

This formulary details coverage for medications filled through the pharmacy benefit portion of your plan. For medications administered by a health care professional, please refer to your medical benefit for coverage details or call Member Services for assistance at (855) 624-6463 M-F 8:00 am – 6:00 pm.

****To Search for your medication press Ctrl + F and type in your medication in the search box. If the search does not automatically advance, select the previous or next arrows.**

List of Abbreviations

ACA (Affordable Care Act): This designation reference preventive medications on all plans that have no cost-share when ACA conditions are met and when the medication is filled as prescription at a participating pharmacy.

CISP: This designation is only applicable for plans that include the Chronic Illness Support Program (CISP) benefit. Enhanced coverage is limited to \$0 cost-share for Tier 1 medications, and reduced cost shares on select Tier 2 and Tier 3 medications according to your plan design without having to meet deductibles first. Reduced cost-share is only available through Express Scripts Home Delivery (mail). For non-CISP eligible plans, please refer to the numeric listing in the Drug Tier column.

CISP-1: This designation is only applicable for plans that include the Chronic Illness Support Program (CISP) benefit. The CISP-1 designation indicates the cost-share for the medication/item is \$0 through Express Scripts Home Delivery (mail).

DAW-9: Certain generic medications will be substituted with the brand name equivalent at the generic cost-share. The inclusion of the brand name product in this program is subject to change without notice.

HSA+: This designation is only applicable for HSA Plus plans, which are Health Savings Account compatible and have Plus in the name (HSA Plus). For drugs with this designation, the deductible is waived and the Member pays the applicable drug Tier cost-share.

INS: This designation indicates the cost-share for this medication will be no more than \$35 for up to a 30-day supply.

MSP (Mandatory Specialty Pharmacy): These drugs must be obtained directly through our exclusive mandatory pharmacy, Accredo (mail order), or the drug is not covered. We may require that you try certain drugs to treat your medical condition before you are provided coverage. These drugs are limited to a 30-day supply.

OTC: This drug is an over-the-counter product that is covered with a prescription from the prescriber and when filled at an in-network pharmacy.

PA (Prior Approval): The Plan requires you or your Provider to get Prior Approval for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you do not get approval, we may not cover the drug. We may require that you try certain drugs to treat your medical condition before you are provided coverage.

QL (Quantity Limit): A quantity limit (QL) defines how much of a particular drug you may get during a specific time period (days supply limit) or the maximum days supply you may get at once (quantity per days supply limit).

SP (Specialty Pharmacy): This means the out-of-pocket cost is at the 'specialty' cost-share. The Plan offers one courtesy fill at a retail pharmacy as a covered benefit. Then, this drug must be obtained directly through the exclusive specialty pharmacy, Accredo (mail), or you pay 100% of the retail cost. We may require that you try certain drugs to treat your medical condition before you are provided coverage.

ST (Step Therapy): In some cases, the Plan requires you to first try certain drugs to treat your medical condition within a certain look-back period 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, the Plan may cover Drug B. *Note: The Prior Approval process may be used to facilitate this process.

Effective December 1, 2024

If you need assistance or have questions, please call Member Services at (855) 624-6463.

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| ANTI - INFECTIVES | | |
| ANTIFUNGAL AGENTS | | |
| ANCOBON ORAL CAPSULE | 4 | PA |
| BREXAFEMME ORAL TABLET | 4 | ST; QL |
| <i>clotrimazole mucous membrane troche</i> | 2 | |
| CRESEMBA ORAL CAPSULE | 3 | PA |
| DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML | 4 | |
| DIFLUCAN ORAL TABLET 100 MG, 200 MG | 4 | |
| <i>fluconazole oral suspension for reconstitution</i> | 2 | |
| <i>fluconazole oral tablet 100 mg, 200 mg</i> | 2 | |
| <i>fluconazole oral tablet 150 mg</i> | 1 | QL |
| <i>fluconazole oral tablet 50 mg</i> | 1 | |
| <i>flucytosine oral capsule</i> | 2 | PA |
| <i>griseofulvin microsize oral suspension</i> | 2 | |
| <i>griseofulvin microsize oral tablet</i> | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>griseofulvin ultramicrosize oral tablet</i> | 2 | |
| <i>itraconazole oral capsule</i> | 2 | QL |
| <i>itraconazole oral solution</i> | 2 | QL |
| <i>ketoconazole oral tablet</i> | 2 | |
| NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON | 3 | PA |
| NOXAFIL ORAL SUSPENSION | 4 | PA |
| <i>nystatin oral suspension</i> | 1 | |
| <i>nystatin oral tablet</i> | 2 | |
| ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET | 4 | |
| <i>posaconazole oral suspension</i> | 2 | PA |
| <i>posaconazole oral tablet, delayed release (dr/ec)</i> | 2 | PA |
| SPORANOX ORAL CAPSULE | 4 | QL |
| SPORANOX ORAL SOLUTION | 4 | QL |
| <i>terbinafine hcl oral tablet</i> | 2 | |
| VFEND ORAL SUSPENSION FOR RECONSTITUTION | 4 | PA |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| VFEND ORAL TABLET | 4 | PA |
| VIVJOA ORAL CAPSULE | 5 | PA; QL |
| <i>voriconazole oral suspension for reconstitution</i> | 2 | PA |
| <i>voriconazole oral tablet</i> | 2 | PA |
| ANTIVIRALS | | |
| <i>abacavir oral solution</i> | 2 | |
| <i>abacavir oral tablet</i> | 2 | |
| <i>abacavir-lamivudine oral tablet</i> | 2 | |
| <i>acyclovir oral capsule</i> | 1 | |
| <i>acyclovir oral suspension 200 mg/5 ml</i> | 2 | |
| <i>acyclovir oral tablet</i> | 2 | |
| <i>adefovir oral tablet</i> | 2 | |
| <i>amantadine hcl oral capsule</i> | 2 | |
| <i>amantadine hcl oral solution</i> | 1 | |
| <i>amantadine hcl oral tablet</i> | 1 | |
| APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE | 5 | PA |
| APTIVUS ORAL CAPSULE | 3 | |
| <i>atazanavir oral capsule</i> | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| BARACLUDE ORAL SOLUTION | 3 | |
| BEYFORTUS INTRAMUSCULAR SYRINGE | 3 | ACA |
| BIKTARVY ORAL TABLET | 3 | |
| CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE | 5 | PA; QL |
| CIMDUO ORAL TABLET | 3 | |
| <i>darunavir oral tablet</i> | 2 | |
| DESCOVY ORAL TABLET | 3 | |
| DOVATO ORAL TABLET | 3 | |
| EDURANT ORAL TABLET | 3 | |
| <i>efavirenz oral tablet</i> | 2 | |
| <i>efavirenz-emtricitabin-tenofovir oral tablet</i> | 2 | |
| <i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet</i> | 2 | |
| <i>emtricitabine oral capsule</i> | 2 | |
| <i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> | 2 | |
| <i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i> | 2 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|--------------------------------------|-----------|-----------------------|
| EMTRIVA ORAL CAPSULE | 4 | |
| EMTRIVA ORAL SOLUTION | 3 | |
| <i>entecavir oral tablet</i> | 2 | |
| EPCLUSA ORAL PELLETS IN PACKET | 5 | PA; MSP; QL |
| EPCLUSA ORAL TABLET | 5 | PA; MSP; QL |
| EPIVIR ORAL SOLUTION | 4 | |
| EPIVIR ORAL TABLET | 4 | |
| <i>etravirine oral tablet</i> | 2 | |
| EVOTAZ ORAL TABLET | 4 | |
| <i>famciclovir oral tablet</i> | 2 | QL |
| FLUMADINE ORAL TABLET | 4 | |
| <i>fosamprenavir oral tablet</i> | 2 | |
| FUZEON SUBCUTANEOUS RECON SOLN | 3 | QL |
| GENVOYA ORAL TABLET | 3 | |
| HARVONI ORAL PELLETS IN PACKET | 5 | PA; MSP; QL |
| HARVONI ORAL TABLET | 5 | PA; MSP; QL |
| INTELENCE ORAL TABLET 100 MG, 200 MG | 4 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| INTELENCE ORAL TABLET 25 MG | 3 | |
| ISENTRESS HD ORAL TABLET | 3 | |
| ISENTRESS ORAL POWDER IN PACKET | 3 | |
| ISENTRESS ORAL TABLET | 3 | |
| ISENTRESS ORAL TABLET,CHEWABLE | 3 | |
| JULUCA ORAL TABLET | 3 | |
| KALETRA ORAL SOLUTION | 4 | |
| KALETRA ORAL TABLET | 4 | |
| LAGEVRIO (EUA) ORAL CAPSULE | 3 | QL |
| <i>lamivudine oral solution</i> | 2 | |
| <i>lamivudine oral tablet</i> | 2 | |
| <i>lamivudine-zidovudine oral tablet</i> | 2 | |
| LIVTENCITY ORAL TABLET | 4 | QL |
| <i>lopinavir-ritonavir oral solution</i> | 2 | |
| <i>lopinavir-ritonavir oral tablet</i> | 2 | |
| <i>maraviroc oral tablet</i> | 2 | |
| <i>nevirapine oral suspension</i> | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>nevirapine oral tablet</i> | 2 | |
| <i>nevirapine oral tablet extended release 24 hr</i> | 2 | |
| NORVIR ORAL POWDER IN PACKET | 3 | |
| NORVIR ORAL TABLET | 4 | |
| ODEFSEY ORAL TABLET | 3 | |
| <i>oseltamivir oral capsule</i> | 2 | QL |
| <i>oseltamivir oral suspension for reconstitution</i> | 2 | QL |
| PAXLOVID ORAL TABLETS,DOSE PACK | 3 | QL |
| PREVYMIS ORAL TABLET | 3 | QL |
| PREZISTA ORAL SUSPENSION | 3 | |
| PREZISTA ORAL TABLET 150 MG, 75 MG | 3 | |
| PREZISTA ORAL TABLET 600 MG, 800 MG | 4 | |
| RELENZA DISKHALER INHALATION BLISTER WITH DEVICE | 4 | QL |
| RETROVIR ORAL CAPSULE | 4 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| RETROVIR ORAL SYRUP | 4 | |
| REYATAZ ORAL CAPSULE 200 MG, 300 MG | 4 | |
| REYATAZ ORAL POWDER IN PACKET | 3 | |
| <i>ribavirin inhalation recon soln</i> | 2 | PA |
| <i>rimantadine oral tablet</i> | 2 | |
| <i>ritonavir oral tablet</i> | 2 | |
| SELZENTRY ORAL SOLUTION | 3 | |
| SELZENTRY ORAL TABLET 150 MG, 300 MG | 4 | |
| SUNLENCA ORAL TABLET | 5 | PA |
| SYMFI LO ORAL TABLET | 3 | |
| SYMFI ORAL TABLET | 3 | |
| SYMTUZA ORAL TABLET | 3 | |
| SYNAGIS INTRAMUSCULAR SOLUTION | 5 | PA; MSP |
| TAMIFLU ORAL CAPSULE | 4 | QL |
| TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION | 4 | QL |
| TEMBEXA ORAL SUSPENSION | 4 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| TEMBEXA ORAL TABLET | 4 | |
| <i>tenofovir disoproxil fumarate oral tablet</i> | 2 | |
| TIVICAY ORAL TABLET 50 MG | 3 | |
| TIVICAY PD ORAL TABLET FOR SUSPENSION | 3 | |
| TRIUMEQ ORAL TABLET | 3 | |
| TRIUMEQ PD ORAL TABLET FOR SUSPENSION | 3 | |
| TYBOST ORAL TABLET | 4 | |
| <i>valacyclovir oral tablet</i> | 2 | QL |
| VALCYTE ORAL RECON SOLN | 4 | |
| VALCYTE ORAL TABLET | 4 | |
| <i>valganciclovir oral recon soln</i> | 2 | |
| <i>valganciclovir oral tablet</i> | 2 | |
| VEMLIDY ORAL TABLET | 3 | |
| VIRACEPT ORAL TABLET | 3 | |
| VIRAZOLE INHALATION RECON SOLN | 4 | PA |
| VIREAD ORAL POWDER | 3 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | 3 | |
| VIREAD ORAL TABLET 300 MG | 4 | |
| VOSEVI ORAL TABLET | 5 | PA; MSP; QL |
| XOFLUZA ORAL TABLET 40 MG, 80 MG | 4 | QL |
| ZEPATIER ORAL TABLET | 2 | PA; MSP; QL |
| ZIAGEN ORAL SOLUTION | 4 | |
| <i>zidovudine oral capsule</i> | 2 | |
| <i>zidovudine oral syrup</i> | 2 | |
| <i>zidovudine oral tablet</i> | 2 | |
| CEPHALOSPORINS | | |
| <i>cefaclor oral capsule</i> | 1 | |
| <i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 375 mg/5 ml</i> | 1 | |
| <i>cefaclor oral suspension for reconstitution 250 mg/5 ml</i> | 2 | |
| <i>cefaclor oral tablet extended release 12 hr</i> | 1 | |
| <i>cefadroxil oral capsule</i> | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i> | 2 | |
| <i>cefadroxil oral tablet</i> | 1 | |
| <i>cefdinir oral capsule</i> | 2 | |
| <i>cefdinir oral suspension for reconstitution</i> | 1 | |
| <i>cefixime oral capsule</i> | 2 | |
| <i>cefixime oral suspension for reconstitution</i> | 2 | |
| <i>cefpodoxime oral suspension for reconstitution</i> | 2 | |
| <i>cefpodoxime oral tablet</i> | 2 | |
| <i>cefprozil oral suspension for reconstitution</i> | 1 | |
| <i>cefprozil oral tablet</i> | 1 | |
| <i>cefuroxime axetil oral tablet</i> | 2 | |
| <i>cephalexin oral capsule 250 mg, 500 mg</i> | 1 | |
| <i>cephalexin oral capsule 750 mg</i> | 2 | |
| <i>cephalexin oral suspension for reconstitution</i> | 1 | |
| <i>cephalexin oral tablet</i> | 1 | |

ERYTHROMYCINS & OTHER MACROLIDES

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>azithromycin oral packet</i> | 1 | |
| <i>azithromycin oral suspension for reconstitution</i> | 2 | |
| <i>azithromycin oral tablet</i> | 1 | |
| <i>clarithromycin oral suspension for reconstitution</i> | 1 | |
| <i>clarithromycin oral tablet</i> | 1 | |
| <i>clarithromycin oral tablet extended release 24 hr</i> | 1 | |
| DIFICID ORAL SUSPENSION FOR RECONSTITUTION | 4 | QL |
| DIFICID ORAL TABLET | 4 | QL |
| <i>e.e.s. 400 oral tablet</i> | 2 | |
| E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION | 4 | |
| ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION | 4 | |
| ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION | 4 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i> | 2 | |
| ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG | 4 | |
| <i>erythrocin (as stearate) oral tablet 250 mg</i> | 2 | |
| <i>erythromycin ethylsuccinate oral suspension for reconstitution</i> | 2 | |
| <i>erythromycin ethylsuccinate oral tablet</i> | 2 | |
| <i>erythromycin oral capsule, delayed release (dr/ec)</i> | 2 | |
| <i>erythromycin oral tablet</i> | 2 | |
| <i>erythromycin oral tablet, delayed release (dr/ec)</i> | 2 | |
| ZITHROMAX ORAL PACKET | 4 | |
| ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION | 4 | |
| ZITHROMAX ORAL TABLET 250 MG, 500 MG | 4 | |
| ZITHROMAX TRI-PAK ORAL TABLET | 4 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| ZITHROMAX Z-PAK ORAL TABLET | 4 | |
| MISCELLANEOUS ANTIINFECTIVES | | |
| AEMCOLO ORAL TABLET, DELAYED RELEASE (DR/EC) | 4 | QL |
| <i>albendazole oral tablet</i> | 2 | QL |
| ALINIA ORAL SUSPENSION FOR RECONSTITUTION | 3 | QL |
| ARAKODA ORAL TABLET | 4 | QL |
| ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION | 5 | PA |
| <i>atovaquone oral suspension</i> | 2 | |
| <i>atovaquone-proguanil oral tablet</i> | 2 | QL |
| BENZNIDAZOLE ORAL TABLET | 3 | QL |
| BETHKIS INHALATION SOLUTION FOR NEBULIZATION | 5 | PA; MSP; QL |
| BILTRICIDE ORAL TABLET | 4 | |
| CAYSTON INHALATION SOLUTION FOR NEBULIZATION | 5 | PA; MSP; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>chloroquine phosphate oral tablet</i> | 2 | |
| CLEOCIN HCL ORAL CAPSULE | 4 | |
| CLEOCIN PEDIATRIC ORAL RECON SOLN | 4 | |
| <i>clindamycin hcl oral capsule</i> | 1 | |
| <i>clindamycin pediatric oral recon soln</i> | 1 | |
| COARTEM ORAL TABLET | 3 | QL |
| <i>cycloserine oral capsule</i> | 2 | |
| <i>dapsone oral tablet</i> | 2 | |
| DARAPRIM ORAL TABLET | 5 | PA |
| EMVERM ORAL TABLET,CHEWABLE | 3 | QL |
| <i>ethambutol oral tablet</i> | 2 | |
| FLAGYL ORAL CAPSULE | 4 | |
| HUMATIN ORAL CAPSULE | 5 | MSP |
| <i>hydroxychloroquine oral tablet</i> | 2 | HSA+ |
| <i>imipenem-cilastatin intravenous recon soln</i> | 2 | PA |
| IMPAVIDO ORAL CAPSULE | 3 | PA; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>isoniazid oral solution</i> | 2 | |
| <i>isoniazid oral tablet</i> | 2 | |
| <i>ivermectin oral tablet</i> | 1 | PA; QL |
| KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION | 5 | PA; MSP; QL |
| KRINTAFEL ORAL TABLET | 4 | QL |
| <i>linezolid oral suspension for reconstitution</i> | 2 | PA |
| <i>linezolid oral tablet</i> | 2 | PA |
| MALARONE ORAL TABLET | 4 | QL |
| MALARONE PEDIATRIC ORAL TABLET | 4 | QL |
| <i>mefloquine oral tablet</i> | 2 | QL |
| MEPRON ORAL SUSPENSION | 4 | |
| <i>metronidazole oral capsule</i> | 2 | |
| <i>metronidazole oral tablet</i> | 1 | |
| MYCOBUTIN ORAL CAPSULE | 4 | |
| NEBUPENT INHALATION RECON SOLN | 4 | QL |
| <i>neomycin oral tablet</i> | 1 | |
| <i>nitazoxanide oral tablet</i> | 2 | QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>paromomycin oral capsule</i> | 2 | |
| PASER ORAL GRANULES DR FOR SUSP IN PACKET | 4 | |
| <i>pentamidine inhalation recon soln</i> | 2 | QL |
| <i>praziquantel oral tablet</i> | 2 | |
| PRETOMANID ORAL TABLET | 4 | PA |
| PRIFTIN ORAL TABLET | 3 | |
| <i>primaquine oral tablet</i> | 2 | QL |
| <i>pyrazinamide oral tablet</i> | 2 | |
| <i>pyrimethamine oral tablet</i> | 2 | PA |
| QUALAQUIN ORAL CAPSULE | 4 | QL |
| <i>quinine sulfate oral capsule</i> | 2 | QL |
| <i>rifabutin oral capsule</i> | 2 | |
| <i>rifampin oral capsule</i> | 2 | |
| SIRTURO ORAL TABLET | 3 | PA |
| STROMEKTOL ORAL TABLET | 4 | PA; QL |
| <i>tinidazole oral tablet</i> | 2 | QL |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE | 5 | PA; MSP; QL |
| <i>tobramycin in 0.225 % nacl inhalation solution for nebulization</i> | 5 | PA; MSP; QL |
| <i>tobramycin inhalation solution for nebulization</i> | 5 | PA; MSP; QL |
| TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION | 5 | PA; MSP; QL |
| TRECTOR ORAL TABLET | 4 | |
| XENLETA ORAL TABLET | 4 | |
| XIFAXAN ORAL TABLET | 3 | QL |
| ZYVOX ORAL SUSPENSION FOR RECONSTITUTION | 4 | PA |
| ZYVOX ORAL TABLET | 4 | PA |
| PENICILLINS | | |
| <i>amoxicillin oral capsule</i> | 1 | |
| <i>amoxicillin oral suspension for reconstitution</i> | 1 | |
| <i>amoxicillin oral tablet</i> | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i> | 1 | |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution</i> | 1 | |
| <i>amoxicillin-pot clavulanate oral tablet</i> | 1 | |
| <i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i> | 1 | |
| <i>amoxicillin-pot clavulanate oral tablet, chewable</i> | 1 | |
| <i>ampicillin oral capsule 500 mg</i> | 1 | |
| AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION | 4 | |
| AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML | 3 | |
| AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR | 4 | |
| <i>dicloxacillin oral capsule</i> | 2 | |
| MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR | 4 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>penicillin v potassium oral recon soln</i> | 1 | |
| <i>penicillin v potassium oral tablet</i> | 1 | |
| QUINOLONES | | |
| BAXDELA ORAL TABLET | 3 | QL |
| CIPRO ORAL SUSPENSION, MICROCAPSULE RECON | 4 | |
| CIPRO ORAL TABLET 250 MG, 500 MG | 4 | |
| <i>ciprofloxacin hcl oral tablet</i> | 1 | |
| <i>ciprofloxacin oral suspension, microcapsule recon</i> | 2 | |
| FACTIVE ORAL TABLET | 4 | |
| <i>levofloxacin oral solution</i> | 1 | |
| <i>levofloxacin oral tablet 250 mg</i> | 1 | |
| <i>levofloxacin oral tablet 500 mg, 750 mg</i> | 2 | |
| <i>moxifloxacin oral tablet</i> | 2 | |
| <i>ofloxacin oral tablet 300 mg, 400 mg</i> | 2 | |
| SULFA'S & RELATED AGENTS | | |
| BACTRIM DS ORAL TABLET | 4 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| BACTRIM ORAL TABLET | 4 | |
| <i>sulfadiazine oral tablet</i> | 2 | |
| <i>sulfamethoxazole-trimethoprim oral suspension</i> | 1 | |
| <i>sulfamethoxazole-trimethoprim oral tablet</i> | 2 | |
| <i>sulfatrim oral suspension</i> | 1 | |
| TETRACYCLINES | | |
| ACTICLATE ORAL TABLET | 4 | ST |
| AVIDOXY DK KIT | 4 | ST |
| <i>avidoxy oral tablet</i> | 1 | |
| <i>demeclocycline oral tablet</i> | 2 | |
| <i>doxycycline hyclate oral capsule</i> | 1 | |
| <i>doxycycline hyclate oral tablet 100 mg, 20 mg</i> | 1 | |
| <i>doxycycline hyclate oral tablet 150 mg, 75 mg</i> | 1 | ST |
| <i>doxycycline hyclate oral tablet 50 mg</i> | 2 | ST |
| <i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 75 mg</i> | 2 | ST |
| <i>doxycycline hyclate oral tablet, delayed release (dr/ec) 50 mg</i> | 1 | ST |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i> | 1 | |
| <i>doxycycline monohydrate oral capsule 150 mg</i> | 2 | ST |
| <i>doxycycline monohydrate oral capsule 75 mg</i> | 2 | |
| <i>doxycycline monohydrate oral capsule, ir - delay rel, biphase</i> | 2 | ST |
| <i>doxycycline monohydrate oral suspension for reconstitution</i> | 2 | |
| <i>doxycycline monohydrate oral tablet</i> | 1 | |
| <i>minocycline oral capsule</i> | 1 | |
| <i>minocycline oral tablet</i> | 2 | |
| <i>minocycline oral tablet extended release 24 hr</i> | 2 | ST |
| <i>mondoxyne nl oral capsule</i> | 2 | |
| MONODOX ORAL CAPSULE | 4 | ST |
| MORGIDOX 1X 50 KIT | 4 | ST |
| MORGIDOX 1X100 KIT | 4 | ST |
| NUZYRA ORAL TABLET | 4 | QL |

| Drug Name | Drug Tier | Requirements / Limits |
|----------------------------------|-----------|-----------------------|
| SEYSARA ORAL TABLET | 4 | ST |
| TARGADOX ORAL TABLET | 4 | ST |
| <i>tetracycline oral capsule</i> | 2 | |
| <i>tetracycline oral tablet</i> | 2 | ST |
| VIBRAMYCIN ORAL CAPSULE 100 MG | 4 | ST |

URINARY TRACT AGENTS

| | | |
|---|---|--|
| <i>fosfomycin tromethamine oral packet</i> | 2 | |
| FURADANTIN ORAL SUSPENSION | 4 | |
| MACROBID ORAL CAPSULE | 4 | |
| <i>methenamine hippurate oral tablet</i> | 2 | |
| <i>methenamine mandelate oral tablet</i> | 2 | |
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg</i> | 1 | |
| <i>nitrofurantoin macrocrystal oral capsule 50 mg</i> | 2 | |
| <i>nitrofurantoin monohyd/m-cryst oral capsule</i> | 1 | |
| <i>nitrofurantoin oral suspension 25 mg/5 ml</i> | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|-----------------------------------|-----------|-----------------------|
| PRIMSOL ORAL SOLUTION | 4 | |
| <i>trimethoprim oral tablet</i> | 2 | |
| VANCOMYCIN | | |
| VANCOCIN ORAL CAPSULE | 4 | PA; QL |
| <i>vancomycin oral capsule</i> | 2 | PA; QL |
| <i>vancomycin oral recon soln</i> | 2 | QL |

ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS

ADJUNCTIVE AGENTS

| | | |
|--|---|-------------|
| <i>leucovorin calcium oral tablet 10 mg, 25 mg, 5 mg</i> | 1 | |
| <i>leucovorin calcium oral tablet 15 mg</i> | 2 | |
| MESNEX ORAL TABLET | 3 | |
| VISTOGARD ORAL GRANULES IN PACKET | 5 | PA; QL |
| XGEVA SUBCUTANEOUS SOLUTION | 5 | PA; MSP; QL |

ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS

| | | |
|--------------------------------|---|-------------|
| <i>abiraterone oral tablet</i> | 5 | PA; MSP; QL |
| ALECENSA ORAL CAPSULE | 5 | PA; MSP; QL |
| ALKERAN ORAL TABLET | 4 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| ALUNBRIG ORAL TABLET | 5 | PA; QL |
| ALUNBRIG ORAL TABLETS,DOSE PACK | 5 | PA; QL |
| <i>anastrozole oral tablet</i> | 2 | |
| AROMASIN ORAL TABLET | 4 | |
| ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR | 4 | PA |
| AUGTYRO ORAL CAPSULE 40 MG | 5 | PA; MSP |
| AYVAKIT ORAL TABLET | 5 | PA; QL |
| AZASAN ORAL TABLET | 4 | |
| <i>azathioprine oral tablet</i> | 2 | |
| BALVERSA ORAL TABLET | 5 | PA |
| BEVACIZUMAB INTRAVITREAL SYRINGE 1.25 MG/0.05 ML | 4 | |
| <i>bexarotene oral capsule</i> | 5 | PA; MSP |
| <i>bexarotene topical gel</i> | 5 | PA; MSP |
| <i>bicalutamide oral tablet</i> | 2 | |
| BOSULIF ORAL CAPSULE | 5 | PA; MSP; QL |
| BOSULIF ORAL TABLET | 5 | PA; MSP; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| BRUKINSA ORAL CAPSULE | 5 | PA |
| CABOMETYX ORAL TABLET | 5 | PA; MSP; QL |
| CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET | 5 | PA; QL |
| <i>capecitabine oral tablet</i> | 5 | PA; MSP; QL |
| CAPRELSA ORAL TABLET | 5 | PA; QL |
| CASODEX ORAL TABLET | 4 | |
| CELLCEPT ORAL CAPSULE | 4 | |
| CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION | 4 | |
| CELLCEPT ORAL TABLET | 4 | |
| COMETRIQ ORAL CAPSULE | 5 | PA; MSP; QL |
| COPIKTRA ORAL CAPSULE | 5 | PA; QL |
| COTELLIC ORAL TABLET | 5 | PA; MSP; QL |
| <i>cyclophosphamide oral capsule</i> | 2 | |
| CYCLOPHOSPHAMIDE ORAL TABLET | 4 | |
| <i>cyclosporine modified oral capsule</i> | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>cyclosporine modified oral solution</i> | 2 | |
| <i>cyclosporine oral capsule</i> | 2 | |
| <i>dasatinib oral tablet</i> | 5 | PA; MSP; QL |
| DAURISMO ORAL TABLET | 5 | PA; MSP; QL |
| DROXIA ORAL CAPSULE | 3 | |
| ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE | 5 | PA; MSP |
| ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE | 5 | PA; MSP |
| ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE | 5 | PA; MSP |
| ELIGARD SUBCUTANEOUS SYRINGE | 5 | PA; MSP |
| ENSPRYNG SUBCUTANEOUS SYRINGE | 5 | PA; MSP |
| ERIVEDGE ORAL CAPSULE | 5 | PA; MSP; QL |
| ERLEADA ORAL TABLET | 5 | PA; MSP; QL |
| <i>erlotinib oral tablet</i> | 5 | PA; MSP; QL |
| <i>etoposide oral capsule</i> | 2 | |
| EULEXIN ORAL CAPSULE | 4 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>everolimus (antineoplastic) oral tablet</i> | 5 | PA; MSP; QL |
| <i>everolimus (antineoplastic) oral tablet for suspension</i> | 5 | PA; MSP; QL |
| <i>everolimus (immunosuppressive) oral tablet</i> | 2 | |
| <i>exemestane oral tablet</i> | 2 | |
| FARESTON ORAL TABLET | 4 | |
| FEMARA ORAL TABLET | 4 | |
| FENSOLVI SUBCUTANEOUS SYRINGE | 5 | PA; MSP |
| GAVRETO ORAL CAPSULE | 5 | PA; QL |
| <i>gefitinib oral tablet</i> | 5 | PA; MSP; QL |
| <i>gengraf oral capsule</i> | 2 | |
| <i>gengraf oral solution</i> | 2 | |
| GILOTRIF ORAL TABLET | 5 | PA; MSP; QL |
| GLEOSTINE ORAL CAPSULE | 3 | |
| GLIADEL WAFER IMPLANT WAFER | 4 | |
| HYCAMTIN ORAL CAPSULE | 5 | PA; MSP |
| HYDREA ORAL CAPSULE | 4 | |
| <i>hydroxyurea oral capsule</i> | 1 | |
| ICLUSIG ORAL TABLET | 5 | PA; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| IDHIFA ORAL TABLET | 5 | PA; MSP; QL |
| <i>imatinib oral tablet</i> | 5 | PA; MSP; QL |
| IMBRUVICA ORAL CAPSULE | 5 | ST; QL |
| IMBRUVICA ORAL SUSPENSION | 5 | ST; QL |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG | 5 | PA; QL |
| IMBRUVICA ORAL TABLET 420 MG | 5 | ST; QL |
| IMURAN ORAL TABLET | 4 | |
| INLYTA ORAL TABLET | 5 | PA; MSP; QL |
| IRESSA ORAL TABLET | 5 | PA; MSP; QL |
| IWILFIN ORAL TABLET | 5 | PA |
| JAKAFI ORAL TABLET | 5 | ST; MSP; QL |
| JELMYTO INTRA-PYELOCALYCEAL KIT | 5 | PA |
| KISQALI ORAL TABLET | 5 | PA; MSP; QL |
| KOSELUGO ORAL CAPSULE | 5 | PA |
| <i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i> | 5 | PA; QL |
| <i>lapatinib oral tablet</i> | 5 | PA; MSP; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| LAZCLUZE ORAL TABLET | 5 | PA |
| <i>lenalidomide oral capsule</i> | 5 | PA; MSP; QL |
| LENVIMA ORAL CAPSULE | 5 | PA; MSP; QL |
| <i>letrozole oral tablet</i> | 2 | |
| LEUKERAN ORAL TABLET | 3 | |
| <i>leuprolide subcutaneous kit</i> | 5 | PA |
| LONSURF ORAL TABLET | 5 | PA; MSP |
| LORBRENA ORAL TABLET | 5 | PA; MSP; QL |
| LUMAKRAS ORAL TABLET 120 MG, 320 MG | 5 | PA; MSP |
| LUPKYNIS ORAL CAPSULE | 5 | PA; QL |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT | 5 | PA; MSP |
| LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT | 5 | PA; MSP |
| LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT | 5 | PA; MSP |
| LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT | 5 | PA; MSP |
| LYNPARZA ORAL TABLET | 5 | PA; MSP; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| LYSODREN ORAL TABLET | 5 | |
| LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5) | 5 | PA |
| MATULANE ORAL CAPSULE | 5 | |
| <i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i> | 2 | |
| <i>megestrol oral tablet</i> | 1 | |
| MEKINIST ORAL RECON SOLN | 5 | PA; MSP; QL |
| MEKINIST ORAL TABLET | 5 | PA; MSP; QL |
| <i>mercaptopurine oral tablet</i> | 2 | |
| <i>methotrexate sodium (pf) injection recon soln</i> | 2 | |
| <i>methotrexate sodium (pf) injection solution</i> | 1 | |
| <i>methotrexate sodium injection solution</i> | 1 | |
| <i>methotrexate sodium oral tablet</i> | 2 | |
| MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) | 5 | PA; QL |
| <i>mycophenolate mofetil oral capsule</i> | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>mycophenolate mofetil oral suspension for reconstitution</i> | 2 | |
| <i>mycophenolate mofetil oral tablet</i> | 2 | |
| <i>mycophenolate sodium oral tablet, delayed release (dr/ec)</i> | 2 | |
| MYFORTIC ORAL TABLET,DELAYED RELEASE (DR/EC) | 4 | |
| MYHIBBIN ORAL SUSPENSION | 3 | |
| MYLERAN ORAL TABLET | 3 | |
| NEORAL ORAL CAPSULE | 4 | |
| NEORAL ORAL SOLUTION | 4 | |
| NERLYNX ORAL TABLET | 5 | PA; MSP |
| NEXAVAR ORAL TABLET | 5 | PA; MSP; QL |
| NILANDRON ORAL TABLET | 4 | PA |
| <i>nilutamide oral tablet</i> | 2 | PA |
| NINLARO ORAL CAPSULE | 5 | PA; MSP; QL |
| NUBEQA ORAL TABLET | 5 | PA; MSP; QL |
| <i>octreotide acetate injection solution</i> | 5 | PA; MSP |
| <i>octreotide acetate injection syringe</i> | 5 | PA; MSP |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| ODOMZO ORAL CAPSULE | 5 | PA; MSP; QL |
| OGSIVEO ORAL TABLET | 5 | PA |
| OJEMDA ORAL SUSPENSION FOR RECONSTITUTION | 5 | PA |
| OJEMDA ORAL TABLET | 5 | PA |
| ORGOVYX ORAL TABLET | 5 | PA; QL |
| ORSERDU ORAL TABLET | 5 | PA; QL |
| <i>pazopanib oral tablet</i> | 5 | PA; MSP; QL |
| PEMAZYRE ORAL TABLET | 5 | PA; QL |
| PIQRAY ORAL TABLET | 5 | PA; MSP |
| POMALYST ORAL CAPSULE | 5 | PA; MSP |
| PROGRAF ORAL CAPSULE | 4 | |
| PROGRAF ORAL GRANULES IN PACKET | 3 | |
| PURIXAN ORAL SUSPENSION | 5 | |
| RETEVMO ORAL TABLET | 5 | PA; MSP; QL |
| REVLIMID ORAL CAPSULE | 5 | PA; MSP; QL |
| REZUROCK ORAL TABLET | 4 | QL |
| ROZLYTREK ORAL CAPSULE | 5 | PA; MSP; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| ROZLYTREK ORAL PELLETS IN PACKET | 5 | PA; MSP; QL |
| RYDAPT ORAL CAPSULE | 5 | PA; MSP; QL |
| SANDIMMUNE ORAL CAPSULE | 4 | |
| SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML | 5 | PA; MSP |
| SCEMBLIX ORAL TABLET | 5 | PA; QL |
| SIGNIFOR SUBCUTANEOUS SOLUTION | 5 | |
| <i>sirolimus oral solution</i> | 2 | |
| <i>sirolimus oral tablet</i> | 2 | |
| SOLTAMOX ORAL SOLUTION | 4 | |
| SOMATULINE DEPOT SUBCUTANEOUS SYRINGE | 5 | PA; MSP; QL |
| <i>sorafenib oral tablet</i> | 5 | PA; MSP; QL |
| SPRYCEL ORAL TABLET | 5 | PA; MSP; QL |
| STIVARGA ORAL TABLET | 5 | PA; MSP; QL |
| <i>sunitinib malate oral capsule</i> | 5 | PA; MSP; QL |
| SUTENT ORAL CAPSULE | 5 | PA; MSP; QL |
| TABLOID ORAL TABLET | 4 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| TABRECTA ORAL TABLET | 5 | PA; MSP |
| <i>tacrolimus oral capsule</i> | 2 | |
| TAFINLAR ORAL CAPSULE | 5 | PA; MSP; QL |
| TAFINLAR ORAL TABLET FOR SUSPENSION | 5 | PA; MSP; QL |
| TAGRISSE ORAL TABLET | 5 | PA; MSP; QL |
| TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG | 5 | PA; MSP |
| TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG | 5 | PA; MSP; QL |
| <i>tamoxifen oral tablet 10 mg</i> | 1 | |
| <i>tamoxifen oral tablet 20 mg</i> | 2 | |
| TARCEVA ORAL TABLET 100 MG | 5 | PA; MSP; QL |
| TARGRETIN TOPICAL GEL | 5 | PA; MSP |
| TASIGNA ORAL CAPSULE | 5 | PA; MSP; QL |
| TAZVERIK ORAL TABLET | 5 | PA |
| <i>temozolomide oral capsule</i> | 5 | PA; MSP |
| THALOMID ORAL CAPSULE 100 MG, 50 MG | 5 | PA; MSP; QL |
| TIBSOVO ORAL TABLET | 5 | PA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>toremifene oral tablet</i> | 2 | |
| <i>torpenz oral tablet</i> | 5 | PA; QL |
| <i>tretinoin (antineoplastic) oral capsule</i> | 2 | |
| TREXALL ORAL TABLET | 4 | |
| TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION | 5 | PA |
| TUKYSA ORAL TABLET | 5 | PA; QL |
| TURALIO ORAL CAPSULE 125 MG | 5 | PA; QL |
| TYKERB ORAL TABLET | 5 | PA; MSP; QL |
| VENCLEXTA ORAL TABLET | 5 | PA; QL |
| VENCLEXTA STARTING PACK ORAL TABLETS, DOSE PACK | 5 | PA; QL |
| VERZENIO ORAL TABLET | 5 | PA; MSP; QL |
| VIJOICE ORAL GRANULES IN PACKET | 5 | PA; QL |
| VIJOICE ORAL TABLET | 5 | PA; QL |
| VITRAKVI ORAL CAPSULE | 5 | PA; MSP; QL |
| VITRAKVI ORAL SOLUTION | 5 | PA; MSP; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|----------------------|-----------|-----------------------|
| VIZIMPRO ORAL TABLET | 5 | PA; MSP; QL |
| VONJO ORAL CAPSULE | 5 | PA; QL |
| VORANIGO ORAL TABLET | 5 | PA |
| VOTRIENT ORAL TABLET | 5 | PA; MSP; QL |
| WELIREG ORAL TABLET | 5 | PA |
| XALKORI ORAL CAPSULE | 5 | PA; MSP; QL |
| XALKORI ORAL PELLETT | 5 | PA; MSP; QL |
| XELODA ORAL TABLET | 5 | PA; MSP; QL |
| XERMELO ORAL TABLET | 5 | QL |
| XOSPATA ORAL TABLET | 5 | PA; QL |
| XTANDI ORAL CAPSULE | 5 | PA; MSP; QL |
| XTANDI ORAL TABLET | 5 | PA; MSP; QL |
| ZELBORAF ORAL TABLET | 5 | PA; MSP; QL |
| ZOLINZA ORAL CAPSULE | 5 | PA; MSP; QL |
| ZORTRESS ORAL TABLET | 4 | |
| ZYDELIG ORAL TABLET | 5 | PA; MSP; QL |
| ZYKADIA ORAL TABLET | 5 | PA; MSP; QL |

