



MARKETPLACE PLAN

Ohio
Drug Formulary
2022

INTRODUCTION

We are pleased to provide the 2022 CareSource Drug Formulary. The Drug Formulary is a list of the drugs covered by CareSource.

This document is divided into three parts:

1. The Introduction – Provides important facts about the CareSource prescription drug benefit. This section explains terms, such as network pharmacy, prior authorizations, quantity limits, step therapy, therapeutic interchange and exceptions.
2. The [Drug Formulary](#) – Lists the drugs we cover.
3. The [Index](#) – Lists all of the covered drugs in alphabetical order. You can find the Index in the back of this document.

PRESCRIPTION DRUG COVERAGE DETAILS

Best Medical Practices

We want to make sure our members get the safest, most cost-effective drugs for their needs. We use evidence-based guidelines to make sure our Formulary meets best medical practices.

Network Pharmacies

CareSource provides coverage for prescription drugs and some prescription medical supplies.

CareSource contracts with pharmacies in order to provide members with a full range of prescription benefits. Members may choose and receive prescriptions from any pharmacy that is contracted with CareSource. These are often referred to as network pharmacies. It is important that members receive prescriptions from network pharmacies because prescriptions received from non-network pharmacies are generally not reimbursable or covered by CareSource, except as otherwise required by applicable federal and state law and your Evidence of Coverage. Accordingly, members may be responsible for the entire amount charged by a non-network pharmacy.

Network pharmacies can include local pharmacies, mail-order pharmacies or specialty pharmacies. To find a network pharmacy, use our online **Find a Pharmacy** tool under **Quick Links** at [CareSource.com/marketplace](https://www.caresource.com/marketplace).

CareSource may also cover drugs administered in the member's home, such as medicines given through a home health agency.

Cost Sharing

Members may pay part of the costs of some drugs and supplies. These cost-sharing amounts are called deductibles, copays and/or coinsurance. For some drugs, members may pay coinsurance. Coinsurance is a percent of a drug's cost.

The Drug Formulary shows drugs in different levels or tiers. Drugs are grouped into tiers based on the amounts that members pay.

Tiered Medications

The CareSource Formulary has up to six levels or tiers, including tiers 0, 1, 2, 3, 4 and 5. Some benefit designs only have five tiers. If a benefit design only has five tiers anything shown in this document as a tier 5 drug will process under the tier 4 price structure. In general, the higher the cost-sharing tier number, the higher the cost for the drug. In general, the copay amount increases as the tier number increases. All deductibles, coinsurance and copay amounts paid count toward members' maximum out-of-pocket amount.

To find tier levels for drugs, go to the [drug list](#) section of this document.

Prior Authorizations

CareSource may require health partners (doctors or other providers) to send us information about why a drug or a certain amount is needed. This is called a prior authorization request. CareSource must approve the request before a member can get the drug. The abbreviation "PA" is used in the Drug Formulary to show that a prior authorization is needed.

Here are some reasons for a prior authorization:

- A generic or alternative drug is available.
- The drug can be misused or abused.
- The drug requires special handling, monitoring or is available from limited shipping locations.
- There are other drugs that must be tried first.

Prior Authorization Requests

Health partners may make prior authorization requests by phone or fax. Please call the Provider Services telephone number for your state and follow the prompts, or fax to the Medical Management provider fax number for your state.

We may not approve a prior authorization request for a drug. If we don't, we will send the member information about how to appeal our decision.

Quantity Limits

Some drugs have limits on how much can be given to a member at one time. The abbreviation “QL” is used in the Drug Formulary to show there is a quantity limit.

Quantity limits are based on the drug makers’ recommended dosing frequencies. Patient safety is also considered.

Therapy with opioid analgesics may have quantity limits based on drug makers' recommended dosing frequencies and/or state regulations.

Step Therapy

Members may need to try one drug before taking another. This is called Step Therapy. A member must first try one medicine on the Formulary before another Formulary drug would be approved for use.

CareSource will cover certain drugs only if Step Therapy is used. The abbreviation “ST” is used in the Drug Formulary to show when Step Therapy is required.

Generic Substitution and Therapeutic Interchange

A pharmacy may provide a generic drug in place of a brand-name drug. This is called generic substitution. Members and health partners can expect the generic to produce the same effect and have the same safety profile as the brand-name drug. This is known as therapeutic interchange.

Generic drugs usually cost less than their brand-name equivalents.

Note to Health Partners: Generic drugs should be considered the first line of prescribing, subject to applicable rules. Prescription generic drugs are:

- Approved by the U.S. Food and Drug Administration for safety and effectiveness, and are manufactured under the same strict standards that apply to brand-name drugs.
- Tested in humans to assure the generic is absorbed into the bloodstream in a similar rate and extent compared to the brand-name drug (bioequivalence). Generics may be different from the brand in size, color and inactive ingredients, but this does not alter their effectiveness or ability to be absorbed just like the brand-name drugs.
- Manufactured in the same strength and dosage form as the brand-name drugs.

In most instances, a brand-name drug for which a generic product becomes available will become non-Formulary, with the generic product covered in its place, upon release of the generic product onto the market. However, the Formulary document is subject to state - specific regulations and rules regarding generic substitution and mandatory generic rules apply where appropriate.

Choosing a brand drug when there is a generic available may cost you more. When a generic is available and you choose the brand name drug, you may be responsible to pay the cost difference between the two in addition to your copay or coinsurance. Or you could be responsible for the entire cost of the brand.

Tell Us the Medical Reasons for Exceptions

Sometimes a member may have a drug allergy or intolerance. Or, a certain drug may not be effective for a member. In these cases, the member or the member's representative may ask for an exception to a drug listed on the Drug Formulary. The member or member's representative must call Member Services to make the request. The member services telephone number for your state is listed on the back of the member ID card.

CareSource then contacts the appropriate health partner. CareSource may ask the health partner to provide written clinical documentation about why the member needs an exception. Health partners must provide this information.

Typically, our Drug Formulary includes more than one drug for treating a condition. These medicines are called "alternative" drugs. CareSource will generally not approve the request for an exception if an alternative drug would be just as effective as the drug requested and would not cause other health problems.

Specialty Pharmacy

CareSource works with Accredo Pharmacy to supply specialty medications that health partners may prescribe. Accredo Pharmacy can:

- Help members get prescriptions filled or moved to Accredo Pharmacy from another pharmacy
- Deliver members' specialty medicines to their homes, workplaces or their doctors' offices
- Help members learn about their specialty medications and give them support from specially-trained health care professionals

For more information, call Accredo Pharmacy at 1-866-231-3520. Hours are Monday through Friday from 8 a.m. to 11 p.m. Eastern Standard Time (EST).

Mail Order Medications

CareSource works with Express Scripts Pharmacy to supply prescription medicines to members' homes. This could change a member's copay amount. Express Scripts Pharmacy can:

- Help members get prescriptions filled or moved to Express Scripts Pharmacy from another pharmacy.
- Deliver prescriptions to members' homes, workplaces or doctors' offices.

For more information, call CareSource Member Services at **1-800-479-9502**. Hours are Monday through Friday from 7 a.m. to 7 p.m. EST.

Members may also access the express-scripts.com website through the My CareSource member portal to manage prescription refills for their specialty and mail order medications and to check coverage. To create an account on the My CareSource member portal, go to mycaresource.com.

Medications Administered in the Health Partner Setting

Medications that are administered in a health partner setting will be billed to the health plan under your medical benefit. Such settings include a physician office, hospital outpatient department, clinic, dialysis center, or infusion center. Prior authorization requirements now exist for many injectable medicines.

Medication Therapy Management Program

CareSource offers a Medication Therapy Management (MTM) program for all members. MTM services allow local pharmacists to work with doctors and other prescribers to enhance quality of care, improve medication compliance, address medication needs, and provide health care to patients in a cost-effective manner. Members and health partners may be contacted by a pharmacist to discuss medications. We encourage members to talk with their pharmacists about their medications. This can help members to get the best results from the medications they are taking.

HOW TO USE THIS DOCUMENT

Go to the [Index](#) to look up a drug by name. Drugs are listed in alphabetical order. The Index will show the page number on which the drug is found in the Drug Formulary. Turn to that page number to get details about the drug.

Note to Health Partners: The CareSource Drug Formulary is organized by sections. Each section is divided by therapeutic drug class, primarily defined by mechanism of action. Products are listed by generic name with brand name for reference only. Unless the cited drug is available as an injectable or an exception is specifically noted, generally, all applicable dosage forms and strengths of the drug cited are included in the document.

ADDITIONAL INFORMATION FOR HEALTH PARTNERS

The drugs represented have been reviewed by a National Pharmacy and Therapeutics (P&T) Committee and then approved by a local Pharmacy, Therapeutics and Technology (PT&T) Committee for inclusion. The document is reflective of current medical practice as of the date of review.

The information contained in this document and its appendices is provided solely for the convenience of medical providers. We do not warrant or assure accuracy of such information, nor is it intended to be comprehensive in nature. This document is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in his or her choice of prescription drugs. All the information in the document is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber.

The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

We assume no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

National guidelines can be found on the National Guideline Clearinghouse site at www.guideline.gov.

CARESOURCE ONLINE FORMULARY SEARCH TOOLS AVAILABLE

CareSource has easy-to-use online drug formulary tools that can help you save time by quickly looking up medications to make sure they are covered by CareSource. Also, you can check for generic alternatives, prior authorization requirements, and any restrictions or limits that may apply. To start using the tool, visit CareSource.com, and visit the Pharmacy page of the appropriate line of business, and select **Formulary Search Tool**. You can also find CareSource policies on the CareSource.com Health Partner Policies page.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of an independent National Pharmacy and Therapeutics (P&T) Committee are utilized to approve safe and clinically effective drug therapies. The P&T Committee is an external advisory body of experts from across the United States. The P&T Committee's voting members include physicians, pharmacists, a pharmacoeconomist and a medical ethicist, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Employees with significant clinical expertise are invited to meet with the P&T Committee, but no employee may vote on issues before the P&T Committee. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

In addition to the National P&T Committee review, the CareSource Pharmacy Therapeutics and Technology (PT&T) Committee makes formulary recommendations based upon the needs of regional member demographics. The CareSource PT&T Committee is comprised of the Plan's Medical Directors, Pharmacy staff and representatives from the medical community.

DRUG LIST PRODUCT DESCRIPTIONS

To assist in understanding which specific strengths and dosage forms on the document are covered, we have provided examples below. The general principles shown in the examples can usually be extended to other entries in the document.

When a strength, dosage or different formulation is specified, only that specific strength, dosage or formulation may be covered. Other strengths/dosages/formulations, including injectable dosage forms of the reference product, are not covered.

Extended-release and delayed-release products require their own entry.

metformin

Glucophage

The immediate-release product listing of Glucophage alone would not include the extended-release product Glucophage XR.

metformin ext-rel

Glucophage XR

A separate entry for Glucophage XR confirms that the extended-release product is on the document.

Dosage forms on the document will be consistent with the category and use where listed.

neomycin/polymyxin B/hydrocortisone **Cortisporin**

Since Cortisporin is listed only in the OTIC section, it is limited to the OTIC solution and suspension. From this entry the topical cream cannot be assumed to be on the list unless there is an entry for this product in the DERMATOLOGY section of the document.

PLAN DESIGN

The document represents a closed formulary plan design. The medications listed on the document are covered by the plan as represented. Certain medications on the list are covered if utilization management criteria are met (i.e., Step Therapy, Prior Authorization, Quantity Limits, etc.); requests for use of such medications outside of their listed criteria will be reviewed for medical necessity. If a medication is not listed on the document, a Formulary exception may be requested for coverage. Medical necessity or Formulary exception requests will be reviewed based on drug-specific prior authorization criteria or standard non-formulary prescription request criteria.

NOTICE

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers.

Please be advised that this document is updated periodically and changes may appear prior to their effective date to allow for member notification.

While we make every effort to ensure that our Drug Formulary is up-to-date, this list may have changed since publishing. For the most up-to-date information, you must use the “Find My Prescriptions” tool on [CareSource.com/marketplace](https://www.caresource.com/marketplace), or contact Member Services at the toll-free telephone number on your ID card to confirm the accuracy of the information in this copy of the Drug Formulary.

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List of Abbreviations

ACA: Affordable Care Act.

