGIC MYDRIATICS		
atropine ophthalmic (eye) drops 1 %	1	
ATROPINE OPHTHALMIC (EYE) DROPS, EMULSION 0.01 %	1	
atropine ophthalmic (eye) ointment 1 %	1	
cyclopentolate ophthalmic (eye) drops 1 %	1	
CYCLOPEN-TROPIC-PHENYLEPH-WATR OPHTHALMIC (EYE) DROPS 1-1-2.5 %	1	
homatropaire ophthalmic (eye) drops 5 %	1	
PHENYLEPH-TROPICAMIDE IN WATER OPHTHALMIC (EYE) DROPS 2.5-1 %	1	
tropicamide ophthalmic (eye) drops 0.5 %, 1 %	1	
DIRECT ACTING MIOTICS		
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	1	
MISCELLANEOUS OPHTHALMOLOGICS		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %	3	
ALOCRIL OPHTHALMIC (EYE) DROPS 2 %	3	ST
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	3	ST
altacaine ophthalmic (eye) drops 0.5 %	1	
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 %	2	
azelastine ophthalmic (eye) drops 0.05 %	1	
bepotastine besilate ophthalmic (eye) drops 1.5 %	1	
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	3	PA; QL
cromolyn ophthalmic (eye) drops 4 %	1	
CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS 0.1-0.25 %	1	QL
cyclosporine ophthalmic (eye) dropperette 0.05 %	1	PA; QL
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	3	PA; SP; QL
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	2	PA; SP; QL
epinastine ophthalmic (eye) drops 0.05 %	2	
fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %	1	

Drug Name	Drug Tier	Requirements / Limits
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	3	PA; SP; QL
PREDNISOL ACE-GATIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5-0.075 %	1	
PREDNISOLN SP-MOXIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS 1-0.5-0.075 %	1	
PREDNISOLONE ACETATE-NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.1 %	1	
PREDNISOLONE-MOXIFLO-NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5-0.1 %	1	
PREDNISOLONE-MOXIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5-0.075 %	1	
proparacaine ophthalmic (eye) drops 0.5 %	1	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	2	PA; QL
TETRACAINE HCL (PF) OPHTHALMIC (EYE) DROPS 0.5 %	1	
tetracaine hcl ophthalmic (eye) drops 0.5 %	1	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	2	PA
ZERVIATE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	2	
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 %	3	
ACULAR OPHTHALMIC (EYE) DROPS 0.5 %	3	
bromfenac ophthalmic (eye) drops 0.09 %	1	
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	3	ST
diclofenac sodium ophthalmic (eye) drops 0.1 %	1	
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	1	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	2	
ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %	1	

Drug Name	Drug Tier	Requirements / Limits
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	3	ST
ORAL DRUGS FOR GLAUCOMA		
acetazolamide oral capsule, extended release 500 mg	1	
acetazolamide oral tablet 125 mg, 250 mg	1	
acetazolamide sodium injection recon soln 500 mg	1	
methazolamide oral tablet 25 mg, 50 mg	1	
OTHER GLAUCOMA DRUGS		
bimatoprost ophthalmic (eye) drops 0.03 %	1	QL
BRIMONIDINE-DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS 0.15-2 %	1	
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	1	
brinzolamide ophthalmic (eye) drops,suspension 1 %	1	ST
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 %	3	ST; QL
DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS 2 %	1	
dorzolamide ophthalmic (eye) drops 2 %	1	
dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %	1	ST; QL
DORZOLAMIDE-TIMOLOL (PF) OPHTHALMIC (EYE) DROPS 2-0.5 %	1	ST
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	1	
LATANOPROST (PF) OPHTHALMIC (EYE) DROPS 0.005 %	1	
latanoprost ophthalmic (eye) drops 0.005 %	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	ST; QL
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	2	ST; QL
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	3	ST; QL
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	3	ST