**AUTONOMIC & CNS DRUGS,
NEUROLOGY & PSYCH**

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| ANTICONVULSANTS | | |
| APTIOM ORAL TABLET | 4 | |
| BRIVIACT ORAL SOLUTION | 4 | ST |
| BRIVIACT ORAL TABLET | 4 | ST |
| <i>carbamazepine oral capsule, er multiphase 12 hr</i> | 2 | |
| <i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i> | 2 | |
| <i>carbamazepine oral tablet</i> | 2 | |
| <i>carbamazepine oral tablet extended release 12 hr</i> | 2 | |
| <i>carbamazepine oral tablet, chewable 100 mg</i> | 2 | |
| CARBAMAZEPINE ORAL TABLET, CHEWABLE 200 MG | 4 | |
| CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR | 4 | |
| CELONTIN ORAL CAPSULE 300 MG | 4 | |
| <i>clobazam oral suspension</i> | 2 | PA |
| <i>clobazam oral tablet</i> | 2 | PA |
| <i>clonazepam oral tablet</i> | 1 | |
| <i>clonazepam oral tablet, disintegrating</i> | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR | 4 | ST |
| DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) | 4 | ST |
| DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE | 4 | ST |
| DIACOMIT ORAL CAPSULE | 5 | PA |
| DIACOMIT ORAL POWDER IN PACKET | 5 | PA |
| <i>diazepam rectal kit</i> | 2 | |
| DILANTIN EXTENDED ORAL CAPSULE | 4 | |
| DILANTIN INFATABS ORAL TABLET, CHEWABLE | 4 | |
| DILANTIN ORAL CAPSULE | 3 | |
| DILANTIN-125 ORAL SUSPENSION | 4 | |
| <i>divalproex oral capsule, delayed rel sprinkle</i> | 2 | |
| <i>divalproex oral tablet extended release 24 hr</i> | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>divalproex oral tablet, delayed release (dr/ec)</i> | 2 | |
| ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR | 4 | ST |
| EPIDIOLEX ORAL SOLUTION | 5 | PA; MSP |
| <i>epitol oral tablet</i> | 1 | |
| EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR | 4 | |
| <i>ethosuximide oral capsule</i> | 2 | |
| <i>ethosuximide oral solution</i> | 2 | |
| <i>felbamate oral suspension</i> | 2 | |
| <i>felbamate oral tablet</i> | 2 | |
| FELBATOL ORAL TABLET | 4 | |
| FYCOMPA ORAL SUSPENSION | 3 | |
| FYCOMPA ORAL TABLET | 3 | |
| <i>gabapentin oral capsule</i> | 2 | HSA+ |
| <i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i> | 2 | HSA+ |
| <i>gabapentin oral tablet 600 mg, 800 mg</i> | 2 | HSA+ |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>gabapentin oral tablet extended release 24 hr</i> | 2 | ST; DAW-9 |
| GRALISE ORAL TABLET EXTENDED RELEASE 24 HR | 4 | ST |
| <i>lacosamide oral solution</i> | 2 | |
| <i>lacosamide oral tablet</i> | 2 | |
| LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK | 4 | PA |
| LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK | 4 | PA |
| LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK | 4 | PA |
| <i>lamotrigine oral tablet</i> | 2 | HSA+ |
| <i>lamotrigine oral tablet disintegrating, dose pk</i> | 2 | HSA+ |
| <i>lamotrigine oral tablet extended release 24hr</i> | 2 | HSA+ |
| <i>lamotrigine oral tablet, chewable dispersible</i> | 2 | HSA+ |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>lamotrigine oral tablet, disintegrating</i> | 2 | HSA+ |
| <i>lamotrigine oral tablets, dose pack</i> | 2 | HSA+ |
| <i>levetiracetam oral solution 100 mg/ml</i> | 2 | HSA+ |
| <i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i> | 1 | HSA+ |
| <i>levetiracetam oral tablet</i> | 2 | HSA+ |
| <i>levetiracetam oral tablet extended release 24 hr</i> | 2 | HSA+ |
| <i>methsuximide oral capsule</i> | 2 | |
| MYSOLINE ORAL TABLET | 4 | |
| NAYZILAM NASAL SPRAY, NON-AEROSOL | 3 | PA; QL |
| <i>oxcarbazepine oral suspension</i> | 2 | HSA+ |
| <i>oxcarbazepine oral tablet</i> | 2 | HSA+ |
| <i>oxcarbazepine oral tablet extended release 24 hr</i> | 2 | |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR | 4 | PA |
| <i>phenobarbital oral elixir</i> | 2 | |
| <i>phenobarbital oral tablet 100 mg, 15 mg</i> | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>phenobarbital oral tablet 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i> | 2 | |
| PHENYTEK ORAL CAPSULE | 4 | |
| <i>phenytoin oral suspension 125 mg/5 ml</i> | 2 | |
| <i>phenytoin oral tablet, chewable</i> | 2 | |
| <i>phenytoin sodium extended oral capsule</i> | 2 | |
| <i>pregabalin oral capsule</i> | 2 | HSA+ |
| <i>pregabalin oral solution</i> | 2 | HSA+ |
| <i>pregabalin oral tablet extended release 24 hr</i> | 2 | PA |
| <i>primidone oral tablet 250 mg, 50 mg</i> | 1 | |
| QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR | 4 | ST |
| <i>roweepra oral tablet 500 mg</i> | 2 | |
| <i>rufinamide oral suspension</i> | 2 | PA |
| <i>rufinamide oral tablet</i> | 2 | PA |
| SPRITAM ORAL TABLET FOR SUSPENSION | 4 | ST |
| <i>subvenite oral tablet</i> | 2 | HSA+ |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>subvenite starter (blue) kit oral tablets, dose pack</i> | 2 | HSA+ |
| <i>subvenite starter (green) kit oral tablets, dose pack</i> | 2 | HSA+ |
| <i>subvenite starter (orange) kit oral tablets, dose pack</i> | 2 | HSA+ |
| SYMPAZAN ORAL FILM | 4 | PA |
| TEGRETOL ORAL SUSPENSION | 4 | |
| TEGRETOL ORAL TABLET | 4 | |
| TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR | 4 | |
| <i>tiagabine oral tablet</i> | 2 | |
| <i>topiramate oral capsule, sprinkle</i> | 2 | HSA+ |
| <i>topiramate oral capsule, extended release 24hr</i> | 2 | ST; DAW-9 |
| <i>topiramate oral capsule, sprinkle, er 24hr</i> | 2 | ST |
| <i>topiramate oral tablet</i> | 2 | HSA+ |
| TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR | 4 | ST |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i> | 1 | |
| <i>valproic acid oral capsule</i> | 2 | |
| VALTOCO NASAL SPRAY, NON-AEROSOL | 3 | PA; QL |
| <i>vigabatrin oral powder in packet</i> | 5 | PA; MSP; QL |
| <i>vigabatrin oral tablet</i> | 5 | PA; MSP; QL |
| <i>vigadrone oral powder in packet</i> | 5 | PA; QL |
| <i>vigadrone oral tablet</i> | 5 | PA; QL |
| <i>vigpoder oral powder in packet</i> | 5 | PA; QL |
| XCOPRI MAINTENANCE PACK ORAL TABLET | 4 | QL |
| XCOPRI ORAL TABLET | 4 | QL |
| XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK | 4 | QL |
| ZARONTIN ORAL CAPSULE | 4 | |
| ZARONTIN ORAL SOLUTION | 4 | |
| <i>zonisamide oral capsule</i> | 2 | |
| ZTALMY ORAL SUSPENSION | 5 | PA |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| ANTIPARKINSONISM AGENTS | | |
| <i>apomorphine subcutaneous cartridge</i> | 5 | PA; QL |
| AZILECT ORAL TABLET | 4 | ST |
| <i>benztropine oral tablet</i> | 1 | |
| <i>bromocriptine oral capsule</i> | 2 | |
| <i>bromocriptine oral tablet</i> | 2 | |
| <i>carbidopa oral tablet</i> | 2 | PA |
| <i>carbidopa-levodopa oral tablet</i> | 2 | |
| <i>carbidopa-levodopa oral tablet extended release</i> | 2 | |
| <i>carbidopa-levodopa oral tablet, disintegrating</i> | 2 | |
| <i>carbidopa-levodopa-entacapone oral tablet</i> | 2 | |
| DUOPA J-TUBE INTESTINAL PUMP SUSPENSION | 5 | PA; MSP |
| <i>entacapone oral tablet</i> | 1 | |
| INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE | 5 | PA; QL |
| LODOSYN ORAL TABLET | 4 | PA |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR 2.25 MG, 3 MG, 3.75 MG | 4 | |
| NEUPRO TRANSDERMAL PATCH 24 HOUR | 4 | |
| NOURIANZ ORAL TABLET | 5 | PA; MSP; QL |
| ONGENTYS ORAL CAPSULE | 4 | PA; QL |
| <i>pramipexole oral tablet</i> | 2 | |
| <i>pramipexole oral tablet extended release 24 hr</i> | 2 | |
| <i>rasagiline oral tablet</i> | 2 | |
| <i>ropinirole oral tablet</i> | 2 | |
| <i>ropinirole oral tablet extended release 24 hr</i> | 2 | |
| RYTARY ORAL CAPSULE, EXTENDED RELEASE | 4 | |
| <i>selegiline hcl oral capsule</i> | 2 | |
| <i>selegiline hcl oral tablet</i> | 1 | |
| SINEMET ORAL TABLET 10-100 MG, 25-100 MG | 4 | |
| TASMAR ORAL TABLET 100 MG | 4 | PA |
| <i>tolcapone oral tablet</i> | 2 | PA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>trihexyphenidyl oral elixir</i> | 1 | |
| <i>trihexyphenidyl oral tablet 2 mg</i> | 1 | |
| <i>trihexyphenidyl oral tablet 5 mg</i> | 2 | |
| MIGRAINE & CLUSTER HEADACHE THERAPY | | |
| AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR | 3 | PA; QL |
| AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR | 3 | PA; QL |
| AJOVY SYRINGE SUBCUTANEOUS SYRINGE | 3 | PA; QL |
| <i>almotriptan malate oral tablet</i> | 2 | QL |
| <i>dihydroergotamine injection solution</i> | 2 | |
| <i>dihydroergotamine nasal spray, non-aerosol</i> | 2 | ST; QL |
| <i>eletriptan oral tablet</i> | 2 | QL |
| EMGALITY PEN SUBCUTANEOUS PEN INJECTOR | 3 | PA; QL |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE | 3 | PA; QL |
| ERGOMAR SUBLINGUAL TABLET | 4 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>ergotamine-caffeine oral tablet</i> | 1 | |
| FROVA ORAL TABLET | 4 | ST; QL |
| <i>frovatriptan oral tablet</i> | 2 | QL |
| <i>migergot rectal suppository</i> | 2 | |
| MIGRANAL NASAL SPRAY, NON-AEROSOL | 4 | ST; QL |
| <i>naratriptan oral tablet</i> | 2 | QL |
| NURTEC ODT ORAL TABLET, DISINTEGRATING | 3 | PA; QL |
| QULIPTA ORAL TABLET | 3 | PA; QL |
| REYVOW ORAL TABLET | 4 | PA; QL |
| <i>rizatriptan oral tablet</i> | 2 | QL |
| <i>rizatriptan oral tablet, disintegrating</i> | 2 | QL |
| <i>sumatriptan nasal spray, non-aerosol</i> | 2 | QL |
| <i>sumatriptan succinate oral tablet</i> | 2 | QL |
| <i>sumatriptan succinate subcutaneous cartridge</i> | 2 | QL |
| <i>sumatriptan succinate subcutaneous pen injector</i> | 2 | QL |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>sumatriptan succinate subcutaneous solution</i> | 2 | QL |
| <i>sumatriptan-naproxen oral tablet</i> | 2 | PA; QL |
| TOSYMRA NASAL SPRAY, NON-AEROSOL | 4 | ST; QL |
| TRUDHESA NASAL SPRAY, NON-AEROSOL | 4 | ST; QL |
| UBRELVY ORAL TABLET | 3 | PA; QL |
| ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR | 4 | ST; QL |
| ZOLMITRIPTAN NASAL SPRAY, NON-AEROSOL 2.5 MG | 4 | ST; QL |
| <i>zolmitriptan nasal spray, non-aerosol 5 mg</i> | 2 | ST; QL |
| <i>zolmitriptan oral tablet</i> | 2 | QL |
| <i>zolmitriptan oral tablet, disintegrating</i> | 2 | QL |
| ZOMIG NASAL SPRAY, NON-AEROSOL 2.5 MG | 3 | ST; QL |
| ZOMIG NASAL SPRAY, NON-AEROSOL 5 MG | 4 | ST; QL |

**MISCELLANEOUS
NEUROLOGICAL THERAPY**

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| ADLARITY TRANSDERMAL PATCH WEEKLY | 4 | PA |
| ARICEPT ORAL TABLET | 4 | PA |
| AUSTEDO ORAL TABLET | 5 | PA; MSP; QL |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR | 5 | PA; MSP; QL |
| AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG | 5 | PA; MSP; QL |
| <i>dalfampridine oral tablet extended release 12 hr</i> | 5 | PA; MSP; QL |
| <i>dichlorphenamide oral tablet</i> | 5 | PA; MSP |
| <i>donepezil oral tablet 10 mg, 5 mg</i> | 2 | |
| <i>donepezil oral tablet 23 mg</i> | 2 | PA |
| <i>donepezil oral tablet, disintegrating</i> | 2 | |
| EVRYSDI ORAL RECON SOLN | 5 | PA; MSP; QL |
| EXELON PATCH TRANSDERMAL PATCH 24 HOUR | 4 | PA |
| FIRDAPSE ORAL TABLET | 5 | PA |
| <i>galantamine oral capsule, ext rel. pellets 24 hr</i> | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>galantamine oral solution</i> | 2 | |
| <i>galantamine oral tablet</i> | 2 | |
| HORIZANT ORAL TABLET EXTENDED RELEASE | 4 | ST |
| INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE, DOSE PACK | 5 | PA; QL |
| INGREZZA ORAL CAPSULE | 5 | PA; QL |
| INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE | 5 | PA; QL |
| <i>memantine oral capsule, sprinkle, er 24hr</i> | 2 | |
| <i>memantine oral solution</i> | 2 | |
| <i>memantine oral tablet</i> | 2 | |
| MEMANTINE ORAL TABLETS, DOSE PACK | 4 | |
| NAMENDA TITRATION PAK ORAL TABLETS, DOSE PACK | 4 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK | 4 | |
| NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK | 3 | PA |
| NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR | 3 | PA |
| NUEDEXTA ORAL CAPSULE | 3 | PA |
| NULIBRY INTRAVENOUS RECON SOLN | 5 | |
| <i>ormalvi oral tablet</i> | 5 | PA |
| RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION | 5 | PA; MSP |
| <i>rivastigmine tartrate oral capsule</i> | 2 | |
| <i>rivastigmine transdermal patch 24 hour</i> | 2 | |
| <i>tetrabenazine oral tablet</i> | 5 | PA; MSP; QL |
| ZEPOSIA ORAL CAPSULE | 5 | PA; MSP; QL |
| ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK | 5 | PA; MSP; QL |
| ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK | 5 | PA; MSP; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| MUSCLE RELAXANTS & ANTISPASMODIC THERAPY | | |
| <i>baclofen oral suspension</i> | 1 | |
| <i>baclofen oral tablet</i> | 1 | |
| <i>carisoprodol oral tablet</i> | 2 | |
| <i>carisoprodol-aspirin oral tablet</i> | 2 | |
| <i>carisoprodol-aspirin-codeine oral tablet</i> | 2 | QL |
| <i>chlorzoxazone oral tablet 250 mg</i> | 2 | PA |
| <i>chlorzoxazone oral tablet 375 mg, 750 mg</i> | 1 | PA |
| <i>chlorzoxazone oral tablet 500 mg</i> | 2 | |
| <i>cyclobenzaprine oral capsule,extended release 24hr</i> | 1 | PA |
| <i>cyclobenzaprine oral tablet 10 mg</i> | 1 | |
| <i>cyclobenzaprine oral tablet 5 mg</i> | 2 | |
| <i>cyclobenzaprine oral tablet 7.5 mg</i> | 1 | PA |
| DANTRIUM ORAL CAPSULE 25 MG | 4 | |
| <i>dantrolene oral capsule</i> | 2 | |
| FEXMID ORAL TABLET | 4 | PA |
| LORZONE ORAL TABLET | 4 | PA |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>meprobamate oral tablet</i> | 2 | |
| <i>metaxalone oral tablet</i> | 2 | |
| <i>methocarbamol oral tablet</i> | 2 | |
| NORGESIC FORTE ORAL TABLET | 4 | PA |
| NORGESIC ORAL TABLET | 4 | PA |
| <i>orphenadrine citrate oral tablet extended release</i> | 2 | |
| <i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i> | 2 | PA |
| <i>orphengesic forte oral tablet</i> | 2 | PA |
| <i>pyridostigmine bromide oral syrup</i> | 2 | |
| PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG | 4 | |
| <i>pyridostigmine bromide oral tablet 60 mg</i> | 2 | |
| <i>pyridostigmine bromide oral tablet extended release</i> | 2 | |
| SOMA ORAL TABLET | 4 | |
| <i>tanlor oral tablet</i> | 2 | |
| <i>tizanidine oral capsule</i> | 2 | PA |
| <i>tizanidine oral tablet</i> | 2 | |
| <i>vanadom oral tablet</i> | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| ZANAFLEX ORAL CAPSULE | 4 | |
| ZANAFLEX ORAL TABLET | 4 | |
| NARCOTIC ANALGESICS | | |
| <i>acetaminophen-caff-dihydrocod oral capsule</i> | 2 | ST; QL |
| <i>acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i> | 2 | ST; QL |
| <i>acetaminophen-codeine oral tablet</i> | 1 | ST; QL |
| <i>ascomp with codeine oral capsule</i> | 2 | ST; QL |
| BELBUCA BUCCAL FILM | 3 | ST; QL |
| BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE | 5 | MSP; QL |
| <i>buprenorphine hcl sublingual tablet</i> | 2 | QL |
| <i>buprenorphine transdermal patch weekly</i> | 2 | ST; QL |
| <i>butalbital-acetaminop-caf-cod oral capsule</i> | 2 | ST; QL |
| <i>butalbital-acetaminophen oral capsule</i> | 2 | |
| <i>butalbital-acetaminophen oral tablet</i> | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>butalbital-acetaminophen-caff oral capsule</i> | 2 | |
| <i>butalbital-acetaminophen-caff oral tablet</i> | 2 | |
| <i>butalbital-aspirin-caffeine oral capsule</i> | 2 | |
| <i>butalbital-aspirin-caffeine oral tablet</i> | 2 | |
| <i>codeine sulfate oral tablet</i> | 2 | ST; QL |
| <i>codeine-butalbital-asa-caff oral capsule</i> | 2 | ST; QL |
| DILAUDID ORAL LIQUID | 4 | ST; QL |
| DILAUDID ORAL TABLET | 4 | ST; QL |
| <i>diskets oral tablet,soluble</i> | 2 | QL |
| DSUVIA SUBLINGUAL TABLET IN APPLICATOR | 4 | |
| <i>endocet oral tablet</i> | 2 | ST; QL |
| ESGIC ORAL TABLET | 4 | PA |
| <i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 200 mcg, 600 mcg</i> | 2 | ST; QL |
| <i>fentanyl transdermal patch 72 hour</i> | 2 | ST; QL |
| FIORICET ORAL CAPSULE | 4 | PA |
| FIORICET WITH CODEINE ORAL CAPSULE | 4 | ST; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>hydrocodone bitartrate oral capsule, oral only, er 12hr</i> | 2 | ST; QL |
| <i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr</i> | 2 | ST; QL |
| <i>hydrocodone-acetaminophen oral solution</i> | 2 | ST; QL |
| <i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg, 7.5-325 mg</i> | 2 | ST; QL |
| <i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg</i> | 1 | ST; QL |
| <i>hydrocodone-ibuprofen oral tablet</i> | 2 | ST; QL |
| <i>hydromorphone oral liquid</i> | 1 | ST; QL |
| <i>hydromorphone oral tablet</i> | 1 | ST; QL |
| <i>hydromorphone oral tablet extended release 24 hr</i> | 2 | ST; QL |
| <i>hydromorphone rectal suppository</i> | 1 | ST; QL |
| HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR | 3 | ST; QL |
| <i>levorphanol tartrate oral tablet</i> | 2 | PA; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>meperidine oral solution</i> | 2 | ST; QL |
| <i>meperidine oral tablet 50 mg</i> | 2 | ST; QL |
| <i>methadone oral concentrate</i> | 2 | QL |
| <i>methadone oral solution</i> | 1 | QL |
| <i>methadone oral tablet</i> | 2 | QL |
| <i>methadone oral tablet, soluble</i> | 2 | QL |
| <i>methadose oral concentrate</i> | 2 | QL |
| <i>methadose oral tablet, soluble</i> | 2 | QL |
| <i>morphine concentrate oral solution</i> | 2 | ST; QL |
| <i>morphine oral capsule, er multiphase 24 hr</i> | 2 | ST; QL |
| <i>morphine oral capsule, extend. release pellets</i> | 2 | ST; QL |
| <i>morphine oral solution</i> | 2 | ST; QL |
| <i>morphine oral tablet</i> | 1 | ST; QL |
| <i>morphine oral tablet extended release</i> | 2 | ST; QL |
| <i>morphine rectal suppository 10 mg, 20 mg, 5 mg</i> | 1 | QL |
| <i>morphine rectal suppository 30 mg</i> | 2 | QL |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| MS CONTIN ORAL TABLET EXTENDED RELEASE | 4 | ST; QL |
| NALOCET ORAL TABLET | 4 | PA; QL |
| <i>oxycodone oral capsule</i> | 2 | ST; QL |
| <i>oxycodone oral concentrate</i> | 2 | ST; QL |
| <i>oxycodone oral solution</i> | 2 | ST; QL |
| <i>oxycodone oral tablet</i> | 2 | ST; QL |
| <i>oxycodone-acetaminophen oral solution 10-300 mg/5 ml</i> | 2 | PA; QL |
| <i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i> | 2 | ST; QL |
| <i>oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg, 7.5-300 mg</i> | 2 | PA; QL |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> | 2 | ST; QL |
| OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR | 3 | ST; QL |
| <i>oxymorphone oral tablet</i> | 2 | ST; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>oxymorphone oral tablet extended release 12 hr</i> | 2 | ST; QL |
| <i>prolinate oral tablet</i> | 2 | PA; QL |
| ROXICODONE ORAL TABLET 15 MG, 30 MG | 4 | ST; QL |
| SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE | 5 | MSP; QL |
| <i>tencon oral tablet</i> | 1 | |
| TREZIX ORAL CAPSULE | 4 | ST; QL |
| NON-NARCOTIC ANALGESICS | | |
| <i>adult aspirin regimen oral tablet, delayed release (dr/ec)</i> | 2 | ACA; OTC |
| ANAPROX DS ORAL TABLET | 4 | ST |
| ARTHROTEC 50 ORAL TABLET, IR, DELAYED REL, BIPHASIC | 4 | ST |
| ARTHROTEC 75 ORAL TABLET, IR, DELAYED REL, BIPHASIC | 4 | ST |
| <i>aspirin childrens oral tablet, chewable</i> | 1 | ACA; OTC |
| <i>aspirin oral tablet, chewable</i> | 1 | ACA; OTC |
| <i>aspirin oral tablet, delayed release (dr/ec) 81 mg</i> | 1 | ACA; OTC |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>bayer low dose aspirin oral tablet, delayed release (dr/ec)</i> | 1 | ACA; OTC |
| <i>buprenorphine-naloxone sublingual film</i> | 2 | |
| <i>buprenorphine-naloxone sublingual tablet</i> | 2 | |
| <i>butorphanol injection solution</i> | 1 | QL |
| <i>butorphanol nasal spray, non-aerosol</i> | 2 | QL |
| CAMBIA ORAL POWDER IN PACKET | 4 | ST; QL |
| <i>celecoxib oral capsule</i> | 2 | |
| DAYPRO ORAL TABLET | 4 | ST |
| <i>diclofenac potassium oral capsule</i> | 2 | |
| <i>diclofenac potassium oral powder in packet</i> | 2 | ST; QL |
| <i>diclofenac potassium oral tablet 25 mg</i> | 2 | ST |
| <i>diclofenac potassium oral tablet 50 mg</i> | 2 | |
| <i>diclofenac sodium oral tablet extended release 24 hr</i> | 2 | |
| <i>diclofenac sodium oral tablet, delayed release (dr/ec)</i> | 2 | |
| <i>diclofenac sodium topical drops</i> | 2 | QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>diclofenac sodium topical solution in metered-dose pump</i> | 2 | ST; QL |
| <i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic</i> | 2 | |
| <i>diflunisal oral tablet</i> | 2 | |
| DISALCID ORAL TABLET | 4 | |
| DUEXIS ORAL TABLET | 4 | ST |
| EC-NAPROSYN ORAL TABLET,DELAYED RELEASE (DR/EC) | 4 | ST |
| <i>ecotrin low strength oral tablet,delayed release (dr/ec)</i> | 1 | ACA; OTC |
| <i>etodolac oral capsule</i> | 2 | |
| <i>etodolac oral tablet</i> | 2 | |
| <i>etodolac oral tablet extended release 24 hr</i> | 2 | |
| <i>fenoprofen oral capsule 400 mg</i> | 2 | ST |
| <i>fenoprofen oral tablet</i> | 2 | ST |
| FLECTOR TRANSDERMAL PATCH 12 HOUR | 3 | ST; QL |
| <i>flurbiprofen oral tablet 100 mg</i> | 2 | |
| <i>ibu oral tablet</i> | 1 | |
| <i>ibuprofen oral suspension</i> | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> | 1 | |
| <i>ibuprofen-famotidine oral tablet</i> | 2 | ST |
| <i>indomethacin oral capsule</i> | 2 | |
| <i>indomethacin oral capsule, extended release</i> | 2 | |
| <i>indomethacin oral suspension</i> | 2 | ST |
| <i>indomethacin rectal suppository 50 mg</i> | 2 | |
| <i>ketoprofen oral capsule 25 mg</i> | 2 | PA |
| <i>ketoprofen oral capsule 50 mg, 75 mg</i> | 2 | |
| <i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i> | 1 | ST |
| <i>ketorolac oral tablet</i> | 1 | QL |
| <i>kiprofen oral capsule</i> | 2 | PA |
| KLOXXADO NASAL SPRAY,NON-AEROSOL | 3 | QL |
| LICART TRANSDERMAL PATCH 24 HOUR | 3 | ST; QL |
| LODINE ORAL TABLET | 4 | ST |
| <i>lofena oral tablet</i> | 2 | ST |
| <i>lofexidine oral tablet</i> | 2 | PA; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| LOTREXONE ORAL CAPSULE | 4 | |
| <i>meclofenamate oral capsule</i> | 2 | |
| <i>mefenamic acid oral capsule</i> | 2 | |
| <i>meloxicam oral tablet</i> | 2 | QL |
| <i>meloxicam submicronized oral capsule</i> | 2 | ST; QL |
| <i>nabumetone oral tablet</i> | 2 | |
| NALFON ORAL TABLET | 4 | ST |
| <i>naloxone 0.4 mg/ml carpject inner, p/f, sub</i> | 1 | HSA+ |
| <i>naloxone injection solution</i> | 2 | HSA+ |
| <i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i> | 2 | HSA+ |
| <i>naloxone nasal spray, non-aerosol</i> | 2 | HSA+; OTC; QL |
| NALTREX ORAL CAPSULE | 4 | |
| <i>naltrexone oral tablet</i> | 2 | |
| NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR | 4 | ST |
| NAPROSYN ORAL SUSPENSION | 4 | ST |
| NAPROSYN ORAL TABLET 500 MG | 4 | ST |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>naproxen oral suspension</i> | 2 | ST |
| <i>naproxen oral tablet</i> | 2 | |
| <i>naproxen oral tablet, delayed release (dr/ec)</i> | 2 | |
| <i>naproxen sodium oral tablet 275 mg, 550 mg</i> | 2 | |
| <i>naproxen sodium oral tablet, er multiphase 24 hr</i> | 2 | ST |
| <i>naproxen-esomeprazole oral tablet, ir, delayed rel, biphasic</i> | 2 | ST |
| NARCAN NASAL SPRAY, NON-AEROSOL | 4 | QL |
| OPVEE NASAL SPRAY, NON-AEROSOL | 4 | |
| <i>oxaprozin oral tablet</i> | 2 | |
| <i>pentazocine-naloxone oral tablet</i> | 2 | ST; QL |
| <i>piroxicam oral capsule</i> | 2 | |
| REXTOVY NASAL SPRAY, NON-AEROSOL | 3 | HSA+; QL |
| <i>salsalate oral tablet</i> | 1 | |
| SPRIX NASAL SPRAY, NON-AEROSOL | 5 | ST; QL |
| <i>st joseph aspirin oral tablet, chewable</i> | 2 | ACA; OTC |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>st. joseph aspirin oral tablet, delayed release (dr/ec)</i> | 1 | ACA; OTC |
| <i>sulindac oral tablet</i> | 1 | |
| TOLECTIN 600 ORAL TABLET | 4 | ST |
| <i>tolmetin oral capsule</i> | 2 | ST |
| <i>tramadol oral tablet 50 mg</i> | 2 | ST; QL |
| <i>tramadol oral tablet extended release 24 hr</i> | 2 | ST; QL |
| <i>tramadol oral tablet, er multiphase 24 hr</i> | 2 | ST; QL |
| <i>tramadol-acetaminophen oral tablet</i> | 2 | ST; QL |
| VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON | 5 | MSP |
| ZUBSOLV SUBLINGUAL TABLET | 3 | |
| PSYCHOTHERAPEUTIC DRUGS | | |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON | 3 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING | 3 | |
| ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET WITH SENSOR AND STRIP | 4 | QL |
| ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD | 4 | QL |
| ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED | 4 | |
| ADDYI ORAL TABLET | 4 | PA |
| ADZENYS XR-ODT ORAL TABLET, DISINTEGR BIPHASE 24H | 4 | ST |
| <i>alprazolam intensol oral concentrate</i> | 1 | |
| <i>alprazolam oral tablet 0.25 mg, 0.5 mg</i> | 1 | |
| <i>alprazolam oral tablet 1 mg, 2 mg</i> | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>alprazolam oral tablet extended release 24 hr 0.5 mg, 3 mg</i> | 1 | |
| <i>alprazolam oral tablet extended release 24 hr 1 mg, 2 mg</i> | 2 | |
| <i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg</i> | 1 | |
| <i>alprazolam oral tablet, disintegrating 1 mg, 2 mg</i> | 2 | |
| <i>amitriptyline oral tablet 10 mg, 25 mg</i> | 1 | |
| <i>amitriptyline oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i> | 2 | |
| <i>amitriptyline-chlordiazepoxide oral tablet</i> | 1 | |
| <i>amoxapine oral tablet</i> | 2 | |
| <i>amphetamine sulfate oral tablet</i> | 2 | PA |
| ANAFRANIL ORAL CAPSULE | 4 | |
| <i>aripiprazole oral solution</i> | 2 | |
| <i>aripiprazole oral tablet</i> | 2 | QL |
| <i>aripiprazole oral tablet, disintegrating</i> | 2 | QL |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| ARISTADA INITIO INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING | 3 | |
| ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING | 3 | |
| <i>armodafinil oral tablet</i> | 2 | PA; QL |
| <i>asenapine maleate sublingual tablet</i> | 2 | QL |
| ATIVAN ORAL TABLET | 4 | |
| <i>atomoxetine oral capsule</i> | 2 | PA |
| AUVELITY ORAL TABLET, IR AND ER, BIPHASIC | 4 | ST; QL |
| AZSTARYS ORAL CAPSULE | 3 | ST |
| BELSOMRA ORAL TABLET | 4 | PA; QL |
| <i>bupropion hcl oral tablet</i> | 2 | |
| <i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> | 2 | QL |
| <i>bupropion hcl oral tablet sustained-release 12 hr</i> | 2 | QL |
| <i>bupirone oral tablet</i> | 2 | |
| CAPLYTA ORAL CAPSULE | 4 | QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>chlordiazepoxide hcl oral capsule</i> | 1 | |
| <i>chlorpromazine oral concentrate</i> | 2 | |
| <i>chlorpromazine oral tablet</i> | 2 | |
| <i>citalopram oral solution</i> | 2 | HSA+ |
| <i>citalopram oral tablet</i> | 2 | HSA+; QL |
| <i>clomipramine oral capsule</i> | 2 | |
| <i>clonidine hcl oral tablet extended release 12 hr</i> | 2 | PA |
| <i>clorazepate dipotassium oral tablet</i> | 2 | |
| <i>clozapine oral tablet</i> | 2 | |
| <i>clozapine oral tablet, disintegrating</i> | 2 | |
| CLOZARIL ORAL TABLET 100 MG, 25 MG | 4 | |
| COTEMPLA XR-ODT ORAL TABLET, DISINTEGRATING BIPHASE 24H | 4 | ST |
| DAYTRANA TRANSDERMAL PATCH 24 HOUR | 4 | ST |
| DAYVIGO ORAL TABLET | 4 | PA; QL |
| <i>desipramine oral tablet</i> | 2 | |
| DESOXYN ORAL TABLET | 4 | PA |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| DESVENLAFAXIN E ORAL TABLET EXTENDED RELEASE 24 HR | 4 | ST; QL |
| <i>desvenlafaxine succinate oral tablet extended release 24 hr</i> | 2 | ST; HSA+; QL |
| DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG | 4 | ST |
| <i>dexmethylphenidate oral capsule, er biphasic 50-50</i> | 2 | PA |
| <i>dexmethylphenidate oral tablet</i> | 2 | PA |
| <i>dextroamphetamine sulfate oral capsule, extended release</i> | 2 | PA |
| <i>dextroamphetamine sulfate oral solution</i> | 2 | PA |
| <i>dextroamphetamine sulfate oral tablet</i> | 2 | PA |
| <i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr</i> | 2 | PA |
| <i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i> | 2 | PA |
| <i>dextroamphetamine-amphetamine oral tablet</i> | 2 | PA |
| <i>diazepam intensol oral concentrate</i> | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i> | 1 | |
| <i>diazepam oral tablet</i> | 1 | |
| <i>doxepin oral capsule</i> | 2 | HSA+ |
| <i>doxepin oral concentrate</i> | 2 | HSA+ |
| <i>doxepin oral tablet</i> | 2 | PA; HSA+; QL |
| <i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i> | 2 | HSA+; QL |
| <i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i> | 2 | ST; HSA+; QL |
| EDLUAR SUBLINGUAL TABLET | 4 | PA; QL |
| EMSAM TRANSDERMAL PATCH 24 HOUR | 4 | |
| <i>ergoloid oral tablet</i> | 1 | |
| <i>escitalopram oxalate oral solution</i> | 2 | ST; HSA+ |
| <i>escitalopram oxalate oral tablet</i> | 2 | HSA+; QL |
| <i>estazolam oral tablet</i> | 1 | |
| <i>eszopiclone oral tablet</i> | 2 | QL |
| FANAPT ORAL TABLET | 4 | QL |
| FANAPT ORAL TABLETS, DOSE PACK | 4 | QL |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26) | 3 | ST; QL |
| FETZIMA ORAL CAPSULE, EXTEN DED RELEASE 24 HR | 3 | ST; QL |
| <i>fluoxetine oral capsule 10 mg, 40 mg</i> | 2 | HSA+; QL |
| <i>fluoxetine oral capsule 20 mg</i> | 2 | HSA+ |
| <i>fluoxetine oral capsule, delayed release(dr/ec)</i> | 2 | ST; QL |
| <i>fluoxetine oral solution</i> | 2 | HSA+ |
| <i>fluoxetine oral tablet 10 mg</i> | 2 | ST; QL |
| <i>fluoxetine oral tablet 20 mg, 60 mg</i> | 2 | ST |
| <i>fluphenazine hcl oral concentrate</i> | 2 | |
| <i>fluphenazine hcl oral elixir</i> | 2 | |
| <i>fluphenazine hcl oral tablet</i> | 2 | |
| <i>flurazepam oral capsule</i> | 2 | |
| <i>fluvoxamine oral capsule, extended release 24hr</i> | 2 | ST; QL |
| <i>fluvoxamine oral tablet</i> | 2 | HSA+; QL |
| GEODON ORAL CAPSULE | 4 | QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>guanfacine oral tablet extended release 24 hr</i> | 2 | PA; HSA+ |
| HALCION ORAL TABLET 0.25 MG | 4 | |
| <i>haloperidol lactate oral concentrate</i> | 1 | |
| <i>haloperidol oral tablet</i> | 1 | |
| HETLIOZ LQ ORAL SUSPENSION | 5 | PA; MSP; QL |
| HETLIOZ ORAL CAPSULE | 5 | PA; MSP; QL |
| IGALMI SUBLINGUAL FILM | 4 | |
| <i>imipramine hcl oral tablet</i> | 2 | |
| <i>imipramine pamoate oral capsule</i> | 2 | |
| INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 6 MG, 9 MG | 4 | QL |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE | 4 | |
| JORNAY PM ORAL CAPSULE, DEL REL, EXT REL SPRINK | 4 | ST |
| <i>lisdexamfetamine oral capsule</i> | 2 | PA |
| <i>lisdexamfetamine oral tablet, chewable</i> | 2 | PA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>lithium carbonate oral capsule</i> | 1 | HSA+ |
| <i>lithium carbonate oral tablet</i> | 1 | HSA+ |
| <i>lithium carbonate oral tablet extended release</i> | 1 | HSA+ |
| <i>lithium citrate oral solution</i> | 2 | |
| LITHOBID ORAL TABLET EXTENDED RELEASE | 4 | |
| <i>lorazepam intensol oral concentrate</i> | 1 | |
| <i>lorazepam oral concentrate</i> | 1 | |
| <i>lorazepam oral tablet</i> | 2 | |
| <i>loxapine succinate oral capsule</i> | 2 | |
| LUMRYZ ORAL EXTEND RELEASE GRANULES, PACKET | 5 | ST; MSP; QL |
| LUMRYZ STARTER PACK ORAL GRANULES PACKET, DOSE PACK | 5 | ST |
| <i>lurasidone oral tablet</i> | 2 | QL |
| LYBALVI ORAL TABLET | 4 | QL |
| MARPLAN ORAL TABLET | 4 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70 | 4 | ST |
| <i>methamphetamine oral tablet</i> | 2 | PA |
| METHYLIN ORAL SOLUTION | 4 | PA |
| <i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60</i> | 2 | ST |
| <i>methylphenidate hcl oral capsule, er biphasic 30-70</i> | 2 | PA |
| <i>methylphenidate hcl oral capsule,er biphasic 50-50</i> | 2 | PA |
| <i>methylphenidate hcl oral solution</i> | 2 | PA |
| <i>methylphenidate hcl oral tablet</i> | 2 | PA |
| <i>methylphenidate hcl oral tablet extended release</i> | 2 | PA |
| <i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i> | 2 | PA |
| <i>methylphenidate hcl oral tablet,chewable</i> | 2 | PA |
| <i>methylphenidate transdermal patch 24 hour</i> | 2 | ST |
| <i>midazolam oral syrup 2 mg/ml</i> | 2 | |
| <i>mirtazapine oral tablet</i> | 2 | HSA+ |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>mirtazapine oral tablet,disintegrating</i> | 2 | HSA+ |
| MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE | 4 | |
| <i>modafinil oral tablet</i> | 2 | PA; QL |
| <i>molindone oral tablet</i> | 2 | |
| MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR | 4 | ST |
| NARDIL ORAL TABLET | 4 | |
| <i>nefazodone oral tablet</i> | 2 | |
| <i>nortriptyline oral capsule</i> | 1 | HSA+ |
| <i>nortriptyline oral solution</i> | 2 | HSA+ |
| NUPLAZID ORAL CAPSULE | 5 | PA; MSP; QL |
| NUPLAZID ORAL TABLET | 5 | PA; MSP; QL |
| <i>olanzapine oral tablet</i> | 1 | HSA+; QL |
| <i>olanzapine oral tablet,disintegrating</i> | 2 | QL |
| <i>olanzapine-fluoxetine oral capsule</i> | 2 | |
| <i>oxazepam oral capsule</i> | 2 | |
| <i>paliperidone oral tablet extended release 24hr</i> | 2 | QL |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| PAMELOR ORAL CAPSULE | 4 | |
| PARNATE ORAL TABLET | 4 | |
| <i>paroxetine hcl oral suspension</i> | 2 | ST; HSA+ |
| <i>paroxetine hcl oral tablet</i> | 2 | HSA+; QL |
| <i>paroxetine hcl oral tablet extended release 24 hr</i> | 2 | ST; QL |
| <i>paroxetine mesylate(menop.sym) oral capsule</i> | 2 | ST; QL |
| PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR | 4 | ST; QL |
| PAXIL ORAL SUSPENSION | 4 | ST |
| PAXIL ORAL TABLET | 4 | ST; QL |
| <i>perphenazine oral tablet</i> | 2 | |
| <i>perphenazine-amitriptyline oral tablet</i> | 2 | |
| <i>phenelzine oral tablet</i> | 2 | |
| <i>pimozide oral tablet</i> | 2 | |
| <i>procentra oral solution</i> | 2 | PA |
| <i>protriptyline oral tablet</i> | 2 | |
| QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR | 4 | ST |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> | 2 | QL |
| <i>quetiapine oral tablet extended release 24 hr</i> | 2 | QL |
| QUVIVIQ ORAL TABLET | 4 | PA; QL |
| <i>ramelteon oral tablet</i> | 2 | QL |
| REMERON ORAL TABLET 15 MG, 30 MG | 4 | |
| REMERON SOLTAB ORAL TABLET,DISINTEGRATING | 4 | |
| RESTORIL ORAL CAPSULE | 4 | |
| REXULTI ORAL TABLET | 4 | QL |
| RISPERDAL ORAL SOLUTION | 4 | |
| RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG | 4 | QL |
| <i>risperidone oral solution</i> | 2 | HSA+ |
| <i>risperidone oral tablet</i> | 2 | HSA+; QL |
| <i>risperidone oral tablet,disintegrating</i> | 2 | QL |
| SECUADO TRANSDERMAL PATCH 24 HOUR | 4 | QL |
| <i>sertraline oral concentrate</i> | 2 | HSA+ |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>sertraline oral tablet</i> | 2 | HSA+; QL |
| SILENOR ORAL TABLET | 4 | PA; QL |
| SODIUM OXYBATE ORAL SOLUTION | 5 | ST; QL |
| SUNOSI ORAL TABLET | 3 | PA; QL |
| SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG | 4 | |
| <i>tasimelteon oral capsule</i> | 5 | PA; MSP; QL |
| <i>temazepam oral capsule</i> | 1 | |
| <i>thioridazine oral tablet</i> | 1 | |
| <i>thiothixene oral capsule</i> | 2 | |
| <i>tranlycypromine oral tablet</i> | 2 | |
| <i>trazodone oral tablet</i> | 2 | HSA+ |
| <i>triazolam oral tablet</i> | 1 | |
| <i>trifluoperazine oral tablet</i> | 1 | |
| <i>trimipramine oral capsule</i> | 2 | |
| TRINTELLIX ORAL TABLET | 4 | ST; QL |
| <i>venlafaxine oral capsule, extended release 24hr</i> | 1 | HSA+; QL |
| <i>venlafaxine oral tablet</i> | 2 | HSA+; QL |
| <i>venlafaxine oral tablet extended release 24hr</i> | 2 | PA; HSA+; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| VERSACLOZ ORAL SUSPENSION | 4 | |
| <i>vilazodone oral tablet</i> | 2 | ST; QL |
| VRAYLAR ORAL CAPSULE | 4 | QL |
| VYLEESI SUBCUTANEOUS AUTO-INJECTOR | 5 | PA; QL |
| VYVANSE ORAL CAPSULE | 4 | ST |
| VYVANSE ORAL TABLET, CHEWABLE | 3 | ST |
| WAKIX ORAL TABLET | 5 | PA; MSP; QL |
| XYWAV ORAL SOLUTION | 5 | ST; QL |
| <i>zaleplon oral capsule</i> | 2 | QL |
| <i>zenedi oral tablet 10 mg, 5 mg</i> | 2 | PA |
| ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG | 4 | PA |
| <i>ziprasidone hcl oral capsule</i> | 2 | QL |
| <i>zolpidem oral tablet</i> | 2 | QL |
| <i>zolpidem oral tablet, ext release multiphase</i> | 2 | QL |
| <i>zolpidem sublingual tablet</i> | 2 | QL |
| ZURZUVAE ORAL CAPSULE | 5 | QL |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| ZYPREXA ORAL TABLET | 4 | QL |
| ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING | 4 | QL |