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

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

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

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

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

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
<i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i>	1	
<i>clotrimazole mucous membrane troche 10 mg</i>	1	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	1	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	1	
<i>fluconazole oral tablet 150 mg</i>	1	QL
<i>flucytosine oral capsule 250 mg, 500 mg</i>	1	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	1	
<i>griseofulvin microsize oral tablet 500 mg</i>	1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	
<i>ketoconazole oral tablet 200 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>nystatin oral suspension 100,000 unit/ml</i>	1	
<i>nystatin oral tablet 500,000 unit</i>	1	
<i>terbinafine hcl oral tablet 250 mg</i>	1	QL
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	1	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i>	1	PA
ANTIVIRALS		
<i>abacavir oral solution 20 mg/ml</i>	1	QL
<i>abacavir oral tablet 300 mg</i>	1	QL
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	1	QL
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>adefovir oral tablet 10 mg</i>	1	
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
APTIVUS ORAL CAPSULE 250 MG	2	QL
<i>atazanavir oral capsule 150 mg, 200 mg</i>	1	QL
<i>atazanavir oral capsule 300 mg</i>	1	
ATRIPLA ORAL TABLET 600-200-300 MG	2	QL
BARACLUDE ORAL SOLUTION 0.05 MG/ML	2	PA
BIKTARVY ORAL TABLET 30-120-15 MG	2	
BIKTARVY ORAL TABLET 50-200-25 MG	2	QL
COMPLERA ORAL TABLET 200-25-300 MG	2	QL
DELSTRIGO ORAL TABLET 100-300-300 MG	2	QL
DESCOVY ORAL TABLET 120-15 MG	2	
DESCOVY ORAL TABLET 200-25 MG	2	QL
DOVATO ORAL TABLET 50-300 MG	2	QL
<i>efavirenz oral capsule 200 mg, 50 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>efavirenz oral tablet 600 mg</i>	1	QL
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg, 600-300-300 mg</i>	1	
<i>emtricitabine oral capsule 200 mg</i>	1	QL
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	0	QL
EMTRIVA ORAL CAPSULE 200 MG	2	QL
EMTRIVA ORAL SOLUTION 10 MG/ML	2	QL
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	PA
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	2	PA
EVOTAZ ORAL TABLET 300-150 MG	2	QL
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	QL
<i>fosamprenavir oral tablet 700 mg</i>	1	QL
GENVOYA ORAL TABLET 150-150-200-10 MG	2	QL
INTELENCE ORAL TABLET 100 MG, 200 MG	2	QL
INVIRASE ORAL TABLET 500 MG	2	QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
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	2	QL
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	2	QL
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	2	PA; QL
<i>lamivudine oral solution 10 mg/ml</i>	1	QL
<i>lamivudine oral tablet 100 mg</i>	1	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	1	QL
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	1	QL
LEXIVA ORAL SUSPENSION 50 MG/ML	2	QL
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	1	QL
<i>maraviroc oral tablet 150 mg, 300 mg</i>	1	QL
MAVYRET ORAL TABLET 100-40 MG	4	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>nevirapine oral suspension 50 mg/5 ml</i>	1	QL
<i>nevirapine oral tablet 200 mg</i>	1	QL
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	1	QL
NORVIR ORAL POWDER IN PACKET 100 MG	2	QL
NORVIR ORAL SOLUTION 80 MG/ML	2	QL
ODEFSEY ORAL TABLET 200-25-25 MG	2	QL
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	1	QL
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	1	QL
PAXLOVID (EUA) ORAL TABLETS,DOSE PACK 150-100 MG, 300 MG (150 MG X 2)-100 MG	2	PA
PIFELTRO ORAL TABLET 100 MG	2	QL
PREZCOBIX ORAL TABLET 800-150 MG-MG	2	QL
PREZISTA ORAL SUSPENSION 100 MG/ML	2	QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	QL
<i>rimantadine oral tablet 100 mg</i>	1	
<i>ritonavir oral tablet 100 mg</i>	1	
SELZENTRY ORAL SOLUTION 20 MG/ML	2	QL
SELZENTRY ORAL TABLET 150 MG, 300 MG	2	QL
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	4	PA; QL
STRIBILD ORAL TABLET 150-150-200-300 MG	2	QL
SYMTUZA ORAL TABLET 800-150-200-10 MG	2	QL
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	QL
TIVICAY ORAL TABLET 50 MG	3	QL
TRIUMEQ ORAL TABLET 600-50-300 MG	2	PA; QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	2	QL
TYBOST ORAL TABLET 150 MG	2	

Drug Name	Drug Tier	Requirements / Limits
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	1	QL
VIRACEPT ORAL TABLET 250 MG, 625 MG	2	QL
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	2	QL
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	QL
XOFLUZA ORAL TABLET 20 MG, 40 MG	3	QL
CEPHALOSPORINS		
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet 1 gram</i>	1	
<i>cefazolin in 0.9% sod chloride intravenous piggyback 3 gram/100 ml</i>	1	ST
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cephalexin oral tablet 250 mg</i>	1	
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin oral packet 1 gram</i>	1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	1	
DIFICID ORAL TABLET 200 MG	3	PA; QL
<i>e.e.s. 400 oral tablet 400 mg</i>	1	
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	1	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	3	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>	1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1	
<i>erythromycin lactobionate intravenous recon soln 500 mg</i>	1	ST
<i>erythromycin oral capsule, delayed release (dr/ec) 250 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>erythromycin oral tablet 250 mg, 500 mg</i>	1	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	1	
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole oral tablet 200 mg</i>	1	PA; QL
<i>atovaquone oral suspension 750 mg/5 ml</i>	1	
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	1	QL
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	2	QL
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	4	PA; QL
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	QL
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	1	
COARTEM ORAL TABLET 20-120 MG	2	QL

Drug Name	Drug Tier	Requirements / Limits
CYCLOSERINE ORAL CAPSULE 250 MG	2	
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
EMVERM ORAL TABLET,CHEWABLE 100 MG	2	QL
<i>ethambutol oral tablet 100 mg, 400 mg</i>	1	
<i>hydroxychloroquine oral tablet 200 mg</i>	1	
<i>isoniazid oral solution 50 mg/5 ml</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
<i>ivermectin oral tablet 3 mg</i>	1	QL
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	1	PA
<i>linezolid oral tablet 600 mg</i>	1	PA
<i>mefloquine oral tablet 250 mg</i>	1	QL
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>neomycin oral tablet 500 mg</i>	1	
<i>nitazoxanide oral tablet 500 mg</i>	1	QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	2	PA
<i>pentamidine inhalation recon soln 300 mg</i>	1	PA; QL
<i>praziquantel oral tablet 600 mg</i>	1	
PRETOMANID ORAL TABLET 200 MG	2	ST; QL
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>pyrimethamine oral tablet 25 mg</i>	4	PA
<i>quinine sulfate oral capsule 324 mg</i>	1	QL
<i>rifabutin oral capsule 150 mg</i>	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	QL
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	4	PA; QL
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	4	PA; QL
<i>tobramycin sulfate injection recon soln 1.2 gram</i>	1	ST

Drug Name	Drug Tier	Requirements / Limits
<i>tobramycin sulfate injection solution 40 mg/ml</i>	1	ST
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	4	PA; QL
XIFAXAN ORAL TABLET 200 MG, 550 MG	2	PA; QL
PENICILLINS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
QUINOLONES		
<i>CIPRO ORAL SUSPENSION, MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML</i>	3	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>levofloxacin oral solution 250 mg/10 ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin oral tablet 400 mg</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	QL
SULFA'S & RELATED AGENTS		
<i>sulfadiazine oral tablet 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
<i>sulfatrim oral suspension 200-40 mg/5 ml</i>	1	
TETRACYCLINES		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	1	PA
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral capsule 150 mg</i>	1	ST
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	1	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>mondoxylene oral capsule 100 mg</i>	1	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	1	
VIBRAMYCIN ORAL CAPSULE 100 MG	3	PA
URINARY TRACT AGENTS		
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	1	
<i>trimethoprim oral tablet 100 mg</i>	1	
VANCOMYCIN		
FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML	2	PA; QL
<i>vancomycin oral capsule 125 mg, 250 mg</i>	1	PA; QL
<i>vancomycin oral recon soln 50 mg/ml</i>	1	PA; QL
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	4	PA; QL
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	4	PA
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	4	PA
<i>anastrozole oral tablet 1 mg</i>	0	

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Drug Name	Drug Tier	Requirements / Limits
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>bexarotene oral capsule 75 mg</i>	4	PA
<i>bexarotene topical gel 1 %</i>	4	PA; QL
<i>bicalutamide oral tablet 50 mg</i>	1	
<i>capecitabine oral tablet 150 mg, 500 mg</i>	4	PA
CAPRELSA ORAL TABLET 100 MG, 300 MG	4	PA; QL
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	4	PA
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	PA
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	
EMCYT ORAL CAPSULE 140 MG	3	PA
ERIVEDGE ORAL CAPSULE 150 MG	4	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	4	PA; QL
<i>etoposide oral capsule 50 mg</i>	1	
EULEXIN ORAL CAPSULE 125 MG	3	
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	1	
<i>exemestane oral tablet 25 mg</i>	0	
<i>flutamide oral capsule 125 mg</i>	1	
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	
<i>gengraf oral solution 100 mg/ml</i>	1	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	4	PA; QL
<i>hydroxyurea oral capsule 500 mg</i>	1	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	4	PA; QL
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	4	PA; QL
<i>imatinib oral tablet 100 mg, 400 mg</i>	4	PA; QL
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	4	PA; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	4	PA; QL
INLYTA ORAL TABLET 1 MG, 5 MG	4	PA; QL
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	4	PA; QL
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA; QL
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 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), 8 MG/DAY (4 MG X 2)	4	PA
<i>letrozole oral tablet 2.5 mg</i>	1	
LEUKERAN ORAL TABLET 2 MG	2	PA
LYSODREN ORAL TABLET 500 MG	4	

Drug Name	Drug Tier	Requirements / Limits
MATULANE ORAL CAPSULE 50 MG	4	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	1	
<i>megestrol oral tablet 20 mg, 40 mg</i>	1	
MEKINIST ORAL TABLET 0.5 MG, 2 MG	4	PA; QL
<i>melphalan oral tablet 2 mg</i>	1	PA
<i>mercaptopurine oral tablet 50 mg</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	1	
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	1	
MYLERAN ORAL TABLET 2 MG	2	PA

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Drug Name	Drug Tier	Requirements / Limits
NEORAL ORAL CAPSULE 100 MG, 25 MG	3	PA
NEORAL ORAL SOLUTION 100 MG/ML	3	PA
NEXAVAR ORAL TABLET 200 MG	4	PA; QL
<i>nilutamide oral tablet 150 mg</i>	1	PA
<i>romidepsin intravenous recon soln 10 mg/2 ml</i>	4	PA
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	3	PA
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>sorafenib oral tablet 200 mg</i>	4	PA; QL
<i>sunitinib oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	4	PA; QL
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	4	PA; QL
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	4	PA; QL
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	0	

Drug Name	Drug Tier	Requirements / Limits
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	4	PA
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	4	PA; QL
<i>toremifene oral tablet 60 mg</i>	1	PA
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	1	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	2	
TYKERB ORAL TABLET 250 MG	4	PA; QL
VOTRIENT ORAL TABLET 200 MG	4	PA; QL
ZELBORAF ORAL TABLET 240 MG	4	PA; QL
ZOLINZA ORAL CAPSULE 100 MG	4	PA
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH		
ANTICONVULSANTS		
BANZEL ORAL SUSPENSION 40 MG/ML	3	PA
BANZEL ORAL TABLET 200 MG, 400 MG	2	PA
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>	1	
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	3	
CELONTIN ORAL CAPSULE 300 MG	2	
<i>clobazam oral suspension 2.5 mg/ml</i>	1	PA
<i>clobazam oral tablet 10 mg, 20 mg</i>	1	PA
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	QL
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	1	
DILANTIN EXTENDED ORAL CAPSULE 100 MG	3	
DILANTIN INFATABS ORAL TABLET, CHEWABLE 50 MG	3	
DILANTIN ORAL CAPSULE 30 MG	2	