Drug Name	Drug Tier	Requirements / Limits
tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %	1	ST; QL
TIMOL-BRIMON-DORZO-LATANOP(PF) OPHTHALMIC (EYE) DROPS 0.5 %-0.15 %- 2 %-0.005 %	1	
TIMOLOL-BRIMONIDI-DORZOLAM(PF) OPHTHALMIC (EYE) DROPS 0.5-0.15-2 %	1	
TIMOLOL-DORZOLAMID-LATANOP(PF) OPHTHALMIC (EYE) DROPS 0.5-2-0.005 %	1	
TIMOLOL-LATANOPROST(PF) OPHTHALMIC (EYE) DROPS 0.5-0.005 %	1	
travoprost ophthalmic (eye) drops 0.004 %	1	ST; QL
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	3	ST; QL
STEROID-ANTIBIOTIC COMBINATIONS		
MAXITROL OPHTHALMIC (EYE) OINTMENT 3.5 MG/G-10,000 UNIT/G-0.1 %	3	
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	1	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	1	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	1	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml	1	
neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	1	
PREDNISOLONE SOD PH-MOXIFLOX OPHTHALMIC (EYE) DROPS 1-0.5 %	1	
PREDNISOLONE-MOXIFLOXACIN HCL OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5 %	1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	2	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	2	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	1	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	2	

Drug Name	Drug Tier	Requirements / Limits
STEROIDS		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	3	
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	1	
difluprednate ophthalmic (eye) drops 0.05 %	1	
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	1	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	2	ST; QL
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	2	
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	2	
loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %	1	
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %	1	
PREDNISOLONE ACETATE (PF) OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	1	
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	1	
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	1	
STEROID-SULFONAMIDE COMBINATIONS		
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	1	
SULFONAMIDES		
sulfacetamide sodium ophthalmic (eye) drops 10 %	1	
sulfacetamide sodium ophthalmic (eye) ointment 10 %	1	
SYMPATHOMIMETICS		
apraclonidine ophthalmic (eye) drops 0.5 %	1	
brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %	1	
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	3	

Drug Name	Drug Tier	Requirements / Limits
phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %	1	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTIHISTAMINE & ANTIALLERGENIC AGENTS		
carbinoxamine maleate oral liquid 4 mg/5 ml	1	
carbinoxamine maleate oral tablet 4 mg	1	
clemastine oral syrup 0.5 mg/5 ml	1	
clemastine oral tablet 2.68 mg	1	
cyproheptadine oral syrup 2 mg/5 ml	1	
cyproheptadine oral tablet 4 mg	1	
desloratadine oral tablet 5 mg	1	QL
desloratadine oral tablet,disintegrating 2.5 mg, 5 mg	1	QL
dexchlorpheniramine maleate oral solution 2 mg/5 ml	2	
diphenhydramine hcl injection solution 50 mg/ml	1	
EPINEPHRINE HCL (PF) INJECTION SOLUTION 1 MG/ML (1 ML)	1	
epinephrine injection auto-injector 0.15 mg/0.3 ml	1	QL
hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml	1	
hydroxyzine hcl oral solution 10 mg/5 ml	1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	1	
promethazine injection solution 25 mg/ml	1	
promethazine oral syrup 6.25 mg/5 ml	1	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	1	
promethazine rectal suppository 12.5 mg, 25 mg	1	
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	1	
QUZYTTIR INTRAVENOUS SOLUTION 10 MG/ML	2	
COUGH & COLD THERAPY		
benzonatate oral capsule 100 mg, 150 mg, 200 mg	1	
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML	2	