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ANTIARRHYTHMIC AGENTS

| | | |
|---|---|----|
| <i>amiodarone oral tablet</i> | 2 | |
| BETAPACE AF ORAL TABLET | 4 | ST |
| BETAPACE ORAL TABLET | 4 | ST |
| <i>disopyramide phosphate oral capsule</i> | 2 | |
| <i>dofetilide oral capsule</i> | 2 | |
| <i>flecainide oral tablet</i> | 2 | |
| <i>mexiletine oral capsule</i> | 2 | |
| MULTAQ ORAL TABLET | 3 | |
| <i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i> | 2 | |
| <i>propafenone oral capsule,extended release 12 hr</i> | 2 | |
| <i>propafenone oral tablet</i> | 2 | |
| <i>quinidine gluconate oral tablet extended release</i> | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>quinidine sulfate oral tablet 200 mg</i> | 1 | |
| <i>quinidine sulfate oral tablet 300 mg</i> | 2 | |
| <i>sotalol af oral tablet</i> | 2 | |
| <i>sotalol oral tablet</i> | 2 | |
| SOTYLIZE ORAL SOLUTION | 3 | |

ANTIHYPERTENSIVE THERAPY

| | | |
|--|---|------------|
| ACCUPRIL ORAL TABLET | 4 | |
| ACCURETIC ORAL TABLET | 4 | |
| <i>acebutolol oral capsule</i> | 1 | CISP; HSA+ |
| ALDACTONE ORAL TABLET | 4 | |
| <i>aliskiren oral tablet</i> | 2 | |
| ALTACE ORAL CAPSULE | 4 | |
| <i>amiloride oral tablet</i> | 2 | |
| <i>amiloride-hydrochlorothiazide oral tablet</i> | 2 | |
| <i>amlodipine oral tablet 10 mg, 5 mg</i> | 2 | CISP; HSA+ |
| <i>amlodipine oral tablet 2.5 mg</i> | 1 | CISP; HSA+ |
| <i>amlodipine-benazepril oral capsule</i> | 2 | CISP; HSA+ |
| <i>amlodipine-olmesartan oral tablet</i> | 2 | CISP; HSA+ |
| <i>amlodipine-valsartan oral tablet</i> | 2 | CISP; HSA+ |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>amlodipine-valsartan-hcthiaazid oral tablet</i> | 2 | HSA+ |
| <i>atenolol oral tablet</i> | 1 | CISP; HSA+ |
| <i>atenolol-chlorthalidone oral tablet</i> | 2 | CISP; HSA+ |
| <i>benazepril oral tablet</i> | 2 | CISP; HSA+ |
| <i>benazepril-hydrochlorothiazide oral tablet</i> | 1 | CISP; HSA+ |
| <i>betaxolol oral tablet</i> | 2 | CISP; HSA+ |
| <i>bisoprolol fumarate oral tablet</i> | 2 | CISP; HSA+ |
| <i>bisoprolol-hydrochlorothiazide oral tablet</i> | 2 | CISP; HSA+ |
| <i>bumetanide oral tablet</i> | 2 | |
| <i>candesartan oral tablet</i> | 2 | CISP; HSA+ |
| <i>candesartan-hydrochlorothiazid oral tablet</i> | 2 | CISP; HSA+ |
| <i>captopril oral tablet</i> | 2 | CISP; HSA+ |
| <i>captopril-hydrochlorothiazide oral tablet</i> | 2 | CISP; HSA+ |
| CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR | 4 | |
| CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR | 4 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG | 4 | |
| CARDURA ORAL TABLET | 4 | ST; QL |
| CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR | 4 | ST; QL |
| <i>cartia xt oral capsule,extended release 24hr</i> | 2 | CISP; HSA+ |
| <i>carvedilol oral tablet</i> | 1 | CISP; HSA+ |
| <i>carvedilol phosphate oral capsule, er multiphase 24 hr</i> | 2 | |
| CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY | 4 | QL |
| CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY | 4 | QL |
| CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY | 4 | QL |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i> | 2 | CISP; HSA+ |
| <i>clonidine hcl oral tablet</i> | 1 | CISP; HSA+ |
| <i>clonidine transdermal patch weekly</i> | 2 | QL |
| CONSENSI ORAL TABLET | 4 | PA |
| COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR | 4 | ST |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| DEMSER ORAL CAPSULE | 4 | PA |
| DIBENZYLINE ORAL CAPSULE | 4 | PA |
| <i>diltiazem hcl oral capsule,ext.rel 24h degradable</i> | 2 | CISP; HSA+ |
| <i>diltiazem hcl oral capsule,extended release 12 hr</i> | 2 | CISP; HSA+ |
| <i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> | 2 | CISP; HSA+ |
| <i>diltiazem hcl oral capsule,extended release 24hr</i> | 2 | CISP; HSA+ |
| <i>diltiazem hcl oral tablet</i> | 2 | CISP; HSA+ |
| <i>diltiazem hcl oral tablet extended release 24 hr</i> | 2 | CISP; HSA+ |
| <i>dilt-xr oral capsule,ext.rel 24h degradable</i> | 2 | CISP; HSA+ |
| DIURIL ORAL SUSPENSION | 4 | |
| <i>doxazosin oral tablet</i> | 2 | QL |
| DYRENIUM ORAL CAPSULE | 4 | |
| EDECRIN ORAL TABLET | 4 | ST |
| <i>enalapril maleate oral solution</i> | 2 | HSA+ |
| <i>enalapril maleate oral tablet</i> | 2 | CISP; HSA+ |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>enalapril-hydrochlorothiazide oral tablet</i> | 2 | CISP; HSA+ |
| <i>eplerenone oral tablet</i> | 2 | CISP; HSA+ |
| <i>eprosartan oral tablet</i> | 2 | CISP; HSA+ |
| <i>ethacrynic acid oral tablet</i> | 2 | |
| <i>felodipine oral tablet extended release 24 hr</i> | 2 | CISP; HSA+ |
| <i>fosinopril oral tablet</i> | 2 | CISP; HSA+ |
| <i>fosinopril-hydrochlorothiazide oral tablet</i> | 2 | CISP; HSA+ |
| <i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i> | 1 | CISP; HSA+ |
| <i>furosemide oral tablet</i> | 1 | CISP; HSA+ |
| <i>guanfacine oral tablet</i> | 1 | |
| <i>hydralazine oral tablet</i> | 2 | CISP; HSA+ |
| <i>hydrochlorothiazide oral capsule</i> | 2 | CISP; HSA+ |
| <i>hydrochlorothiazide oral tablet</i> | 1 | CISP; HSA+ |
| <i>indapamide oral tablet</i> | 1 | CISP; HSA+ |
| INSPRA ORAL TABLET | 4 | |
| <i>irbesartan oral tablet</i> | 2 | CISP; HSA+ |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>irbesartan-hydrochlorothiazide oral tablet</i> | 2 | CISP; HSA+ |
| <i>isosorbide-hydralazine oral tablet</i> | 2 | |
| <i>isradipine oral capsule</i> | 2 | CISP; HSA+ |
| KERENDIA ORAL TABLET | 3 | PA; QL |
| <i>labetalol oral tablet</i> | 2 | CISP; HSA+ |
| LASIX ORAL TABLET | 4 | ST |
| <i>lisinopril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> | 2 | CISP; HSA+ |
| <i>lisinopril oral tablet 2.5 mg, 30 mg</i> | 1 | CISP; HSA+ |
| <i>lisinopril-hydrochlorothiazide oral tablet</i> | 2 | CISP; HSA+ |
| LOPRESSOR ORAL TABLET | 4 | ST |
| <i>losartan oral tablet</i> | 2 | CISP; HSA+ |
| <i>losartan-hydrochlorothiazide oral tablet</i> | 2 | CISP; HSA+ |
| LOTENSIN HCT ORAL TABLET | 4 | |
| LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG | 4 | |
| <i>matzim la oral tablet extended release 24 hr</i> | 2 | CISP; HSA+ |
| <i>methyldopa oral tablet</i> | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>methyldopa-hydrochlorothiazide oral tablet</i> | 1 | CISP; HSA+ |
| <i>metolazone oral tablet</i> | 2 | CISP; HSA+ |
| <i>metoprolol succinate oral tablet extended release 24 hr</i> | 2 | CISP; HSA+ |
| <i>metoprolol ta-hydrochlorothiaz oral tablet</i> | 2 | CISP; HSA+ |
| <i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> | 2 | CISP; HSA+ |
| <i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg</i> | 1 | CISP; HSA+ |
| <i>metyrosine oral capsule</i> | 2 | PA |
| <i>minoxidil oral tablet</i> | 2 | |
| <i>moexipril oral tablet</i> | 2 | CISP; HSA+ |
| <i>nadolol oral tablet</i> | 2 | CISP; HSA+ |
| <i>nebivolol oral tablet</i> | 2 | CISP; HSA+ |
| <i>nicardipine oral capsule</i> | 2 | CISP; HSA+ |
| <i>nifedipine oral capsule</i> | 2 | CISP; HSA+ |
| <i>nifedipine oral tablet extended release</i> | 2 | CISP; HSA+ |
| <i>nifedipine oral tablet extended release 24hr</i> | 2 | CISP; HSA+ |
| <i>nimodipine oral capsule</i> | 2 | |
| <i>nisoldipine oral tablet extended release 24 hr</i> | 2 | CISP; HSA+ |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| NYMALIZE ORAL SOLUTION | 4 | |
| NYMALIZE ORAL SYRINGE | 4 | |
| <i>olmesartan oral tablet</i> | 1 | CISP; HSA+ |
| <i>olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg</i> | 1 | CISP; HSA+ |
| <i>olmesartan-amlodipin-hcthiazid oral tablet 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg</i> | 2 | CISP; HSA+ |
| <i>olmesartan-amlodipin-hcthiazid oral tablet 40-5-25 mg</i> | 2 | HSA+ |
| <i>olmesartan-hydrochlorothiazide oral tablet</i> | 1 | CISP; HSA+ |
| ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK | 5 | PA; MSP; QL |
| ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK | 5 | PA; MSP; QL |
| ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK | 5 | PA; MSP; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| ORENITRAM ORAL TABLET EXTENDED RELEASE | 5 | PA; MSP; QL |
| <i>perindopril erbumine oral tablet</i> | 2 | CISP; HSA+ |
| <i>phenoxybenzamine oral capsule</i> | 2 | PA |
| <i>pindolol oral tablet</i> | 2 | CISP; HSA+ |
| <i>prazosin oral capsule</i> | 2 | |
| PRESTALIA ORAL TABLET | 4 | ST |
| PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR | 4 | PA |
| <i>propranolol oral capsule,extended release 24 hr</i> | 2 | CISP; HSA+ |
| <i>propranolol oral solution</i> | 1 | CISP; HSA+ |
| <i>propranolol oral tablet</i> | 1 | CISP; HSA+ |
| <i>propranolol-hydrochlorothiazid oral tablet</i> | 2 | CISP; HSA+ |
| <i>quinapril oral tablet</i> | 2 | CISP; HSA+ |
| <i>quinapril-hydrochlorothiazide oral tablet</i> | 2 | CISP; HSA+ |
| <i>ramipril oral capsule</i> | 2 | CISP; HSA+ |
| <i>spironolactone oral suspension</i> | 2 | CISP; HSA+ |
| <i>spironolactone oral tablet 100 mg</i> | 2 | CISP-1; HSA+ |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>spironolactone oral tablet 25 mg, 50 mg</i> | 1 | CISP; HSA+ |
| <i>spironolacton-hydrochlorothiaz oral tablet</i> | 1 | CISP; HSA+ |
| SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG | 4 | PA |
| <i>telmisartan oral tablet</i> | 2 | CISP; HSA+ |
| <i>telmisartan-amlodipine oral tablet</i> | 2 | CISP; HSA+ |
| <i>telmisartan-hydrochlorothiazid oral tablet</i> | 2 | CISP; HSA+ |
| TENORETIC 100 ORAL TABLET | 4 | ST |
| TENORETIC 50 ORAL TABLET | 4 | ST |
| TENORMIN ORAL TABLET | 4 | ST |
| <i>terazosin oral capsule</i> | 2 | QL |
| <i>tiadylt er oral capsule,extended release 24 hr</i> | 2 | CISP; HSA+ |
| TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR | 4 | |
| <i>timolol maleate oral tablet</i> | 2 | CISP; HSA+ |
| <i>torse mide oral tablet 10 mg, 100 mg, 5 mg</i> | 2 | CISP; HSA+ |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>torse mide oral tablet 20 mg</i> | 1 | CISP; HSA+ |
| <i>trandolapril oral tablet</i> | 2 | CISP; HSA+ |
| <i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr</i> | 2 | CISP; HSA+ |
| <i>triamterene oral capsule</i> | 2 | |
| <i>triamterene-hydrochlorothiazid oral capsule</i> | 2 | CISP; HSA+ |
| <i>triamterene-hydrochlorothiazid oral tablet</i> | 2 | CISP; HSA+ |
| UPTRAVI ORAL TABLET | 5 | PA; MSP; QL |
| UPTRAVI ORAL TABLETS,DOSE PACK | 5 | PA; MSP; QL |
| <i>valsartan oral tablet</i> | 2 | CISP; HSA+ |
| <i>valsartan-hydrochlorothiazide oral tablet</i> | 2 | CISP; HSA+ |
| VASERETIC ORAL TABLET | 4 | |
| VASOTEC ORAL TABLET | 4 | |
| <i>verapamil oral capsule, 24 hr er pellet ct</i> | 2 | CISP; HSA+ |
| <i>verapamil oral capsule,ext rel. pellets 24 hr</i> | 2 | CISP; HSA+ |
| <i>verapamil oral tablet</i> | 1 | CISP; HSA+ |
| <i>verapamil oral tablet extended release</i> | 2 | CISP; HSA+ |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| VERELAN PM ORAL CAPSULE, 24 HR ER PELLETT CT | 4 | PA |
| ZESTORETIC ORAL TABLET | 4 | |
| ZESTRIL ORAL TABLET | 4 | |
| CARDIAC GLYCOSIDES | | |
| <i>digoxin oral solution</i> | 2 | HSA+ |
| <i>digoxin oral tablet</i> | 2 | HSA+ |
| LANOXIN ORAL TABLET | 4 | |
| COAGULATION THERAPY | | |
| ADVATE INTRAVENOUS RECON SOLN | 5 | PA; MSP |
| ADYNOVATE INTRAVENOUS SOLUTION | 5 | PA; MSP |
| AFSTYLA INTRAVENOUS RECON SOLN | 5 | PA; MSP |
| ALPROLIX INTRAVENOUS RECON SOLN | 5 | PA; MSP |
| ALTUVIIIIO INTRAVENOUS RECON SOLN | 5 | PA; MSP |
| AMICAR ORAL SOLUTION | 4 | |
| AMICAR ORAL TABLET | 4 | |
| <i>aminocaproic acid oral solution</i> | 2 | |
| <i>aminocaproic acid oral tablet</i> | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| ARIXTRA SUBCUTANEOUS SYRINGE | 5 | SP |
| <i>aspirin-dipyridamole oral capsule, er multiphase 12 hr</i> | 2 | HSA+ |
| BENEFIX INTRAVENOUS RECON SOLN | 5 | PA; MSP |
| BRILINTA ORAL TABLET | 3 | |
| CABLIVI INJECTION KIT | 5 | |
| CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN | 5 | PA; MSP |
| CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN | 5 | PA; MSP |
| <i>cilostazol oral tablet</i> | 1 | |
| <i>clopidogrel oral tablet</i> | 2 | CISP; HSA+ |
| COAGADEX INTRAVENOUS RECON SOLN | 5 | PA; MSP |
| <i>dabigatran etexilate oral capsule</i> | 2 | HSA+ |
| <i>dipyridamole oral tablet</i> | 2 | HSA+ |
| DOPTELET (15 TAB PACK) ORAL TABLET | 5 | MSP; QL |
| EFFIENT ORAL TABLET | 4 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK | 3 | |
| ELIQUIS ORAL TABLET | 3 | |
| ELOCTATE INTRAVENOUS RECON SOLN | 5 | PA; MSP |
| <i>enoxaparin subcutaneous solution</i> | 5 | SP |
| <i>enoxaparin subcutaneous syringe</i> | 5 | SP |
| ESPEROCT INTRAVENOUS RECON SOLN | 5 | PA; MSP |
| <i>fondaparinux subcutaneous syringe</i> | 5 | SP |
| FRAGMIN SUBCUTANEOUS SOLUTION | 5 | SP |
| FRAGMIN SUBCUTANEOUS SYRINGE | 5 | SP |
| HEMLIBRA SUBCUTANEOUS SOLUTION | 5 | PA; MSP |
| <i>hep flush-10 (pf) intravenous solution</i> | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| HEPARIN (PORCINE) IN 0.9% NACL INTRAVENOUS PARENTERAL SOLUTION 2,500 UNIT/500 ML (5 UNIT/ML), 30,000 UNIT/1,000 ML, 5,000 UNIT/1,000 ML, 5,000 UNIT/500 ML (10 UNIT/ML) | 4 | |
| <i>heparin (porcine) in 5 % dex intravenous parenteral solution</i> | 1 | |
| <i>heparin (porcine) in nacl (pf) intravenous parenteral solution</i> | 1 | |
| HEPARIN (PORCINE) IN NACL (PF) INTRAVENOUS SYRINGE | 4 | |
| <i>heparin (porcine) injection cartridge</i> | 1 | |
| <i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml</i> | 1 | |
| <i>heparin (porcine) injection solution 5,000 unit/ml</i> | 2 | |
| <i>heparin (porcine) injection syringe 5,000 unit/ml</i> | 2 | |
| <i>heparin lock flush (porcine) intravenous solution</i> | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>heparin lockflush(porcine)(pf) intravenous syringe 10 unit/ml</i> | 1 | |
| <i>heparin lockflush(porcine)(pf) intravenous syringe 100 unit/ml</i> | 2 | |
| HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML | 4 | |
| <i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i> | 1 | |
| <i>heparin, porcine (pf) injection solution 1,000 unit/ml</i> | 1 | |
| <i>heparin, porcine (pf) injection solution 5,000 unit/0.5 ml</i> | 2 | |
| <i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i> | 1 | |
| HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML | 4 | |
| <i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i> | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml</i> | 2 | |
| HEPARIN, PORCINE (PF) SUBCUTANEOUS SYRINGE | 4 | |
| IDELVION INTRAVENOUS RECON SOLN | 5 | PA; MSP |
| <i>jantoven oral tablet</i> | 1 | HSA+ |
| JIVI INTRAVENOUS RECON SOLN | 5 | PA; MSP |
| KOGENATE FS INTRAVENOUS RECON SOLN | 5 | PA |
| KOVALTRY INTRAVENOUS RECON SOLN | 5 | PA; MSP |
| NOVOEIGHT INTRAVENOUS RECON SOLN | 5 | PA; MSP |
| <i>pentoxifylline oral tablet extended release</i> | 1 | |
| PHYTONADIONE (VITAMIN K1) INJECTION SOLUTION 1 MG/0.5 ML | 3 | |
| <i>phytonadione (vitamin k1) injection solution 10 mg/ml</i> | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| PHYTONADIONE (VITAMIN K1) INJECTION SYRINGE | 3 | |
| <i>phytonadione (vitamin k1) oral tablet 5 mg</i> | 2 | QL |
| <i>prasugrel oral tablet</i> | 2 | HSA+ |
| PROMACTA ORAL POWDER IN PACKET | 5 | MSP |
| PROMACTA ORAL TABLET | 5 | MSP |
| SEVENFACT INTRAVENOUS RECON SOLN | 5 | PA; MSP |
| TAVALISSE ORAL TABLET | 5 | QL |
| TRETTEN INTRAVENOUS RECON SOLN | 5 | PA; MSP |
| <i>vitamin k injection solution</i> | 2 | |
| <i>vitamin k1 injection solution</i> | 2 | |
| VONVENDI INTRAVENOUS RECON SOLN | 5 | PA; MSP |
| <i>warfarin oral tablet 1 mg, 7.5 mg</i> | 2 | HSA+ |
| <i>warfarin oral tablet 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg</i> | 1 | HSA+ |
| WILATE INTRAVENOUS RECON SOLN | 5 | PA; MSP |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK | 3 | |
| XARELTO ORAL SUSPENSION FOR RECONSTITUTION | 3 | |
| XARELTO ORAL TABLET | 3 | |
| XYNTHA INTRAVENOUS SOLUTION | 5 | PA; MSP |
| XYNTHA SOLOFUSE INTRAVENOUS SYRINGE | 5 | PA; MSP |
| ZONTIVITY ORAL TABLET | 4 | PA |
| LIPID/CHOLESTEROL LOWERING AGENTS | | |
| <i>amlodipine-atorvastatin oral tablet</i> | 2 | CISP; HSA+; QL |
| <i>atorvastatin oral tablet 10 mg, 20 mg</i> | 1 | CISP; HSA+; ACA; QL |
| <i>atorvastatin oral tablet 40 mg, 80 mg</i> | 2 | CISP; HSA+; QL |
| CADUET ORAL TABLET | 4 | ST; QL |
| <i>cholestyramine (with sugar) oral powder</i> | 2 | CISP; HSA+ |
| <i>cholestyramine (with sugar) oral powder in packet</i> | 2 | CISP; HSA+ |
| <i>cholestyramine light oral powder</i> | 2 | CISP; HSA+ |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>cholestyramine light oral powder in packet</i> | 2 | CISP; HSA+ |
| <i>colesevelam oral powder in packet</i> | 2 | |
| <i>colesevelam oral tablet</i> | 2 | |
| COLESTID ORAL GRANULES | 4 | ST |
| COLESTID ORAL TABLET | 4 | ST |
| <i>colestipol oral granules</i> | 2 | HSA+ |
| <i>colestipol oral packet</i> | 2 | HSA+ |
| <i>colestipol oral tablet</i> | 2 | CISP; HSA+ |
| <i>ezetimibe oral tablet</i> | 2 | CISP; HSA+ |
| <i>ezetimibe-simvastatin oral tablet</i> | 2 | CISP; HSA+; QL |
| <i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i> | 2 | CISP; HSA+ |
| <i>fenofibrate nanocrystallized oral tablet</i> | 2 | CISP; HSA+ |
| <i>fenofibrate oral tablet 120 mg</i> | 2 | PA; CISP; HSA+ |
| <i>fenofibrate oral tablet 160 mg, 54 mg</i> | 2 | CISP; HSA+ |
| <i>fenofibrate oral tablet 40 mg</i> | 2 | ST; CISP; HSA+ |
| <i>fenofibric acid (choline) oral capsule, delayed release(dr/ec)</i> | 2 | CISP; HSA+ |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>fenofibric acid oral tablet</i> | 2 | HSA+ |
| FENOGLIDE ORAL TABLET | 4 | ST |
| FIBRICOR ORAL TABLET | 4 | ST |
| FLOLIPID ORAL SUSPENSION | 4 | ST; QL |
| <i>fluvastatin oral capsule</i> | 2 | CISP; HSA+; ACA; QL |
| <i>fluvastatin oral tablet extended release 24 hr</i> | 2 | CISP; HSA+; ACA; QL |
| <i>gemfibrozil oral tablet</i> | 2 | CISP; HSA+ |
| <i>icosapent ethyl oral capsule</i> | 2 | PA; HSA+ |
| JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 5 MG | 5 | PA; MSP |
| LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR | 4 | ST; QL |
| LIVALO ORAL TABLET | 4 | ST; QL |
| LOPID ORAL TABLET | 4 | |
| <i>lovastatin oral tablet</i> | 1 | CISP; HSA+; ACA; QL |
| NEXLETOL ORAL TABLET | 3 | PA |
| NEXLIZET ORAL TABLET | 3 | PA |
| <i>niacin oral tablet 500 mg</i> | 2 | PA; CISP; HSA+ |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>niacin oral tablet extended release 24 hr</i> | 2 | CISP; HSA+ |
| NIACOR ORAL TABLET | 4 | PA |
| <i>omega-3 acid ethyl esters oral capsule</i> | 2 | PA |
| <i>pitavastatin calcium oral tablet</i> | 2 | CISP; HSA+; ACA; QL |
| <i>pravastatin oral tablet</i> | 1 | CISP; HSA+; ACA; QL |
| <i>prevalite oral powder</i> | 2 | CISP; HSA+ |
| <i>prevalite oral powder in packet</i> | 2 | CISP; HSA+ |
| QUESTRAN LIGHT ORAL POWDER | 4 | ST |
| QUESTRAN ORAL POWDER | 4 | ST |
| QUESTRAN ORAL POWDER IN PACKET | 4 | ST |
| REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR | 3 | PA; QL |
| REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR | 3 | PA; QL |
| REPATHA SYRINGE SUBCUTANEOUS SYRINGE | 3 | PA; QL |
| <i>rosuvastatin oral tablet 10 mg, 5 mg</i> | 2 | CISP; HSA+; ACA; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>rosuvastatin oral tablet 20 mg, 40 mg</i> | 2 | CISP; HSA+; QL |
| ROSZET ORAL TABLET | 4 | ST; QL |
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> | 2 | CISP; HSA+; ACA; QL |
| <i>simvastatin oral tablet 80 mg</i> | 2 | CISP-1; HSA+; QL |
| TRILIPIX ORAL CAPSULE,DELAY ED RELEASE(DR/EC) | 4 | ST |
| VASCEPA ORAL CAPSULE | 3 | PA |
| ZYPITAMAG ORAL TABLET | 4 | ST; QL |
| MISCELLANEOUS CARDIOVASCULAR AGENTS | | |
| CAMZYOS ORAL CAPSULE | 5 | PA; MSP; QL |
| ENTRESTO ORAL TABLET | 3 | QL |
| ENTRESTO SPRINKLE ORAL PELLET | 3 | QL |
| <i>ivabradine oral tablet</i> | 2 | PA |
| <i>ranolazine oral tablet extended release 12 hr</i> | 2 | |
| VERQUVO ORAL TABLET | 3 | QL |
| VYNDAMAX ORAL CAPSULE | 5 | PA; MSP |
| VYNDAQEL ORAL CAPSULE | 5 | PA; MSP |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| NITRATES | | |
| GONITRO SUBLINGUAL POWDER IN PACKET | 4 | |
| ISORDIL ORAL TABLET | 4 | |
| ISORDIL TITRADOSE ORAL TABLET 5 MG | 4 | |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i> | 1 | |
| <i>isosorbide dinitrate oral tablet 40 mg</i> | 2 | |
| <i>isosorbide mononitrate oral tablet</i> | 1 | |
| <i>isosorbide mononitrate oral tablet extended release 24 hr</i> | 2 | |
| <i>nitro-bid transdermal ointment</i> | 2 | |
| NITRO-DUR TRANSDERMAL PATCH 24 HOUR | 4 | |
| <i>nitroglycerin sublingual tablet</i> | 1 | |
| <i>nitroglycerin transdermal patch 24 hour</i> | 2 | |
| <i>nitroglycerin translingual spray,non-aerosol</i> | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| NITROLINGUAL TRANSLINGUAL SPRAY,NON- AEROSOL | 4 | |
| NITROMIST TRANSLINGUAL AEROSOL,SPRAY | 4 | |
| NITROSTAT SUBLINGUAL TABLET | 4 | |
| <i>nitro-time oral capsule, extended release</i> | 1 | |
| DERMATOLOGICALS/TOPICAL THERAPY | | |
| ANTIPSORIATIC / ANTISEBORRHEIC | | |
| <i>acitretin oral capsule</i> | 2 | |
| ANALPRAM-HC TOPICAL LOTION | 4 | ST |
| <i>calcipotriene scalp solution</i> | 2 | QL |
| <i>calcipotriene topical cream</i> | 2 | QL |
| <i>calcipotriene topical ointment</i> | 2 | QL |
| <i>calcipotriene- betamethasone topical ointment</i> | 2 | ST; QL |
| <i>calcipotriene- betamethasone topical suspension</i> | 2 | DAW-9; QL |
| <i>calcitriol topical ointment</i> | 2 | |
| ENSTILAR TOPICAL FOAM | 3 | ST; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| EPIFOAM TOPICAL FOAM | 4 | ST |
| <i>hydrocortisone-pramoxine topical cream 2.5-1 %</i> | 2 | ST |
| OVACE PLUS SHAMPOO TOPICAL SHAMPOO | 4 | |
| OVACE PLUS TOPICAL CLEANSER | 4 | |
| OVACE PLUS TOPICAL CREAM | 4 | |
| OVACE PLUS TOPICAL LOTION | 4 | |
| OVACE PLUS WASH TOPICAL CLEANSER, GEL | 4 | |
| OVACE TOPICAL CLEANSER | 4 | |
| PLEXION NS TOPICAL SHAMPOO | 4 | |
| PRAMOSONE TOPICAL CREAM 1-1 % | 4 | ST |
| PRAMOSONE TOPICAL LOTION | 4 | ST |
| PRAMOSONE TOPICAL OINTMENT | 4 | ST |
| <i>selenium sulfide topical lotion</i> | 1 | |
| <i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i> | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| SKYRIZI SUBCUTANEOUS PEN INJECTOR | 5 | PA; MSP; QL |
| SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML | 5 | PA; MSP; QL |
| SOTYKTU ORAL TABLET | 5 | PA; MSP; QL |
| SPEVIGO SUBCUTANEOUS SYRINGE | 5 | MSP |
| STELARA SUBCUTANEOUS SOLUTION | 5 | PA; MSP; QL |
| STELARA SUBCUTANEOUS SYRINGE | 5 | PA; MSP; QL |
| <i>sulfacetamide sodium topical cleanser</i> | 2 | |
| <i>sulfacetamide sodium topical cleanser, gel</i> | 2 | |
| <i>sulfacetamide sodium topical shampoo</i> | 1 | |
| TACLONEX TOPICAL SUSPENSION | 4 | QL |
| TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR | 5 | PA; MSP; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR | 5 | PA; MSP; QL |
| TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR | 5 | PA; MSP; QL |
| TALTZ SYRINGE SUBCUTANEOUS SYRINGE | 5 | PA; MSP; QL |
| TERSI FOAM TOPICAL FOAM | 4 | |
| TREMFYA PEN SUBCUTANEOUS PEN INJECTOR | 5 | PA; MSP |
| TREMFYA SUBCUTANEOUS AUTO-INJECTOR | 5 | PA; MSP; QL |
| TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML | 5 | PA; MSP; QL |
| TREMFYA SUBCUTANEOUS SYRINGE 200 MG/2 ML | 5 | PA; MSP |
| VECTICAL TOPICAL OINTMENT | 4 | |
| VTAMA TOPICAL CREAM | 4 | ST; QL |
| WYNZORA TOPICAL CREAM | 4 | ST; QL |
| ZORYVE TOPICAL CREAM 0.3 % | 4 | ST; QL |
| ZORYVE TOPICAL FOAM | 4 | ST; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| BURN THERAPY | | |
| SILVADENE TOPICAL CREAM | 4 | |
| <i>silver sulfadiazine topical cream</i> | 2 | |
| <i>ssd topical cream</i> | 1 | |
| MISCELLANEOUS DERMATOLOGICALS | | |
| ADBRY SUBCUTANEOUS AUTO-INJECTOR | 5 | PA; MSP; QL |
| ADBRY SUBCUTANEOUS SYRINGE | 5 | PA; MSP; QL |