Drug Name	Drug Tier	Requirements / Limits
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	3	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	1	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	1	
<i>epitol oral tablet 200 mg</i>	1	
<i>ethosuximide oral capsule 250 mg</i>	1	
<i>ethosuximide oral solution 250 mg/5 ml</i>	1	
<i>felbamate oral suspension 600 mg/5 ml</i>	1	
<i>felbamate oral tablet 400 mg, 600 mg</i>	1	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	2	ST
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	2	ST
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i>	1	QL
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	QL
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	ST
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	1	
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)</i>	1	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	2	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG	2	ST
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	3	
<i>phenytoin oral suspension 100 mg/4 ml, 125 mg/5 ml</i>	1	
<i>phenytoin oral tablet, chewable 50 mg</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
<i>pregabalin oral capsule 100 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	1	PA; QL
<i>pregabalin oral capsule 150 mg, 200 mg</i>	1	QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>pregabalin oral solution 20 mg/ml</i>	1	QL
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
<i>roweepra oral tablet 1,000 mg, 500 mg, 750 mg</i>	1	
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	3	PA
TEGRETOL ORAL TABLET 200 MG	3	PA
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG	3	PA
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	2	PA; QL
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	2	ST
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	
ANTIPARKINSONISM AGENTS		
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>bromocriptine oral capsule 5 mg</i>	1	
<i>bromocriptine oral tablet 2.5 mg</i>	1	
<i>carbidopa oral tablet 25 mg</i>	1	PA
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	
<i>entacapone oral tablet 200 mg</i>	1	
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	2	PA; QL
NEUPRO TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR	3	ST
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	1	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
<i>ropinirole oral tablet extended release 24 hr 2 mg, 4 mg, 8 mg</i>	1	ST
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
<i>tolcapone oral tablet 100 mg</i>	1	PA

Drug Name	Drug Tier	Requirements / Limits
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	1	QL
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	1	PA; QL
<i>eletriptan oral tablet 20 mg, 40 mg</i>	1	QL
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	2	PA; QL
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML, 300 MG/3 ML (100 MG/ML X 3)	2	PA; QL
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	
<i>frovatriptan oral tablet 2.5 mg</i>	1	QL
<i>migergot rectal suppository 2-100 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	1	QL
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	1	QL
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i>	1	QL
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i>	1	QL
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	1	QL
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	1	QL
<i>sumatriptan-naproxen oral tablet 85-500 mg</i>	1	ST; QL
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	1	QL
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	1	QL
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	4	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	5	PA; QL
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	1	
<i>galantamine oral solution 4 mg/ml</i>	1	
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	1	
<i>memantine oral solution 2 mg/ml</i>	1	
<i>memantine oral tablet 10 mg, 5 mg</i>	1	
MEMANTINE ORAL TABLETS, DOSE PACK 5-10 MG	2	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	4	PA; QL
ZEPOSIA ORAL CAPSULE 0.92 MG	4	PA
ZEPOSIA STARTER KIT ORAL CAPSULE, DOSE PACK 0.23-0.46-0.92 MG	4	PA; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
ZEPOSIA STARTER PACK ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	4	PA; QL
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	1	
<i>carisoprodol- aspirin-codeine oral tablet 200-325-16 mg</i>	1	
<i>chlorzoxazone oral tablet 500 mg</i>	1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	
CYCLOTENS REFILL COMBO PACK 10 MG	3	
CYCLOTENS STARTER COMBO PACK 10 MG	2	
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	1	
<i>metaxalone oral tablet 800 mg</i>	1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	1	
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	1	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	1	
<i>vanadom oral tablet 350 mg</i>	1	
NARCOTIC ANALGESICS		
<i>acetaminophen-caff- dihydrocod oral tablet 325-30-16 mg</i>	1	
<i>acetaminophen- codeine oral solution 120-12 mg/5 ml</i>	1	PA; QL
<i>acetaminophen- codeine oral solution 300 mg-30 mg /12.5 ml</i>	1	QL
<i>acetaminophen- codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	1	PA; QL
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	1	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1	PA; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	1	PA
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	1	ST
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	1	QL
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1	QL
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	QL
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	1	PA
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	PA; QL
ESGIC ORAL CAPSULE 50-325-40 MG	3	ST; QL
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	1	PA; QL
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	PA; QL
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i>	1	PA
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	1	PA; QL
<i>hydromorphone oral liquid 1 mg/ml</i>	1	PA; QL
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	1	PA; QL
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>	1	QL
<i>levorphanol tartrate oral tablet 2 mg, 3 mg</i>	1	PA
<i>methadone oral concentrate 10 mg/ml</i>	1	PA
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	PA; QL
<i>methadone oral tablet 10 mg, 5 mg</i>	1	PA; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1	PA; QL
<i>morphine oral capsule, extend. release pellets 10 mg, 100 mg, 20 mg, 50 mg, 80 mg</i>	1	PA; QL
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	1	PA; QL
<i>morphine oral tablet 15 mg, 30 mg</i>	1	PA; QL
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1	PA; QL
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	1	PA; QL
<i>oxycodone oral capsule 5 mg</i>	1	PA; QL
<i>oxycodone oral concentrate 20 mg/ml</i>	1	PA; QL
<i>oxycodone oral solution 5 mg/5 ml</i>	1	PA; QL
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	PA; QL
OXYCODONE ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 10 MG, 20 MG, 40 MG, 80 MG	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>oxycodone-acetaminophen oral solution 10-300 mg/5 ml</i>	1	PA
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	1	ST
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	PA; QL
<i>oxycodone-acetaminophen oral tablet 2.5-300 mg, 7.5-300 mg</i>	1	
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	1	PA
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	1	PA; QL
ROXYBOND ORAL TABLET, ORAL ONLY 15 MG, 30 MG, 5 MG	3	
XTAMPZA ER ORAL CAP, SPRINKL, ER 12HR (DONT CRUSH) 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	3	PA; QL
<i>zebutal oral capsule 50-325-40 mg</i>	1	QL

NON-NARCOTIC ANALGESICS

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>adult aspirin regimen oral tablet, delayed release (dr/ec) 81 mg</i>	0	OTC
<i>aspirin oral tablet 325 mg</i>	0	OTC
<i>aspirin oral tablet, chewable 81 mg</i>	0	OTC
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg, 81 mg</i>	0	OTC
<i>aspir-trin oral tablet, delayed release (dr/ec) 325 mg</i>	0	OTC
<i>bayer aspirin oral tablet 325 mg</i>	0	OTC
<i>bayer aspirin oral tablet, delayed release (dr/ec) 325 mg</i>	0	OTC
<i>bayer low dose aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	0	OTC
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	1	QL
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1	ST
<i>children's aspirin oral tablet, chewable 81 mg</i>	0	OTC

Drug Name	Drug Tier	Requirements / Limits
DICLOFENAC POTASSIUM ORAL TABLET 25 MG	3	
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	1	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	1	
<i>diclofenac sodium topical gel 1 %</i>	1	QL
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	1	
DICLOZOR TOPICAL KIT 1 %	3	ST
<i>diflunisal oral tablet 500 mg</i>	1	
<i>ecotrin low strength oral tablet, delayed release (dr/ec) 81 mg</i>	0	OTC
<i>ecotrin oral tablet, delayed release (dr/ec) 325 mg</i>	0	OTC
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	1	
<i>fenoprofen oral tablet 600 mg</i>	1	ST
<i>flurbiprofen oral tablet 100 mg</i>	1	
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	1	
IBUPAK ORAL KIT 600 MG	3	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>	1	PA
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	1	ST
<i>ketorolac oral tablet 10 mg</i>	1	QL
<i>lofena oral tablet 25 mg</i>	1	
<i>mefenamic acid oral capsule 250 mg</i>	1	
<i>meloxicam oral tablet 15 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>meloxicam oral tablet 7.5 mg</i>	1	QL
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
<i>naloxone injection solution 0.4 mg/ml</i>	1	QL
<i>naloxone injection syringe 1 mg/ml</i>	1	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i>	1	QL
<i>naltrexone oral tablet 50 mg</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>naproxen-esomeprazole oral tablet, ir, delayed rel, biphasic 375-20 mg, 500-20 mg</i>	1	ST
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	2	QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	2	QL
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	3	PA; QL
<i>oxaprozin oral tablet 600 mg</i>	1	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	
<i>st joseph aspirin oral tablet, chewable 81 mg</i>	0	OTC
<i>st. joseph aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	0	OTC
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 17-83 300 MG	3	PA; QL
TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 25-75 100 MG, 200 MG	3	PA; QL
<i>tramadol oral tablet 50 mg</i>	1	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	1	PA; QL
<i>tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg</i>	1	PA; QL
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	PA; QL
VENNGEL ONE TOPICAL KIT 1 %	3	ST
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG	4	QL
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 300 MG, 400 MG	2	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 300 MG, 400 MG	2	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	1	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	QL
ARISTADA INITIO INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE SYRING 675 MG/2.4 ML	2	QL
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	1	PA; QL
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	1	QL
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	1	QL
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	QL
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	1	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>citalopram oral solution 10 mg/5 ml</i>	1	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	1	QL
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	1	
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	1	QL
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	1	QL
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
DAYVIGO ORAL TABLET 10 MG, 5 MG	3	PA; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
DESVENLAFAXIN E ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 50 MG	2	ST; QL
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	1	QL
<i>dexmethylphenidate oral capsule, er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	1	QL
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	QL
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	1	QL
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	1	QL
<i>dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg</i>	1	
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	QL
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	QL
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>doxepin oral concentrate 10 mg/ml</i>	1	
<i>doxepin oral tablet 3 mg, 6 mg</i>	1	ST; QL
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 40 mg, 60 mg</i>	1	QL
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	3	
<i>ergoloid oral tablet 1 mg</i>	1	PA
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	QL
<i>estazolam oral tablet 1 mg, 2 mg</i>	1	QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	1	PA; QL
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	ST; QL
<i>fluoxetine oral capsule 10 mg, 40 mg</i>	1	QL
<i>fluoxetine oral capsule 20 mg</i>	1	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	
<i>fluoxetine oral tablet 10 mg</i>	1	ST; QL
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	1	ST
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	1	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	1	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	1	ST; QL
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	1	
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML, 410 MG/1.32 ML, 546 MG/1.75 ML, 819 MG/2.63 ML	2	QL
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	1	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG	3	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	QL
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>methamphetamine oral tablet 5 mg</i>	1	
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	QL
<i>methylphenidate hcl oral capsule, er biphasic 50-50 10 mg, 60 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>methylphenidate hcl oral capsule, er biphasic 50-50 20 mg, 30 mg, 40 mg</i>	1	QL
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	QL
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	QL
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	1	QL
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	1	QL
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 72 MG	2	ST; QL
<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	1	QL
<i>midazolam (pf) injection solution 1 mg/ml, 5 mg/ml</i>	1	
<i>midazolam (pf) injection syringe 2 mg/2 ml (1 mg/ml), 5 mg/ml</i>	1	
<i>midazolam injection solution 1 mg/ml, 5 mg/ml</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
MIDAZOLAM INTRAVENOUS SYRINGE 150 MG/30 ML (5 MG/ML)	3	
MIDAZOLAM ORAL SYRUP 10 MG/5 ML (2 MG/ML)	3	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i>	1	
<i>modafinil oral tablet 100 mg, 200 mg</i>	1	PA; QL
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	QL
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	1	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	QL
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 6-25 mg, 6-50 mg</i>	1	ST
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg</i>	1	QL
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	QL
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	1	ST; QL
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	
<i>phenelzine oral tablet 15 mg</i>	1	
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	1	
QUAZEPAM ORAL TABLET 15 MG	3	QL
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	QL
QUETIAPINE ORAL TABLET 150 MG	3	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	1	QL
<i>ramelteon oral tablet 8 mg</i>	1	PA; QL
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 72 MG	2	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	
<i>risperidone oral solution 1 mg/ml</i>	1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 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	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>sertraline oral concentrate 20 mg/ml</i>	1	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL
<i>temazepam oral capsule 15 mg, 30 mg</i>	1	QL
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>tranylcypromine oral tablet 10 mg</i>	1	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	1	QL
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	ST; QL
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	1	QL
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	2	ST; QL
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	1	QL
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	3	ST; QL
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	5	PA; QL
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	QL
ZENZEDI ORAL TABLET 2.5 MG	2	QL
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	QL
<i>zolpidem oral tablet 10 mg, 5 mg</i>	1	QL

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone oral tablet 200 mg, 400 mg</i>	1	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	1	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	2	
<i>pacerone oral tablet 200 mg, 400 mg</i>	1	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
<i>sotalol aforal tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	