Drug Name	Drug Tier	Requirements / Limits
brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml	1	
HYCODAN (WITH HOMATROPINE) ORAL SYRUP 5-1.5 MG/5 ML	3	QL; Age (Min 12 Years and Max 999 Years)
hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml	1	QL; Age (Min 12 Years and Max 999 Years)
hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml	1	QL
hydrocodone-homatropine oral tablet 5-1.5 mg	1	QL; Age (Min 12 Years and Max 999 Years)
hydromet oral syrup 5-1.5 mg/5 ml	1	QL; Age (Min 12 Years and Max 999 Years)
promethazine vc oral syrup 6.25-5 mg/5 ml	1	
promethazine vc-codeine oral syrup 6.25-5-10 mg/5 ml	1	QL
promethazine-codeine oral syrup 6.25-10 mg/5 ml	1	QL; Age (Min 12 Years and Max 999 Years)
promethazine-dm oral syrup 6.25-15 mg/5 ml	1	
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG	2	
TUZISTRA XR ORAL SUSPENSION,EXTENDED REL 12 HR 14.7-2.8 MG/5 ML	3	QL; Age (Min 12 Years and Max 999 Years)
PULMONARY AGENTS		
ACCOLATE ORAL TABLET 10 MG, 20 MG	3	
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	1	
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	2	PA; SP
ADRENALIN NASAL SOLUTION 1 MG/ML	3	
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	2	QL
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	1	
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml	1	
albuterol sulfate oral syrup 2 mg/5 ml	1	
albuterol sulfate oral tablet 2 mg, 4 mg	1	

Drug Name	Drug Tier	Requirements / Limits
albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg	1	
alyq oral tablet 20 mg	1	PA; SP; QL
ambrisentan oral tablet 10 mg, 5 mg	1	PA; SP; QL
aminophylline intravenous solution 250 mg/10 ml	1	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	2	QL
arformoterol inhalation solution for nebulization 15 mcg/2 ml	1	QL
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	2	QL
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	2	QL
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	QL
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	2	QL
azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray	1	ST; QL
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	2	QL
bosentan oral tablet 125 mg, 62.5 mg	1	PA; SP; QL
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	2	QL
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml	1	QL
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	2	PA; SP; QL
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	
cromolyn inhalation solution for nebulization 20 mg/2 ml	1	
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	2	QL

Drug Name	Drug Tier	Requirements / Limits
epinephrine hcl nasal solution 1 mg/ml	1	
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	2	PA; SP
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	2	PA; SP
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION	2	QL
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION, 44 MCG/ACTUATION	2	QL
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	1	QL
fluticasone propionate nasal spray,suspension 50 mcg/actuation	1	QL
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	1	ST
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	QL
formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml	1	QL
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	3	PA; SP
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	3	
icatibant subcutaneous syringe 30 mg/3 ml	1	PA; SP; QL
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	2	QL
ipratropium bromide inhalation solution 0.02 %	1	
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	1	
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	2	PA; SP
KALYDECO ORAL TABLET 150 MG	2	PA; SP
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml	1	

Drug Name	Drug Tier	Requirements / Limits
LONHALA MAGNAIR REFILL INHALATION SOLUTION FOR NEBULIZATION 25 MCG/ML	3	ST; QL
LONHALA MAGNAIR STARTER INHALATION SOLUTION FOR NEBULIZATION 25 MCG/ML	3	ST; QL
mometasone nasal spray,non-aerosol 50 mcg/actuation	2	QL
montelukast oral granules in packet 4 mg	1	
montelukast oral tablet 10 mg	1	
montelukast oral tablet,chewable 4 mg, 5 mg	1	
nebusal inhalation solution for nebulization 3 %	1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	3	
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	2	PA; SP; QL
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	2	PA; SP; QL
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML	2	PA; SP; QL
OFEV ORAL CAPSULE 100 MG, 150 MG	2	PA; SP; QL
OPSUMIT ORAL TABLET 10 MG	2	PA; SP; QL
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	2	PA; SP; QL
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	2	PA; SP; QL
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	3	PA; SP
pirfenidone oral capsule 267 mg	1	PA; SP; QL
pirfenidone oral tablet 267 mg, 801 mg	1	PA; SP; QL
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	2	QL
PULMOZYME INHALATION SOLUTION 1 MG/ML	2	PA; SP; QL
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION, 80 MCG/ACTUATION	2	QL
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	2	QL