| AMELUZ TOPICAL GEL | 4 | |
| <i>ammonium lactate topical cream</i> | 2 | |
| <i>ammonium lactate topical lotion</i> | 2 | |
| CANTHARIDIN IN ACETONE TOPICAL SOLUTION | 4 | |
| CIBINQO ORAL TABLET | 5 | PA; MSP; QL |
| CORTANE-B TOPICAL LOTION | 4 | |
| <i>diclofenac sodium topical gel 3 %</i> | 2 | PA; QL |
| <i>doxepin topical cream</i> | 2 | ST; HSA+; QL |
| DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR | 5 | PA; MSP; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML | 5 | PA; MSP; QL |
| EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR | 5 | PA; MSP |
| EFUDEX TOPICAL CREAM | 4 | |
| EUCRISA TOPICAL OINTMENT | 3 | PA; QL |
| FLUOROPLEX TOPICAL CREAM | 4 | |
| <i>fluorouracil topical cream 5 %</i> | 2 | |
| <i>fluorouracil topical solution</i> | 2 | |
| HYFTOR TOPICAL GEL | 5 | PA |
| IODOFLEX TOPICAL PADS, MEDICATED | 4 | |
| IODOSORB TOPICAL GEL | 4 | |
| LEVULAN TOPICAL SOLUTION | 4 | |
| <i>methoxsalen oral capsule, liqd-filled, rapid rel</i> | 2 | |
| <i>methyl salicylate oil</i> | 2 | |
| <i>methyl salicylate topical liquid</i> | 2 | |
| OPZELURA TOPICAL CREAM | 4 | PA; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| PANRETIN TOPICAL GEL | 4 | PA |
| <i>pimecrolimus topical cream</i> | 2 | PA; QL |
| <i>podofilox topical gel</i> | 1 | ST; QL |
| <i>podofilox topical solution</i> | 1 | |
| <i>prudoxin topical cream</i> | 2 | ST; QL |
| REGRANEX TOPICAL GEL | 3 | QL |
| <i>tacrolimus topical ointment</i> | 2 | PA; QL |
| TOLAK TOPICAL CREAM | 4 | |
| VALCHLOR TOPICAL GEL | 5 | PA; MSP |
| VYJUVEK TOPICAL GEL | 5 | |
| <i>wintergreen oil oil</i> | 2 | |
| YCANTH TOPICAL SOLUTION WITH APPLICATOR | 5 | MSP |
| ZONALON TOPICAL CREAM | 4 | ST; QL |
| THERAPY FOR ACNE | | |
| ABSORICA ORAL CAPSULE | 4 | ST |
| <i>accutane oral capsule</i> | 2 | |
| ACZONE TOPICAL GEL | 4 | ST |
| ACZONE TOPICAL GEL WITH PUMP | 4 | ST |
| <i>adapalene topical cream</i> | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>adapalene topical gel 0.3 %</i> | 2 | |
| <i>adapalene topical gel with pump</i> | 2 | |
| ADAPALENE TOPICAL LOTION | 4 | ST |
| <i>adapalene topical solution</i> | 2 | |
| <i>adapalene topical swab</i> | 2 | ST |
| <i>adapalene-benzoyl peroxide topical gel with pump</i> | 2 | |
| AKLIEF TOPICAL CREAM | 4 | ST |
| ALTRENO TOPICAL LOTION | 4 | |
| <i>amnesteem oral capsule</i> | 2 | |
| AMZEEQ TOPICAL FOAM | 4 | ST |
| ARAZLO TOPICAL LOTION | 4 | PA |
| AVAR LS TOPICAL CLEANSER | 4 | ST |
| <i>avar topical cleanser</i> | 2 | |
| AVAR-E TOPICAL CREAM | 4 | ST |
| <i>azelaic acid topical gel</i> | 2 | |
| AZELEX TOPICAL CREAM | 4 | ST |
| BENZAMYCIN TOPICAL GEL | 4 | ST |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| BENZEPRO (MICROSPHERES) TOPICAL CLEANSER | 4 | ST |
| <i>benzepro topical towelette</i> | 2 | |
| <i>benzoyl peroxide topical cleanser 7 %</i> | 1 | |
| <i>benzoyl peroxide topical foam</i> | 2 | |
| <i>bp 10-1 topical cleanser</i> | 2 | ST |
| <i>brimonidine topical gel with pump</i> | 2 | PA |
| <i>claravis oral capsule</i> | 2 | |
| CLEOCIN T TOPICAL LOTION | 4 | ST; QL |
| CLINDACIN ETZ TOPICAL KIT | 4 | ST |
| <i>clindacin etz topical swab</i> | 1 | |
| <i>clindacin p topical swab</i> | 1 | |
| CLINDACIN PAC TOPICAL KIT | 4 | ST |
| <i>clindacin topical foam</i> | 2 | QL |
| <i>clindamycin phosphate topical foam</i> | 2 | QL |
| <i>clindamycin phosphate topical gel</i> | 2 | QL |
| <i>clindamycin phosphate topical gel, once daily</i> | 2 | ST; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>clindamycin phosphate topical lotion</i> | 2 | QL |
| <i>clindamycin phosphate topical solution</i> | 2 | QL |
| <i>clindamycin phosphate topical swab</i> | 1 | |
| <i>clindamycin-benzoyl peroxide topical gel</i> | 2 | |
| <i>clindamycin-benzoyl peroxide topical gel with pump 1.2 %(1 % base) -3.75 %</i> | 2 | DAW-9 |
| <i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2-2.5 %</i> | 2 | |
| <i>clindamycin-tretinoin topical gel</i> | 2 | |
| <i>dapsone topical gel</i> | 2 | |
| <i>dapsone topical gel with pump</i> | 2 | DAW-9 |
| DIFFERIN TOPICAL CREAM | 4 | ST |
| DIFFERIN TOPICAL GEL WITH PUMP | 4 | ST |
| DIFFERIN TOPICAL LOTION | 4 | ST |
| EPIDUO FORTE TOPICAL GEL WITH PUMP | 4 | ST |
| EPSOLAY TOPICAL CREAM | 4 | ST |
| <i>ery pads topical swab</i> | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>erygel topical gel</i> | 2 | |
| <i>erythromycin with ethanol topical gel</i> | 2 | |
| <i>erythromycin with ethanol topical solution</i> | 2 | |
| <i>erythromycin-benzoyl peroxide topical gel</i> | 2 | |
| EVOCLIN TOPICAL FOAM | 4 | ST; QL |
| FINACEA TOPICAL FOAM | 3 | ST |
| <i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> | 2 | |
| <i>isotretinoin oral capsule 25 mg, 35 mg</i> | 2 | DAW-9 |
| <i>ivermectin topical cream</i> | 2 | DAW-9; QL |
| METROCREAM TOPICAL CREAM | 4 | ST |
| METROGEL TOPICAL GEL 1 % | 4 | ST |
| <i>metronidazole topical cream</i> | 2 | |
| <i>metronidazole topical gel</i> | 2 | |
| <i>metronidazole topical gel with pump</i> | 2 | |
| <i>metronidazole topical lotion</i> | 2 | |
| MIRVASO TOPICAL GEL WITH PUMP | 3 | PA |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL | 4 | ST |
| <i>neuac topical gel</i> | 2 | |
| ONEXTON TOPICAL GEL WITH PUMP | 4 | ST |
| PACNEX TOPICAL CLEANSER | 4 | ST |
| PLEXION CLEANSING CLOTHS TOPICAL PADS, MEDICATED | 4 | ST |
| PLEXION TOPICAL CLEANSER | 4 | ST |
| PLEXION TOPICAL CREAM | 4 | ST |
| PLEXION TOPICAL LOTION | 4 | ST |
| PR BENZOYL PEROXIDE TOPICAL CLEANSER | 4 | ST |
| RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %, 0.08 % | 4 | |
| RETIN-A TOPICAL CREAM | 4 | |
| RETIN-A TOPICAL GEL | 4 | |
| RHOFADE TOPICAL CREAM | 4 | PA |
| <i>rosadan topical cream</i> | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>rosadan topical gel</i> | 2 | |
| ROSADAN TOPICAL KIT, CLEANSER AND GEL | 4 | ST |
| ROSADAN TOPICAL KIT, CLEANSER AND CREAM | 4 | ST |
| <i>rosula cleansing cloths topical pads, medicated</i> | 2 | |
| ROSULA TOPICAL CLEANSER | 4 | ST |
| SOOLANTRA TOPICAL CREAM | 4 | ST; QL |
| <i>sss 10-5 topical cream</i> | 2 | |
| <i>sss 10-5 topical foam</i> | 2 | |
| <i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 10-5 % (w/w), 9- 4 %, 9-4.5 %, 9.8- 4.8 %</i> | 2 | |
| <i>sulfacetamide sodium-sulfur topical cream</i> | 2 | |
| <i>sulfacetamide sodium-sulfur topical lotion</i> | 2 | |
| <i>sulfacetamide sodium-sulfur topical pads, medicated</i> | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>sulfacetamide sodium-sulfur topical suspension 10-5 %</i> | 2 | |
| <i>sulfacetamide sodium-sulfur topical suspension 8-4 %</i> | 1 | |
| <i>sulfacleanse 8-4 topical suspension</i> | 2 | ST |
| SUMADAN TOPICAL CLEANSER | 4 | ST |
| SUMADAN TOPICAL KIT | 4 | ST |
| SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM | 4 | ST |
| SUMAXIN CP TOPICAL KIT | 4 | ST |
| SUMAXIN TOPICAL CLEANSER | 4 | ST |
| SUMAXIN TOPICAL PADS, MEDICATED | 4 | ST |
| SUMAXIN TS TOPICAL SUSPENSION | 4 | ST |
| <i>tazarotene topical cream</i> | 2 | PA |
| <i>tazarotene topical gel</i> | 2 | PA |
| <i>tretinoin microspheres topical gel</i> | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>tretinoin microspheres topical gel with pump 0.04 %, 0.1 %</i> | 2 | |
| <i>tretinoin microspheres topical gel with pump 0.08 %</i> | 2 | DAW-9 |
| <i>tretinoin topical cream</i> | 2 | |
| <i>tretinoin topical gel</i> | 2 | |
| TWYNEO TOPICAL CREAM | 4 | ST |
| VANOXIDE-HC TOPICAL SUSPENSION | 4 | ST |
| <i>zenatane oral capsule</i> | 2 | |
| ZIANA TOPICAL GEL | 4 | ST |
| TOPICAL ANESTHETICS | | |
| COCAINE NASAL SOLUTION | 4 | |
| <i>dermacinrx lidocaine topical adhesive patch,medicated</i> | 2 | ST |
| GOPRELTO NASAL SOLUTION | 4 | |
| <i>lidocaine hcl laryngotracheal solution</i> | 2 | |
| <i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i> | 1 | |
| <i>lidocaine hcl-hydrocortison ac topical cream</i> | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>lidocaine topical adhesive patch,medicated 5 %</i> | 2 | ST |
| <i>lidocaine topical ointment</i> | 2 | QL |
| <i>lidocaine viscous mucous membrane solution</i> | 1 | |
| <i>lidocaine-prilocaine topical cream</i> | 2 | QL |
| <i>lidocaine-prilocaine topical kit</i> | 2 | |
| <i>lidocan iii topical adhesive patch,medicated</i> | 2 | ST |
| <i>lidocan iv topical adhesive patch,medicated</i> | 2 | ST |
| <i>lidocan v topical adhesive patch,medicated</i> | 2 | ST |
| <i>lidocort topical cream</i> | 2 | |
| NUMBRINO NASAL SOLUTION | 4 | |
| NYNUTEY TOPICAL CREAM | 4 | |
| XARACOLL IMPLANT IMPLANT | 4 | |
| ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED | 3 | ST |
| TOPICAL ANTIBACTERIALS | | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| ALTABAX TOPICAL OINTMENT | 4 | ST; QL |
| CENTANY AT TOPICAL OINTMENT KIT | 4 | ST; QL |
| CENTANY TOPICAL OINTMENT | 4 | ST; QL |
| <i>gentamicin topical cream</i> | 2 | QL |
| <i>gentamicin topical ointment</i> | 2 | QL |
| KLARON TOPICAL SUSPENSION | 4 | ST |
| <i>lugols topical solution</i> | 1 | |
| <i>mafenide acetate topical packet</i> | 2 | |
| <i>mupirocin calcium topical cream</i> | 2 | ST; QL |
| <i>mupirocin topical ointment</i> | 2 | QL |
| NEO-SYNALAR KIT TOPICAL CREAM | 4 | |
| NEO-SYNALAR TOPICAL CREAM | 4 | |
| <i>strong iodine topical solution</i> | 1 | |
| <i>sulfacetamide sodium (acne) topical suspension</i> | 2 | |
| SULFAMYLON TOPICAL CREAM | 3 | |
| XEPI TOPICAL CREAM | 4 | ST; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| TOPICAL ANTIFUNGALS | | |
| CICLODAN KIT TOPICAL COMBO PACK | 4 | |
| CICLODAN KIT TOPICAL SOLUTION | 4 | ST |
| <i>ciclodan topical cream</i> | 2 | QL |
| <i>ciclodan topical solution</i> | 2 | |
| <i>ciclopirox topical cream</i> | 2 | QL |
| <i>ciclopirox topical gel</i> | 2 | QL |
| <i>ciclopirox topical shampoo</i> | 2 | QL |
| <i>ciclopirox topical solution</i> | 2 | |
| <i>ciclopirox topical suspension</i> | 2 | QL |
| <i>ciclopirox-ure-camph-menth-euc topical solution</i> | 2 | |
| <i>clotrimazole topical cream</i> | 2 | QL |
| <i>clotrimazole topical solution</i> | 2 | QL |
| <i>clotrimazole-betamethasone topical cream</i> | 2 | QL |
| <i>clotrimazole-betamethasone topical lotion</i> | 2 | QL |
| <i>econazole topical cream</i> | 2 | QL |
| EXELDERM TOPICAL CREAM | 4 | QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| EXELDERM TOPICAL SOLUTION | 4 | QL |
| EXTINA TOPICAL FOAM | 4 | ST; QL |
| JUBLIA TOPICAL SOLUTION WITH APPLICATOR | 4 | ST |
| <i>ketoconazole topical cream</i> | 2 | QL |
| <i>ketoconazole topical foam</i> | 2 | ST; QL |
| <i>ketoconazole topical shampoo</i> | 2 | QL |
| <i>ketodan kit topical combo pack</i> | 2 | ST |
| <i>ketodan topical foam</i> | 2 | ST; QL |
| <i>klayesta topical powder</i> | 2 | QL |
| LOPROX (AS OLAMINE) TOPICAL CREAM | 4 | QL |
| LOPROX (AS OLAMINE) TOPICAL SUSPENSION | 4 | QL |
| LOPROX KIT TOPICAL COMBO PACK | 4 | QL |
| LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER | 4 | QL |
| <i>naftifine topical cream</i> | 2 | QL |
| <i>naftifine topical gel 2%</i> | 2 | QL |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| NAFTIN TOPICAL GEL 2 % | 4 | QL |
| <i>nyamyc topical powder</i> | 2 | QL |
| <i>nystatin topical cream</i> | 1 | QL |
| <i>nystatin topical ointment</i> | 2 | QL |
| <i>nystatin topical powder</i> | 2 | QL |
| <i>nystatin-triamcinolone topical cream</i> | 2 | QL |
| <i>nystatin-triamcinolone topical ointment</i> | 2 | QL |
| <i>nystop topical powder</i> | 1 | QL |
| <i>oxiconazole topical cream</i> | 2 | QL |
| <i>tavaborole topical solution with applicator</i> | 2 | ST |
| TOPICAL ANTIVIRALS | | |
| <i>acyclovir topical cream</i> | 2 | PA; QL |
| <i>acyclovir topical ointment</i> | 2 | PA; QL |
| DENAVIR TOPICAL CREAM | 4 | |
| <i>penciclovir topical cream</i> | 2 | |
| ZOVIRAX TOPICAL CREAM | 4 | PA; QL |
| TOPICAL CORTICOSTEROIDS | | |
| <i>ala-cort topical cream 1 %</i> | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| ALA-SCALP TOPICAL LOTION | 4 | ST |
| <i>alclometasone topical cream</i> | 2 | |
| <i>alclometasone topical ointment</i> | 2 | |
| <i>amcinonide topical cream</i> | 2 | ST |
| <i>amcinonide topical ointment</i> | 2 | ST |
| <i>apexicon e topical cream</i> | 2 | ST |
| <i>beser topical lotion</i> | 2 | ST |
| <i>betamethasone dipropionate topical cream</i> | 2 | |
| <i>betamethasone dipropionate topical lotion</i> | 2 | |
| <i>betamethasone dipropionate topical ointment</i> | 2 | |
| <i>betamethasone valerate topical cream</i> | 2 | |
| <i>betamethasone valerate topical foam</i> | 2 | ST |
| <i>betamethasone valerate topical lotion</i> | 2 | |
| <i>betamethasone valerate topical ointment</i> | 2 | |
| <i>betamethasone, augmented topical cream</i> | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>betamethasone, augmented topical gel</i> | 2 | |
| <i>betamethasone, augmented topical lotion</i> | 1 | |
| <i>betamethasone, augmented topical ointment</i> | 2 | |
| BRYHALI TOPICAL LOTION | 4 | ST |
| CAPEX TOPICAL SHAMPOO | 4 | ST |
| <i>clobetasol scalp solution</i> | 2 | QL |
| <i>clobetasol topical cream</i> | 2 | QL |
| <i>clobetasol topical foam</i> | 2 | ST; QL |
| <i>clobetasol topical gel</i> | 2 | QL |
| <i>clobetasol topical lotion</i> | 2 | ST; QL |
| <i>clobetasol topical ointment</i> | 2 | QL |
| <i>clobetasol topical shampoo</i> | 2 | ST; QL |
| <i>clobetasol topical spray, non-aerosol</i> | 2 | ST; QL |
| <i>clobetasol-emollient topical cream</i> | 2 | QL |
| <i>clobetasol-emollient topical foam</i> | 2 | ST; QL |
| CLOBEX TOPICAL SHAMPOO | 4 | ST; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| CLOBEX TOPICAL SPRAY, NON-AEROSOL | 4 | ST; QL |
| <i>clocortolone pivalate topical cream</i> | 2 | |
| CLODAN KIT TOPICAL KIT, SHAMPOO AND CLEANSER | 4 | ST; QL |
| <i>clodan topical shampoo</i> | 2 | ST; QL |
| CORDRAN TAPE LARGE ROLL TOPICAL TAPE | 4 | ST |
| CORDRAN TOPICAL CREAM | 4 | ST; QL |
| CORDRAN TOPICAL LOTION | 4 | ST; QL |
| CORDRAN TOPICAL OINTMENT | 4 | ST; QL |
| DERMA-SMOOTHIE/FS BODY OIL TOPICAL OIL | 4 | ST |
| DERMA-SMOOTHIE/FS SCALP OIL SCALP OIL | 4 | ST |
| <i>desonide topical cream</i> | 2 | |
| <i>desonide topical gel</i> | 2 | ST |
| <i>desonide topical lotion</i> | 2 | ST |
| <i>desonide topical ointment</i> | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>desoximetasone topical cream</i> | 2 | ST |
| <i>desoximetasone topical gel</i> | 2 | ST |
| <i>desoximetasone topical ointment</i> | 2 | ST |
| <i>desoximetasone topical spray, non-aerosol</i> | 2 | ST |
| <i>diflorasone topical cream</i> | 2 | ST; QL |
| <i>diflorasone topical ointment</i> | 2 | ST; QL |
| DIPROLENE (AUGMENTED) TOPICAL OINTMENT | 4 | ST |
| <i>fluocinolone and shower cap scalp oil</i> | 2 | |
| <i>fluocinolone topical cream</i> | 2 | |
| <i>fluocinolone topical oil</i> | 2 | |
| <i>fluocinolone topical ointment</i> | 2 | |
| <i>fluocinolone topical solution</i> | 2 | |
| <i>fluocinonide topical cream 0.05 %</i> | 2 | QL |
| <i>fluocinonide topical cream 0.1 %</i> | 2 | ST; QL |
| <i>fluocinonide topical gel</i> | 2 | QL |
| <i>fluocinonide topical ointment</i> | 2 | QL |
| <i>fluocinonide topical solution</i> | 2 | QL |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>fluocinonide-e topical cream</i> | 2 | QL |
| <i>flurandrenolide topical cream</i> | 2 | ST; QL |
| <i>flurandrenolide topical lotion</i> | 2 | ST; QL |
| <i>flurandrenolide topical ointment</i> | 2 | ST; QL |
| <i>fluticasone propionate topical cream</i> | 2 | |
| <i>fluticasone propionate topical lotion</i> | 2 | ST |
| <i>fluticasone propionate topical ointment</i> | 2 | |
| <i>halcinonide topical cream</i> | 2 | ST |
| <i>halobetasol propionate topical cream</i> | 2 | |
| <i>halobetasol propionate topical foam</i> | 2 | ST |
| <i>halobetasol propionate topical ointment</i> | 2 | |
| HALOG TOPICAL CREAM | 4 | ST |
| HALOG TOPICAL OINTMENT | 4 | ST |
| HALOG TOPICAL SOLUTION | 4 | ST |
| <i>hydrocortisone butyrate topical cream</i> | 2 | QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>hydrocortisone butyrate topical lotion</i> | 2 | ST; QL |
| <i>hydrocortisone butyrate topical ointment</i> | 2 | ST; QL |
| <i>hydrocortisone butyrate topical solution</i> | 2 | ST; QL |
| <i>hydrocortisone topical cream 1 %, 2.5 %</i> | 1 | |
| <i>hydrocortisone topical lotion 2 %, 2.5 %</i> | 2 | |
| <i>hydrocortisone topical ointment 1 %, 2.5 %</i> | 1 | |
| <i>hydrocortisone valerate topical cream</i> | 2 | |
| <i>hydrocortisone valerate topical ointment</i> | 2 | |
| KENALOG TOPICAL AEROSOL | 4 | ST; QL |
| <i>mometasone topical cream</i> | 2 | |
| <i>mometasone topical ointment</i> | 2 | |
| <i>mometasone topical solution</i> | 2 | |
| NUCORT TOPICAL LOTION | 4 | ST |
| OLUX TOPICAL FOAM | 4 | ST; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| PANDEL TOPICAL CREAM | 4 | ST |
| <i>prednicarbate topical cream</i> | 2 | |
| <i>prednicarbate topical ointment</i> | 2 | |
| PROCTOCORT TOPICAL CREAM | 4 | ST |
| SCALACORT DK TOPICAL COMBO PACK | 4 | ST |
| <i>scalacort topical lotion</i> | 2 | |
| SYNALAR CREAM KIT TOPICAL CREAM | 4 | ST |
| SYNALAR OINTMENT KIT TOPICAL COMBO PACK, OINTMENT AND CREAM | 4 | ST |
| SYNALAR TOPICAL CREAM | 4 | ST |
| SYNALAR TOPICAL OINTMENT | 4 | ST |
| SYNALAR TOPICAL SOLUTION | 4 | ST |
| SYNALAR TS TOPICAL KIT | 4 | ST |
| TEXACORT TOPICAL SOLUTION | 4 | ST |
| TOPICORT TOPICAL CREAM | 4 | ST |
| TOPICORT TOPICAL GEL | 4 | ST |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| TOPICORT TOPICAL OINTMENT | 4 | ST |
| <i>tovet emollient topical foam</i> | 2 | ST; QL |
| <i>triamcinolone acetonide topical aerosol</i> | 1 | ST; QL |
| <i>triamcinolone acetonide topical cream</i> | 1 | |
| <i>triamcinolone acetonide topical lotion</i> | 1 | |
| <i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i> | 1 | |
| <i>triamcinolone acetonide topical ointment 0.05 %</i> | 1 | ST |
| <i>triderm topical cream 0.1 %</i> | 1 | |
| <i>triderm topical cream 0.5 %</i> | 1 | ST |
| TOPICAL ENZYMES | | |
| NEXOBRID TOPICAL GEL | 4 | |
| SANTYL TOPICAL OINTMENT | 3 | QL |
| TOPICAL SCABICIDES / PEDICULICIDES | | |
| <i>crotan topical lotion</i> | 2 | |
| ELIMITE TOPICAL CREAM | 4 | |
| EURAX TOPICAL CREAM | 4 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| EURAX TOPICAL LOTION | 4 | |
| <i>malathion topical lotion</i> | 2 | |
| OVIDE TOPICAL LOTION | 4 | |
| <i>permethrin topical cream</i> | 2 | |
| <i>spinosad topical suspension</i> | 2 | |
| ULESFIA TOPICAL LOTION | 4 | |
| DIAGNOSTICS & MISCELLANEOUS AGENTS | | |
| IRRIGATING SOLUTIONS | | |
| <i>lactated ringers irrigation solution</i> | 2 | |
| <i>neomycin-polymyxin b gu irrigation solution</i> | 2 | |
| SORBITOL IRRIGATION SOLUTION | 4 | |
| SORBITOL-MANNITOL TRANSURETHRAL SOLUTION | 4 | |
| <i>tis-u-sol pentalyte irrigation irrigation solution</i> | 2 | |
| MISCELLANEOUS AGENTS | | |
| <i>acamprosate oral tablet, delayed release (dr/ec)</i> | 2 | |
| <i>acetic acid irrigation solution</i> | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| AGRYLIN ORAL CAPSULE | 4 | |
| <i>anagrelide oral capsule</i> | 2 | |
| ARALAST NP INTRAVENOUS RECON SOLN | 5 | PA; MSP |
| BUPHENYL ORAL POWDER | 5 | PA |
| BUPHENYL ORAL TABLET | 5 | PA |
| <i>caffeine citrate oral solution</i> | 2 | |
| CARBAGLU ORAL TABLET, DISPERSIBLE | 5 | PA; MSP |
| <i>carglumic acid oral tablet, dispersible</i> | 5 | PA |
| CARNITOR (SUGAR-FREE) ORAL SOLUTION | 4 | |
| CARNITOR ORAL SOLUTION | 4 | |
| CARNITOR ORAL TABLET | 4 | |
| <i>cevimeline oral capsule</i> | 2 | |
| CHEMET ORAL CAPSULE | 3 | PA |
| <i>deferasirox oral granules in packet</i> | 5 | PA; MSP |
| <i>deferasirox oral tablet</i> | 5 | PA; MSP |
| <i>deferasirox oral tablet, dispersible</i> | 5 | PA; MSP |
| <i>deferiprone oral tablet</i> | 5 | PA; MSP |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>disulfiram oral tablet</i> | 2 | |
| <i>droxidopa oral capsule</i> | 5 | PA; MSP |
| EMPAVELI SUBCUTANEOUS SOLUTION | 5 | |
| ENDARI ORAL POWDER IN PACKET | 5 | PA; MSP |
| EVOXAC ORAL CAPSULE | 4 | |
| FABHALTA ORAL CAPSULE | 5 | |
| FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE | 5 | PA |
| FERRIPROX ORAL SOLUTION | 5 | PA |
| FERRIPROX ORAL TABLET | 5 | PA |
| GIVLAARI SUBCUTANEOUS SOLUTION | 5 | MSP |
| GLASSIA INTRAVENOUS SOLUTION | 5 | PA; MSP |
| <i>glutamine (sickle cell) oral powder in packet</i> | 5 | PA; MSP |
| INCRELEX SUBCUTANEOUS SOLUTION | 5 | PA; MSP |
| JOENJA ORAL TABLET | 5 | QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>levocarnitine (with sugar) oral solution</i> | 2 | |
| <i>levocarnitine oral solution 100 mg/ml</i> | 2 | |
| <i>levocarnitine oral tablet</i> | 2 | |
| LITFULO ORAL CAPSULE | 5 | MSP; QL |
| LITHOSTAT ORAL TABLET | 4 | |
| METOPIRONE ORAL CAPSULE | 4 | |
| <i>midodrine oral tablet</i> | 2 | |
| <i>nitisinone oral capsule</i> | 5 | PA; MSP |
| NITYR ORAL TABLET | 5 | PA; MSP |
| OLPRUVA ORAL PELLETS IN PACKET | 5 | PA |
| ORFADIN ORAL CAPSULE | 5 | PA |
| ORFADIN ORAL SUSPENSION | 5 | PA |
| PHEBURANE ORAL GRANULES | 5 | PA; MSP |
| <i>pilocarpine hcl oral tablet 5 mg</i> | 2 | |
| PROLASTIN-C INTRAVENOUS SOLUTION | 5 | PA; MSP |
| PYRUKYND ORAL TABLET | 5 | PA; QL |
| PYRUKYND ORAL TABLETS,DOSE PACK | 5 | PA; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| RADIOGARDASE ORAL CAPSULE | 4 | |
| REZDIFFRA ORAL TABLET | 5 | MSP; QL |
| RILUTEK ORAL TABLET | 4 | PA |
| <i>riluzole oral tablet</i> | 2 | PA |
| <i>risedronate oral tablet 30 mg</i> | 2 | HSA+; QL |
| SALAGEN (PILOCARPINE) ORAL TABLET 5 MG | 4 | |
| <i>sodium chloride 0.9 % injection solution</i> | 2 | |
| <i>sodium chloride 0.9 % intravenous parenteral solution</i> | 2 | |
| <i>sodium chloride 0.9 % intravenous piggyback</i> | 2 | |
| <i>sodium chloride injection syringe</i> | 2 | |
| <i>sodium chloride irrigation solution</i> | 2 | |
| <i>sodium phenylbutyrate oral powder</i> | 2 | PA |
| <i>sodium phenylbutyrate oral tablet</i> | 2 | PA |
| SOHONOS ORAL CAPSULE | 5 | QL |
| SYPRINE ORAL CAPSULE | 4 | PA |
| TEGLUTIK ORAL SUSPENSION | 5 | PA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) | 5 | PA |
| TIGLUTIK ORAL SUSPENSION | 5 | PA |
| <i>tiopronin oral tablet</i> | 5 | PA; MSP |
| <i>tiopronin oral tablet, delayed release (dr/ec)</i> | 5 | PA |
| <i>trientine oral capsule 250 mg</i> | 2 | PA |
| VOYDEYA ORAL TABLET | 5 | |
| <i>water for irrigation, sterile irrigation solution</i> | 2 | |
| XURIDEN ORAL GRANULES IN PACKET | 5 | PA |
| ZOKINVY ORAL CAPSULE | 5 | PA; QL |
| ZYNRELEF SURGICAL SITE INSTILLATION SOLUTION,EXTENDED RELEASE | 4 | |
| SMOKING DETERRENTS | | |
| <i>bupropion hcl (smoking deter) oral tablet extended release 12 hr</i> | 2 | ACA |
| CHANTIX CONTINUING MONTH BOX ORAL TABLET | 4 | |
| CHANTIX ORAL TABLET 1 MG | 4 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK | 4 | |
| NICODERM CQ TRANSDERMAL PATCH 24 HOUR | 3 | OTC |
| NICORETTE BUCCAL GUM 2 MG | 3 | OTC |
| <i>nicorette buccal gum 4 mg</i> | 2 | ACA; OTC |
| NICORETTE BUCCAL LOZENGE | 3 | OTC |
| NICORETTE BUCCAL MINI LOZENGE | 3 | OTC |
| <i>nicotine (polacrilex) buccal gum</i> | 2 | ACA; OTC |
| <i>nicotine (polacrilex) buccal lozenge</i> | 2 | ACA; OTC |
| <i>nicotine (polacrilex) buccal mini lozenge</i> | 2 | ACA; OTC |
| <i>nicotine transdermal patch 24 hour</i> | 2 | ACA; OTC |
| <i>nicotine transdermal patch, td daily, sequential</i> | 2 | ACA; OTC |
| NICOTROL NS NASAL SPRAY,NON-AEROSOL | 4 | ACA |
| <i>quit 2 buccal gum</i> | 2 | ACA; OTC |
| <i>quit 2 buccal lozenge</i> | 2 | ACA; OTC |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>quit 4 buccal gum</i> | 2 | ACA; OTC |
| <i>quit 4 buccal lozenge</i> | 2 | ACA; OTC |
| <i>stop smoking aid buccal lozenge</i> | 2 | ACA; OTC |
| <i>varenicline oral tablet</i> | 2 | ACA |
| <i>varenicline oral tablets, dose pack</i> | 2 | ACA |