ANTIHYPERTENSIVE THERAPY

<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	
<i>amiloride oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG	2	
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	1	QL
<i>diltiazem hcl oral capsule, ext. rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral capsule, extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>dilt-xr oral capsule, ext. rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>enalapril maleate oral solution 1 mg/ml</i>	1	ST
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
EPANED ORAL SOLUTION 1 MG/ML	2	ST
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>methyldopa oral tablet 250 mg, 500 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>metyrosine oral capsule 250 mg</i>	1	PA
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	1	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>olmesartan-amlodipin-hctiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	
<i>phenoxybenzamine oral capsule 10 mg</i>	1	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	1	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1	
<i>taztia xt oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	QL
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg</i>	1	QL
<i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i>	1	
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; QL
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1	
<i>verapamil oral tablet 120 mg, 80 mg</i>	1	
<i>verapamil oral tablet 40 mg</i>	1	QL
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
CARDIAC GLYCOSIDES		
<i>digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
<i>digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg)</i>	1	
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG)	3	
COAGULATION THERAPY		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	1	ST
BRILINTA ORAL TABLET 60 MG, 90 MG	2	ST
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel oral tablet 75 mg</i>	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	2	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	2	
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	4	
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	4	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	5	
<i>heparin (porcine) injection solution 5,000 unit/ml</i>	1	
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>prasugrel oral tablet 10 mg, 5 mg</i>	1	
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	4	PA; QL
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)-20 MG (9)	2	QL
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	2	
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	0	QL
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	QL
<i>cholestyramine (with sugar) oral powder 4 gram</i>	1	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	1	
<i>cholestyramine light oral powder 4 gram</i>	1	
<i>cholestyramine light oral powder in packet 4 gram</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>colesevelam oral powder in packet 3.75 gram</i>	1	PA
<i>colesevelam oral tablet 625 mg</i>	1	PA
<i>colestipol oral tablet 1 gram</i>	1	
<i>ezetimibe oral tablet 10 mg</i>	1	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	ST; QL
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	1	
FENOFIBRATE MICRONIZED ORAL CAPSULE 30 MG, 90 MG	3	ST
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	0	QL
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	0	QL
<i>gemfibrozil oral tablet 600 mg</i>	1	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	0	QL

Drug Name	Drug Tier	Requirements / Limits
<i>niacin oral tablet 500 mg</i>	1	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	1	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	1	
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	0	QL
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	2	PA; QL
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	2	PA; QL
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	2	PA; QL
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	0	QL
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1	QL
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	0	QL
<i>simvastatin oral tablet 80 mg</i>	1	QL

**MISCELLANEOUS
CARDIOVASCULAR AGENTS**

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Drug Name	Drug Tier	Requirements / Limits
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	2	PA; QL
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	1	
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	
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	2	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i>	1	
<i>nitro-time oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg</i>	1	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1	
<i>calcipotriene scalp solution 0.005 %</i>	1	QL
<i>calcipotriene topical cream 0.005 %</i>	1	QL
<i>calcipotriene topical ointment 0.005 %</i>	1	QL
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	1	QL
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i>	1	QL
<i>calcitriol topical ointment 3 mcg/gram</i>	1	PA
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; QL
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; QL
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; QL
<i>selenium sulfide topical lotion 2.5 %</i>	1	PA
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	5	PA; QL
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; QL
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; QL
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	4	PA; QL
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	4	PA; QL
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	4	PA; QL

Drug Name	Drug Tier	Requirements / Limits
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	4	PA; QL
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	5	PA; QL
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	5	PA; QL
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	5	PA; QL
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	5	PA; QL
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	4	PA; QL
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; QL
BURN THERAPY		
<i>silver sulfadiazine topical cream 1 %</i>	1	
<i>ssd topical cream 1 %</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
KERATOLYTICS		
<i>salicylic acid topical cream 6 %</i>	1	QL
<i>salicylic acid topical cream, extended release 6 %</i>	1	QL
<i>salicylic acid topical lotion 6 %</i>	1	QL
<i>salicylic acid topical lotion, extended release 6 %</i>	1	QL
<i>salicylic acid topical shampoo 6 %</i>	1	QL
<i>salicylic acid-ceramides no.1 topical kit, cleanser and cream er 6 %</i>	1	
<i>salimez topical cream 6 %</i>	1	QL
MISCELLANEOUS DERMATOLOGICALS		
<i>ammonium lactate topical cream 12 %</i>	1	
<i>ammonium lactate topical lotion 12 %</i>	1	
<i>doxepin topical cream 5 %</i>	1	PA; QL
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	4	PA; QL
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; QL

Drug Name	Drug Tier	Requirements / Limits
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML	5	PA; QL
EUCRISA TOPICAL OINTMENT 2 %	3	PA; QL
<i>fluorouracil topical cream 5 %</i>	1	QL
<i>fluorouracil topical solution 2 %, 5 %</i>	1	QL
<i>pimecrolimus topical cream 1 %</i>	1	PA; QL
<i>podofilox topical solution 0.5 %</i>	1	QL
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	1	QL
THERAPY FOR ACNE		
ACANYA TOPICAL GEL WITH PUMP 1.2-2.5 %	3	ST
ACZONE TOPICAL GEL WITH PUMP 7.5 %	3	ST
ADAPALENE TOPICAL LOTION 0.1 %	2	ST
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i>	1	
<i>avar topical cleanser 10-5 % (w/w)</i>	1	QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
AVAR-E GREEN TOPICAL CREAM 10-5 % (W/W)	2	ST
AVAR-E LS TOPICAL CREAM 10-2 %	2	ST; QL
<i>avita topical cream 0.025 %</i>	1	PA; QL
AVITA TOPICAL GEL 0.025 %	2	PA; QL
<i>clindacin etz topical swab 1 %</i>	1	
<i>clindamycin phosphate topical gel 1 %</i>	1	QL
<i>clindamycin phosphate topical gel, once daily 1 %</i>	1	QL
<i>clindamycin phosphate topical lotion 1 %</i>	1	QL
<i>clindamycin phosphate topical solution 1 %</i>	1	QL
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 % (1 % base) -5 %</i>	1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2-2.5 %</i>	1	
<i>clindamycin-tretinoin topical gel 1.2-0.025 %</i>	1	
<i>dapsone topical gel 5 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>dapsone topical gel with pump 7.5 %</i>	1	
EPSOLAY TOPICAL CREAM 5 %	3	ST
<i>ery pads topical swab 2 %</i>	1	
<i>erythromycin with ethanol topical gel 2 %</i>	1	
<i>erythromycin with ethanol topical solution 2 %</i>	1	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	1	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>metronidazole topical cream 0.75 %</i>	1	QL
<i>metronidazole topical gel 0.75 %</i>	1	QL
<i>metronidazole topical lotion 0.75 %</i>	1	QL
<i>refissa topical cream 0.05 %</i>	1	
<i>rosadan topical cream 0.75 %</i>	1	QL
<i>rosadan topical gel 0.75 %</i>	1	QL
ROSADAN TOPICAL KIT, CLEANSER AND GEL 0.75 %	3	ST

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Drug Name	Drug Tier	Requirements / Limits
ROSADAN TOPICAL KIT,CLEANSER AND CREAM 0.75 %	3	ST
<i>sss 10-5 topical cream 10-5 % (w/w)</i>	1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	1	QL
<i>sulfacetamide sodium-sulfur topical cleanser 9-4 %</i>	1	
<i>sulfacetamide sodium-sulfur topical cream 10-2 %</i>	1	QL
<i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i>	1	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w)</i>	1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i>	1	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %</i>	1	
<i>sulfacetamide sod- sulfur-urea topical cleanser 10-5-10 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>sulfacleanse 8-4 topical suspension 8- 4 %</i>	1	ST
<i>tretinoin (emollient) topical cream 0.05 %</i>	1	PA
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	1	PA; QL
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	1	PA; QL
TOPICAL ANESTHETICS		
AGONEAZE TOPICAL KIT 2.5- 2.5 %	3	
ANODYNE LPT TOPICAL KIT 2.5- 2.5 %	3	
APRIZIO PAK TOPICAL KIT 2.5- 2.5 %	3	
<i>dermacinrx prizopak topical kit 2.5-2.5 %</i>	1	
<i>lidocaine hcl laryngotracheal solution 4 %</i>	1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
<i>lidocaine hcl topical cream 3 %</i>	1	QL
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1	PA; QL
<i>lidocaine viscous mucous membrane solution 2 %</i>	1	QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1	QL
<i>lidocaine-prilocaine topical kit 2.5-2.5 %</i>	1	
<i>lidopin topical cream 3 %</i>	1	QL
<i>lidopril topical kit 2.5-2.5 %</i>	1	
LIDOPRIL XR TOPICAL KIT 2.5-2.5 %	3	
LIDO-PRILOCAINE PACK TOPICAL KIT 2.5-2.5 %	3	
LIVIXIL PAK TOPICAL KIT 2.5-2.5 %	3	
PRILOLID TOPICAL KIT 2.5-2.5 %	3	
PRILOVIX LITE PLUS TOPICAL KIT 2.5-2.5 %	3	
PRILOVIX ULTRALITE PLUS TOPICAL KIT 2.5-2.5 %	3	
SKYADERM-LP TOPICAL KIT 2.5-2.5 %	3	
TOPICAL ANTIBACTERIALS		
ALTABAX TOPICAL OINTMENT 1 %	3	PA; QL
<i>gentamicin topical cream 0.1 %</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>gentamicin topical ointment 0.1 %</i>	1	QL
<i>mafenide acetate topical packet 50 gram</i>	1	PA
<i>mupirocin topical ointment 2 %</i>	1	QL
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	1	QL
XEPI TOPICAL CREAM 1 %	2	ST; QL
TOPICAL ANTIFUNGALS		
CICLODAN KIT TOPICAL COMBO PACK 0.77 %	2	
CICLODAN KIT TOPICAL SOLUTION 8 %	2	ST
<i>ciclodan topical cream 0.77 %</i>	1	QL
<i>ciclodan topical solution 8 %</i>	1	QL
<i>ciclopirox topical cream 0.77 %</i>	1	QL
<i>ciclopirox topical gel 0.77 %</i>	1	QL
<i>ciclopirox topical shampoo 1 %</i>	1	QL
<i>ciclopirox topical solution 8 %</i>	1	QL
<i>ciclopirox topical suspension 0.77 %</i>	1	QL
<i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>clotrimazole topical cream 1 %</i>	1	QL
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	1	QL
<i>econazole topical cream 1 %</i>	1	QL
ERTACZO TOPICAL CREAM 2 %	3	QL
<i>ketoconazole topical cream 2 %</i>	1	QL
<i>ketoconazole topical shampoo 2 %</i>	1	QL
LULICONAZOLE TOPICAL CREAM 1 %	2	PA; QL
MENTAX TOPICAL CREAM 1 %	2	ST; QL
<i>naftifine topical cream 1 %, 2 %</i>	1	PA; QL
<i>nyamyc topical powder 100,000 unit/gram</i>	1	QL
<i>nystatin topical cream 100,000 unit/gram</i>	1	QL
<i>nystatin topical ointment 100,000 unit/gram</i>	1	QL
<i>nystatin topical powder 100,000 unit/gram</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	1	QL
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	1	QL
<i>nystop topical powder 100,000 unit/gram</i>	1	QL
<i>oxiconazole topical cream 1 %</i>	1	PA; QL
SULCONAZOLE TOPICAL CREAM 1 %	2	PA; QL
SULCONAZOLE TOPICAL SOLUTION 1 %	2	PA; QL
TOPICAL ANTIVIRALS		
<i>acyclovir topical ointment 5 %</i>	1	PA; QL
DENAVIR TOPICAL CREAM 1 %	2	ST; QL
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	1	QL
<i>alclometasone topical cream 0.05 %</i>	1	QL
<i>alclometasone topical ointment 0.05 %</i>	1	QL
<i>amcinonide topical cream 0.1 %</i>	1	PA

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Drug Name	Drug Tier	Requirements / Limits
BESER KIT TOPICAL KIT, LOTION AND CREAM, EMOLLIENT 0.05 %	3	ST
<i>beser topical lotion 0.05 %</i>	1	ST; QL
<i>betamethasone dipropionate topical cream 0.05 %</i>	1	QL
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1	QL
<i>betamethasone dipropionate topical ointment 0.05 %</i>	1	ST; QL
<i>betamethasone valerate topical cream 0.1 %</i>	1	QL
<i>betamethasone valerate topical lotion 0.1 %</i>	1	QL
<i>betamethasone valerate topical ointment 0.1 %</i>	1	QL
<i>betamethasone, augmented topical cream 0.05 %</i>	1	QL
<i>betamethasone, augmented topical lotion 0.05 %</i>	1	QL
<i>betamethasone, augmented topical ointment 0.05 %</i>	1	QL
<i>clobetasol scalp solution 0.05 %</i>	1	ST; QL
<i>clobetasol topical cream 0.05 %</i>	1	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>clobetasol topical gel 0.05 %</i>	1	ST; QL
<i>clobetasol topical ointment 0.05 %</i>	1	QL
<i>clobetasol topical shampoo 0.05 %</i>	1	ST; QL
<i>clobetasol-emollient topical cream 0.05 %</i>	1	QL
CLODAN KIT TOPICAL KIT, SHAMPOO AND CLEANSER 0.05 %	3	ST
<i>clodan topical shampoo 0.05 %</i>	1	ST; QL
CORDRAN TOPICAL CREAM 0.025 %, 0.05 %	3	ST; QL
CORDRAN TOPICAL LOTION 0.05 %	3	ST; QL
<i>desonide topical cream 0.05 %</i>	1	QL
<i>desonide topical ointment 0.05 %</i>	1	QL
<i>desoximetasone topical cream 0.05 %</i>	1	ST
<i>desoximetasone topical cream 0.25 %</i>	1	ST; QL
<i>desoximetasone topical gel 0.05 %</i>	1	ST
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i>	1	ST