Drug Name	Drug Tier	Requirements / Limits
roflumilast oral tablet 250 mcg, 500 mcg	1	QL
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	2	PA; SP; QL
sajazir subcutaneous syringe 30 mg/3 ml	1	PA; QL
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	2	QL
sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml	1	PA; SP; QL
sildenafil (pulm.hypertension) oral tablet 20 mg	1	PA; QL
SINUVA SINUS IMPLANT 1,350 MCG	3	PA; QL
sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %	1	
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	2	QL
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	2	QL
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	QL
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	3	QL
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	2	QL
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	3	PA; SP; QL
tadalafil (pulm. hypertension) oral tablet 20 mg	1	PA; QL
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	3	PA; SP; QL
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML	3	PA; QL
TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML)	3	PA; SP; QL
terbutaline oral tablet 2.5 mg, 5 mg	1	
terbutaline subcutaneous solution 1 mg/ml	1	
theophylline oral elixir 80 mg/15 ml	1	
theophylline oral solution 80 mg/15 ml	1	
theophylline oral tablet extended release 12 hr 300 mg, 450 mg	1	

Drug Name	Drug Tier	Requirements / Limits
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	1	
TICANASE NASAL KIT,SPRAY SUSPENSION AND SPRAY 50 MCG- 0.9 %	3	ST
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	2	PA; SP; QL
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	2	QL
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	2	PA; SP; QL
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16 MCG (112)- 32 MCG (84), 16(112)-32(112) -48(28) MCG, 32 MCG, 32-48 MCG, 48 MCG, 64 MCG	2	PA; SP
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	2	PA; SP
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	2	PA; SP
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	2	PA; SP
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	3	PA; SP
wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	QL
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	2	PA; SP; QL
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	2	PA; SP; QL
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	2	QL
zafirlukast oral tablet 10 mg, 20 mg	2	
zileuton oral tablet, er multiphase 12 hr 600 mg	2	
ZYFLO ORAL TABLET 600 MG	3	ST
UROLOGICALS		
ANTICHOLINERGICS & ANTISPASMODICS		

Drug Name	Drug Tier	Requirements / Limits
darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg	1	ST
fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg	1	ST
flavoxate oral tablet 100 mg	1	
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM)	2	ST
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML	2	ST
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	2	ST
oxybutynin chloride oral syrup 5 mg/5 ml	1	
oxybutynin chloride oral tablet 5 mg	1	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg	1	
solifenacin oral tablet 10 mg, 5 mg	1	ST
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	1	ST
tolterodine oral tablet 1 mg, 2 mg	1	ST
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	2	ST
trospium oral capsule,extended release 24hr 60 mg	1	ST
trospium oral tablet 20 mg	1	ST
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
alfuzosin oral tablet extended release 24 hr 10 mg	1	
dutasteride oral capsule 0.5 mg	1	
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	1	ST
finasteride oral tablet 5 mg	1	
silodosin oral capsule 4 mg, 8 mg	1	
tamsulosin oral capsule 0.4 mg	1	
CHOLINERGIC STIMULANTS		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	1	
MISCELLANEOUS UROLOGICALS		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
ELMIRON ORAL CAPSULE 100 MG	2	
hyophen oral tablet 81.6-0.12-10.8 mg	1	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG	2	
methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg	1	
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML	3	PA; SP
phosphasal oral tablet 81.6-10.8-40.8 mg	1	
potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)	1	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	2	
urimar-t oral tablet 120-0.12-10.8 mg	1	
uro-458 oral tablet 81-10.8-40.8 mg	1	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1,080 MG)	3	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ	3	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	3	
urogesic-blue oral tablet 81.6-40.8-0.12 mg	1	
uro-mp oral capsule 118-10-40.8-36 mg	1	
uryl oral tablet 81.6-40.8-0.12 mg	2	
ustell oral capsule 120-0.12 mg	1	
URINARY ANESTHETICS		
phenazopyridine oral tablet 100 mg, 200 mg	1	
VITAMINS, HEMATINICS & ELECTROLYTES		
BLOOD DERIVATIVES		
ALBUMINEX INTRAVENOUS SOLUTION 5 %	3	
ELECTROLYTES		
calcium acetate(phosphat bind) oral capsule 667 mg	1	
calcium acetate(phosphat bind) oral tablet 667 mg	1	
CALCIUM GLUC IN NACL, ISO-OSM INTRAVENOUS SOLUTION 1 GRAM/50 ML	1	
effer-k oral tablet, effervescent 25 meq	1	