EAR, NOSE & THROAT MEDICATIONS

MISCELLANEOUS AGENTS

| | | |
|---|---|----|
| ARESTIN DENTAL CARTRIDGE | 5 | |
| <i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %)</i> | 2 | QL |
| <i>azelastine nasal spray, non-aerosol 205.5 mcg (0.15 %)</i> | 2 | |
| <i>chlorhexidine gluconate mucous membrane mouthwash</i> | 1 | |
| CLINPRO 5000 DENTAL PASTE | 4 | |
| <i>denta 5000 plus dental cream</i> | 2 | |
| <i>denta 5000 plus sensitive dental paste</i> | 2 | |
| <i>dentagel dental gel</i> | 1 | |
| <i>fluoride (sodium) dental cream</i> | 1 | |
| <i>fluoride (sodium) dental gel</i> | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>fluoride (sodium) dental paste</i> | 1 | |
| <i>fluoride (sodium) dental solution</i> | 1 | |
| FLUORIDEX DAILY DEFENSE DENTAL PASTE | 4 | |
| FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE | 4 | |
| FLUORIMAX 5000 DENTAL PASTE | 4 | |
| FLUORIMAX 5000 SENSITIVE DENTAL PASTE | 4 | |
| <i>fraiche 5000 dental gel</i> | 2 | |
| FRAICHE 5000 PREVI DENTAL GEL | 4 | |
| FRAICHE 5000 SENSITIVE DENTAL GEL | 4 | |
| GELCLAIR MUCOUS MEMBRANE GEL IN PACKET | 4 | |
| <i>ipratropium bromide nasal spray, non-aerosol</i> | 1 | QL |
| JUST RIGHT 5000 DENTAL PASTE | 4 | |
| <i>kourzeq dental paste</i> | 2 | |
| MUGARD MUCOUS MEMBRANE SOLUTION | 5 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>olopatadine nasal spray,non-aerosol</i> | 2 | QL |
| <i>oralone dental paste</i> | 2 | |
| ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH | 4 | |
| <i>paroex oral rinse mucous membrane mouthwash</i> | 2 | |
| PERIDEX MUCOUS MEMBRANE MOUTHWASH | 4 | |
| <i>periogard mucous membrane mouthwash</i> | 2 | |
| <i>pilocarpine hcl oral tablet 7.5 mg</i> | 2 | |
| PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE | 4 | |
| PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE | 4 | |
| PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE | 4 | |
| PREVIDENT 5000 PLUS DENTAL CREAM | 4 | |
| PREVIDENT 5000 SENSITIVE DENTAL PASTE | 4 | |
| PREVIDENT DENTAL GEL | 4 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| PREVIDENT DENTAL SOLUTION | 4 | |
| PREVIDENT KIDS DENTAL PASTE | 4 | |
| PROTHELIAL MUCOUS MEMBRANE PASTE | 5 | |
| SALAGEN (PILOCARPINE) ORAL TABLET 7.5 MG | 4 | |
| <i>sf 5000 plus dental cream</i> | 1 | |
| <i>sf dental gel</i> | 1 | |
| <i>sodium fluoride 5000 plus dental cream</i> | 1 | |
| <i>sodium fluoride-pot nitrate dental paste</i> | 2 | |
| <i>triamcinolone acetonide dental paste</i> | 2 | |
| MISCELLANEOUS OTIC PREPARATIONS | | |
| <i>acetic acid otic (ear) solution</i> | 2 | |
| <i>ciprofloxacin hcl otic (ear) dropperette</i> | 2 | |
| DERMOTIC OIL OTIC (EAR) DROPS | 4 | |
| <i>flac otic oil otic (ear) drops</i> | 2 | |
| <i>fluocinolone acetonide oil otic (ear) drops</i> | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>hydrocortisone-acetic acid otic (ear) drops</i> | 2 | |
| <i>ofloxacin otic (ear) drops</i> | 2 | |
| OTIC STEROID / ANTIBIOTIC | | |
| <i>ciprofloxacin-dexamethasone otic (ear) drops,suspension</i> | 2 | |
| CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION | 4 | |
| <i>neomycin-polymyxin-hc otic (ear) drops,suspension</i> | 2 | |
| <i>neomycin-polymyxin-hc otic (ear) solution</i> | 2 | |
| OTOVEL OTIC (EAR) SOLUTION | 4 | |
| ENDOCRINE/DIABETES | | |
| ADRENAL HORMONES | | |
| ACTHAR INJECTION GEL | 5 | PA; MSP |
| ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR | 5 | PA; MSP |
| CORTEF ORAL TABLET | 4 | |
| <i>cortisone oral tablet</i> | 2 | |
| <i>deflazacort oral suspension</i> | 5 | PA |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>deflazacort oral tablet</i> | 5 | PA; MSP |
| <i>dexabliss oral tablets,dose pack</i> | 2 | PA |
| <i>dexamethasone intensol oral drops</i> | 1 | |
| <i>dexamethasone oral elixir</i> | 2 | |
| <i>dexamethasone oral solution</i> | 1 | |
| <i>dexamethasone oral tablet</i> | 1 | |
| <i>dexamethasone oral tablets,dose pack</i> | 2 | PA |
| <i>fludrocortisone oral tablet</i> | 1 | |
| <i>hydrocortisone oral tablet 10 mg, 5 mg</i> | 1 | |
| <i>hydrocortisone oral tablet 20 mg</i> | 2 | |
| MEDROL (PAK) ORAL TABLETS,DOSE PACK | 4 | |
| MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG | 4 | |
| <i>methylprednisolone oral tablet</i> | 2 | |
| <i>methylprednisolone oral tablets,dose pack</i> | 2 | |
| <i>millipred dp oral tablets,dose pack</i> | 2 | |
| <i>millipred oral tablet</i> | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| ORAPRED ODT ORAL TABLET,DISINTEGRATING | 4 | |
| <i>prednisolone oral solution</i> | 2 | |
| <i>prednisolone oral tablet</i> | 2 | |
| <i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i> | 2 | |
| <i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i> | 1 | |
| <i>prednisolone sodium phosphate oral tablet,disintegrating</i> | 2 | |
| <i>prednisone intensol oral concentrate</i> | 1 | |
| <i>prednisone oral solution</i> | 1 | |
| <i>prednisone oral tablet</i> | 1 | |
| <i>prednisone oral tablets,dose pack</i> | 1 | |
| RAYOS ORAL TABLET,DELAYED RELEASE (DR/EC) | 4 | PA |
| TAPERDEX ORAL TABLETS,DOSE PACK | 4 | PA |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) | 5 | QL |
| TRIESENCE (PF) INTRAOCULAR SUSPENSION | 4 | |
| XIPERE (PF) SUPRACHOROIDAL SUSPENSION | 5 | MSP |
| ZCORT ORAL TABLETS,DOSE PACK | 4 | PA |
| ANTITHYROID AGENTS | | |
| <i>methimazole oral tablet 10 mg, 5 mg</i> | 1 | |
| <i>potassium iodide oral solution</i> | 2 | |
| <i>propylthiouracil oral tablet</i> | 1 | |
| SSKI ORAL SOLUTION | 4 | |
| BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES | | |
| FREESTYLE INSULINX STRIP | 3 | CISP-1; HSA+; OTC |
| FREESTYLE INSULINX TEST STRIPS STRIP | 3 | CISP-1; HSA+; OTC |
| FREESTYLE LITE STRIPS STRIP | 3 | CISP-1; HSA+; OTC |
| FREESTYLE PRECISION NEO STRIPS STRIP | 3 | CISP-1; OTC |
| FREESTYLE TEST STRIP | 3 | CISP-1; HSA+; OTC |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| ONETOUCH ULTRA TEST STRIP | 3 | CISP-1; HSA+; OTC |
| ONETOUCH VERIO TEST STRIPS STRIP | 3 | CISP-1; HSA+; OTC |
| PRECISION XTRA TEST STRIP | 3 | OTC |
| DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT | | |
| ACE AEROSOL CLOUD ENHANCER SPACER | 3 | |
| AEROCHAMBER MECHANICAL VENT SPACER | 3 | |
| AEROCHAMBER MINI SPACER | 3 | CISP-1; HSA+ |
| AEROCHAMBER PLUS FLOW-VU SPACER | 3 | CISP-1; HSA+ |
| AEROCHAMBER PLUS Z STAT SPACER | 3 | CISP-1; HSA+ |
| AEROTRACH PLUS SPACER | 3 | CISP-1; HSA+ |
| AEROVENT PLUS SPACER | 3 | |
| BREATHERITE MDI SPACER SPACER | 3 | |
| COMPACT SPACE CHAMBER SPACER | 3 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| EASIVENT HOLDING CHAMBER SPACER | 3 | CISP-1; HSA+ |
| FLEXICHAMBER SPACER | 3 | |
| GLUCAGON HCL INJECTION RECON SOLN 1 MG/ML | 4 | |
| LITEAIRE MDI CHAMBER SPACER | 3 | CISP-1; HSA+ |
| MICROCHAMBER SPACER | 3 | CISP-1; HSA+ |
| MICROSPACER SPACER | 3 | |
| OPTICHAMBER DIAMOND VHC SPACER | 3 | CISP-1; HSA+ |
| POCKET CHAMBER SPACER | 3 | |
| PRIMEAIRE SPACER | 3 | |
| PROCHAMBER SPACER | 3 | |
| RITEFLO AEROCHAMBER SPACER | 3 | CISP-1; HSA+ |
| SPACE CHAMBER SPACER | 3 | |
| VORTEX HOLDING CHAMBER SPACER | 3 | |

GLUCOSE ELEVATING AGENTS

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| BAQSIMI NASAL SPRAY, NON-AEROSOL | 3 | QL |
| <i>diazoxide oral suspension</i> | 2 | |
| <i>glucagon emergency kit (human) injection recon soln</i> | 2 | CISP; HSA+; QL |
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR | 3 | QL |
| GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML | 3 | QL |
| GVOKE SUBCUTANEOUS SOLUTION | 3 | QL |
| PROGLYCEM ORAL SUSPENSION | 4 | |
| INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU | | |
| ACCU-CHEK GUIDE L1-L2 CTRL SOL SOLUTION | 4 | OTC |
| ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION | 4 | OTC |
| ACCUTREND GLUCOSE CONTROL SOLUTION | 4 | OTC |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| ADVOCATE REDI-CODE PLUS CTRL L SOLUTION | 4 | OTC |
| AGAMATRIX CONTROL HIGH SOLUTION | 4 | OTC |
| ASSURE 4 CONTROL SOLUTION COMBO PACK | 4 | OTC |
| ASSURE DOSE NORMAL CONTROL SOLUTION | 4 | OTC |
| ASSURE PRISM CONTROL 1-2 SOLN SOLUTION | 4 | OTC |
| AT HOME A1C DEVICE | 4 | OTC |
| AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN | 3 | OTC |
| AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN | 3 | OTC |
| BD INTEGRA NEEDLE NEEDLE | 3 | CISP-1; HSA+ |
| BD MICROTAINER LANCET 30 GAUGE | 3 | CISP-1; HSA+; OTC |
| BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2" | 3 | CISP-1; HSA+ |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| BD ULTRA-FINE NANO PEN NEEDLE NEEDLE | 3 | CISP-1; HSA+; OTC |
| BLOOD GLUCOSE CONTROL, NORMAL SOLUTION | 4 | OTC |
| BREEZE 2 CONTROL SOLUTION,HIGH SOLUTION | 4 | OTC |
| CARESENS CONTROL A AND B SOLUTION | 4 | OTC |
| CARETOUCH CONTROL SOLN L2-L3 SOLUTION | 4 | OTC |
| CEQR SIMPLICITY DEVICE | 3 | |
| CLEVER CHOICE LEVEL 2 CONTROL SOLUTION | 4 | OTC |
| CONTOUR CONTROL SOLUTION, NML SOLUTION | 4 | OTC |
| CONTOUR NEXT LEV 2 CONTROL SOL SOLUTION | 4 | OTC |
| DEXCOM G6 RECEIVER | 3 | ST; QL |
| DEXCOM G6 SENSOR DEVICE | 3 | ST; QL |
| DEXCOM G6 TRANSMITTER DEVICE | 3 | ST; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| DEXCOM G7 RECEIVER | 3 | ST; QL |
| DEXCOM G7 SENSOR DEVICE | 3 | ST; QL |
| DIATRUE CONTROL SOLN NORMAL SOLUTION | 4 | OTC |
| EASY PLUS II HIGH CONTROL SOLUTION | 4 | OTC |
| EASY STEP HIGH CONTROL SOLN SOLUTION | 4 | OTC |
| EASY TALK HIGH CONTROL SOLUTION | 4 | OTC |
| EASY TALK PLUS II LOW CONTROL SOLUTION | 4 | OTC |
| EASY TOUCH BLU CTRL SOLN-L1,L3 SOLUTION | 4 | OTC |
| EASY TRAK II CTRL SOLN-NORMAL SOLUTION | 4 | OTC |
| EASY TRAK LOW CONTROL SOLUTION | 4 | OTC |
| EASYMAX 15 LEVEL 2 SOLUTION | 4 | OTC |
| EASYMAX NORMAL CONTROL SOLUTION | 4 | OTC |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| ELEMENT COMPACT NORMAL CONTROL SOLUTION | 4 | OTC |
| ELEMENT NORMAL CONTROL SOLUTION | 4 | OTC |
| EMBRACE EVO LEVEL 1 SOLUTION | 4 | OTC |
| EMBRACE GLUCOSE CONTROL LOW SOLUTION | 4 | OTC |
| EMBRACE TALK CONTROL-LOW (L1) SOLUTION | 4 | OTC |
| EVERSENSE E3 SENSOR-HOLDER SUBCUTANEOUS DEVICE | 4 | ST |
| EVERSENSE E3 SMART TRANSMITTER DEVICE | 4 | ST; QL |
| EVOLUTION NORMAL CONTROL SOLUTION | 4 | OTC |
| FORA 6 CONNECT MULTIFUNCTN MTR DEVICE | 4 | OTC |
| FORA GTEL MULTI-FUNCTN MONITOR DEVICE | 4 | OTC |

| Drug Name | Drug Tier | Requirements / Limits |
|---------------------------------------|-----------|-----------------------|
| FORA KETONE CONTROL SOLN-L1 SOLUTION | 4 | OTC |
| FORA NORMAL CONTROL SOLUTION | 4 | OTC |
| FORA TN'G ADV MOBILE MULTI MTR DEVICE | 4 | OTC |
| FORA TN'G ADVANCE MULTI-FN MTR DEVICE | 4 | OTC |
| FORA TN'G ADVANCE PRO MONITOR DEVICE | 4 | OTC |
| FORACARE GDH LOW CONTROL SOLUTION | 4 | OTC |
| FREESTYLE CONTROL SOLUTION | 3 | CISP-1; HSA+; OTC |
| FREESTYLE FREEDOM KIT | 3 | CISP-1; HSA+; OTC |
| FREESTYLE FREEDOM LITE KIT | 3 | CISP-1; HSA+; OTC |
| FREESTYLE INSULINX | 3 | OTC |
| FREESTYLE LIBRE 14 DAY READER | 3 | ST; CISP-1; HSA+ |
| FREESTYLE LIBRE 14 DAY SENSOR KIT | 3 | ST; CISP-1; HSA+; QL |
| FREESTYLE LIBRE 2 READER | 3 | ST; CISP-1; HSA+ |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| FREESTYLE LIBRE 2 SENSOR KIT | 3 | ST; CISP-1; HSA+; QL |
| FREESTYLE LIBRE 3 PLUS SENSOR DEVICE | 3 | ST; QL |
| FREESTYLE LIBRE 3 READER | 3 | ST; CISP-1; HSA+; QL |
| FREESTYLE LIBRE 3 SENSOR DEVICE | 3 | ST; CISP-1; HSA+; QL |
| FREESTYLE LITE METER KIT | 3 | CISP-1; HSA+; OTC |
| GE100 CONTROL SOLUTION NORMAL SOLUTION | 4 | OTC |
| GENTEEL VACUUM LANCING DEVICE COMBO PACK | 4 | OTC |
| GLUCOCARD 01 NORMAL CONTROL SOLUTION | 4 | OTC |
| GLUCOCOM CONTROL NORMAL SOLUTION | 4 | OTC |
| GLUCOSE CONTROL SOLUTION | 4 | OTC |
| GOJJI GLUCOSE CNTRL SOL-NORMAL SOLUTION | 4 | OTC |
| GOJJI KETONE CONTROL SOLN-L1 SOLUTION | 4 | OTC |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| GOJJI MULTI-FUNCTIONAL METER KIT | 4 | OTC |
| GUARDIAN 4 GLUCOSE SENSOR DEVICE | 4 | ST; QL |
| GUARDIAN 4 TRANSMITTER DEVICE | 4 | ST; QL |
| GUARDIAN CONNECT TRANSMITTER DEVICE | 4 | ST; QL |
| GUARDIAN LINK 3 TRANSMITTER DEVICE | 4 | ST; QL |
| GUARDIAN SENSOR 3 DEVICE | 4 | ST; QL |
| HEALTHPRO HIGH-LOW CONTROL SOLUTION | 4 | OTC |
| INFINITY CONTROL SOLUTION NORM SOLUTION | 4 | OTC |
| INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN | 4 | |
| INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN | 4 | |
| INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN | 4 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| LANCETS 33 GAUGE | 3 | CISP-1; HSA+; OTC |
| LANCING DEVICE | 3 | CISP-1; HSA+; OTC |
| MEDISENSE COMBO PACK | 3 | OTC |
| MEDISENSE GLUCOSE KETONE COMBO PACK | 3 | OTC |
| MYGLUCOHEALTH CONTROL SOLUTION | 4 | OTC |
| NOVA MAX PLUS GLUC-KETON METER DEVICE | 4 | OTC |
| NOVA MAX PLUS GLUC-KETON METER KIT | 4 | OTC |
| NOVAMAX PLUS GLU-KET SOLUTION | 4 | OTC |
| NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN | 4 | |
| OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE | 3 | |
| OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE | 3 | QL |
| OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE | 3 | QL |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| OMNIPOD 5 INTRO(G6/LIBRE2 PLUS) SUBCUTANEOUS CARTRIDGE | 3 | |
| OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE | 3 | QL |
| OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE | 3 | QL |
| OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE | 3 | QL |
| OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE | 3 | QL |
| ON CALL EXPRESS CONTROL SOLUTION | 4 | OTC |
| ONETOUCH ULTRA CONTROL SOLUTION | 3 | CISP-1; HSA+; OTC |
| ONETOUCH ULTRA2 METER | 3 | CISP-1; HSA+; OTC |
| ONETOUCH VERIO FLEX METER | 3 | CISP-1; HSA+; OTC |
| ONETOUCH VERIO MID CONTROL SOLUTION | 3 | CISP-1; HSA+; OTC |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| ONETOUCH VERIO REFLECT METER | 3 | CISP-1; HSA+; OTC |
| PIP GLUCOSE CONTROL SOLN L1-L2 SOLUTION | 4 | OTC |
| PRECISION XTRA KETONE-GLUCOSE KIT | 3 | OTC |
| PRECISION XTRA MONITOR | 3 | OTC |
| PRODIGY CONTROL SOLUTION, LOW SOLUTION | 4 | OTC |
| PRODIGY CONTROL SOLUTION,HIGH SOLUTION | 4 | OTC |
| REFUAH PLUS GLUCOSE CONTROL SOLUTION | 4 | OTC |
| RIGHTEST CONTROL SOLUTION HIGH SOLUTION | 4 | OTC |
| SMARTEST CONTROL SOLUTION | 4 | OTC |
| SOLUS V2 CONTROL SOLUTION,HIGH SOLUTION | 4 | OTC |
| TELCARE CONTROL SOLUTION | 4 | OTC |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| TRUE METRIX LEVEL 1 SOLUTION | 4 | OTC |
| TWIST STARTER KIT KIT | 3 | |
| ULTIMA MONITOR | 2 | OTC |
| UNISTRIP LOW CONTROL SOLUTION | 4 | OTC |
| V-GO 20 DEVICE | 3 | |
| V-GO 30 DEVICE | 3 | |
| V-GO 40 DEVICE | 3 | |
| VIVAGUARD INO CTRL SOLN-L1,2,3 SOLUTION | 4 | OTC |
| WAVESENSE CONTROL SOLUTION SOLUTION | 4 | OTC |
| INSULIN THERAPY | | |
| BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN | 4 | INS; HSA+ |
| BASAGLAR TEMPO PEN(U-100)INSLN SUBCUTANEOUS INSULIN PEN, SENSOR | 4 | INS |
| HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT | 3 | INS; HSA+ |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN | 3 | INS; HSA+ |
| HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN | 3 | INS; HSA+ |
| HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN | 3 | INS; HSA+ |
| HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION | 3 | INS; HSA+ |
| HUMALOG TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR | 3 | ST; INS; HSA+ |
| HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE | 3 | INS; HSA+ |
| HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION | 3 | INS; HSA+ |
| HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION | 3 | INS; HSA+ |
| HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN | 3 | INS; HSA+ |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN | 3 | INS; HSA+ |
| HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION | 3 | INS; HSA+ |
| HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION | 3 | INS; HSA+ |
| HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION | 3 | INS; HSA+ |
| HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN | 3 | INS; HSA+ |
| INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN | 3 | INS; HSA+ |
| INSULIN LISPRO SUBCUTANEOUS INSULIN PEN | 3 | INS; HSA+ |
| INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT | 3 | INS; HSA+ |
| INSULIN LISPRO SUBCUTANEOUS SOLUTION | 3 | INS; HSA+ |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION | 4 | INS; HSA+ |
| LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN | 3 | INS; HSA+ |
| LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN | 3 | INS; HSA+ |
| LYUMJEV TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR | 3 | ST; INS |
| LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION | 3 | INS; HSA+ |
| SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION | 3 | INS; HSA+ |
| SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN | 3 | INS; HSA+ |
| SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN | 3 | INS; HSA+; QL |
| TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN | 3 | INS; HSA+ |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN | 3 | INS; HSA+ |
| TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN | 3 | INS; HSA+ |
| TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN | 3 | INS; HSA+ |
| TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION | 3 | INS; HSA+ |
| XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN | 4 | INS; QL |
| MISCELLANEOUS HORMONES | | |
| <i>cabergoline oral tablet</i> | 2 | QL |
| <i>calcitonin (salmon) injection solution</i> | 2 | |
| <i>calcitonin (salmon) nasal spray,non-aerosol</i> | 2 | |
| <i>calcitriol intravenous solution 1 mcg/ml</i> | 2 | |
| <i>calcitriol oral capsule</i> | 2 | |
| <i>calcitriol oral solution</i> | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| CERDELGA ORAL CAPSULE | 5 | PA; MSP; QL |
| <i>cetorelix subcutaneous kit</i> | 5 | |
| CETROTIDE SUBCUTANEOUS KIT | 5 | |
| CHORIONIC GONADOTROPIN, HUMAN INJECTION RECON SOLN | 4 | ST |
| <i>cinacalcet oral tablet</i> | 2 | ST |
| <i>clomid oral tablet</i> | 2 | |
| <i>clomiphene citrate oral tablet</i> | 2 | |
| CRYSVITA SUBCUTANEOUS SOLUTION | 5 | PA; MSP; QL |
| <i>danazol oral capsule</i> | 2 | |
| DDAVP ORAL TABLET | 4 | |
| DEPO-TESTOSTERONE INTRAMUSCULAR OIL | 4 | |
| <i>desmopressin injection solution</i> | 5 | MSP |
| <i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i> | 2 | |
| DESMOPRESSIN NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML) | 3 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>desmopressin oral tablet</i> | 2 | |
| <i>doxercalciferol oral capsule</i> | 2 | ST |
| <i>fyremadel subcutaneous syringe</i> | 5 | |
| GALAFOLD ORAL CAPSULE | 5 | PA; MSP; QL |
| <i>ganirelix subcutaneous syringe</i> | 5 | ST |
| GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR | 5 | ST |
| GONAL-F RFF SUBCUTANEOUS RECON SOLN | 5 | ST |
| GONAL-F SUBCUTANEOUS RECON SOLN | 5 | ST |
| JATENZO ORAL CAPSULE | 4 | QL |
| <i>javygtor oral powder in packet</i> | 5 | MSP |
| <i>javygtor oral tablet, soluble</i> | 5 | MSP |
| JYNARQUE ORAL TABLET | 5 | QL |
| JYNARQUE ORAL TABLETS, SEQUENTIAL | 5 | QL |
| MENOPUR SUBCUTANEOUS RECON SOLN | 5 | |
| METHITEST ORAL TABLET | 3 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>methyltestosterone oral capsule</i> | 2 | |
| MIACALCIN INJECTION SOLUTION | 4 | |
| <i>mifepristone oral tablet 300 mg</i> | 5 | MSP |
| <i>miglustat oral capsule</i> | 5 | PA; MSP; QL |
| MYALEPT SUBCUTANEOUS RECON SOLN | 5 | PA; MSP |
| NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING | 4 | PA; QL |
| NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING | 4 | PA; QL |
| NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT | 5 | QL |
| OPFOLDA ORAL CAPSULE | 5 | MSP; QL |
| ORILISSA ORAL TABLET | 3 | ST; QL |
| OVIDREL SUBCUTANEOUS SYRINGE | 5 | |
| PALYNZIQ SUBCUTANEOUS SYRINGE | 5 | MSP; QL |
| <i>paricalcitol intravenous solution</i> | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>paricalcitol oral capsule</i> | 2 | ST |
| PREGNYL INTRAMUSCULAR RECON SOLN | 5 | ST; QL |
| RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR | 4 | ST |
| ROCALTROL ORAL SOLUTION | 4 | ST |
| <i>sapropterin oral powder in packet</i> | 5 | MSP |
| <i>sapropterin oral tablet,soluble</i> | 5 | MSP |
| SOMAVERT SUBCUTANEOUS RECON SOLN | 5 | PA; MSP |
| STRENSIQ SUBCUTANEOUS SOLUTION | 5 | PA |
| SYNAREL NASAL SPRAY,NON-AEROSOL | 3 | PA |
| TESTOPEL IMPLANT PELLETT | 5 | |
| <i>testosterone cypionate intramuscular oil</i> | 2 | |
| <i>testosterone enanthate intramuscular oil</i> | 2 | |
| TESTOSTERONE IMPLANT PELLETT 100 MG, 200 MG, 50 MG | 4 | |
| <i>testosterone transdermal gel</i> | 2 | QL |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>testosterone transdermal gel in metered-dose pump</i> | 2 | QL |
| <i>testosterone transdermal gel in packet</i> | 2 | QL |
| <i>testosterone transdermal solution in metered pump w/app</i> | 2 | QL |
| <i>tolvaptan oral tablet</i> | 5 | MSP; QL |
| VOGELXO TRANSDERMAL GEL | 4 | QL |
| VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP | 4 | QL |
| VOGELXO TRANSDERMAL GEL IN PACKET | 4 | QL |
| VOXZOGO SUBCUTANEOUS RECON SOLN | 5 | MSP |
| XYOSTED SUBCUTANEOUS AUTO-INJECTOR | 3 | QL |
| YORVIPATH SUBCUTANEOUS PEN INJECTOR | 5 | |
| ZEMPLAR INTRAVENOUS SOLUTION | 4 | |
| ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG | 4 | ST |
| NON-INSULIN HYPOGLYCEMIC AGENTS | | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>acarbose oral tablet</i> | 1 | CISP; HSA+ |
| ACTOPLUS MET ORAL TABLET 15-850 MG | 4 | ST; QL |
| ACTOS ORAL TABLET | 4 | ST; QL |
| BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR | 3 | ST; CISP; HSA+; QL |
| BYETTA SUBCUTANEOUS PEN INJECTOR | 3 | ST; CISP; HSA+; QL |
| CYCLOSET ORAL TABLET | 4 | |
| DUETACT ORAL TABLET | 4 | ST; QL |
| FARXIGA ORAL TABLET | 3 | ST; CISP; HSA+; QL |
| <i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i> | 1 | CISP; HSA+ |
| <i>glipizide oral tablet 10 mg, 5 mg</i> | 1 | CISP; HSA+ |
| <i>glipizide oral tablet extended release 24hr</i> | 1 | CISP; HSA+ |
| <i>glipizide-metformin oral tablet</i> | 1 | CISP; HSA+ |
| GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR | 4 | |
| <i>glyburide micronized oral tablet</i> | 1 | CISP; HSA+ |
| <i>glyburide oral tablet</i> | 1 | CISP; HSA+ |
| <i>glyburide-metformin oral tablet</i> | 2 | CISP; HSA+ |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| GLYXAMBI ORAL TABLET | 3 | ST; CISP; HSA+; QL |
| JANUMET ORAL TABLET | 3 | ST; CISP; HSA+; QL |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR | 3 | ST; CISP; HSA+; QL |
| JANUVIA ORAL TABLET | 3 | ST; CISP; HSA+; QL |
| JARDIANCE ORAL TABLET | 3 | ST; CISP; HSA+; QL |
| <i>metformin oral solution</i> | 2 | ST; HSA+ |
| <i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i> | 1 | CISP; HSA+ |
| <i>metformin oral tablet osmotic extended release 24 hr</i> | 2 | CISP; HSA+; QL |
| <i>metformin oral tablet extended release 24hr</i> | 2 | PA; QL |
| <i>metformin oral tablet,er gast.retention 24 hr</i> | 2 | PA; QL |
| <i>migliol oral tablet</i> | 2 | CISP; HSA+ |
| MOUNJARO SUBCUTANEOUS PEN INJECTOR | 3 | ST; CISP; HSA+; QL |
| <i>nateglinide oral tablet</i> | 2 | CISP; HSA+ |
| OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG | 4 | ST; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) | 3 | ST; CISP; HSA+; QL |
| <i>pioglitazone oral tablet</i> | 2 | CISP; HSA+; QL |
| <i>pioglitazone-glimepiride oral tablet</i> | 2 | CISP; HSA+; QL |
| <i>pioglitazone-metformin oral tablet</i> | 2 | CISP; HSA+; QL |
| PRECOSE ORAL TABLET | 4 | |
| <i>repaglinide oral tablet</i> | 2 | CISP; HSA+ |
| RIOMET ORAL SOLUTION | 4 | ST |
| RYBELSUS ORAL TABLET | 3 | ST; CISP; HSA+; QL |
| <i>saxagliptin oral tablet</i> | 2 | ST; CISP; HSA+; QL |
| <i>saxagliptin-metformin oral tablet, er multiphase 24 hr</i> | 2 | ST; CISP; HSA+; QL |
| SEGLUROMET ORAL TABLET | 3 | ST; CISP; HSA+; QL |
| STEGLATRO ORAL TABLET | 3 | ST; CISP; HSA+; QL |
| SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR | 3 | ST; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR | 3 | ST; QL |
| SYNJARDY ORAL TABLET | 3 | ST; CISP; HSA+; QL |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR | 3 | ST; CISP; HSA+; QL |
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR | 3 | ST |
| TRULICITY SUBCUTANEOUS PEN INJECTOR | 3 | ST; CISP; HSA+; QL |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR | 3 | ST; CISP; HSA+; QL |