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>desoximetasone topical spray, non-aerosol 0.25 %</i>	1	PA
<i>diflorasone topical cream 0.05 %</i>	1	ST; QL
<i>diflorasone topical ointment 0.05 %</i>	1	ST; QL
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	1	QL
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	1	QL
<i>fluocinolone topical oil 0.01 %</i>	1	QL
<i>fluocinolone topical ointment 0.025 %</i>	1	QL
<i>fluocinolone topical solution 0.01 %</i>	1	QL
<i>fluocinonide topical cream 0.05 %</i>	1	ST; QL
<i>fluocinonide topical gel 0.05 %</i>	1	PA; QL
<i>fluocinonide topical ointment 0.05 %</i>	1	ST; QL
<i>fluocinonide topical solution 0.05 %</i>	1	QL
<i>fluocinonide-e topical cream 0.05 %</i>	1	QL
<i>flurandrenolide topical cream 0.05 %</i>	1	PA; QL
<i>flurandrenolide topical lotion 0.05 %</i>	1	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>fluticasone propionate topical cream 0.05 %</i>	1	QL
<i>fluticasone propionate topical lotion 0.05 %</i>	1	ST; QL
<i>fluticasone propionate topical ointment 0.005 %</i>	1	QL
<i>halcinonide topical cream 0.1 %</i>	1	PA
<i>halobetasol propionate topical cream 0.05 %</i>	1	ST
HALOBETASOL PROPIONATE TOPICAL FOAM 0.05 %	2	PA
<i>hydrocortisone butyrate topical cream 0.1 %</i>	1	QL
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	1	ST; QL
<i>hydrocortisone butyrate topical solution 0.1 %</i>	1	ST; QL
<i>hydrocortisone butyr-emollient topical cream 0.1 %</i>	1	QL
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	QL
<i>hydrocortisone topical lotion 2.5 %</i>	1	QL
<i>hydrocortisone topical ointment 1 %</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone topical ointment 2.5 %</i>	1	QL
<i>hydrocortisone valerate topical cream 0.2 %</i>	1	QL
<i>mometasone topical cream 0.1 %</i>	1	QL
<i>mometasone topical ointment 0.1 %</i>	1	QL
<i>mometasone topical solution 0.1 %</i>	1	QL
<i>nolix topical cream 0.05 %</i>	1	ST; QL
<i>nolix topical lotion 0.05 %</i>	1	ST; QL
<i>prednicarbate topical cream 0.1 %</i>	1	QL
<i>prednicarbate topical ointment 0.1 %</i>	1	
SILA III TOPICAL KIT 0.1 %- 4" X 4"	3	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	1	QL
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	1	QL
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	QL
<i>triamcinolone acetonide topical ointment 0.05 %</i>	1	ST

Drug Name	Drug Tier	Requirements / Limits
<i>triderm topical cream 0.5 %</i>	1	ST; QL
<i>tritocin topical ointment 0.05 %</i>	1	ST
TOPICAL ENZYMES		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	2	QL
TOPICAL SCABICIDES / PEDICULICIDES		
EURAX TOPICAL CREAM 10 %	3	PA
<i>lindane topical shampoo 1 %</i>	1	QL
<i>malathion topical lotion 0.5 %</i>	1	QL
<i>permethrin topical cream 5 %</i>	1	QL
<i>spinosad topical suspension 0.9 %</i>	1	PA; QL
ULESFIA TOPICAL LOTION 5 %	3	QL
DIAGNOSTICS & MISCELLANEOUS AGENTS		
MISCELLANEOUS AGENTS		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	1	
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	1	
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	5	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>cevimeline oral capsule 30 mg</i>	1	ST
CHEMET ORAL CAPSULE 100 MG	3	PA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	4	PA
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	4	PA
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	4	PA
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>pilocarpine hcl oral tablet 5 mg</i>	1	
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	5	PA; QL
<i>risedronate oral tablet 30 mg</i>	1	QL
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	0	
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	0	

Drug Name	Drug Tier	Requirements / Limits
CHANTIX ORAL TABLET 1 MG	0	
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)-1 MG (42)	0	
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24 HR, 21 MG/24 HR, 7 MG/24 HR	0	OTC; QL
NICORETTE BUCCAL GUM 2 MG	0	OTC; QL
<i>nicorette buccal gum 4 mg</i>	0	OTC; QL
NICORETTE BUCCAL LOZENGE 2 MG, 4 MG	0	OTC; QL
NICORETTE BUCCAL MINI LOZENGE 2 MG, 4 MG	0	OTC; QL
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	0	OTC; QL
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	0	OTC; QL
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	0	OTC; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	0	OTC; QL
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	0	OTC; QL
NICOTROL INHALATION CARTRIDGE 10 MG	0	QL
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	0	QL
<i>quit 2 buccal gum 2 mg</i>	0	OTC; QL
<i>quit 2 buccal lozenge 2 mg</i>	0	OTC; QL
<i>quit 4 buccal gum 4 mg</i>	0	OTC; QL
<i>quit 4 buccal lozenge 4 mg</i>	0	OTC; QL
<i>stop smoking aid buccal lozenge 2 mg, 4 mg</i>	0	OTC; QL
<i>varenicline oral tablet 0.5 mg, 1 mg</i>	0	
<i>varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i>	0	
EAR, NOSE & THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		

Drug Name	Drug Tier	Requirements / Limits
<i>azelastine nasal aerosol, spray 137 mcg (0.1 %)</i>	1	QL
<i>azelastine nasal spray, non-aerosol 205.5 mcg (0.15 %)</i>	1	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	1	
<i>denta 5000 plus dental cream 1.1 %</i>	1	
<i>fluoride (sodium) dental cream 1.1 %</i>	1	
<i>fluoride (sodium) dental gel 1.1 %</i>	1	
<i>fluoride (sodium) dental paste 1.1 %</i>	1	
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	1	QL
<i>olopatadine nasal spray, non-aerosol 0.6 %</i>	1	QL
<i>oralone dental paste 0.1 %</i>	1	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	1	
<i>periogard mucous membrane mouthwash 0.12 %</i>	1	
<i>pilocarpine hcl oral tablet 7.5 mg</i>	1	
<i>sf 5000 plus dental cream 1.1 %</i>	1	
<i>sf dental gel 1.1 %</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	1	
<i>triamcinolone acetonide dental paste 0.1 %</i>	1	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear) solution 2 %</i>	1	
CETRALAX OTIC (EAR) DROPPERETTE 0.2 %	3	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	1	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	1	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	1	QL
<i>ofloxacin otic (ear) drops 0.3 %</i>	1	
OTIPRIO INTRATYMPANIC SUSPENSION 6 % (6 MG/0.1 ML)	3	QL
OTIC STEROID / ANTIBIOTIC		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	3	

Drug Name	Drug Tier	Requirements / Limits
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	1	ST
CIPROFLOXACIN-FLUOCINOLONE OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	2	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>dexamethasone intensol oral drops 1 mg/ml</i>	1	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	5	PA; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	5	PA; QL
<i>fludrocortisone oral tablet 0.1 mg</i>	1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>methylprednisolone oral tablets, dose pack 4 mg</i>	1	
<i>prednisolone oral solution 15 mg/5 ml</i>	1	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisolone sodium phosphate oral tablet, disintegrating 10 mg, 15 mg, 30 mg</i>	1	
<i>prednisone intensol oral concentrate 5 mg/ml</i>	1	
<i>prednisone oral solution 5 mg/5 ml</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablets, dose pack 10 mg, 5 mg</i>	1	
ANTITHYROID AGENTS		

Drug Name	Drug Tier	Requirements / Limits
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>potassium iodide oral solution 1 gram/ml</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	
SSKI ORAL SOLUTION 1 GRAM/ML	2	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
ONETOUCH VERIO TEST STRIPS STRIP	2	OTC; QL
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
BD VERITOR AT-HOME COVID19 TST KIT	0	OTC; QL
BINAXNOW COVID AG CARD HOME TST KIT	0	OTC; QL
BINAXNOW COVID-19 AG SELF TEST KIT	0	OTC; QL
CARESTART COVID-19 AG HOME TST KIT	0	OTC; QL
CELLTRION DIATRUST COV-19 HOME KIT	0	OTC; QL
CLINITEST COVID-19 HOME TEST KIT	0	OTC; QL
COVID-19 AT-HOME TEST KIT	0	OTC; QL

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Drug Name	Drug Tier	Requirements / Limits
ELLUME COVID-19 HOME TEST KIT	0	OTC; QL
FLOWFLEX COVID-19 AG HOME TEST KIT	0	OTC; QL
GLUCAGEN DIAGNOSTIC KIT INJECTION RECON SOLN 1 MG/ML	2	
GLUCAGON HCL INJECTION RECON SOLN 1 MG/ML	2	
IHEALTH COVID-19 AG HOME TEST KIT	0	OTC; QL
INDICAID COVID-19 AG HOME TEST KIT	0	OTC; QL
INTELISWAB COVID-19 HOME TEST KIT	0	OTC; QL
ON-GO COVID-19 AG AT HOME TEST KIT	0	OTC; QL
PILOT COVID-19 AT-HOME TEST KIT	0	OTC; QL
QUICKVUE AT-HOME COVID-19 TEST KIT	0	OTC; QL
GLUCOSE ELEVATING AGENTS		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	2	ST; QL

Drug Name	Drug Tier	Requirements / Limits
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	2	QL
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	2	QL
<i>glucagon emergency kit (human) injection recon soln 1 mg</i>	1	QL
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
DEXCOM G6 RECEIVER	2	
DEXCOM G6 SENSOR DEVICE	2	QL
DEXCOM G6 TRANSMITTER DEVICE	2	QL
EASY TALK PLUS II LOW CONTROL SOLUTION	3	OTC; QL
FREESTYLE LIBRE 14 DAY READER	2	PA; QL
FREESTYLE LIBRE 14 DAY SENSOR KIT	2	PA; QL
FREESTYLE LIBRE 2 READER	2	PA; QL
FREESTYLE LIBRE 2 SENSOR KIT	2	PA; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
FREESTYLE LIBRE 3 SENSOR KIT	3	PA; QL
ONETOUCH SOLUTIONS STARTER KIT	3	OTC; QL
ONETOUCH VERIO METER	2	OTC; QL
INSULIN THERAPY		
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	2	QL
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	QL
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	PA
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	PA

Drug Name	Drug Tier	Requirements / Limits
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 INSULIN INJECTION SOLUTION 100 UNIT/ML	2	QL
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	2	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	QL
INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	2	QL
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	2	QL
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	2	QL
INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	QL
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	QL
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL

Drug Name	Drug Tier	Requirements / Limits
RELION NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	QL
RELION NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	QL
RELION NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	2	QL
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	2	ST; QL
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	PA; QL
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	PA; QL
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	PA; QL
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	2	PA; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
MISCELLANEOUS HORMONES		
<i>cabergoline oral tablet 0.5 mg</i>	1	QL
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	1	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	
<i>calcitriol oral solution 1 mcg/ml</i>	1	
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i>	1	PA
<i>clomid oral tablet 50 mg</i>	1	
<i>clomiphene citrate oral tablet 50 mg</i>	1	
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	1	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg</i>	1	ST
ISTURISA ORAL TABLET 1 MG, 10 MG, 5 MG	5	PA; QL
JYNARQUE ORAL TABLET 15 MG, 30 MG	4	PA; QL
KUVAN ORAL TABLET, SOLUBLE 100 MG	4	PA
<i>methyltestosterone oral capsule 10 mg</i>	1	PA