Drug Name	Drug Tier	Requirements / Limits
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)	3	
klor-con m10 oral tablet,er particles/crystals 10 meq	1	
klor-con m15 oral tablet,er particles/crystals 15 meq	1	
klor-con m20 oral tablet,er particles/crystals 20 meq	1	
lugols oral solution 5 %	3	
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	2	
POTABA ORAL CAPSULE 500 MG	3	
potassium chloride oral capsule, extended release 10 meq, 8 meq	1	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	1	
potassium chloride oral packet 20 meq	1	
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	1	
potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq	1	
sodium chloride 3 % hypertonic intravenous parenteral solution 3 %	1	
sodium chloride 5 % hypertonic intravenous parenteral solution 5 %	1	
strong iodine oral solution 5 %	1	
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	3	PA
plasmanate intravenous parenteral solution 5 %	2	
VITAMINS & HEMATINICS		
AZESCO ORAL TABLET 13 MG IRON- 1 MG	3	
bal-care dha oral combo pack,tablet and cap,dr 27-1-430 mg	1	
CITRANATAL B-CALM (FE GLUC) ORAL TABLETS, SEQUENTIAL 20 MG IRON-1 MG - 25 MG/25 MG	3	
c-nate dha oral capsule 28 mg iron-1 mg -200 mg	1	
complete natal dha oral combo pack 29-1-250-200 mg	2	

Drug Name	Drug Tier	Requirements / Limits
completenate oral tablet,chewable 29 mg iron- 1 mg	1	
CONCEPT DHA ORAL CAPSULE 35-1-200 MG	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	
ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)	1	
fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml	1	ACA; Age (Max 6 Years)
fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)	1	ACA; Age (Max 6 Years)
folic acid oral tablet 1 mg, 400 mcg, 800 mcg	1	ACA
folivane-ob oral capsule 85-1 mg	1	
kpn oral tablet	1	
ludent fluoride oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)	1	
m-natal plus oral tablet 27 mg iron- 1 mg	1	ACA
MONOFERRIC INTRAVENOUS SOLUTION 100 MG IRON/ML	3	
mynatal oral capsule 65 mg iron- 1 mg	1	
mynatal plus oral tablet 65 mg iron- 1 mg	1	
mynatal-z oral tablet 65 mg iron- 1 mg	1	
NATACHEW (FE BIS-GLYCINATE) ORAL TABLET,CHEWABLE 28 MG IRON -1 MG	3	
NESTABS ABC ORAL COMBO PACK 32 MG IRON-1 MG -120 MG-180 MG	3	
NESTABS DHA ORAL COMBO PACK 32 MG IRON- 1,000 MCG-230MG	3	
NESTABS ORAL TABLET 32-1,000 MG-MCG	3	
newgen oral tablet 32-1,000 mg-mcg	1	
OB COMPLETE ONE ORAL CAPSULE 40-10-1-300 MG	3	
OB COMPLETE PETITE ORAL CAPSULE 35 MG IRON-5 MG IRON-1 MG	3	