THYROID HORMONES

| | | |
|---|---|----|
| <i>adthyza oral tablet</i> 120 mg, 15 mg, 30 mg, 60 mg, 90 mg | 1 | |
| ARMOUR THYROID ORAL TABLET | 3 | |
| ERMEZA ORAL SOLUTION | 4 | ST |
| <i>euthyrox oral tablet</i> | 2 | |
| <i>levo-t oral tablet</i> | 2 | |
| <i>levothyroxine oral tablet</i> | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <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> | 1 | |
| <i>niva thyroid oral tablet</i> | 2 | |
| <i>np thyroid oral tablet</i> | 1 | |
| <i>thyroid (pork) oral tablet</i> | 2 | |
| <i>unithroid oral tablet</i> | 2 | |

GASTROENTEROLOGY

ANTIDIARRHEALS & ANTISPASMODICS

| | | |
|--|---|--|
| <i>anaspaz oral tablet, disintegrating</i> | 1 | |
| <i>belladonna alkaloids-opium rectal suppository</i> 16.2-30 mg | 1 | |
| <i>belladonna alkaloids-opium rectal suppository</i> 16.2-60 mg | 2 | |
| <i>chlordiazepoxide- clidinium oral capsule</i> | 1 | |
| <i>dicyclomine oral capsule</i> | 1 | |
| <i>dicyclomine oral solution</i> | 1 | |
| <i>dicyclomine oral tablet</i> | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>diphenoxylate-atropine oral liquid</i> | 1 | |
| <i>diphenoxylate-atropine oral tablet</i> | 1 | |
| DONNATAL ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML | 4 | |
| DONNATAL ORAL TABLET | 4 | |
| <i>ed-spaz oral tablet, disintegrating</i> | 1 | |
| GLYCATE ORAL TABLET | 4 | |
| <i>glycopyrrolate oral solution</i> | 2 | |
| <i>glycopyrrolate oral tablet</i> | 2 | |
| <i>hyoscyamine sulfate oral drops</i> | 1 | |
| <i>hyoscyamine sulfate oral elixir</i> | 2 | |
| <i>hyoscyamine sulfate oral tablet</i> | 2 | |
| <i>hyoscyamine sulfate oral tablet extended release 12 hr</i> | 1 | |
| <i>hyoscyamine sulfate oral tablet, disintegrating</i> | 2 | |
| <i>hyoscyamine sulfate sublingual tablet</i> | 2 | |
| <i>hyosyne oral drops</i> | 1 | |
| <i>hyosyne oral elixir</i> | 1 | |
| LEVBID ORAL TABLET EXTENDED RELEASE 12 HR | 4 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| LEVSIN ORAL TABLET | 4 | |
| LEVSIN/SL SUBLINGUAL TABLET | 4 | |
| LOMOTIL ORAL TABLET | 4 | |
| <i>loperamide oral capsule</i> | 2 | |
| <i>methscopolamine oral tablet</i> | 2 | |
| MOTOFEN ORAL TABLET | 4 | |
| NULEV ORAL TABLET, DISINTEGRATING | 4 | |
| <i>opium tincture oral tincture</i> | 2 | |
| <i>oscimin oral tablet</i> | 2 | |
| <i>oscimin sl sublingual tablet</i> | 2 | |
| <i>phenobarb-hyoscy-atropine-scop oral elixir</i> | 2 | |
| <i>phenobarb-hyoscy-atropine-scop oral tablet</i> | 2 | |
| <i>phenohydro oral elixir 16.2-0.1037 - 0.0194 mg/5 ml</i> | 2 | |
| <i>phenohydro oral tablet</i> | 2 | |
| ROBINUL FORTE ORAL TABLET | 4 | |
| ROBINUL ORAL TABLET | 4 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE | 4 | |
| <i>symax fastabs oral tablet,disintegrating</i> | 2 | |
| <i>symax-sl sublingual tablet</i> | 2 | |
| <i>symax-sr oral tablet extended release 12 hr</i> | 2 | |
| MISCELLANEOUS AGENTS | | |
| AURYXIA ORAL TABLET | 4 | |
| <i>lanthanum oral tablet,chewable</i> | 2 | QL |
| LOKELMA ORAL POWDER IN PACKET | 3 | QL |
| RENVELA ORAL POWDER IN PACKET | 4 | QL |
| RENVELA ORAL TABLET | 4 | QL |
| <i>sevelamer carbonate oral powder in packet</i> | 2 | QL |
| <i>sevelamer carbonate oral tablet</i> | 2 | QL |
| <i>sevelamer hcl oral tablet</i> | 2 | QL |
| <i>sodium polystyrene sulfonate oral powder</i> | 1 | |
| <i>sps (with sorbitol) oral suspension</i> | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>sps (with sorbitol) rectal enema</i> | 1 | |
| VELPHORO ORAL TABLET,CHEWABLE | 3 | QL |
| VELTASSA ORAL POWDER IN PACKET | 3 | QL |
| MISCELLANEOUS GASTROINTESTINAL AGENTS | | |
| <i>alosetron oral tablet</i> | 2 | |
| <i>alvimopan oral capsule</i> | 2 | |
| ANA-LEX KIT RECTAL KIT | 4 | |
| ANALPRAM-HC RECTAL CREAM 1-1 % | 4 | |
| ANALPRAM-HC RECTAL CREAM 2.5-1 % | 4 | ST |
| <i>anucort-hc rectal suppository</i> | 2 | |
| <i>aprepitant oral capsule</i> | 2 | QL |
| <i>aprepitant oral capsule,dose pack</i> | 2 | QL |
| APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR | 4 | ST |
| AZULFIDINE ENTABS ORAL TABLET,DELAYED RELEASE (DR/EC) | 4 | ST |
| AZULFIDINE ORAL TABLET | 4 | ST |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>balsalazide oral capsule</i> | 2 | |
| <i>betaine oral powder</i> | 5 | PA |
| <i>budesonide oral capsule, delayed, extended release</i> | 2 | |
| <i>budesonide oral tablet, delayed and extended release</i> | 2 | DAW-9 |
| <i>budesonide rectal foam</i> | 2 | |
| BYLVAY ORAL CAPSULE | 5 | MSP; QL |
| BYLVAY ORAL PELLET | 5 | MSP; QL |
| CHENODAL ORAL TABLET | 5 | |
| CHOLBAM ORAL CAPSULE 250 MG | 5 | PA |
| CHOLBAM ORAL CAPSULE 50 MG | 5 | PA; QL |
| <i>citrate of magnesia oral solution</i> | 1 | ACA; OTC |
| <i>citroma oral solution</i> | 1 | ACA; OTC |
| <i>clearlax oral powder</i> | 2 | ACA; OTC |
| COLAZAL ORAL CAPSULE | 4 | ST |
| COMPAZINE ORAL TABLET | 4 | |
| COMPAZINE RECTAL SUPPOSITORY | 4 | |
| <i>compro rectal suppository</i> | 2 | |
| <i>constulose oral solution</i> | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| CORTENEMA RECTAL ENEMA | 4 | |
| CREON ORAL CAPSULE, DELAYED RELEASE (DR/EC) | 3 | |
| <i>cromolyn oral concentrate</i> | 2 | HSA+ |
| DICLEGIS ORAL TABLET, DELAYED RELEASE (DR/EC) | 4 | QL |
| DIPENTUM ORAL CAPSULE | 4 | ST |
| <i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec)</i> | 2 | QL |
| <i>dronabinol oral capsule</i> | 2 | PA |
| <i>dulcolax (magnesium hydroxide) oral suspension</i> | 2 | ACA; OTC |
| <i>enulose oral solution</i> | 1 | |
| GASTROCROM ORAL CONCENTRATE | 4 | |
| GATTEX 30-VIAL SUBCUTANEOUS KIT | 5 | PA; MSP |
| <i>gavilax oral powder</i> | 1 | ACA; OTC |
| <i>gavilyte-c oral recon soln</i> | 1 | ACA |
| <i>gavilyte-g oral recon soln</i> | 1 | ACA |
| <i>gavilyte-n oral recon soln</i> | 1 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>generlac oral solution</i> | 2 | |
| <i>gentle laxative (bisacodyl) oral tablet, delayed release (dr/ec)</i> | 1 | ACA; OTC |
| <i>gentle laxative (mag hydrox) oral suspension</i> | 1 | ACA; OTC |
| <i>gentlelax oral powder</i> | 1 | ACA; OTC |
| GOLYTELY ORAL RECON SOLN | 4 | |
| <i>granisetron hcl oral tablet</i> | 2 | QL |
| <i>hemmorex-hc rectal suppository</i> | 2 | |
| <i>hydrocortisone acetate rectal suppository 25 mg</i> | 2 | |
| <i>hydrocortisone acetate rectal suppository 30 mg</i> | 1 | |
| <i>hydrocortisone rectal enema</i> | 2 | |
| <i>hydrocortisone topical cream with perineal applicator</i> | 2 | |
| <i>hydrocortisone-pramoxine rectal cream 1-1 %</i> | 2 | |
| <i>hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)</i> | 2 | ST |
| KRISTALOSE ORAL PACKET | 4 | |
| <i>lactulose oral packet</i> | 2 | PA |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i> | 1 | |
| <i>laxative (bisacodyl) oral tablet, delayed release (dr/ec)</i> | 2 | ACA; OTC |
| <i>laxative peg 3350 oral powder</i> | 2 | ACA; OTC |
| <i>lidocaine hcl-hydrocortison ac rectal cream</i> | 2 | |
| LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL | 4 | |
| <i>lidocaine hcl-hydrocortison ac rectal kit</i> | 2 | |
| <i>lidocaine-hydrocortisone-aloe rectal gel</i> | 2 | |
| <i>lidocaine-hydrocortisone-aloe rectal kit</i> | 2 | |
| LINZESS ORAL CAPSULE | 3 | QL |
| LIVMARLI ORAL SOLUTION | 5 | |
| <i>lubiprostone oral capsule</i> | 2 | QL |
| <i>magnesium citrate oral solution</i> | 1 | ACA; OTC |
| MARINOL ORAL CAPSULE | 4 | PA |
| <i>meclizine oral tablet 12.5 mg</i> | 2 | |
| <i>meclizine oral tablet 25 mg</i> | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>mesalamine oral capsule (with del rel tablets)</i> | 2 | |
| <i>mesalamine oral capsule, extended release</i> | 2 | DAW-9 |
| <i>mesalamine oral capsule, extended release 24hr</i> | 2 | DAW-9 |
| <i>mesalamine oral tablet, delayed release (dr/ec)</i> | 2 | |
| <i>mesalamine rectal enema</i> | 2 | |
| <i>mesalamine rectal suppository</i> | 2 | |
| <i>mesalamine with cleansing wipe rectal enema kit</i> | 2 | |
| <i>metoclopramide hcl oral solution</i> | 1 | |
| <i>metoclopramide hcl oral tablet</i> | 1 | |
| <i>milk of magnesia concentrated oral suspension</i> | 1 | ACA; OTC |
| <i>milk of magnesia oral suspension</i> | 2 | ACA; OTC |
| MOVANTIK ORAL TABLET | 3 | QL |
| <i>natura-lax oral powder</i> | 2 | ACA; OTC |
| <i>nitroglycerin rectal ointment</i> | 2 | |
| OICALIVA ORAL TABLET | 5 | MSP; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| OMVOH PEN SUBCUTANEOUS PEN INJECTOR | 5 | PA; MSP; QL |
| OMVOH SUBCUTANEOUS SYRINGE | 5 | PA; MSP |
| <i>ondansetron hcl oral solution</i> | 2 | QL |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i> | 2 | QL |
| <i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i> | 2 | QL |
| <i>onelax magnesium citrate oral solution</i> | 2 | ACA; OTC |
| <i>oral saline laxative oral liquid</i> | 1 | ACA; OTC |
| <i>palonosetron intravenous solution 0.25 mg/5 ml</i> | 2 | |
| PANCREAZE ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800-98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700-83,900 UNIT, 37,000-97,300-149,900 UNIT, 4,200-14,200-24,600 UNIT | 3 | |
| <i>peg 3350-electrolytes oral recon soln</i> | 1 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet</i> | 2 | ACA |
| <i>peg-electrolyte soln oral recon soln</i> | 2 | ACA |
| PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG | 3 | |
| PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG | 4 | |
| <i>phosphate laxative oral liquid</i> | 1 | ACA; OTC |
| <i>polyethylene glycol 3350 oral powder</i> | 2 | ACA; OTC |
| <i>powderlax oral powder</i> | 1 | ACA; OTC |
| <i>prochlorperazine maleate oral tablet</i> | 1 | HSA+ |
| <i>prochlorperazine rectal suppository</i> | 2 | HSA+ |
| PROCORT RECTAL CREAM | 4 | |
| PROCTOCORT RECTAL SUPPOSITORY | 4 | ST |
| <i>procto-med hc topical cream with perineal applicator</i> | 2 | |
| <i>proctosol hc topical cream with perineal applicator</i> | 2 | |
| <i>proctozone-hc topical cream with perineal applicator</i> | 2 | |
| <i>purelax oral powder</i> | 1 | ACA; OTC |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| REBYOTA RECTAL ENEMA | 5 | MSP |
| RECTIV RECTAL OINTMENT | 3 | |
| REGLAN ORAL TABLET | 4 | |
| RELISTOR ORAL TABLET | 3 | ST |
| RELISTOR SUBCUTANEOUS SOLUTION | 3 | ST |
| RELISTOR SUBCUTANEOUS SYRINGE | 3 | ST |
| ROWASA RECTAL ENEMA KIT | 4 | |
| SANCUSO TRANSDERMAL PATCH WEEKLY | 4 | QL |
| <i>scopolamine base transdermal patch 3 day</i> | 2 | |
| SFROWASA RECTAL ENEMA | 4 | |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR | 5 | PA; MSP; QL |
| <i>smoothlax oral powder</i> | 1 | ACA; OTC |
| <i>sodium,potassium,mag sulfates oral recon soln</i> | 2 | HSA+; ACA |
| SUCRAID ORAL SOLUTION | 5 | PA |
| <i>sulfasalazine oral tablet</i> | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>sulfasalazine oral tablet, delayed release (dr/ec)</i> | 2 | |
| SYMPROIC ORAL TABLET | 3 | |
| SYNDROS ORAL SOLUTION | 4 | PA |
| <i>trimethobenzamide oral capsule</i> | 2 | |
| TRULANCE ORAL TABLET | 3 | |
| UCERIS ORAL TABLET, DELAYED AND EXT. RELEASE | 4 | |
| UCERIS RECTAL FOAM | 3 | |
| URSO FORTE ORAL TABLET | 4 | |
| <i>ursodiol oral capsule</i> | 2 | |
| <i>ursodiol oral tablet</i> | 2 | |
| VARUBI ORAL TABLET | 3 | QL |
| VIBERZI ORAL TABLET | 3 | |
| VIOKACE ORAL TABLET | 3 | |
| VOWST ORAL CAPSULE | 5 | |
| <i>women's gentle laxative (bisac) oral tablet, delayed release (dr/ec)</i> | 1 | ACA; OTC |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC) | 3 | |
| 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000-24,000 UNIT, 60,000-189,600-252,600 UNIT | | |
| ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT | 5 | PA; MSP; QL |
| ZYMFENTRA SUBCUTANEOUS SYRINGE KIT | 5 | PA; MSP; QL |
| ULCER THERAPY | | |
| <i>amoxicil-clarithromy-lansopraz oral combo pack</i> | 2 | QL |
| <i>bismuth subcit k-metronidz-ten oral capsule</i> | 2 | |
| <i>cimetidine hcl oral solution</i> | 2 | |
| <i>cimetidine oral tablet</i> | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| CYTOTEC ORAL TABLET | 4 | |
| <i>dexlansoprazole oral capsule,biphase delayed releas 30 mg</i> | 2 | ST; QL |
| <i>dexlansoprazole oral capsule,biphase delayed releas 60 mg</i> | 2 | ST |
| <i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i> | 2 | |
| <i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i> | 2 | ST; QL |
| <i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i> | 2 | ST |
| <i>famotidine oral suspension for reconstitution</i> | 2 | |
| <i>famotidine oral tablet 20 mg, 40 mg</i> | 1 | |
| <i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i> | 2 | QL |
| <i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i> | 2 | |
| <i>lansoprazole oral tablet,disintegrat, delay rel 15 mg</i> | 2 | ST; QL |
| <i>lansoprazole oral tablet,disintegrat, delay rel 30 mg</i> | 2 | ST |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>misoprostol oral tablet</i> | 1 | |
| <i>nizatidine oral capsule</i> | 2 | |
| OMECLAMOX-PAK ORAL COMBO PACK | 4 | QL |
| <i>omeprazole oral capsule,delayed release(dr/ec) 10 mg</i> | 1 | QL |
| <i>omeprazole oral capsule,delayed release(dr/ec) 20 mg</i> | 2 | QL |
| <i>omeprazole oral capsule,delayed release(dr/ec) 40 mg</i> | 2 | |
| <i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i> | 2 | PA; QL |
| <i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i> | 2 | PA |
| <i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i> | 2 | PA; QL |
| <i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i> | 2 | PA |
| <i>pantoprazole oral granules dr for susp in packet</i> | 2 | ST |
| <i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg</i> | 1 | QL |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i> | 1 | |
| PEPCID ORAL TABLET | 4 | |
| <i>rabeprazole oral tablet, delayed release (dr/ec)</i> | 2 | |
| <i>sucralfate oral suspension</i> | 2 | |
| <i>sucralfate oral tablet</i> | 2 | |
| TALICIA ORAL CAPSULE, IR - DELAY REL, BIPHASE | 3 | QL |
| VOQUEZNA DUAL PAK ORAL COMBO PACK | 4 | |
| VOQUEZNA ORAL TABLET | 4 | ST |
| VOQUEZNA TRIPLE PAK ORAL COMBO PACK | 4 | |
| IMMUNOLOGY, VACCINES & BIOTECHNOLOGY | | |
| ANTIVIRALS | | |
| <i>ribavirin oral capsule</i> | 5 | ST; MSP |
| <i>ribavirin oral tablet 200 mg</i> | 5 | ST; MSP |
| BIOTECHNOLOGY DRUGS | | |
| ARCALYST SUBCUTANEOUS RECON SOLN | 5 | PA; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| FULPHILA SUBCUTANEOUS SYRINGE | 5 | PA; MSP; QL |
| ILARIS (PF) SUBCUTANEOUS SOLUTION | 5 | PA; MSP |
| LEUKINE INJECTION RECON SOLN | 5 | PA; MSP |
| MOZOBIL SUBCUTANEOUS SOLUTION | 5 | MSP |
| NIVESTYM INJECTION SOLUTION | 5 | PA; MSP |
| NIVESTYM SUBCUTANEOUS SYRINGE | 5 | PA; MSP |
| <i>plerixafor subcutaneous solution</i> | 5 | MSP |
| PROCRIT INJECTION SOLUTION | 5 | PA; MSP |
| PROLEUKIN INTRAVENOUS RECON SOLN | 5 | PA; MSP |
| RETACRIT INJECTION SOLUTION | 5 | PA; MSP |
| XOLREMDI ORAL CAPSULE | 5 | |
| ZIEXTENZO SUBCUTANEOUS SYRINGE | 5 | PA; MSP; QL |
| GROWTH HORMONES | | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| EGRIFTA SV SUBCUTANEOUS RECON SOLN | 5 | PA; MSP |
| GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE | 5 | PA; MSP |
| GENOTROPIN SUBCUTANEOUS CARTRIDGE | 5 | PA; MSP |
| NGENLA SUBCUTANEOUS PEN INJECTOR | 5 | PA; MSP |
| OMNITROPE SUBCUTANEOUS CARTRIDGE | 5 | PA; MSP |
| OMNITROPE SUBCUTANEOUS RECON SOLN | 5 | PA; MSP |
| SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG | 5 | PA; MSP |
| INTERFERONS | | |
| ACTIMMUNE SUBCUTANEOUS SOLUTION | 5 | PA; MSP |
| ALFERON N INJECTION SOLUTION | 3 | |
| PEGASYS SUBCUTANEOUS SOLUTION | 5 | MSP; QL |
| PEGASYS SUBCUTANEOUS SYRINGE | 5 | MSP; QL |
| MULTIPLE SCLEROSIS AGENTS | | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| AVONEX INTRAMUSCULA R PEN INJECTOR KIT | 5 | PA; MSP; QL |
| AVONEX INTRAMUSCULA R SYRINGE KIT | 5 | PA; MSP; QL |
| BAFIERTAM ORAL CAPSULE,DELAY ED RELEASE(DR/EC) | 5 | PA; MSP; QL |
| BETASERON SUBCUTANEOUS KIT | 5 | PA; MSP; QL |
| <i>dimethyl fumarate oral capsule, delayed release(dr/ec)</i> | 2 | PA; MSP; QL |
| <i>fingolimod oral capsule</i> | 5 | PA; MSP; QL |
| <i>glatiramer subcutaneous syringe</i> | 5 | PA; MSP; QL |
| <i>glatopa subcutaneous syringe</i> | 5 | PA; MSP; QL |
| KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR | 5 | PA; MSP; QL |
| MAVENCLAD (10 TABLET PACK) ORAL TABLET | 5 | PA; MSP; QL |
| MAVENCLAD (4 TABLET PACK) ORAL TABLET | 5 | PA; MSP; QL |
| MAVENCLAD (5 TABLET PACK) ORAL TABLET | 5 | PA; MSP; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| MAVENCLAD (6 TABLET PACK) ORAL TABLET | 5 | PA; MSP; QL |
| MAVENCLAD (7 TABLET PACK) ORAL TABLET | 5 | PA; MSP; QL |
| MAVENCLAD (8 TABLET PACK) ORAL TABLET | 5 | PA; MSP; QL |
| MAVENCLAD (9 TABLET PACK) ORAL TABLET | 5 | PA; MSP; QL |
| MAYZENT ORAL TABLET | 5 | PA; MSP; QL |
| MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK | 5 | PA; MSP; QL |
| MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK | 5 | PA; MSP; QL |
| PLEGRIDY INTRAMUSCULAR SYRINGE | 5 | PA; MSP; QL |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR | 5 | PA; MSP; QL |
| PLEGRIDY SUBCUTANEOUS SYRINGE | 5 | PA; MSP; QL |
| PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK | 5 | PA; MSP; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| PONVORY ORAL TABLET | 5 | PA; MSP; QL |
| REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE | 5 | PA; MSP; QL |
| REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR | 5 | PA; MSP; QL |
| REBIF TITRATION PACK SUBCUTANEOUS SYRINGE | 5 | PA; MSP; QL |
| <i>teriflunomide oral tablet</i> | 5 | PA; MSP; QL |
| VUMERITY ORAL CAPSULE,DELAY ED RELEASE(DR/EC) | 5 | PA; MSP; QL |
| VACCINES & MISCELLANEOUS IMMUNOLOGICALS | | |
| ABRYSVO (PF) INTRAMUSCULAR RECON SOLN | 3 | ACA |
| ACAM2000 (NATIONAL STOCKPILE) PERCUTANEOUS RECON SOLN | 3 | |
| ACTHIB (PF) INTRAMUSCULAR RECON SOLN | 3 | ACA |
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION | 3 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE | 3 | ACA |
| AFLURIA TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE | 3 | ACA |
| AFLURIA TRIV 2024-2025 INTRAMUSCULAR SUSPENSION | 3 | ACA |
| AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION | 3 | ACA |
| AUDENZ (NATIONAL STOCKPILE) INTRAMUSCULAR EMULSION | 4 | |
| AUDENZ(PF)(NATIONAL STOCKPILE) INTRAMUSCULAR SYRINGE | 3 | ACA |
| BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION | 3 | |
| BEXSERO INTRAMUSCULAR SYRINGE | 3 | ACA |
| BIOTHRAX INTRAMUSCULAR SUSPENSION | 3 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| BOOSTRIX TDAP INTRAMUSCULAR SYRINGE | 3 | ACA |
| CAPVAXIVE INTRAMUSCULAR SYRINGE | 3 | ACA |
| COMIRNATY 2024-25 (12Y UP)(PF) INTRAMUSCULAR SYRINGE | 3 | ACA |
| CUVITRU SUBCUTANEOUS SOLUTION | 5 | PA; MSP |
| DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION | 3 | ACA |
| DENG VAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION | 3 | ACA |
| ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION | 3 | ACA |
| ENGERIX-B (PF) INTRAMUSCULAR SYRINGE | 3 | ACA |
| ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE | 3 | ACA |
| ERVEBO(PF)(NATIONAL STOCKPILE) INTRAMUSCULAR SUSPENSION | 3 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| FLUAD TRIV 2024-25(65Y UP)(PF) INTRAMUSCULAR SYRINGE | 3 | ACA |
| FLUARIX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE | 3 | ACA |
| FLUBLOK TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE | 3 | ACA |
| FLUCELVAX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE | 3 | ACA |
| FLUCELVAX TRIV 2024-2025 INTRAMUSCULAR SUSPENSION | 3 | ACA |
| FLULAVAL TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE | 3 | ACA |
| FLUMIST TRIVALENT 2024-2025 NASAL NASAL SPRAY SYRINGE | 3 | ACA |
| FLUZONE HIGH-DOSE TRIV 24-25 INTRAMUSCULAR SYRINGE | 3 | ACA |
| FLUZONE TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE | 3 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| FLUZONE TRIV 2024-2025 INTRAMUSCULAR SUSPENSION | 3 | ACA |
| GAMMAGARD LIQUID INJECTION SOLUTION | 5 | PA; MSP |
| GAMUNEX-C INJECTION SOLUTION | 5 | PA; MSP |
| GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION | 3 | ACA |
| GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE | 3 | ACA |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE | 3 | ACA |
| HEPAGAM B INJECTION SOLUTION | 3 | |
| HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE | 3 | ACA |
| HIBERIX (PF) INTRAMUSCULAR RECON SOLN | 3 | ACA |
| HIZENTRA SUBCUTANEOUS SOLUTION | 5 | PA; MSP |
| HIZENTRA SUBCUTANEOUS SYRINGE | 5 | PA; MSP |
| HYPERHEP B INTRAMUSCULAR SOLUTION | 3 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| HYPERHEP B NEONATAL INTRAMUSCULAR SYRINGE | 3 | |
| HYPERRAB (PF) INTRAMUSCULAR SOLUTION | 3 | |
| HYQVIA SUBCUTANEOUS SOLUTION | 5 | PA; MSP |
| IMOGAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION | 3 | |
| IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN | 3 | |
| INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE | 3 | ACA |
| IPOL INJECTION SUSPENSION | 3 | ACA |
| IXCHIQ (PF) INTRAMUSCULAR RECON SOLN | 3 | |
| IXIARO (PF) INTRAMUSCULAR SYRINGE | 3 | |
| JYNNEOS (PF) SUBCUTANEOUS SUSPENSION | 3 | |
| KEDRAB (PF) INTRAMUSCULAR SOLUTION | 4 | |
| KINRIX (PF) INTRAMUSCULAR SYRINGE | 3 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| MENQUADFI (PF) INTRAMUSCULAR SOLUTION | 3 | ACA |
| MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT | 3 | ACA |
| MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION | 3 | ACA |
| M-M-R II (PF) SUBCUTANEOUS RECON SOLN | 3 | ACA |
| MODERNA COVID 24-25(6M-11Y)PF INTRAMUSCULAR SYRINGE | 3 | ACA |
| MRESVIA (PF) INTRAMUSCULAR SYRINGE | 3 | ACA |
| MYOBLOC INTRAMUSCULAR SOLUTION | 5 | PA; MSP |
| NABI-HB INTRAMUSCULAR SOLUTION | 4 | |
| NOVAVAX COVID 2024-25(PF)(EUA) INTRAMUSCULAR SYRINGE | 3 | ACA |
| PEDIARIX (PF) INTRAMUSCULAR SYRINGE | 3 | ACA |
| PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION | 3 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| PENBRAYA (PF) INTRAMUSCULAR KIT | 3 | ACA |
| PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML | 3 | ACA |
| PFIZER COVID 2024-25(5Y-11Y)PF INTRAMUSCULAR SUSPENSION | 3 | ACA |
| PFIZER COVID 2024-25(6MO-4Y)PF INTRAMUSCULAR SUSPENSION | 3 | ACA |
| PNEUMOVAX-23 INJECTION SYRINGE | 3 | ACA |
| PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE | 3 | ACA |
| PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION | 3 | ACA |
| PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION | 3 | ACA |
| QUADRACEL (PF) INTRAMUSCULAR SUSPENSION | 3 | ACA |
| QUADRACEL (PF) INTRAMUSCULAR SYRINGE | 3 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| RABAERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION | 3 | |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION | 3 | ACA |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE | 3 | ACA |
| ROTARIX ORAL SUSPENSION | 3 | ACA |
| ROTATEQ VACCINE ORAL SOLUTION | 3 | ACA |
| SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION | 3 | ACA |
| SPIKEVAX 2024-2025(12Y UP)(PF) INTRAMUSCULAR SYRINGE | 3 | ACA |
| STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION | 3 | |
| TDVAX INTRAMUSCULAR SUSPENSION | 3 | ACA |
| TENIVAC (PF) INTRAMUSCULAR SUSPENSION | 3 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| TENIVAC (PF) INTRAMUSCULAR SYRINGE | 3 | ACA |
| TICOVAC INTRAMUSCULAR SYRINGE | 3 | |
| TRUMENBA INTRAMUSCULAR SYRINGE | 3 | ACA |
| TWINRIX (PF) INTRAMUSCULAR SYRINGE | 3 | ACA |
| TYPHIM VI INTRAMUSCULAR SOLUTION | 3 | |
| TYPHIM VI INTRAMUSCULAR SYRINGE | 3 | |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION | 3 | ACA |
| VAQTA (PF) INTRAMUSCULAR SYRINGE | 3 | ACA |
| VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION | 3 | ACA |
| VARIZIG INTRAMUSCULAR SOLUTION | 3 | |
| VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION | 3 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| VAXELIS (PF) INTRAMUSCULAR SUSPENSION | 3 | ACA |
| VAXELIS (PF) INTRAMUSCULAR SYRINGE | 3 | ACA |
| VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE | 3 | ACA |
| VIVOTIF ORAL CAPSULE, DELAYED RELEASE (DR/EC) | 3 | |
| XEMBIFY SUBCUTANEOUS SOLUTION | 5 | PA; MSP |
| YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION | 3 | |