Drug Name	Drug Tier	Requirements / Limits
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	5	PA; QL
NOCDURNA (MEN) SUBLINGUAL TABLET, DISINTEGRATING 55.3 MCG	3	PA; QL
NOCDURNA (WOMEN) SUBLINGUAL TABLET, DISINTEGRATING 27.7 MCG	3	PA; QL
ORILISSA ORAL TABLET 150 MG, 200 MG	2	PA; QL
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	1	
SAMSCA ORAL TABLET 15 MG	4	PA; QL
<i>sapropterin oral powder in packet 500 mg</i>	4	PA
<i>sapropterin oral tablet, soluble 100 mg</i>	4	PA
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	2	PA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1	PA
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	1	PA; QL
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	1	PA; QL
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram)</i>	1	PA; QL
<i>tolvaptan oral tablet 30 mg</i>	4	PA; QL
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1	
ALOGLIPTIN ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	2	ST; QL
ALOGLIPTIN-METFORMIN ORAL TABLET 12.5-1,000 MG, 12.5-500 MG	2	ST; QL

Drug Name	Drug Tier	Requirements / Limits
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	2	ST; QL
CYCLOSET ORAL TABLET 0.8 MG	3	
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	QL
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	QL
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	QL
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	ST; QL
<i>metformin oral solution 500 mg/5 ml</i>	1	ST

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
METFORMIN ORAL TABLET 625 MG	3	ST
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	QL
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	
OSENI ORAL TABLET 12.5-15 MG, 12.5-30 MG, 12.5-45 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	ST; QL
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	1	QL
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	1	ST; QL
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	1	QL
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	PA; QL

Drug Name	Drug Tier	Requirements / Limits
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG	2	ST; QL
STEGLATRO ORAL TABLET 15 MG, 5 MG	2	ST; QL
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	2	ST; QL
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	2	ST; QL
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	2	ST; QL
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 25-1,000 MG, 5-1,000 MG	2	ST; QL
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	2	PA; QL
THYROID HORMONES		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>euthyrox oral tablet</i> 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
<i>levothyroxine oral tablet</i> 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
<i>levoxyl oral tablet</i> 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
<i>liothyronine oral tablet</i> 25 mcg, 5 mcg, 50 mcg	1	
<i>np thyroid oral tablet</i> 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, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	PA

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

GASTROENTEROLOGY

ANTIDIARRHEALS & ANTISPASMODICS

<i>anti-diarrheal (loperamide) oral capsule</i> 2 mg	1	OTC; QL
<i>chlordiazepoxide-clidinium oral capsule</i> 5-2.5 mg	1	
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)	2	PA
<i>dicyclomine oral capsule</i> 10 mg	1	
<i>dicyclomine oral solution</i> 10 mg/5 ml	1	
<i>dicyclomine oral tablet</i> 20 mg	1	
<i>diphenoxylate-atropine oral tablet</i> 2.5-0.025 mg	1	
<i>ed-spaz oral tablet, disintegrating</i> 0.125 mg	1	
<i>glycopyrrolate oral solution</i> 1 mg/5 ml (0.2 mg/ml)	1	PA
<i>glycopyrrolate oral tablet</i> 1 mg, 2 mg	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>	1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	1	
<i>hyoscyamine sulfate oral tablet, disintegrating 0.125 mg</i>	1	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	1	
<i>hyosyne oral drops 0.125 mg/ml</i>	1	
<i>hyosyne oral elixir 0.125 mg/5 ml</i>	1	
<i>loperamide oral capsule 2 mg</i>	1	QL
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	1	
MYTESI ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG	5	PA
NULEV ORAL TABLET, DISINTEGRATING 0.125 MG	3	
<i>oscimin oral tablet 0.125 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>oscimin sl sublingual tablet 0.125 mg</i>	1	
ROBINUL FORTE ORAL TABLET 2 MG	3	
ROBINUL ORAL TABLET 1 MG	3	
<i>symax-sr oral tablet extended release 12 hr 0.375 mg</i>	1	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	1	PA
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	1	PA; QL
APRISO ORAL CAPSULE, EXTENDED RELEASE 24HR 0.375 GRAM	3	
AURYXIA ORAL TABLET 210 MG IRON	2	
<i>balsalazide oral capsule 750 mg</i>	1	
<i>betaine oral powder 1 gram/scoop</i>	5	
<i>budesonide oral capsule, delayed, extended release 3 mg</i>	1	
<i>calcium acetate (phosphate bind) oral capsule 667 mg</i>	1	QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	1	QL
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	4	PA; QL
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	4	PA; QL
<i>citrate of magnesia oral solution</i>	0	OTC
<i>citroma oral solution</i>	0	OTC
<i>clearlax oral powder 17 gram/dose</i>	0	OTC
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML	0	
CORTIFOAM RECTAL FOAM 10 % (80 MG)	2	
CREON ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	2	

Drug Name	Drug Tier	Requirements / Limits
<i>cromolyn oral concentrate 100 mg/5 ml</i>	1	PA
DIPENTUM ORAL CAPSULE 250 MG	2	PA
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec) 10-10 mg</i>	1	PA; QL
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	PA
<i>dulcolax (magnesium hydroxide) oral suspension 400 mg/5 ml</i>	0	OTC
<i>enulose oral solution 10 gram/15 ml</i>	1	
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	0	
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	0	
<i>generlac oral solution 10 gram/15 ml</i>	1	
<i>granisetron hcl oral tablet 1 mg</i>	1	QL
<i>hydrocortisone acetate rectal suppository 25 mg</i>	1	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	1	
<i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i>	1	
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i>	1	PA; QL
<i>laxative peg 3350 oral powder 17 gram/dose</i>	0	OTC
LUBIPROSTONE ORAL CAPSULE 24 MCG, 8 MCG	3	QL
<i>magnesium citrate oral solution</i>	0	OTC
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	1	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	1	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram, 800 mg</i>	1	
<i>mesalamine rectal enema 4 gram/60 ml</i>	1	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
<i>milk of magnesia concentrated oral suspension 2,400 mg/10 ml</i>	0	OTC
<i>milk of magnesia oral suspension 400 mg/5 ml</i>	0	OTC
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	2	PA; QL
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM	3	
<i>natura-lax oral powder 17 gram/dose</i>	0	OTC
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	1	QL
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	QL
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1	QL
<i>oral saline laxative oral liquid 7.2-2.7 gram/15 ml</i>	0	OTC
OSMOPREP ORAL TABLET 1.5 GRAM	0	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	0	
<i>peg-electrolyte soln oral recon soln 420 gram</i>	0	
<i>peg-prep oral kit 5-210 mg-gram</i>	0	
<i>phosphate laxative oral liquid 7.2-2.7 gram/15 ml</i>	0	OTC
<i>powderlax oral powder 17 gram/dose</i>	0	OTC
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	1	
<i>procto-pak topical cream with perineal applicator 1 %</i>	1	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	1	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	1	
RECTIV RECTAL OINTMENT 0.4 % (W/W)	2	ST

Drug Name	Drug Tier	Requirements / Limits
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	1	
<i>sevelamer carbonate oral tablet 800 mg</i>	1	PA; QL
<i>sevelamer hcl oral tablet 400 mg</i>	1	PA; QL
<i>sodium polystyrene sulfonate oral powder</i>	1	
SODIUM,POTASSIUM,MAGSULFATES ORAL RECON SOLN 17.5-3.13-1.6 GRAM	0	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	1	
<i>sps (with sorbitol) rectal enema 30-40 gram/120 ml</i>	1	
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet,delayed release (dr/ec) 500 mg</i>	1	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	0	
SYMPROIC ORAL TABLET 0.2 MG	3	PA
<i>trimethobenzamide oral capsule 300 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
TRULANCE ORAL TABLET 3 MG	2	ST; QL
<i>ursodiol oral capsule 200 mg, 300 mg, 400 mg</i>	1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	
VELPHORO ORAL TABLET,CHEWABLE 500 MG	3	PA; QL
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT	2	
<i>women's gentle laxative(bisac) oral tablet,delayed release (dr/ec) 5 mg</i>	0	OTC
ULCER THERAPY		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	1	QL
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	1	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	1	
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEASE 30 MG, 60 MG	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
DEXLANSOPRAZOLE ORAL CAPSULE,BIPHASE DELAYED RELEASE 30 MG, 60 MG	3	ST; QL
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	1	QL
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	1	
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	1	ST; QL
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	1	ST
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>	1	QL
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	1	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	QL
<i>nizatidine oral capsule 150 mg, 300 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>omeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i>	1	OTC
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	1	QL
<i>omeprazole-sodium bicarbonate oral packet 20-1, 680 mg</i>	1	PA; QL
<i>omeprazole-sodium bicarbonate oral packet 40-1, 680 mg</i>	1	PA
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i>	1	QL
PREVACID 24HR ORAL CAPSULE, DELAYED RELEASE(DR/EC) 15 MG	3	ST; OTC; QL
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	PA; QL
<i>sucralfate oral suspension 100 mg/ml</i>	1	
<i>sucralfate oral tablet 1 gram</i>	1	QL

IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

Drug Name	Drug Tier	Requirements / Limits
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA
GROWTH HORMONES		
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	4	PA
INTERFERONS		
AUBAGIO ORAL TABLET 14 MG, 7 MG	4	PA; QL
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	4	PA; QL
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	4	PA; QL
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 240 mg</i>	4	PA; QL
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	4	PA; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
EXTAVIA SUBCUTANEOUS RECON SOLN 0.3 MG	4	PA; QL
GILENYA ORAL CAPSULE 0.5 MG	4	PA; QL
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	4	PA; QL
<i>glatopa subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	4	PA; QL
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	4	PA; QL
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	5	PA; QL
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	5	PA; QL
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	5	PA; QL
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	5	PA; QL
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	5	PA; QL

Drug Name	Drug Tier	Requirements / Limits
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	5	PA; QL
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	5	PA; QL
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	4	PA; QL
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	4	PA; QL
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	4	PA
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; QL
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; QL
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	4	PA; QL
<i>ribavirin oral capsule 200 mg</i>	4	
<i>ribavirin oral tablet 200 mg</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	4	PA; QL
INTERLEUKINS		
<i>imiquimod topical cream in packet 5 %</i>	1	PA; QL
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML)	4	PA
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	0	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	0	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	0	
AFLURIA QD 2022-23(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	

Drug Name	Drug Tier	Requirements / Limits
AFLURIA QUAD 2022-2023(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	0	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	0	
BIOTHRAX INTRAMUSCULAR SUSPENSION 0.5 ML/DOSE	0	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	0	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	0	
COMIRNATY TRIS VACCINE(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML	0	QL
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	0	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	0	
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	0	
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	0	
FLUAD QUAD 2022-23(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	
FLUARIX QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	
FLUBLOK QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	0	
FLUCELVAX QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	

Drug Name	Drug Tier	Requirements / Limits
FLUCELVAX QUAD 2022-2023 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	
FLULAVAL QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	
FLUMIST QUAD 2022-2023 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	0	
FLUZONE HIGHDOSE QUAD 22-23 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML	0	
FLUZONE QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	
FLUZONE QUAD 2022-2023 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	0	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	0	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	0	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	0	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	0	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	0	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	0	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	0	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	0	

Drug Name	Drug Tier	Requirements / Limits
JANSSEN COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION 0.5 ML	0	QL
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	0	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	0	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	0	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	0	
MODERNA COVID(6M-5Y) VACC(EUA) INTRAMUSCULAR SUSPENSION 25 MCG/0.25 ML	0	QL
MODERNA COVID-19 BOOSTER (EUA) INTRAMUSCULAR SUSPENSION 50 MCG/0.5 ML	0	QL

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Drug Name	Drug Tier	Requirements / Limits
MODERNA COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION 100 MCG/0.5 ML	0	QL
NOVAVAX COVID-19 VACC,ADJ(EUA) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML	0	QL
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	0	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	0	
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML, 15LF-48MCG-62DU -10 MCG/0.5ML	0	
PENTACEL ACTHIB COMPONENT (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	0	
PFIZER COVID-19 TRIS VACCN(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML	0	QL

Drug Name	Drug Tier	Requirements / Limits
PFIZER COVID-19 TRIS VACCN(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MCG/0.2 ML, 3 MCG/0.2 ML	0	QL
PFIZER COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 30 MCG/0.3 ML	0	QL
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML	0	
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	0	
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	0	
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	0	
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	0	
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2-3.3CCID50/0.5ML	0	