Drug Name	Drug Tier	Requirements / Limits
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG	3	
OB COMPLETE WITH DHA ORAL CAPSULE 30 MG IRON-10 MG IRON-1 MG	3	
pnv-dha oral capsule 27 mg iron-1 mg -300 mg	1	
pnv-omega oral capsule 28-1-300 mg	1	
pnv-select oral tablet 27-1 mg	1	
pr natal 400 ec oral combo pack,tablet and cap,dr 29-1-400 mg	1	
pr natal 400 oral combo pack 29-1-400 mg	1	
pr natal 430 ec oral combo pack,tablet and cap,dr 29-1-430 mg	1	
pr natal 430 oral combo pack 29 mg iron-1 mg -430 mg	1	
PREGENNA ORAL TABLET 20 MG IRON- 1 MG	3	
prena1 chew oral tablet,chew,ir - dr,biphase 1.4 mg	1	
prena1 pearl oral capsule,ir - delay rel,biphase 30-1.4-200 mg	1	
prena1 true oral combo pack 30 mg iron- 1.4 mg-300 mg	1	
PRENATA ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	3	
prenatabs fa oral tablet 29-1 mg	1	
prenatabs rx oral tablet 29 mg iron- 1 mg	1	
prenatal 19 oral tablet 29 mg iron- 1 mg	1	
PRENATAL ORAL TABLET 28-800 MG-MCG	3	
prenatal plus (calcium carb) oral tablet 27 mg iron- 1 mg	1	ACA
PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG -312 MG-250 MG	3	
prenatal plus oral tablet 29 mg iron- 1 mg	1	
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET 27 MG IRON- 1 MG	3	
prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg	1	ACA
prenatal vitamin with minerals oral tablet 28 mg iron- 800 mcg	1	

Drug Name	Drug Tier	Requirements / Limits
prenatal-u oral capsule 106.5-1 mg	1	
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE 18 MG IRON-1 MG -300 MG	3	
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET 20 MG IRON- 1 MG	3	
PRENATE ENHANCE ORAL CAPSULE 28 MG IRON- 1 MG-400 MG	3	
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE 18-1-350 MG	3	
PRENATE PIXIE ORAL CAPSULE 10 MG IRON- 1 MG-200 MG	3	
PRENATE RESTORE ORAL CAPSULE 27 MG IRON- 1 MG-400 MG	3	
PRENATE STAR ORAL TABLET 20 MG IRON-1 MG	3	
PRIMACARE ORAL CAPSULE 30-1-300 MG	3	
PROVIDA OB ORAL CAPSULE 40 MG IRON-1.25 MG	3	
SELECT-OB + DHA ORAL COMBO PACK 29 MG IRON-1 MG -250 MG	3	
se-natal 19 chewable oral tablet,chewable 29 mg iron- 1 mg	1	
se-natal-19 oral tablet 29 mg iron- 1 mg	3	
taron-c dha oral capsule 35-1-200 mg	1	
TRICARE ORAL TABLET 27 MG IRON- 1 MG	3	
TRIFERIC HEMODIALYSIS POWDER IN PACKET 272 MG IRON	3	
TRIFERIC HEMODIALYSIS SOLUTION 27.2 MG IRON/5 ML	2	
trinatal rx 1 oral tablet 60 mg iron-1 mg	2	
trinate oral tablet 28 mg iron- 1 mg	1	
TRINAZ ORAL TABLET 12-1 MG	3	
TRISTART DHA ORAL CAPSULE 31 MG IRON- 1 MG-200 MG	3	
virt-nate dha oral capsule 28 mg iron-1 mg -200 mg	1	
virt-pn dha oral capsule 27 mg iron-1 mg -300 mg	1	
VITAFOL FE PLUS ORAL CAPSULE 90 MG IRON- 1 MG-200 MG	3	

Drug Name	Drug Tier	Requirements / Limits
VITAFOL ULTRA ORAL CAPSULE 29 MG IRON- 1 MG-200 MG	3	
VITAFOL-OB ORAL TABLET 65-1 MG	3	
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