IMMUNOLOGY

INTERLEUKINS

| | | |
|---|---|--|
| <i>imiquimod topical cream in metered-dose pump</i> | 2 | |
|---|---|--|

| | | |
|--|---|--|
| <i>imiquimod topical cream in packet</i> | 2 | |
|--|---|--|

MUSCULOSKELETAL & RHEUMATOLOGY

GOUT THERAPY

| | | |
|--------------------------------|---|--|
| <i>allopurinol oral tablet</i> | 1 | |
|--------------------------------|---|--|

| | | |
|--------------------------------|---|----|
| <i>colchicine oral capsule</i> | 2 | ST |
|--------------------------------|---|----|

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>colchicine oral tablet</i> | 2 | |
| <i>febuxostat oral tablet</i> | 2 | ST |
| GLOPERBA ORAL SOLUTION | 4 | |
| MITIGARE ORAL CAPSULE | 3 | ST |
| <i>probenecid oral tablet</i> | 1 | |
| <i>probenecid-colchicine oral tablet</i> | 2 | |
| ZYLOPRIM ORAL TABLET 100 MG | 4 | |
| OSTEOPOROSIS THERAPY | | |
| ACTONEL ORAL TABLET 150 MG, 35 MG | 4 | PA; QL |
| <i>alendronate oral solution</i> | 2 | HSA+; QL |
| <i>alendronate oral tablet 10 mg, 70 mg</i> | 2 | HSA+; QL |
| <i>alendronate oral tablet 35 mg, 5 mg</i> | 1 | HSA+; QL |
| AELVIA ORAL TABLET, DELAYED RELEASE (DR/EC) | 4 | PA; QL |
| BINOSTO ORAL TABLET, EFFERVESCENT | 4 | PA; QL |
| EVISTA ORAL TABLET | 4 | |
| FORTEO SUBCUTANEOUS PEN INJECTOR | 5 | PA; MSP; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| FOSAMAX ORAL TABLET 70 MG | 4 | PA; QL |
| FOSAMAX PLUS D ORAL TABLET | 4 | PA; QL |
| <i>ibandronate oral tablet</i> | 2 | HSA+; QL |
| <i>raloxifene oral tablet</i> | 2 | HSA+ |
| <i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i> | 2 | HSA+; QL |
| <i>risedronate oral tablet, delayed release (dr/ec)</i> | 2 | HSA+; QL |
| <i>teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml)</i> | 5 | PA; MSP; QL |
| TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML) | 5 | PA; QL |
| TYMLOS SUBCUTANEOUS PEN INJECTOR | 5 | PA; MSP; QL |
| OTHER RHEUMATOLOGICALS | | |
| ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR | 5 | PA; MSP; QL |
| ACTEMRA SUBCUTANEOUS SYRINGE | 5 | PA; MSP; QL |
| ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR | 5 | PA; MSP; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE | 5 | PA; MSP; QL |
| ADALIMUMAB-ADBM SUBCUTANEOUS PEN INJECTOR KIT | 5 | PA; MSP; QL |
| ADALIMUMAB-ADBM SUBCUTANEOUS SYRINGE KIT | 5 | PA; MSP; QL |
| ADALIMUMAB-ADBM(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT | 5 | PA; MSP; QL |
| ADALIMUMAB-ADBM(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT | 5 | PA; MSP; QL |
| ADALIMUMAB-RYVK SUBCUTANEOUS AUTO-INJECTOR, KIT | 5 | PA; QL |
| ADALIMUMAB-RYVK SUBCUTANEOUS SYRINGE KIT | 5 | PA; QL |
| ARAVA ORAL TABLET | 4 | QL |
| BENLYSTA SUBCUTANEOUS AUTO-INJECTOR | 5 | PA; MSP; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| BENLYSTA SUBCUTANEOUS SYRINGE | 5 | PA; MSP; QL |
| CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT | 5 | PA; MSP; QL |
| CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT | 5 | PA; MSP; QL |
| CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT | 5 | PA; MSP; QL |
| CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT | 5 | PA; MSP; QL |
| DEPEN TITRATABS ORAL TABLET | 4 | PA |
| ENBREL MINI SUBCUTANEOUS CARTRIDGE | 5 | PA; MSP; QL |
| ENBREL SUBCUTANEOUS SOLUTION | 5 | PA; MSP; QL |
| ENBREL SUBCUTANEOUS SYRINGE | 5 | PA; MSP; QL |
| ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR | 5 | PA; MSP; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| HUMIRA (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML | 5 | PA; MSP; QL |
| HUMIRA PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT | 5 | PA; MSP; QL |
| HUMIRA(CF) (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT | 5 | PA; MSP; QL |
| HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML | 5 | PA; MSP; QL |
| HUMIRA(CF) PEN CROHNS-UC-HS (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT | 5 | PA; MSP; QL |
| HUMIRA(CF) PEN PEDIATRIC UC (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT | 5 | PA; MSP; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| HUMIRA(CF) PEN PSOR-UV-ADOL HS (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT | 5 | PA; MSP; QL |
| HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR | 5 | PA; MSP; QL |
| HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR | 5 | PA; MSP; QL |
| HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE | 5 | PA; MSP; QL |
| HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR | 5 | PA; MSP; QL |
| HYRIMOZ(CF) SUBCUTANEOUS SYRINGE | 5 | PA; MSP; QL |
| <i>leflunomide oral tablet</i> | 2 | QL |
| OTEZLA ORAL TABLET | 5 | PA; MSP; QL |
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47) | 5 | PA; MSP; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>penicillamine oral capsule</i> | 2 | PA |
| <i>penicillamine oral tablet</i> | 2 | PA |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR | 3 | ST |
| RIDAURA ORAL CAPSULE | 3 | |
| RINVOQ LQ ORAL SOLUTION | 5 | PA; MSP; QL |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR | 5 | PA; MSP; QL |
| SAVELLA ORAL TABLET | 3 | ST; QL |
| SAVELLA ORAL TABLETS,DOSE PACK | 3 | ST; QL |
| SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT | 5 | PA; MSP; QL |
| SIMPONIA INTRAVENOUS SOLUTION | 5 | PA; MSP |
| SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML | 5 | PA; MSP; QL |
| SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML | 5 | PA; MSP; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR | 5 | PA; MSP |
| TYENNE SUBCUTANEOUS SYRINGE | 5 | PA; MSP |
| XELJANZ ORAL SOLUTION | 5 | PA; MSP; QL |
| XELJANZ ORAL TABLET | 5 | PA; MSP; QL |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR | 5 | PA; MSP; QL |

OBSTETRICS & GYNECOLOGY

DIAPHRAGMS AND OTHER NON- ORAL CONTRACEPTIVES

| | | |
|---|---|----------|
| CAYA CONTOURED VAGINAL DIAPHRAGM | 3 | ACA |
| DUREX AVANTI BARE REAL FEEL | 4 | ACA; OTC |
| DUREX TROPICAL CONDOM DEVICE | 4 | ACA; OTC |
| FC2 FEMALE CONDOM | 3 | ACA; OTC |
| FEMCAP VAGINAL DEVICE 22 MM | 3 | ACA |
| KYLEENA INTRAUTERINE INTRAUTERINE DEVICE | 5 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| LILETTA INTRAUTERINE INTRAUTERINE DEVICE | 5 | ACA; MSP |
| MIRENA INTRAUTERINE INTRAUTERINE DEVICE | 5 | ACA |
| PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE | 5 | ACA |
| SKYLA INTRAUTERINE INTRAUTERINE DEVICE | 5 | ACA |
| TRUSTEX-RIA NON-LUB CONDOMS DEVICE | 3 | ACA; OTC |
| WIDE-SEAL DIAPHRAGM | 4 | ACA |
| ESTROGENS & PROGESTINS | | |
| ACTIVELLA ORAL TABLET | 4 | |
| ANGELIQ ORAL TABLET | 4 | |
| <i>camila oral tablet</i> | 1 | ACA |
| CLIMARA TRANSDERMAL PATCH WEEKLY | 4 | QL |
| COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY | 3 | |
| <i>covaryx h.s. oral tablet</i> | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>covaryx oral tablet</i> | 2 | |
| CRINONE VAGINAL GEL 8 % | 5 | |
| <i>deblitane oral tablet</i> | 1 | ACA |
| DELESTROGEN INTRAMUSCULA R OIL | 4 | |
| DEPO-ESTRADIOL INTRAMUSCULA R OIL | 3 | |
| DEPO-PROVERA INTRAMUSCULA R SUSPENSION 150 MG/ML | 4 | ACA; QL |
| DEPO-PROVERA INTRAMUSCULA R SYRINGE | 4 | ACA; QL |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE | 4 | ACA; QL |
| <i>dotti transdermal patch semiweekly</i> | 2 | HSA+; QL |
| DUAVEE ORAL TABLET | 3 | |
| <i>eemt hs oral tablet</i> | 2 | |
| <i>eemt oral tablet</i> | 2 | |
| <i>emzahh oral tablet</i> | 2 | ACA |
| <i>errin oral tablet</i> | 1 | ACA |
| ESTRACE ORAL TABLET | 4 | |
| ESTRADIOL IMPLANT PELLETT 6 MG | 4 | |
| <i>estradiol oral tablet</i> | 1 | HSA+ |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>estradiol transdermal gel in metered-dose pump</i> | 2 | HSA+; QL |
| <i>estradiol transdermal gel in packet</i> | 2 | HSA+; QL |
| <i>estradiol transdermal patch semiweekly</i> | 2 | HSA+; QL |
| <i>estradiol transdermal patch weekly</i> | 2 | HSA+; QL |
| <i>estradiol vaginal cream</i> | 2 | HSA+ |
| <i>estradiol vaginal tablet</i> | 2 | HSA+ |
| <i>estradiol valerate intramuscular oil</i> | 2 | |
| <i>estradiol-norethindrone acet oral tablet</i> | 2 | HSA+ |
| ESTRATEST F.S. ORAL TABLET | 4 | |
| <i>estrogens-methyltestosterone oral tablet</i> | 2 | |
| EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL | 4 | QL |
| <i>fyavolv oral tablet</i> | 2 | |
| <i>gallifrey oral tablet</i> | 2 | |
| <i>heather oral tablet</i> | 2 | ACA |
| <i>incassia oral tablet</i> | 2 | ACA |
| <i>jencycla oral tablet</i> | 2 | ACA |
| <i>jinteli oral tablet</i> | 2 | |
| <i>lyleq oral tablet</i> | 2 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>lyllana transdermal patch semiweekly</i> | 2 | QL |
| <i>lyza oral tablet</i> | 1 | ACA |
| <i>medroxyprogesterone intramuscular suspension</i> | 2 | HSA+; ACA; QL |
| <i>medroxyprogesterone intramuscular syringe</i> | 2 | HSA+; ACA; QL |
| <i>medroxyprogesterone oral tablet</i> | 1 | HSA+ |
| MENOSTAR TRANSDERMAL PATCH WEEKLY | 4 | QL |
| <i>mimvey oral tablet</i> | 2 | |
| <i>nora-be oral tablet</i> | 2 | ACA |
| <i>norethindrone (contraceptive) oral tablet</i> | 1 | ACA |
| <i>norethindrone acetate oral tablet</i> | 1 | |
| <i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> | 2 | HSA+ |
| OPILL ORAL TABLET | 3 | ACA; OTC |
| PREMARIN VAGINAL CREAM | 3 | |
| <i>progesterone micronized oral capsule</i> | 2 | |
| PROMETRIUM ORAL CAPSULE | 4 | |
| PROVERA ORAL TABLET | 4 | |
| <i>sharobel oral tablet</i> | 1 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>tulana oral tablet</i> | 2 | ACA |
| <i>yuvafem vaginal tablet</i> | 2 | |
| MISCELLANEOUS OB/GYN | | |
| ANNOVERA VAGINAL RING | 4 | ST; ACA; QL |
| CERVIDIL VAGINAL INSERT, EXTENDED RELEASE | 4 | |
| CLEOCIN VAGINAL CREAM | 4 | |
| CLEOCIN VAGINAL SUPPOSITORY | 4 | |
| <i>clindamycin phosphate vaginal cream</i> | 2 | |
| CLINDESSE VAGINAL CREAM, EXTENDED RELEASE | 4 | |
| <i>eluryng vaginal ring</i> | 2 | ACA |
| <i>enilloring vaginal ring</i> | 2 | ACA |
| <i>etonogestrel-ethinyl estradiol vaginal ring</i> | 2 | ACA |
| <i>fem ph vaginal gel</i> | 1 | |
| GYNAZOLE-1 VAGINAL CREAM | 4 | |
| <i>haloette vaginal ring</i> | 2 | ACA |
| <i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i> | 2 | |
| <i>miconazole-3 vaginal suppository</i> | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| MYFEMBREE ORAL TABLET | 3 | PA |
| NEXPLANON SUBDERMAL IMPLANT | 5 | ACA; MSP |
| <i>norelgestromin-ethin.estradiol transdermal patch weekly</i> | 2 | ACA |
| NUVESSA VAGINAL GEL | 4 | |
| ORIAHNN ORAL CAPSULE, SEQUENTIAL | 3 | PA |
| OSPHENA ORAL TABLET | 4 | |
| PREPIDIL VAGINAL GEL | 4 | |
| RELAGARD VAGINAL GEL | 4 | |
| <i>terconazole vaginal cream</i> | 2 | |
| <i>terconazole vaginal suppository</i> | 1 | |
| <i>tranexamic acid oral tablet</i> | 2 | |
| TRIMO-SAN JELLY VAGINAL GEL | 3 | |
| <i>vandazole vaginal gel</i> | 2 | |
| VCF CONTRACEPTIVE FILM VAGINAL FILM | 3 | ACA; OTC |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| VCF CONTRACEPTIVE GEL VAGINAL GEL | 3 | ACA; OTC |
| VEOZAH ORAL TABLET | 4 | |
| XACIATO VAGINAL GEL | 3 | |
| <i>xulane transdermal patch weekly</i> | 2 | ACA |
| <i>zafemy transdermal patch weekly</i> | 2 | ACA |
| ORAL CONTRACEPTIVES & RELATED AGENTS | | |
| <i>afirmelle oral tablet</i> | 2 | ACA |
| <i>after pill oral tablet</i> | 2 | ACA; OTC; QL |
| AFTERA ORAL TABLET | 4 | ACA; OTC; QL |
| <i>altavera (28) oral tablet</i> | 2 | ACA |
| <i>alyacen 1/35 (28) oral tablet</i> | 2 | ACA |
| <i>alyacen 7/7/7 (28) oral tablet</i> | 2 | ACA |
| <i>amethia oral tablets,dose pack,3 month</i> | 2 | ACA |
| <i>amethyst (28) oral tablet</i> | 2 | ACA |
| <i>apri oral tablet</i> | 1 | ACA |
| <i>aranelle (28) oral tablet</i> | 1 | ACA |
| <i>ashlyna oral tablets,dose pack,3 month</i> | 2 | ACA |
| <i>aubra eq oral tablet</i> | 1 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>aubra oral tablet</i> | 1 | ACA |
| <i>aurovela 1.5/30 (21) oral tablet</i> | 2 | ACA |
| <i>aurovela 1/20 (21) oral tablet</i> | 2 | ACA |
| <i>aurovela 24 fe oral tablet</i> | 2 | ACA |
| <i>aurovela fe 1.5/30 (28) oral tablet</i> | 2 | ACA |
| <i>aurovela fe 1-20 (28) oral tablet</i> | 2 | ACA |
| <i>aviane oral tablet</i> | 1 | ACA |
| <i>ayuna oral tablet</i> | 2 | ACA |
| <i>azurette (28) oral tablet</i> | 1 | ACA |
| <i>balziva (28) oral tablet</i> | 1 | ACA |
| BEYAZ ORAL TABLET | 4 | ST; ACA |
| <i>blisovi 24 fe oral tablet</i> | 2 | ACA |
| <i>blisovi fe 1.5/30 (28) oral tablet</i> | 2 | ACA |
| <i>blisovi fe 1/20 (28) oral tablet</i> | 2 | ACA |
| <i>briellyn oral tablet</i> | 2 | ACA |
| <i>camrese lo oral tablets,dose pack,3 month</i> | 1 | ACA |
| <i>camrese oral tablets,dose pack,3 month</i> | 2 | ACA |
| <i>caziant (28) oral tablet</i> | 1 | ACA |
| <i>charlotte 24 fe oral tablet,chewable</i> | 2 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>chateal (28) oral tablet</i> | 1 | ACA |
| <i>chateal eq (28) oral tablet</i> | 2 | ACA |
| <i>cryselle (28) oral tablet</i> | 1 | ACA |
| <i>curae oral tablet</i> | 2 | ACA; OTC; QL |
| <i>cyred eq oral tablet</i> | 1 | ACA |
| <i>cyred oral tablet</i> | 1 | ACA |
| <i>dasetta 1/35 (28) oral tablet</i> | 1 | ACA |
| <i>dasetta 7/7/7 (28) oral tablet</i> | 1 | ACA |
| <i>daysee oral tablets,dose pack,3 month</i> | 2 | ACA |
| <i>desog-e.estradiol/e.estradiol oral tablet</i> | 1 | ACA |
| <i>dolishale oral tablet</i> | 2 | ACA |
| <i>drospirenone-e.estradiol-lm.fa oral tablet</i> | 2 | ACA |
| <i>drospirenone-ethinyl estradiol oral tablet</i> | 2 | ACA |
| <i>econtra ez oral tablet</i> | 2 | ACA; OTC; QL |
| <i>econtra one-step oral tablet</i> | 2 | ACA; OTC; QL |
| <i>elinest oral tablet</i> | 1 | ACA |
| ELLA ORAL TABLET | 3 | ACA; QL |
| <i>enpresse oral tablet</i> | 1 | ACA |
| <i>enskyce oral tablet</i> | 2 | ACA |
| <i>estarylla oral tablet</i> | 2 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>ethynodiol diac-eth estradiol oral tablet</i> | 1 | ACA |
| <i>falmina (28) oral tablet</i> | 1 | ACA |
| <i>finzala oral tablet,chewable</i> | 2 | ACA |
| <i>gemmily oral capsule</i> | 2 | ACA |
| <i>hailey 24 fe oral tablet</i> | 2 | ACA |
| <i>hailey fe 1.5/30 (28) oral tablet</i> | 2 | ACA |
| <i>hailey fe 1/20 (28) oral tablet</i> | 2 | ACA |
| <i>hailey oral tablet</i> | 2 | ACA |
| <i>her style oral tablet</i> | 2 | ACA; OTC; QL |
| <i>iclevia oral tablets,dose pack,3 month</i> | 2 | ACA |
| <i>isibloom oral tablet</i> | 2 | ACA |
| <i>jaimiess oral tablets,dose pack,3 month</i> | 2 | ACA |
| <i>jasmiel (28) oral tablet</i> | 2 | ACA |
| <i>jolessa oral tablets,dose pack,3 month</i> | 2 | ACA |
| <i>joyeaux oral tablet</i> | 2 | ACA |
| <i>juleber oral tablet</i> | 1 | ACA |
| <i>junel 1.5/30 (21) oral tablet</i> | 1 | ACA |
| <i>junel 1/20 (21) oral tablet</i> | 1 | ACA |
| <i>junel fe 1.5/30 (28) oral tablet</i> | 2 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>junel fe 1/20 (28) oral tablet</i> | 2 | ACA |
| <i>junel fe 24 oral tablet</i> | 2 | ACA |
| <i>kaitlib fe oral tablet, chewable</i> | 2 | ACA |
| <i>kalliga oral tablet</i> | 2 | ACA |
| <i>kariva (28) oral tablet</i> | 1 | ACA |
| <i>kelnor 1/35 (28) oral tablet</i> | 1 | ACA |
| <i>kelnor 1/50 (28) oral tablet</i> | 1 | ACA |
| <i>kurvelo (28) oral tablet</i> | 2 | ACA |
| <i>l norgest/e.estradiol-e.estradiol oral tablets, dose pack, 3 month</i> | 2 | ACA |
| <i>larin 1.5/30 (21) oral tablet</i> | 1 | ACA |
| <i>larin 1/20 (21) oral tablet</i> | 1 | ACA |
| <i>larin 24 fe oral tablet</i> | 1 | ACA |
| <i>larin fe 1.5/30 (28) oral tablet</i> | 1 | ACA |
| <i>larin fe 1/20 (28) oral tablet</i> | 1 | ACA |
| <i>layolis fe oral tablet, chewable</i> | 1 | ACA |
| <i>leena 28 oral tablet</i> | 1 | ACA |
| <i>lessina oral tablet</i> | 1 | ACA |
| <i>levonest (28) oral tablet</i> | 1 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>levonorgest-eth.estradiol-iron oral tablet</i> | 2 | ACA |
| <i>levonorgestrel oral tablet</i> | 2 | ACA; OTC; QL |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i> | 1 | ACA |
| <i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i> | 2 | ACA |
| <i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month</i> | 1 | ACA |
| <i>levonorg-eth estrad triphasic oral tablet</i> | 2 | ACA |
| <i>levora-28 oral tablet</i> | 1 | ACA |
| <i>lojaimiess oral tablets, dose pack, 3 month</i> | 2 | ACA |
| <i>loryna (28) oral tablet</i> | 2 | ACA |
| <i>low-ogestrel (28) oral tablet</i> | 1 | ACA |
| <i>lo-zumandimine (28) oral tablet</i> | 2 | ACA |
| <i>lutera (28) oral tablet</i> | 1 | ACA |
| <i>marlissa (28) oral tablet</i> | 2 | ACA |
| <i>merzee oral capsule</i> | 2 | ACA |
| <i>mibelas 24 fe oral tablet, chewable</i> | 2 | ACA |
| <i>microgestin 1.5/30 (21) oral tablet</i> | 2 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>microgestin 1/20 (21) oral tablet</i> | 1 | ACA |
| <i>microgestin fe 1.5/30 (28) oral tablet</i> | 1 | ACA |
| <i>microgestin fe 1/20 (28) oral tablet</i> | 2 | ACA |
| <i>mili oral tablet</i> | 2 | ACA |
| <i>mono-linyah oral tablet</i> | 1 | ACA |
| <i>my choice oral tablet</i> | 2 | ACA; OTC; QL |
| <i>my way oral tablet</i> | 2 | ACA; OTC; QL |
| <i>necon 0.5/35 (28) oral tablet</i> | 1 | ACA |
| <i>new day oral tablet</i> | 2 | ACA; OTC; QL |
| <i>nikki (28) oral tablet</i> | 2 | ACA |
| <i>noreth-ethinyl estradiol-iron oral tablet, chewable</i> | 2 | HSA+; ACA |
| <i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i> | 1 | HSA+; ACA |
| <i>norethindrone-e.estradiol-iron oral capsule</i> | 2 | HSA+; ACA |
| <i>norethindrone-e.estradiol-iron oral tablet</i> | 2 | HSA+; ACA |
| <i>norethindrone-e.estradiol-iron oral tablet, chewable</i> | 2 | HSA+; ACA |
| <i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i> | 1 | HSA+; ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i> | 2 | HSA+; ACA |
| <i>nortrel 0.5/35 (28) oral tablet</i> | 1 | ACA |
| <i>nortrel 1/35 (21) oral tablet</i> | 1 | ACA |
| <i>nortrel 1/35 (28) oral tablet</i> | 1 | ACA |
| <i>nortrel 7/7/7 (28) oral tablet</i> | 1 | ACA |
| <i>nylia 1/35 (28) oral tablet</i> | 2 | ACA |
| <i>nylia 7/7/7 (28) oral tablet</i> | 2 | ACA |
| <i>ocella oral tablet</i> | 2 | ACA |
| <i>opcicon one-step oral tablet</i> | 2 | ACA; OTC; QL |
| <i>option-2 oral tablet</i> | 1 | ACA; OTC; QL |
| <i>philith oral tablet</i> | 2 | ACA |
| <i>pimtrea (28) oral tablet</i> | 2 | ACA |
| PLAN B ONE-STEP ORAL TABLET | 3 | ACA; OTC; QL |
| <i>portia 28 oral tablet</i> | 1 | ACA |
| <i>reclipsen (28) oral tablet</i> | 1 | ACA |
| <i>rivelsa oral tablets, dose pack, 3 month</i> | 1 | ACA |
| <i>setlakin oral tablets, dose pack, 3 month</i> | 1 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>simliya (28) oral tablet</i> | 2 | ACA |
| <i>simpesse oral tablets,dose pack,3 month</i> | 2 | ACA |
| <i>sprintec (28) oral tablet</i> | 1 | ACA |
| <i>sronyx oral tablet</i> | 1 | ACA |
| <i>syeda oral tablet</i> | 2 | ACA |
| TAKE ACTION ORAL TABLET | 4 | ACA; OTC; QL |
| <i>tarina 24 fe oral tablet</i> | 1 | ACA |
| <i>tarina fe 1/20 (28) oral tablet</i> | 1 | ACA |
| <i>tilia fe oral tablet</i> | 2 | ACA |
| <i>tri-estarylla oral tablet</i> | 2 | ACA |
| <i>tri-legest fe oral tablet</i> | 1 | ACA |
| <i>tri-linyah oral tablet</i> | 1 | ACA |
| <i>tri-lo-estarylla oral tablet</i> | 2 | ACA |
| <i>tri-lo-marzia oral tablet</i> | 2 | ACA |
| <i>tri-lo-mili oral tablet</i> | 2 | ACA |
| <i>tri-lo-sprintec oral tablet</i> | 1 | ACA |
| <i>tri-mili oral tablet</i> | 2 | ACA |
| <i>tri-sprintec (28) oral tablet</i> | 1 | ACA |
| <i>trivora (28) oral tablet</i> | 1 | ACA |
| <i>tri-vylibra lo oral tablet</i> | 2 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>tri-vylibra oral tablet</i> | 1 | ACA |
| <i>turqoz (28) oral tablet</i> | 2 | ACA |
| <i>tydemy oral tablet</i> | 2 | ACA |
| <i>velivet triphasic regimen (28) oral tablet</i> | 2 | ACA |
| <i>vestura (28) oral tablet</i> | 2 | ACA |
| <i>vienva oral tablet</i> | 2 | ACA |
| <i>viorele (28) oral tablet</i> | 2 | ACA |
| <i>volnea (28) oral tablet</i> | 2 | ACA |
| <i>vyfemla (28) oral tablet</i> | 2 | ACA |
| <i>vylibra oral tablet</i> | 1 | ACA |
| <i>wera (28) oral tablet</i> | 1 | ACA |
| <i>wymzya fe oral tablet,chewable</i> | 2 | ACA |
| YAZ (28) ORAL TABLET | 4 | ST; ACA |
| <i>zarah oral tablet</i> | 1 | ACA |
| <i>zovia 1-35 (28) oral tablet</i> | 1 | ACA |
| <i>zumandimine (28) oral tablet</i> | 2 | ACA |
| OXYTOCICS | | |
| <i>methylergonovine oral tablet</i> | 2 | QL |
| OPHTHALMOLOGY | | |
| ANTIBIOTICS | | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| AZASITE OPHTHALMIC (EYE) DROPS | 3 | |
| <i>bacitracin ophthalmic (eye) ointment</i> | 2 | |
| <i>bacitracin- polymyxin b ophthalmic (eye) ointment</i> | 2 | |
| BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION | 4 | |
| <i>ciprofloxacin hcl ophthalmic (eye) drops</i> | 2 | |
| <i>erythromycin ophthalmic (eye) ointment</i> | 2 | |
| <i>gatifloxacin ophthalmic (eye) drops</i> | 2 | |
| <i>gentamicin ophthalmic (eye) drops</i> | 1 | |
| <i>levofloxacin ophthalmic (eye) drops 1.5 %</i> | 1 | |
| MOXIFLOXACIN (PF)-BSS INTRACAMERAL SOLUTION | 4 | PA |
| <i>moxifloxacin ophthalmic (eye) drops</i> | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>moxifloxacin ophthalmic (eye) drops, viscous</i> | 2 | |
| MOXIFLOXACIN- SOD CHLOR,ISO(PF) INTRAOCULAR SOLUTION | 4 | PA |
| MOXIFLOXACIN- SOD CHLOR,ISO(PF) INTRAOCULAR SYRINGE | 4 | PA |
| NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSIO N | 3 | |
| <i>neomycin- bacitracin- polymyxin ophthalmic (eye) ointment</i> | 2 | |
| <i>neomycin- polymyxin- gramicidin ophthalmic (eye) drops</i> | 1 | |
| <i>neo-polycin ophthalmic (eye) ointment</i> | 2 | |
| OCUFLOX OPHTHALMIC (EYE) DROPS | 4 | |
| <i>ofloxacin ophthalmic (eye) drops</i> | 2 | |
| <i>polycin ophthalmic (eye) ointment</i> | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops</i> | 1 | |
| <i>povidone-iodine ophthalmic (eye) solution</i> | 2 | |
| <i>tobramycin ophthalmic (eye) drops</i> | 1 | |
| TOBRAMYCIN-VANCOMYCIN OPHTHALMIC (EYE) DROPS 1.5-5 % | 4 | |
| TOBREX OPHTHALMIC (EYE) OINTMENT | 4 | |
| VIGAMOX OPHTHALMIC (EYE) DROPS | 4 | |
| ANTIVIRALS | | |
| <i>trifluridine ophthalmic (eye) drops</i> | 1 | |
| ZIRGAN OPHTHALMIC (EYE) GEL | 4 | |
| BETA-BLOCKERS | | |
| <i>betaxolol ophthalmic (eye) drops</i> | 2 | |
| BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION | 4 | |
| <i>carteolol ophthalmic (eye) drops</i> | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>levobunolol ophthalmic (eye) drops 0.5 %</i> | 1 | |
| <i>timolol maleate (pf) ophthalmic (eye) dropperette</i> | 2 | |
| <i>timolol maleate ophthalmic (eye) drops</i> | 2 | |
| <i>timolol maleate ophthalmic (eye) drops, once daily</i> | 2 | |
| <i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %</i> | 1 | |
| <i>timolol maleate ophthalmic (eye) gel forming solution 0.5 %</i> | 2 | |
| CHOLINESTERASE INHIBITOR MIOTICS | | |
| PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS | 5 | |
| CYCLOPLEGIC MYDRIATICS | | |
| ATROPINE OPHTHALMIC (EYE) DROPS 0.01 %, 0.025 %, 0.05 % | 4 | |
| <i>atropine ophthalmic (eye) drops 1 %</i> | 1 | |
| <i>atropine ophthalmic (eye) ointment</i> | 2 | |
| CYCLOGYL OPHTHALMIC (EYE) DROPS | 4 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>cyclopentolate ophthalmic (eye) drops 1 %</i> | 1 | |
| <i>cyclophen-tropic-phenyleph-watr ophthalmic (eye) drops</i> | 2 | |
| CYCLOPENT-TROPIC-PHEN-KETR-WAT OPTHALMIC (EYE) DROPS | 4 | |
| <i>homatropaire ophthalmic (eye) drops</i> | 1 | |
| MYDCOMBI OPTHALMIC (EYE) CARTRIDGE | 4 | |
| MYDRIACYL OPTHALMIC (EYE) DROPS | 4 | |
| <i>phenyleph-tropicamide in water ophthalmic (eye) drops</i> | 2 | |
| <i>tropicamide ophthalmic (eye) drops</i> | 1 | |
| DIRECT ACTING MIOTICS | | |
| MIOCHOL-E INTRAOCULAR KIT | 4 | |
| <i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i> | 1 | |