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Drug Name	Drug Tier	Requirements / Limits
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTIO N 10EXP3-4.3-3- 3.99 TCID50/0.5	0	
QUADRACEL (PF) INTRAMUSCULA R SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	0	
QUADRACEL (PF) INTRAMUSCULA R SYRINGE 15 LF- 48 MCG- 5 LF UNIT/0.5ML	0	
RABAVERT (PF) INTRAMUSCULA R SUSPENSION FOR RECONSTITUTIO N 2.5 UNIT	0	
RECOMBIVAX HB (PF) INTRAMUSCULA R SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	0	
RECOMBIVAX HB (PF) INTRAMUSCULA R SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	0	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTIO N 10EXP6 CCID50/ML	0	

Drug Name	Drug Tier	Requirements / Limits
ROTATEQ VACCINE ORAL SOLUTION 2 ML	0	
SHINGRIX (PF) INTRAMUSCULA R SUSPENSION FOR RECONSTITUTIO N 50 MCG/0.5 ML	0	
SPIKEVAX (PF) INTRAMUSCULA R SUSPENSION 100 MCG/0.5 ML	0	QL
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTIO N 1,000 UNIT/0.5 ML	0	
TDVAX INTRAMUSCULA R SUSPENSION 2- 2 LF UNIT/0.5 ML	0	
TENIVAC (PF) INTRAMUSCULA R SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	0	
TENIVAC (PF) INTRAMUSCULA R SYRINGE 5-2 LF UNIT/0.5 ML	0	
TETANUS,DIPHTH ERIA TOX PED(PF) INTRAMUSCULA R SUSPENSION 5- 25 LF UNIT/0.5 ML	0	

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Drug Name	Drug Tier	Requirements / Limits
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	0	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	0	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	0	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	0	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	0	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	0	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	0	
VAXNEUVANCE INTRAMUSCULAR SYRINGE 0.5 ML	0	

Drug Name	Drug Tier	Requirements / Limits
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	0	
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	0	
MUSCULOSKELETAL & RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral tablet 0.6 mg</i>	1	QL
<i>febuxostat oral tablet 40 mg, 80 mg</i>	1	ST
<i>probenecid oral tablet 500 mg</i>	1	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	1	ST
OSTEOPOROSIS THERAPY		
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	QL
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	5	PA; QL
<i>ibandronate oral tablet 150 mg</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>raloxifene oral tablet 60 mg</i>	0	
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	1	QL
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>	1	QL
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	4	PA; QL
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	4	PA; QL
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	4	PA; QL
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	4	PA; QL
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	4	PA; QL
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	4	PA; QL

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

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Drug Name	Drug Tier	Requirements / Limits
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; QL
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; QL
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	4	PA; QL
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	5	PA; QL
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	5	PA; QL
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	QL
OLUMIANT ORAL TABLET 1 MG, 2 MG	5	PA; QL
OLUMIANT ORAL TABLET 4 MG	5	PA
OTEZLA ORAL TABLET 30 MG	4	PA; QL
<i>penicillamine oral capsule 250 mg</i>	1	PA
<i>penicillamine oral tablet 250 mg</i>	1	PA

Drug Name	Drug Tier	Requirements / Limits
REDITREX (PF) SUBCUTANEOUS SYRINGE 10 MG/0.4 ML	3	PA; ST
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	4	PA; QL
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	PA; QL
XELJANZ ORAL SOLUTION 1 MG/ML	4	PA; QL
XELJANZ ORAL TABLET 10 MG, 5 MG	4	PA; QL
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	4	PA; QL
OBSTETRICS & GYNECOLOGY		
DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	0	
FC2 FEMALE CONDOM	0	OTC; QL
FEMCAP VAGINAL DEVICE 22 MM	0	

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Drug Name	Drug Tier	Requirements / Limits
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM	0	QL
ESTROGENS & PROGESTINS		
ALORA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	2	QL
<i>camila oral tablet 0.35 mg</i>	0	
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	2	
<i>covaryx h.s. oral tablet 0.625-1.25 mg</i>	1	
<i>covaryx oral tablet 1.25-2.5 mg</i>	1	
CRINONE VAGINAL GEL 4 %	2	
CRINONE VAGINAL GEL 8 %	5	
<i>deblitane oral tablet 0.35 mg</i>	0	

Drug Name	Drug Tier	Requirements / Limits
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	2	QL
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL
DUAVEE ORAL TABLET 0.45-20 MG	3	
<i>eemt hs oral tablet 0.625-1.25 mg</i>	1	
<i>eemt oral tablet 1.25-2.5 mg</i>	1	
<i>errin oral tablet 0.35 mg</i>	0	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL
<i>estradiol vaginal tablet 10 mcg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>	1	
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>heather oral tablet 0.35 mg</i>	0	
<i>incassia oral tablet 0.35 mg</i>	0	
<i>jencycla oral tablet 0.35 mg</i>	0	
<i>lyleq oral tablet 0.35 mg</i>	0	
<i>lyza oral tablet 0.35 mg</i>	0	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	0	QL
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	0	QL
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>mimvey oral tablet 1-0.5 mg</i>	1	
<i>nora-be oral tablet 0.35 mg</i>	0	

Drug Name	Drug Tier	Requirements / Limits
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	0	
<i>norethindrone acetate oral tablet 5 mg</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	1	
<i>sharobel oral tablet 0.35 mg</i>	0	
<i>tulana oral tablet 0.35 mg</i>	0	
MISCELLANEOUS OB/GYN		
CLEOCIN VAGINAL SUPPOSITORY 100 MG	2	
<i>clindamycin phosphate vaginal cream 2 %</i>	1	
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	0	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	0	
GYNAZOLE-1 VAGINAL CREAM 2 %	3	ST
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	0	
OSPHENA ORAL TABLET 60 MG	3	PA
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	1	
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG	0	OTC
<i>tranexamic acid oral tablet 650 mg</i>	1	
<i>vandazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	QL
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	2	OTC
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	2	OTC
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	0	
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	0	
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	0	

Drug Name	Drug Tier	Requirements / Limits
<i>after pill oral tablet 1.5 mg</i>	0	OTC; QL
AFTERA ORAL TABLET 1.5 MG	0	OTC; QL
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	0	
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	0	
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	0	
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	0	QL
<i>amethyst (28) oral tablet 90-20 mcg (28)</i>	0	QL
<i>apri oral tablet 0.15-0.03 mg</i>	0	
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	0	
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	0	QL
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	0	
<i>aubra oral tablet 0.1-20 mg-mcg</i>	0	
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	0	
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	0	

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Drug Name	Drug Tier	Requirements / Limits
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	0	
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	0	
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	0	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	0	
<i>ayuna oral tablet 0.15-0.03 mg</i>	0	
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	0	
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	0	
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	0	
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	0	
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	0	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	0	
<i>camrese lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	0	QL

Drug Name	Drug Tier	Requirements / Limits
<i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	0	QL
<i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	0	
<i>charlotte 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	0	
<i>chateal (28) oral tablet 0.15-0.03 mg</i>	0	
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	0	
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	0	
<i>cyred eq oral tablet 0.15-0.03 mg</i>	0	
<i>cyred oral tablet 0.15-0.03 mg</i>	0	
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	0	
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	0	
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	0	QL
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	0	

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Drug Name	Drug Tier	Requirements / Limits
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	0	
<i>dolishale oral tablet 90-20 mcg (28)</i>	0	QL
<i>drospirenone-estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i>	0	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	0	
<i>econtra ez oral tablet 1.5 mg</i>	0	OTC; QL
<i>econtra one-step oral tablet 1.5 mg</i>	0	OTC; QL
<i>elinest oral tablet 0.3-30 mg-mcg</i>	0	
ELLA ORAL TABLET 30 MG	0	QL
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	0	
<i>enskyce oral tablet 0.15-0.03 mg</i>	0	
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	0	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	0	
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	0	
<i>femynor oral tablet 0.25-35 mg-mcg</i>	0	

Drug Name	Drug Tier	Requirements / Limits
<i>finzala oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	0	
<i>gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	0	
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	0	
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	0	
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	0	
<i>hailey oral tablet 1.5-30 mg-mcg</i>	0	
<i>iclevia oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	0	QL
<i>isibloom oral tablet 0.15-0.03 mg</i>	0	
<i>jaimiess oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	0	QL
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	0	
<i>jolessa oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	0	QL
<i>juleber oral tablet 0.15-0.03 mg</i>	0	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	0	

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Drug Name	Drug Tier	Requirements / Limits
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	0	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	0	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	0	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	0	
<i>kaitlib fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	0	
<i>kalliga oral tablet 0.15-0.03 mg</i>	0	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	0	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	0	
<i>kelnor 1-50 (28) oral tablet 1-50 mg-mcg</i>	0	
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	0	
<i>l norgest/e.estradiol-e.estradiol oral tablets, dose pack, 3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	0	QL
<i>l norgest/e.estradiol-e.estradiol oral tablets, dose pack, 3 month 0.15 mg-20 mcg/0.15 mg-25 mcg</i>	0	

Drug Name	Drug Tier	Requirements / Limits
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	0	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	0	
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	0	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	0	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	0	
<i>layolis fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	0	
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	0	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	0	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	0	
<i>levonorgestrel oral tablet 1.5 mg</i>	0	OTC; QL
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	0	
<i>levonorgestrel-ethinyl estradiol oral tablet 90-20 mcg (28)</i>	0	QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	0	QL
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	0	
<i>levora-28 oral tablet 0.15-0.03 mg</i>	0	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	0	ST
<i>lojaimiess oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	0	QL
<i>loryna (28) oral tablet 3-0.02 mg</i>	0	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	0	
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	0	
<i>luteru (28) oral tablet 0.1-20 mg-mcg</i>	0	
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	0	
<i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	0	
<i>mibelas 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	0	

Drug Name	Drug Tier	Requirements / Limits
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	0	
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	0	
MICROGESTIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	0	ST
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	0	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	0	
<i>mili oral tablet 0.25-35 mg-mcg</i>	0	
<i>mono-lynyah oral tablet 0.25-35 mg-mcg</i>	0	
<i>my choice oral tablet 1.5 mg</i>	0	OTC; QL
<i>my way oral tablet 1.5 mg</i>	0	OTC; QL
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	0	
<i>new day oral tablet 1.5 mg</i>	0	OTC; QL
<i>nikki (28) oral tablet 3-0.02 mg</i>	0	

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Drug Name	Drug Tier	Requirements / Limits
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)</i>	0	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	0	
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	0	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7)/1mg-35mcg (9), 1.5 mg-30 mcg (21)/75 mg (7)</i>	0	
<i>norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	0	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	0	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	0	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	0	

Drug Name	Drug Tier	Requirements / Limits
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	0	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	0	
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i>	0	
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg-35 mcg</i>	0	
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	0	
<i>ocella oral tablet 3-0.03 mg</i>	0	
<i>opcicon one-step oral tablet 1.5 mg</i>	0	OTC; QL
<i>option-2 oral tablet 1.5 mg</i>	0	OTC; QL
<i>philith oral tablet 0.4-35 mg-mcg</i>	0	
<i>pimtreea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	0	
<i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg, 1-35 mg-mcg</i>	0	
PLAN B ONE-STEP ORAL TABLET 1.5 MG	0	OTC; QL
<i>portia 28 oral tablet 0.15-0.03 mg</i>	0	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	0	

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Drug Name	Drug Tier	Requirements / Limits
<i>rivelsa oral tablets, dose pack, 3 month 0.15 mg-20 mcg/0.15 mg-25 mcg</i>	0	
<i>setlakin oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	0	QL
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	0	
<i>simpesse oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	0	QL
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	0	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	0	
<i>syeda oral tablet 3-0.03 mg</i>	0	
TAKE ACTION ORAL TABLET 1.5 MG	0	OTC; QL
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	0	
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	0	
<i>taysofy oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	0	
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	0	ST

Drug Name	Drug Tier	Requirements / Limits
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	0	
<i>tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	0	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	0	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	0	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	0	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	0	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	0	
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	0	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	0	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	0	
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	0	

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Drug Name	Drug Tier	Requirements / Limits
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	0	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	0	
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	0	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	0	
<i>tydemy oral tablet 3-0.03-0.451 mg (21) (7)</i>	0	
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	0	
<i>vestura (28) oral tablet 3-0.02 mg</i>	0	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	0	
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	0	
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	0	
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	0	
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	0	
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	0	

Drug Name	Drug Tier	Requirements / Limits
<i>wymzya fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	0	
<i>zarah oral tablet 3-0.03 mg</i>	0	
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	0	
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	0	
OXYTOCICS		
<i>methergine oral tablet 0.2 mg</i>	1	ST; QL
<i>methylergonovine oral tablet 0.2 mg</i>	1	ST; QL
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>ak-poly-bac ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
AZASITE OPHTHALMIC (EYE) DROPS 1 %	3	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	1	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	1	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	1	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	2	QL
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	1	
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	1	QL
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1	
ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	3	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	1	
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %	2	
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.5 %	3	
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	4	PA
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	1	
<i>atropine ophthalmic (eye) ointment 1 %</i>	1	
<i>cyclopentolate ophthalmic (eye) drops 1 %, 2 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>homatropaire ophthalmic (eye) drops 5 %</i>	1	
ISOPTO ATROPINE OPHTHALMIC (EYE) DROPS 1 %	3	
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	1	
DIRECT ACTING MIOTICS		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
VUITY OPHTHALMIC (EYE) DROPS 1.25 %	3	
MISCELLANEOUS OPHTHALMOLOGICS		
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	3	PA
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1	
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %	3	PA
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	1	PA; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	1	
LASTACRAFT OPTHALMIC (EYE) DROPS 0.25 %	3	PA
<i>olopatadine ophthalmic (eye) drops 0.1 %, 0.2 %</i>	1	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	1	
RESTASIS MULTIDOSE OPTHALMIC (EYE) DROPS 0.05 %	2	PA; QL
RESTASIS OPTHALMIC (EYE) DROPPERETTE 0.05 %	2	QL
VERKAZIA OPTHALMIC (EYE) DROPPERETTE 0.1 %	3	PA; QL
XIIDRA OPTHALMIC (EYE) DROPPERETTE 5 %	3	PA; QL
ZERVIAE OPTHALMIC (EYE) DROPPERETTE 0.24 %	3	PA
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		

Drug Name	Drug Tier	Requirements / Limits
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	1	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1	
<i>ketorolac ophthalmic (eye) drops 0.4 %</i>	1	QL
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	1	
NEVANAC OPTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	
OTHER GLAUCOMA DRUGS		
AZOPT OPTHALMIC (EYE) DROPS,SUSPENSION 1 %	2	PA
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	1	ST

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Drug Name	Drug Tier	Requirements / Limits
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	1	PA
COMBIGAN OPTHALMIC (EYE) DROPS 0.2-0.5 %	3	PA
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	1	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	1	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1	
ROCKLATAN OPTHALMIC (EYE) DROPS 0.02-0.005 %	3	PA
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	1	ST
ZIOPTAN (PF) OPTHALMIC (EYE) DROPPERETTE 0.0015 %	2	ST
STEROID-ANTIBIOTIC COMBINATIONS		

Drug Name	Drug Tier	Requirements / Limits
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	1	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	
PRED-G S.O.P. OPTHALMIC (EYE) OINTMENT 0.3-0.6 %	2	PA
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	3	
STEROIDS		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	1	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	1	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	
STEROID-SULFONAMIDE COMBINATIONS		
<i>sulfacetamide- prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	
SULFONAMIDES		
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	1	
SYMPATHOMIMETICS		

Drug Name	Drug Tier	Requirements / Limits
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	1	PA
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	2	PA
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI-HISTAMINE & ANTI-ALLERGENIC AGENTS		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>carbinoxamine maleate oral tablet 6 mg</i>	1	ST
<i>cetirizine oral solution 1 mg/ml</i>	1	
<i>clemastine oral tablet 2.68 mg</i>	1	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	1	
<i>cyproheptadine oral tablet 4 mg</i>	1	
<i>desloratadine oral tablet 5 mg</i>	1	ST; QL
<i>dexchlorpheniramin e maleate oral solution 2 mg/5 ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	2	QL
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	QL
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	1	
<i>levocetirizine oral tablet 5 mg</i>	1	QL
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	
COUGH & COLD THERAPY		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	1	QL
<i>benzonatate oral capsule 150 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	1	
CAPCOF ORAL LIQUID 2-5-10 MG/5 ML	2	
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	1	
<i>g tussin ac oral liquid 10-100 mg/5 ml</i>	1	
<i>guaiaatussin ac oral liquid 10-100 mg/5 ml</i>	1	
HYCODAN (WITH HOMATROPINE) ORAL TABLET 5-1.5 MG	3	
<i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr 10-8 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1	PA; QL
<i>hydromet oral syrup 5-1.5 mg/5 ml</i>	1	QL
<i>maxi-tuss ac oral liquid 10-100 mg/5 ml</i>	1	
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	1	
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml</i>	1	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i>	1	
<i>virtussin ac oral liquid 10-100 mg/5 ml</i>	1	
<i>virtussin dac oral syrup 30-10-100 mg/5 ml</i>	1	
PULMONARY AGENTS		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	1	
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; QL
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	1	QL
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	1	QL
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	1	
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION	3	QL
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	5	PA; 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
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	2	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>azelastine-fluticasone nasal spray, non-aerosol 137-50 mcg/spray</i>	1	ST; QL
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	5	PA; QL
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	3	ST; QL
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	1	QL
BUDESONIDE-FORMOTEROL INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	3	PA; QL
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	QL
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	2	PA; QL
DYMISTA NASAL SPRAY, NON-AEROSOL 137-50 MCG/SPRAY	3	ST; QL
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	2	
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
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	1	ST; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
FLUTICASONE FUROATE-VILANTEROL INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	3	ST; QL
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION , 220 MCG/ACTUATION , 44 MCG/ACTUATION	2	QL
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	1	QL
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION , 232-14 MCG/ACTUATION , 55-14 MCG/ACTUATION	2	QL
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	QL
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1	QL
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	4	PA; QL
KALYDECO ORAL TABLET 150 MG	4	PA; QL
LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	2	QL
<i>metaproterenol oral syrup 10 mg/5 ml</i>	1	
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	1	ST; QL
<i>montelukast oral granules in packet 4 mg</i>	1	
<i>montelukast oral tablet 10 mg</i>	1	
<i>montelukast oral tablet,chewable 4 mg, 5 mg</i>	1	
OFEV ORAL CAPSULE 100 MG, 150 MG	4	PA; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	4	PA; QL
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	4	PA; QL
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	3	QL
PULMOZYME INHALATION SOLUTION 1 MG/ML	4	PA; QL
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION , 80 MCG/ACTUATION	3	ST; QL
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION , 80 MCG/ACTUATION	2	PA; QL
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	2	QL
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	4	PA; QL

Drug Name	Drug Tier	Requirements / Limits
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION , 2.5 MCG/ACTUATION	2	QL
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	QL
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	2	QL
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION , 80-4.5 MCG/ACTUATION	3	PA; QL
<i>tadalafil (pulm.hypertension) oral tablet 20 mg</i>	5	PA; QL
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	2	
<i>theophylline oral elixir 80 mg/15 ml</i>	1	
<i>theophylline oral solution 80 mg/15 ml</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	2	PA; QL
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG	3	PA; QL
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D)/150 MG (N)	4	PA; QL
TRIKAFTA ORAL TABLETS, SEQUENTIAL 50-25-37.5 MG (D)/75 MG (N)	4	PA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	5	PA; QL
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1	ST
ZETONNA NASAL HFA AEROSOL INHALER 37 MCG/ACTUATION	3	ST; QL
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	1	ST
UROLOGICALS		
ANTICHOLINERGICS & ANTISPASMODICS		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	1	PA
<i>flavoxate oral tablet 100 mg</i>	1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	3	ST
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	1	
<i>solifenacin oral tablet 10 mg, 5 mg</i>	1	
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	1	ST

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>tolterodine oral tablet 1 mg, 2 mg</i>	1	
<i>tropium oral capsule, extended release 24hr 60 mg</i>	1	
<i>tropium oral tablet 20 mg</i>	1	
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	1	
<i>dutasteride oral capsule 0.5 mg</i>	1	ST
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	1	ST
<i>finasteride oral tablet 5 mg</i>	1	
<i>silodosin oral capsule 4 mg, 8 mg</i>	1	
<i>tadalafil oral tablet 5 mg</i>	1	PA; QL
<i>tamsulosin oral capsule 0.4 mg</i>	1	
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
MISCELLANEOUS UROLOGICALS		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	5	PA
ELMIRON ORAL CAPSULE 100 MG	2	

Drug Name	Drug Tier	Requirements / Limits
<i>phosphasal oral tablet 81.6-10.8-40.8 mg</i>	1	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	1	
<i>tadalafil oral tablet 10 mg, 20 mg</i>	1	QL
<i>uretron d-s oral tablet 81.6-10.8-40.8 mg</i>	1	
<i>ustell oral capsule 120-0.12 mg</i>	1	
<i>utira-c oral tablet 81.6-10.8-40.8 mg</i>	1	
URINARY ANESTHETICS		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
<i>effer-k oral tablet, effervescent 25 meq</i>	1	
<i>klor-con 10 oral tablet extended release 10 meq</i>	1	
<i>klor-con 8 oral tablet extended release 8 meq</i>	1	
<i>klor-con m10 oral tablet, er particles/crystals 10 meq</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>klor-con m15 oral tablet, er particles/crystals 15 meq</i>	1	
<i>klor-con m20 oral tablet, er particles/crystals 20 meq</i>	1	
<i>klor-con/eforal tablet, effervescent 25 meq</i>	1	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	1	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	
<i>potassium chloride oral tablet, er particles/crystals 10 meq, 20 meq</i>	1	
VITAMINS & HEMATINICS		
<i>b complex 1 (with folic acid) oral tablet 0.4 mg</i>	0	OTC
<i>b complex-vitamin c-folic acid oral tablet 400 mcg</i>	0	OTC
<i>balanced b-100 oral tablet 0.4 mg</i>	0	OTC
<i>b-complex with vitamin c oral tablet 400-500 mcg-mg</i>	0	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>classic prenatal oral tablet 28 mg iron-800 mcg</i>	0	OTC
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	1	
<i>dialyvite 800 oral tablet 0.8 mg</i>	0	OTC
<i>dodex injection solution 1,000 mcg/ml</i>	1	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod. fluorid)/ml</i>	0	OTC
<i>fluoride (sodium) oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	0	OTC
<i>folic acid oral tablet 1 mg</i>	1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	0	OTC
<i>folitab oral tablet extended release 105 mg iron- 500 mg-800 mcg</i>	0	OTC
<i>foltabs 800 oral tablet 0.8-10-115 mg-mg-mcg</i>	0	OTC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>full spectrum b-vitamin c oral tablet 0.8 mg</i>	0	OTC
<i>kobee oral tablet 0.4 mg</i>	0	OTC
<i>kpn oral tablet</i>	0	OTC
<i>ludent fluoride oral tablet, chewable 0.25 mg (0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	0	OTC
<i>multi-vitamin with fluoride oral drops 0.25 mg/ml, 0.5 mg/ml</i>	0	OTC
<i>multi-vitamin with fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg</i>	0	OTC
<i>multivitamins with fluoride oral tablet, chewable 0.25 mg, 1 mg</i>	0	OTC
<i>mvc-fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg</i>	0	OTC
<i>one daily prenatal oral combo pack 28-800-440 mg-mcg-mg</i>	0	OTC
<i>perry prenatal oral capsule 13.5-0.4 mg</i>	0	OTC
<i>prenatal complete oral tablet 14 mg iron- 400 mcg</i>	0	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>prenatal multi-dha (algae oil) oral capsule 27mg iron-800 mcg-250 mg</i>	0	OTC
<i>prenatal multivitamins oral tablet 28 mg iron-800 mcg</i>	0	OTC
<i>prenatal one daily oral tablet 27 mg iron- 800 mcg</i>	0	OTC
<i>prenatal oral tablet 28 mg iron- 800 mcg</i>	0	OTC
<i>prenatal vit no. 179-iron-folic oral tablet 28 mg iron- 800 mcg</i>	0	OTC
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	0	OTC
<i>prenatal vitamin with minerals oral tablet 28 mg iron-800 mcg</i>	0	OTC
<i>prenatal vits96-iron fum-folic oral tablet 27 mg iron- 800 mcg</i>	0	OTC
<i>rena-vite oral tablet 0.8 mg</i>	0	OTC
<i>stress formula with iron oral tablet 500 mg-400 mcg- 18 mg iron</i>	0	OTC
<i>stress formula with iron(sulf) oral tablet 500 mg-400 mcg- 27 mg iron</i>	0	OTC
<i>super b maxi complex oral tablet 0.4 mg</i>	0	OTC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>super quints oral tablet 0.4 mg</i>	0	OTC
<i>tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	0	OTC
<i>vitamin b complex-folic acid oral tablet 0.4 mg</i>	0	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>vitamins a,c,d and fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	0	OTC
<i>wescap-c dha oral capsule 35-1-200 mg</i>	1	

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