MISCELLANEOUS OPTHALMOLOGICS

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| AKTEN (PF) OPTHALMIC (EYE) GEL | 4 | |
| <i>alaway ophthalmic (eye) drops</i> | 2 | OTC |
| ALCAINE OPTHALMIC (EYE) DROPS | 4 | |
| <i>allergy eye (ketotifen) ophthalmic (eye) drops</i> | 2 | OTC |
| ALOCRIAL OPTHALMIC (EYE) DROPS | 4 | ST |
| <i>altacaine ophthalmic (eye) drops</i> | 1 | |
| ALTAFLUOR BENOX OPTHALMIC (EYE) DROPS | 4 | |
| <i>azelastine ophthalmic (eye) drops</i> | 2 | |
| BEOVU INTRAVITREAL SYRINGE | 5 | PA; MSP |
| <i>bepotastine besilate ophthalmic (eye) drops</i> | 2 | |
| BEVACIZUMAB INTRAVITREAL SYRINGE 2 MG/0.08 ML, 2.5 MG/0.1 ML, 2.75 MG/0.11 ML, 3.25 MG/0.13 ML | 4 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| BYOOVIZ INTRAVITREAL SOLUTION | 5 | PA; MSP |
| CEQUA OPHTHALMIC (EYE) DROPPERETTE | 4 | PA; QL |
| <i>children's alaway ophthalmic (eye) drops</i> | 2 | OTC |
| CIMERLI INTRAVITREAL SOLUTION | 5 | PA; MSP |
| <i>cromolyn ophthalmic (eye) drops</i> | 1 | HSA+ |
| CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS | 4 | |
| <i>cyclosporine ophthalmic (eye) dropperette</i> | 2 | PA; DAW-9; QL |
| CYSTARAN OPHTHALMIC (EYE) DROPS | 5 | PA |
| DEXAMET- MOXIFL- KETORO- NACL(PF) INTRAOCULAR SOLUTION | 4 | |
| <i>epinastine ophthalmic (eye) drops</i> | 1 | |
| <i>eye itch relief ophthalmic (eye) drops</i> | 2 | OTC |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| FLUORESCEIN- BENOXINATE OPHTHALMIC (EYE) DROPS | 4 | |
| <i>fluorescein- proparacaine ophthalmic (eye) drops</i> | 1 | |
| IHEEZO (PF) OPHTHALMIC (EYE) DROPPERETTE, G EL | 4 | |
| <i>ketotifen fumarate ophthalmic (eye) drops</i> | 2 | OTC |
| KLARITY (CHONDROITIN) (PF) OPHTHALMIC (EYE) DROPS | 4 | |
| LASTACFT ONCE DAILY RELIEF OPHTHALMIC (EYE) DROPS | 4 | ST; OTC |
| LUXTURNA SUBRETINAL SUSPENSION | 5 | PA; MSP |
| MIEBO (PF) OPHTHALMIC (EYE) DROPS | 3 | PA; QL |
| MYDRIATIC4(TRO P-PROP-PE- KTRLC) OPHTHALMIC (EYE) DROPS | 4 | |
| <i>olopatadine ophthalmic (eye) drops</i> | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| OMIDRIA INTRAOCULAR CONCENTRATE | 4 | |
| OXERVATE OPHTHALMIC (EYE) DROPS | 5 | MSP |
| PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS | 4 | |
| PREDNISOLN SP- MOXIFLOX- BROMFEN OPHTHALMIC (EYE) DROPS | 4 | |
| PREDNISOLONE ACETATE- BROMFENAC OPHTHALMIC (EYE) DROPS,SUSPENSIO N | 4 | |
| PREDNISOLONE- MOXIFLO- NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPENSIO N | 4 | |
| PREDNISOLONE- MOXIFLOX- BROMFEN OPHTHALMIC (EYE) DROPS,SUSPENSIO N | 4 | |
| <i>proparacaine ophthalmic (eye) drops</i> | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS | 3 | PA; QL |
| RESTASIS OPHTHALMIC (EYE) DROPPERETTE | 4 | PA; QL |
| TETRACAINE HCL (PF) OPHTHALMIC (EYE) DROPS | 4 | |
| <i>tetracaine hcl ophthalmic (eye) drops</i> | 1 | |
| TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL | 4 | PA |
| VEVYE OPHTHALMIC (EYE) DROPS | 4 | PA; QL |
| <i>wal-zyr (ketotifen) ophthalmic (eye) drops</i> | 2 | OTC |
| XDEMVEY OPHTHALMIC (EYE) DROPS | 5 | QL |
| XIIDRA OPHTHALMIC (EYE) DROPPERETTE | 3 | PA; QL |
| ZADITOR OPHTHALMIC (EYE) DROPS | 3 | OTC |
| ZERVIAE OPHTHALMIC (EYE) DROPPERETTE | 4 | ST |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| NON-STEROIDAL ANTI-INFLAMMATORY AGENTS | | |
| ACULAR LS OPTHALMIC (EYE) DROPS | 4 | ST |
| ACULAR OPTHALMIC (EYE) DROPS | 4 | ST |
| <i>bromfenac ophthalmic (eye) drops</i> | 2 | |
| <i>diclofenac sodium ophthalmic (eye) drops</i> | 1 | |
| <i>flurbiprofen sodium ophthalmic (eye) drops</i> | 2 | |
| ILEVRO OPTHALMIC (EYE) DROPS,SUSPENSION | 4 | |
| <i>ketorolac ophthalmic (eye) drops</i> | 1 | |
| PROLENSA OPTHALMIC (EYE) DROPS | 4 | |
| ORAL DRUGS FOR GLAUCOMA | | |
| <i>acetazolamide oral capsule, extended release</i> | 2 | |
| <i>acetazolamide oral tablet</i> | 2 | |
| <i>methazolamide oral tablet</i> | 2 | |
| OTHER GLAUCOMA DRUGS | | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>bimatoprost ophthalmic (eye) drops</i> | 2 | ST |
| BRIMONIDINE-DORZOLAMIDE (PF) OPTHALMIC (EYE) DROPS | 4 | |
| BRIMONIDINE-DORZOLAMIDE OPTHALMIC (EYE) DROPS | 4 | |
| <i>brimonidine-timolol ophthalmic (eye) drops</i> | 2 | |
| <i>brinzolamide ophthalmic (eye) drops,suspension</i> | 2 | |
| COMBIGAN OPTHALMIC (EYE) DROPS | 4 | |
| DORZOLAMIDE (PF) OPTHALMIC (EYE) DROPS | 4 | |
| <i>dorzolamide ophthalmic (eye) drops</i> | 1 | |
| <i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i> | 2 | |
| <i>dorzolamide-timolol ophthalmic (eye) drops</i> | 1 | |
| <i>latanoprost ophthalmic (eye) drops</i> | 2 | ST |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| LUMIGAN OPTHALMIC (EYE) DROPS 0.01 % | 4 | ST |
| <i>miostat intraocular solution</i> | 2 | |
| SIMBRINZA OPTHALMIC (EYE) DROPS,SUSPENSION | 4 | |
| <i>tafluprost (pf) ophthalmic (eye) dropperette</i> | 2 | ST |
| TIMOL-BRIMON-DORZOL-BIMATO(PF) OPTHALMIC (EYE) DROPS | 4 | |
| TIMOLOL-BRIMONIDI-DORZOLAM(PF) OPTHALMIC (EYE) DROPS | 4 | |
| TIMOLOL-DORZOLAM-BIMATOPRO(PF) OPTHALMIC (EYE) DROPS | 4 | |
| <i>travoprost ophthalmic (eye) drops</i> | 2 | ST |
| VYZULTA OPTHALMIC (EYE) DROPS | 4 | ST |
| STEROID-ANTIBIOTIC COMBINATIONS | | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| DEXAMETH-MOXIFLOX(PF)-NACL,ISO INTRAOCULAR SOLUTION | 4 | |
| MAXITROL OPTHALMIC (EYE) DROPS,SUSPENSION | 4 | |
| MAXITROL OPTHALMIC (EYE) OINTMENT | 4 | |
| <i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment</i> | 2 | |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension</i> | 2 | |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment</i> | 2 | |
| <i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension</i> | 2 | |
| <i>neo-polycin hc ophthalmic (eye) ointment</i> | 2 | |
| PREDNISOLONE SOD PH-MOXIFLOX OPTHALMIC (EYE) DROPS | 4 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| PREDNISOLONE-MOXIFLOXACIN HCL OPTHALMIC (EYE) DROPS,SUSPENSION | 4 | |
| TOBRADEX OPTHALMIC (EYE) OINTMENT | 4 | |
| <i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension</i> | 2 | |
| STERIODS | | |
| <i>dexamethasone sodium phosphate ophthalmic (eye) drops</i> | 2 | |
| DEXTENZA INTRACANALICULAR INSERT | 4 | |
| DEXYCU (PF) INTRAOCULAR SUSPENSION | 4 | |
| <i>difluprednate ophthalmic (eye) drops</i> | 2 | |
| EYSUVIS OPTHALMIC (EYE) DROPS,SUSPENSION | 3 | PA; QL |
| <i>fluorometholone ophthalmic (eye) drops,suspension</i> | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| FML LIQUIFILM OPTHALMIC (EYE) DROPS,SUSPENSION | 4 | ST |
| ILUVIEN INTRAVITREAL IMPLANT | 5 | MSP |
| INVELTYS OPTHALMIC (EYE) DROPS,SUSPENSION | 4 | ST |
| LOTEMAX OPTHALMIC (EYE) DROPS,GEL | 4 | ST |
| LOTEMAX OPTHALMIC (EYE) DROPS,SUSPENSION | 4 | |
| LOTEMAX OPTHALMIC (EYE) OINTMENT | 4 | ST |
| LOTEMAX SM OPTHALMIC (EYE) DROPS,GEL | 4 | ST |
| <i>loteprednol etabonate ophthalmic (eye) drops,gel</i> | 2 | |
| <i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i> | 2 | ST |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i> | 2 | |
| OZURDEX INTRAVITREAL IMPLANT | 5 | MSP |
| PRED FORTE OPTHALMIC (EYE) DROPS,SUSPENSION | 4 | |
| PREDNISOLONE ACETATE (PF) OPTHALMIC (EYE) DROPS,SUSPENSION | 4 | |
| <i>prednisolone acetate ophthalmic (eye) drops,suspension</i> | 2 | |
| <i>prednisolone sodium phosphate ophthalmic (eye) drops</i> | 1 | |
| RETISERT INTRAVITREAL IMPLANT | 5 | MSP |
| STEROID-SULFONAMIDE COMBINATIONS | | |
| <i>sulfacetamide-prednisolone ophthalmic (eye) drops</i> | 1 | |
| SULFONAMIDES | | |
| <i>sulfacetamide sodium ophthalmic (eye) drops</i> | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>sulfacetamide sodium ophthalmic (eye) ointment</i> | 2 | |
| SYMPATHOMIMETICS | | |
| ALPHAGAN P OPTHALMIC (EYE) DROPS | 4 | |
| <i>apraclonidine ophthalmic (eye) drops</i> | 2 | |
| <i>brimonidine ophthalmic (eye) drops 0.1 %, 0.2 %</i> | 1 | |
| <i>brimonidine ophthalmic (eye) drops 0.15 %</i> | 2 | |
| IOPIDINE OPTHALMIC (EYE) DROPPERETTE | 4 | |
| VASOCONSTRICTOR DECONGESTANTS | | |
| CYCLOMYDRIL OPTHALMIC (EYE) DROPS | 4 | |
| <i>phenylephrine hcl ophthalmic (eye) drops</i> | 2 | |
| RESPIRATORY, ALLERGY, COUGH & COLD | | |
| ANTIHISTAMINE & ANTIALLERGENIC AGENTS | | |
| AUVI-Q INJECTION AUTO-INJECTOR | 3 | QL |
| <i>carbinoxamine maleate oral liquid</i> | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>carbinoxamine maleate oral tablet 4 mg</i> | 1 | |
| <i>carbinoxamine maleate oral tablet 6 mg</i> | 2 | ST |
| <i>cetirizine oral solution 1 mg/ml</i> | 1 | |
| CLARINEX ORAL TABLET | 4 | QL |
| <i>clemastine oral syrup</i> | 2 | PA |
| <i>clemastine oral tablet</i> | 1 | |
| <i>cyproheptadine oral syrup</i> | 2 | |
| <i>cyproheptadine oral tablet</i> | 2 | |
| <i>desloratadine oral tablet</i> | 2 | QL |
| <i>desloratadine oral tablet, disintegrating</i> | 2 | QL |
| <i>dexchlorpheniramine maleate oral solution</i> | 2 | PA |
| DIPHEN ORAL ELIXIR | 4 | |
| <i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i> | 2 | HSA+; QL |
| EPIPEN INJECTION AUTO-INJECTOR | 3 | PA; QL |
| EPIPEN JR INJECTION AUTO-INJECTOR | 3 | PA; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>hydroxyzine hcl oral solution 10 mg/5 ml</i> | 1 | |
| <i>hydroxyzine hcl oral tablet</i> | 1 | |
| <i>hydroxyzine pamoate oral capsule</i> | 1 | |
| KARBINAL ER ORAL SUSPENSION, EXTENDED REL 12 HR | 4 | ST |
| <i>levocetirizine oral solution</i> | 1 | |
| <i>levocetirizine oral tablet</i> | 2 | QL |
| <i>promethazine oral syrup</i> | 1 | |
| <i>promethazine oral tablet 12.5 mg</i> | 2 | |
| <i>promethazine oral tablet 25 mg, 50 mg</i> | 1 | |
| <i>promethazine rectal suppository 12.5 mg, 25 mg</i> | 2 | |
| <i>promethegan rectal suppository</i> | 2 | |
| RYCLORA ORAL SOLUTION | 4 | |
| RYVENT ORAL TABLET | 4 | ST |
| VISTARIL ORAL CAPSULE 25 MG | 4 | |
| COUGH & COLD THERAPY | | |
| <i>benzonatate oral capsule</i> | 2 | |
| BROMFED DM ORAL SYRUP | 4 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>brompheniramine-pseudoeph-dm oral syrup</i> | 1 | |
| CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR | 4 | QL |
| <i>codeine-guaifenesin oral liquid</i> | 2 | |
| CODITUSSIN AC ORAL LIQUID | 4 | |
| CODITUSSIN DAC ORAL LIQUID | 4 | |
| <i>g tussin ac oral liquid</i> | 2 | |
| HISTEX-AC ORAL SYRUP | 4 | |
| HYCODAN (WITH HOMATROPINE) ORAL SYRUP | 4 | |
| HYCODAN (WITH HOMATROPINE) ORAL TABLET | 4 | |
| <i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr</i> | 2 | |
| <i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i> | 1 | |
| <i>hydrocodone-homatropine oral tablet</i> | 1 | |
| <i>hydromet oral syrup</i> | 1 | |
| MAR-COF CG ORAL LIQUID | 4 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>maxi-tuss ac oral liquid</i> | 2 | |
| MAXI-TUSS CD ORAL LIQUID | 4 | |
| NINJACOF-XG ORAL LIQUID | 4 | |
| POLY-TUSSIN AC ORAL LIQUID | 4 | |
| <i>promethazine-codeine oral syrup</i> | 2 | |
| <i>promethazine-dm oral syrup</i> | 1 | |
| <i>promethazine-phenylephrine oral syrup</i> | 2 | |
| RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR | 4 | |
| TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR | 4 | |
| PULMONARY AGENTS | | |
| ACCOLATE ORAL TABLET | 4 | |
| <i>acetylcysteine solution</i> | 2 | |
| ADEMPAS ORAL TABLET | 5 | PA; MSP; QL |
| ADRENALIN NASAL SOLUTION | 4 | |
| ADVAIR HFA INHALATION HFA AEROSOL INHALER | 3 | ST; CISP; HSA+; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG-14 MCG/ACTUATION , 232-14 MCG/ACTUATION | 4 | ST; QL |
| AIRSUPRA INHALATION HFA AEROSOL INHALER | 3 | |
| <i>albuterol sulfate inhalation hfa aerosol inhaler</i> | 1 | CISP; HSA+; 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</i> | 1 | CISP; HSA+ |
| <i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i> | 2 | CISP; HSA+ |
| <i>albuterol sulfate oral syrup</i> | 2 | |
| <i>albuterol sulfate oral tablet</i> | 2 | |
| <i>albuterol sulfate oral tablet extended release 12 hr</i> | 2 | |
| <i>alyq oral tablet</i> | 5 | PA; QL |
| <i>ambrisentan oral tablet</i> | 5 | PA; MSP; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>aminophylline intravenous solution 250 mg/10 ml</i> | 2 | |
| ANORO ELLIPTA INHALATION BLISTER WITH DEVICE | 3 | CISP; HSA+; QL |
| <i>arformoterol inhalation solution for nebulization</i> | 2 | QL |
| ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE | 3 | HSA+; QL |
| ASMANEX HFA INHALATION HFA AEROSOL INHALER | 3 | CISP; HSA+; QL |
| ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60) | 3 | CISP; HSA+; QL |
| ATROVENT HFA INHALATION HFA AEROSOL INHALER | 4 | QL |
| <i>azelastine- fluticasone nasal spray,non-aerosol</i> | 2 | ST; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>bosentan oral tablet</i> | 5 | PA; MSP; QL |
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE | 3 | ST; CISP; HSA+; QL |
| <i>breyna inhalation hfa aerosol inhaler</i> | 2 | ST; QL |
| BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER | 3 | QL |
| BROVANA INHALATION SOLUTION FOR NEBULIZATION | 4 | QL |
| <i>budesonide inhalation suspension for nebulization</i> | 2 | CISP; HSA+; QL |
| <i>budesonide-formoterol inhalation hfa aerosol inhaler</i> | 2 | ST; CISP; HSA+; QL |
| CINRYZE INTRAVENOUS RECON SOLN | 5 | PA; MSP; QL |
| COMBIVENT RESPIMAT INHALATION MIST | 3 | CISP; HSA+; QL |
| <i>cromolyn inhalation solution for nebulization</i> | 2 | CISP; HSA+ |
| DULERA INHALATION HFA AEROSOL INHALER | 3 | ST; CISP; HSA+; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| DYMISTA NASAL SPRAY, NON-AEROSOL | 4 | ST; QL |
| ELIXOPHYLLIN ORAL ELIXIR | 4 | |
| <i>epinephrine hcl nasal solution</i> | 2 | |
| FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR | 5 | PA; MSP; QL |
| <i>flunisolide nasal spray, non-aerosol</i> | 1 | ST; QL |
| <i>fluticasone propionate nasal spray, suspension</i> | 1 | HSA+; QL |
| <i>fluticasone propion-salmeterol inhalation blister with device</i> | 2 | ST; CISP; HSA+; QL |
| <i>formoterol fumarate inhalation solution for nebulization</i> | 2 | QL |
| FORMOTEROL FUMARATE-NEBULIZER INHALATION SOLUTION FOR NEBULIZATION | 3 | QL |
| HAEGARDA SUBCUTANEOUS RECON SOLN | 5 | PA; MSP; QL |
| HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION | 4 | |
| <i>icatibant subcutaneous syringe</i> | 5 | PA; SP; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>ipratropium bromide inhalation solution</i> | 1 | CISP; HSA+ |
| <i>ipratropium-albuterol inhalation solution for nebulization</i> | 2 | CISP; HSA+; QL |
| KALYDECO ORAL GRANULES IN PACKET | 5 | PA; MSP; QL |
| KALYDECO ORAL TABLET | 5 | PA; MSP; QL |
| <i>levalbuterol hcl inhalation solution for nebulization</i> | 2 | CISP; HSA+ |
| <i>mometasone nasal spray, non-aerosol</i> | 2 | ST; QL |
| <i>montelukast oral granules in packet</i> | 2 | CISP; HSA+ |
| <i>montelukast oral tablet</i> | 2 | CISP; HSA+ |
| <i>montelukast oral tablet, chewable</i> | 2 | CISP; HSA+ |
| <i>nebusal inhalation solution for nebulization 3 %</i> | 1 | |
| NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 % | 4 | |
| NUCALA SUBCUTANEOUS AUTO-INJECTOR | 5 | PA; MSP; QL |
| NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML | 5 | PA; MSP; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML | 5 | PA; QL |
| OFEV ORAL CAPSULE | 5 | PA; MSP; QL |
| OPSUMIT ORAL TABLET | 5 | PA; MSP; QL |
| OPSYNVI ORAL TABLET | 5 | PA; MSP; QL |
| ORKAMBI ORAL GRANULES IN PACKET | 5 | PA; MSP; QL |
| ORKAMBI ORAL TABLET | 5 | PA; MSP; QL |
| ORLADEYO ORAL CAPSULE | 5 | PA; QL |
| <i>pirfenidone oral capsule</i> | 5 | PA; MSP; QL |
| <i>pirfenidone oral tablet 267 mg, 801 mg</i> | 5 | PA; MSP; QL |
| <i>pulmosal inhalation solution for nebulization</i> | 1 | |
| PULMOZYME INHALATION SOLUTION | 5 | PA; MSP |
| QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED | 3 | HSA+; QL |
| REVATIO ORAL TABLET | 5 | PA; MSP; QL |
| <i>roflumilast oral tablet 250 mcg</i> | 2 | PA; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>roflumilast oral tablet 500 mcg</i> | 2 | PA |
| RUCONEST INTRAVENOUS RECON SOLN | 5 | PA; MSP; QL |
| RYALTRIS NASAL SPRAY, NON-AEROSOL | 4 | ST; QL |
| <i>sajazir subcutaneous syringe</i> | 5 | PA; MSP; QL |
| <i>sildenafil (pulm.hypertension) oral suspension for reconstitution</i> | 5 | PA; MSP; QL |
| <i>sildenafil (pulm.hypertension) oral tablet</i> | 5 | PA; MSP; QL |
| SINUVA SINUS IMPLANT | 5 | |
| <i>sodium chloride inhalation solution for nebulization</i> | 1 | |
| SPIRIVA RESPIMAT INHALATION MIST | 3 | CISP; HSA+; QL |
| SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE | 3 | CISP; HSA+; QL |
| STIOLTO RESPIMAT INHALATION MIST | 3 | CISP; HSA+; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| STRIVERDI RESPIMAT INHALATION MIST | 3 | QL |
| SYMBICORT INHALATION HFA AEROSOL INHALER | 4 | ST; QL |
| SYMDEKO ORAL TABLETS, SEQUENTIAL | 5 | PA; MSP; QL |
| <i>tadalafil (pulm.hypertension) oral tablet</i> | 5 | PA; MSP; QL |
| TAKHZYRO SUBCUTANEOUS SOLUTION | 5 | PA; MSP; QL |
| TAKHZYRO SUBCUTANEOUS SYRINGE | 5 | PA; MSP; QL |
| <i>terbutaline oral tablet</i> | 2 | CISP; HSA+ |
| TEZSPIRE SUBCUTANEOUS PEN INJECTOR | 5 | PA; MSP; QL |
| THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR | 4 | |
| <i>theophylline oral elixir</i> | 1 | CISP; HSA+ |
| <i>theophylline oral solution</i> | 1 | CISP; HSA+ |
| <i>theophylline oral tablet extended release 12 hr</i> | 2 | CISP; HSA+ |
| <i>theophylline oral tablet extended release 24 hr</i> | 2 | CISP-1; HSA+ |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>tiotropium bromide inhalation capsule, w/inhalation device</i> | 2 | CISP; HSA+; DAW-9 |
| TRACLEER ORAL TABLET | 5 | PA; MSP; QL |
| TRACLEER ORAL TABLET FOR SUSPENSION | 5 | PA; MSP; QL |
| TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE | 3 | CISP; HSA+; QL |
| TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL | 5 | PA; MSP; QL |
| TRIKAFTA ORAL TABLETS, SEQUENTIAL | 5 | PA; MSP; QL |
| TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) - 48(28) MCG, 32 MCG, 48 MCG, 64 MCG | 5 | PA; MSP |
| TYVASO INHALATION SOLUTION FOR NEBULIZATION | 5 | PA; MSP |
| TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION | 5 | PA; MSP |
| TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION | 5 | PA; MSP |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| VENTAVIS INHALATION SOLUTION FOR NEBULIZATION | 5 | PA; MSP |
| WINREVAIR SUBCUTANEOUS KIT | 5 | PA; MSP |
| <i>wixela inhub inhalation blister with device</i> | 2 | ST; HSA+; QL |
| XHANCE NASAL AEROSOL BREATH ACTIVATED | 3 | ST; QL |
| XOLAIR SUBCUTANEOUS AUTO-INJECTOR | 5 | PA; MSP; QL |
| XOLAIR SUBCUTANEOUS RECON SOLN | 5 | PA; MSP; QL |
| XOLAIR SUBCUTANEOUS SYRINGE | 5 | PA; MSP; QL |
| YUPELRI INHALATION SOLUTION FOR NEBULIZATION | 3 | QL |
| <i>zafirlukast oral tablet</i> | 2 | CISP; HSA+ |
| <i>zileuton oral tablet, er multiphase 12 hr</i> | 1 | PA |
| ZYFLO ORAL TABLET | 4 | PA |

UROLOGICALS

ANTICHOLINERGICS & ANTISPASMODICS

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>darifenacin oral tablet extended release 24 hr</i> | 2 | |
| <i>fesoterodine oral tablet extended release 24 hr</i> | 2 | |
| <i>flavoxate oral tablet</i> | 1 | |
| GEMTESA ORAL TABLET | 4 | |
| <i>mirabegron oral tablet extended release 24 hr</i> | 2 | |
| MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON | 3 | |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR | 3 | |
| <i>oxybutynin chloride oral syrup</i> | 1 | |
| <i>oxybutynin chloride oral tablet 5 mg</i> | 2 | |
| <i>oxybutynin chloride oral tablet extended release 24hr</i> | 2 | |
| OXYTROL TRANSDERMAL PATCH SEMIWEEKLY | 4 | ST; QL |
| <i>solifenacin oral tablet</i> | 2 | |
| <i>tolterodine oral capsule, extended release 24hr</i> | 2 | |
| <i>tolterodine oral tablet</i> | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>trospium oral capsule, extended release 24hr</i> | 2 | |
| <i>trospium oral tablet</i> | 2 | |
| BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY | | |
| <i>alfuzosin oral tablet extended release 24 hr</i> | 2 | |
| <i>dutasteride oral capsule</i> | 2 | PA |
| <i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr</i> | 2 | PA |
| <i>finasteride oral tablet 5 mg</i> | 2 | |
| FLOMAX ORAL CAPSULE | 4 | ST |
| PROSCAR ORAL TABLET | 4 | PA |
| <i>silodosin oral capsule</i> | 2 | |
| <i>tadalafil oral tablet 2.5 mg, 5 mg</i> | 2 | ST; QL |
| <i>tamsulosin oral capsule</i> | 2 | |
| CHOLINERGIC STIMULANTS | | |
| <i>bethanechol chloride oral tablet</i> | 2 | |
| MISCELLANEOUS UROLOGICALS | | |
| CAVERJECT IMPULSE INTRACAVERNOSAL KIT | 3 | PA; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| CAVERJECT INTRACAVERNOSAL RECON SOLN | 3 | PA; QL |
| CAVERJECT INTRACAVERNOSAL SYRINGE | 3 | PA; QL |
| CYSTAGON ORAL CAPSULE | 5 | |
| EDEX INTRACAVERNOSAL KIT | 4 | PA; QL |
| ELMIRON ORAL CAPSULE | 3 | |
| IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION | 4 | |
| K-PHOS NO 2 ORAL TABLET | 4 | |
| K-PHOS ORIGINAL ORAL TABLET,SOLUBLE | 3 | |
| <i>methen-sod phos-meth blue-hyos oral tablet</i> | 2 | |
| ORACIT ORAL SOLUTION | 4 | |
| <i>potassium citrate oral tablet extended release</i> | 2 | |
| RENACIDIN IRRIGATION SOLUTION | 3 | |
| <i>sildenafil oral tablet</i> | 2 | ST; QL |
| <i>sodium citrate-citric acid oral solution 490-640 mg/5 ml</i> | 2 | |
| <i>tadalafil oral tablet 10 mg, 20 mg</i> | 2 | ST; QL |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| TRI-MIX (PAPAVRN-PHNTLMN-PGE1) INTRACAVERNOSAL RECON SOLN | 4 | |
| URELLE ORAL TABLET | 4 | |
| <i>uretron d-s oral tablet</i> | 1 | |
| URIBEL TABS ORAL TABLET | 4 | |
| <i>urimar-t oral tablet</i> | 2 | |
| UROCIT-K 10 ORAL TABLET EXTENDED RELEASE | 4 | |
| UROCIT-K 15 ORAL TABLET EXTENDED RELEASE | 4 | |
| <i>urogesic-blue oral tablet</i> | 2 | |
| <i>uro-mp oral capsule</i> | 2 | |
| UROQID-ACID NO.2 ORAL TABLET | 4 | |
| <i>uro-sp oral capsule</i> | 2 | |
| <i>uryl oral tablet</i> | 2 | |
| URINARY ANESTHETICS | | |
| <i>phenazopyridine oral tablet 100 mg, 200 mg</i> | 2 | |
| VITAMINS, HEMATINICS & ELECTROLYTES | | |
| ELECTROLYTES | | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>calcium acetate(phosphat bind) oral capsule</i> | 1 | QL |
| <i>calcium acetate(phosphat bind) oral tablet</i> | 1 | QL |
| EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ | 4 | |
| <i>effer-k oral tablet, effervescent 25 meq</i> | 2 | |
| GALZIN ORAL CAPSULE | 4 | |
| <i>klor-con 10 oral tablet extended release</i> | 1 | |
| <i>klor-con 8 oral tablet extended release</i> | 1 | |
| <i>klor-con m10 oral tablet,er particles/crystals</i> | 1 | |
| <i>klor-con m15 oral tablet,er particles/crystals</i> | 1 | |
| <i>klor-con m20 oral tablet,er particles/crystals</i> | 1 | |
| <i>klor-con oral packet</i> | 2 | |
| <i>klor-con/ef oral tablet, effervescent</i> | 2 | |
| K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ | 4 | |
| <i>lugols oral solution</i> | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>potassium chloride oral capsule, extended release</i> | 2 | |
| <i>potassium chloride oral packet</i> | 2 | |
| <i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i> | 2 | |
| POTASSIUM CHLORIDE ORAL TABLET EXTENDED RELEASE 15 MEQ | 4 | |
| <i>potassium chloride oral tablet,er particles/crystals</i> | 2 | |
| <i>strong iodine oral solution</i> | 1 | |
| MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES | | |
| DOJOLVI ORAL LIQUID | 5 | PA; MSP |
| VITAMINS & HEMATINICS | | |
| ACCRUFER ORAL CAPSULE | 4 | |
| <i>b complex 1 (with folic acid) oral tablet</i> | 1 | ACA; OTC |
| <i>b complex-vitamin c-folic acid oral tablet</i> | 1 | ACA; OTC |
| <i>balanced b-100 oral tablet</i> | 1 | ACA; OTC |
| BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP,DR | 4 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>bal-care dha oral combo pack,tablet and cap,dr</i> | 1 | HSA+ |
| <i>b-complex with vitamin c oral tablet 400-500 mcg-mg</i> | 1 | ACA; OTC |
| <i>cholecalciferol (vitamin d3) oral capsule 25 mcg (1,000 unit)</i> | 2 | OTC |
| <i>cholecalciferol (vitamin d3) oral tablet 25 mcg (1,000 unit)</i> | 2 | OTC |
| <i>classic prenatal oral tablet</i> | 1 | ACA; OTC |
| <i>c-nate dha oral capsule</i> | 1 | HSA+ |
| <i>complete natal dha oral combo pack</i> | 1 | HSA+ |
| CONCEPT DHA ORAL CAPSULE | 4 | |
| CONCEPT OB ORAL CAPSULE | 4 | |
| <i>cyanocobalamin (vitamin b-12) injection solution</i> | 1 | |
| <i>cyanocobalamin (vitamin b-12) nasal spray,non-aerosol</i> | 2 | ST; QL |
| <i>dialyvite 800 oral tablet</i> | 1 | ACA; OTC |
| <i>dodex injection solution</i> | 1 | |
| DUET DHA WITH OMEGA-3 ORAL COMBO PACK | 4 | |
| <i>elite-ob oral tablet</i> | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| ENBRACE HR ORAL CAPSULE,IR - DELAY REL,BIPHASE | 4 | |
| <i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i> | 2 | |
| FER-IN-SOL ORAL DROPS | 3 | OTC |
| <i>ferrous sulfate oral liquid</i> | 1 | OTC |
| <i>ferrous sulfate oral solution</i> | 1 | OTC |
| <i>fluoride (sodium) oral drops</i> | 2 | ACA; OTC |
| <i>fluoride (sodium) oral tablet,chewable</i> | 1 | ACA; OTC |
| <i>folic acid oral tablet 1 mg</i> | 2 | |
| <i>folic acid oral tablet 400 mcg, 800 mcg</i> | 1 | ACA; OTC |
| <i>folitab oral tablet extended release</i> | 2 | ACA; OTC |
| <i>folivane-ob oral capsule</i> | 1 | |
| <i>foltabs 800 oral tablet</i> | 2 | ACA; OTC |
| <i>full spectrum b-vitamin c oral tablet</i> | 1 | ACA; OTC |
| <i>hydroxocobalamin intramuscular solution</i> | 1 | |
| <i>kobee oral tablet</i> | 1 | ACA; OTC |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| KOSHER PRENATAL PLUS IRON ORAL TABLET | 4 | |
| <i>ludent fluoride oral tablet, chewable</i> | 1 | ACA; OTC |
| MARNATAL-F ORAL CAPSULE | 4 | |
| MECOBALAMIN (VITAMIN B12) INJECTION RECON SOLN | 4 | |
| <i>m-natal plus oral tablet</i> | 1 | HSA+ |
| <i>multi-vitamin with fluoride oral drops</i> | 2 | ACA; OTC |
| <i>multi-vitamin with fluoride oral tablet, chewable</i> | 2 | ACA; OTC |
| <i>mvc-fluoride oral tablet, chewable</i> | 2 | ACA; OTC |
| <i>mynatal oral capsule</i> | 1 | HSA+ |
| <i>mynatal plus oral tablet</i> | 1 | HSA+ |
| <i>mynatal-z oral tablet</i> | 1 | HSA+ |
| NASCOBAL NASAL SPRAY, NON-AEROSOL | 3 | ST; QL |
| NATACHEW (FE BIS-GLYCINATE) ORAL TABLET, CHEWABLE | 4 | |
| NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE | 4 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| NEONATAL COMPLETE ORAL TABLET | 4 | |
| NEONATAL FE ORAL TABLET | 4 | |
| NEONATAL PLUS VITAMIN ORAL TABLET | 4 | |
| NEONATAL-DHA ORAL COMBO PACK | 4 | |
| NESTABS ABC ORAL COMBO PACK | 4 | |
| NESTABS DHA ORAL COMBO PACK | 4 | |
| NESTABS ONE ORAL CAPSULE | 4 | |
| NESTABS ORAL TABLET | 4 | |
| <i>newgen oral tablet</i> | 1 | HSA+ |
| OB COMPLETE ONE ORAL CAPSULE | 4 | |
| OB COMPLETE ORAL TABLET | 4 | |
| OB COMPLETE PETITE ORAL CAPSULE | 4 | |
| OB COMPLETE PREMIER ORAL TABLET | 4 | |
| OB COMPLETE WITH DHA ORAL CAPSULE | 4 | |
| <i>one daily prenatal oral combo pack</i> | 1 | ACA; OTC |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>pnv-dha oral capsule</i> | 2 | |
| <i>pnv-omega oral capsule</i> | 2 | |
| <i>pnv-select oral tablet</i> | 2 | HSA+ |
| <i>pr natal 400 ec oral combo pack,tablet and cap,dr</i> | 1 | HSA+ |
| <i>pr natal 400 oral combo pack</i> | 1 | HSA+ |
| <i>pr natal 430 ec oral combo pack,tablet and cap,dr</i> | 1 | HSA+ |
| <i>pr natal 430 oral combo pack</i> | 1 | HSA+ |
| PRENATA ORAL TABLET,CHEWABLE | 4 | |
| <i>prenatabs fa oral tablet</i> | 1 | HSA+ |
| <i>prenatabs rx oral tablet</i> | 1 | HSA+ |
| <i>prenatal complete oral tablet</i> | 1 | ACA; OTC |
| <i>prenatal multi-dha (algal oil) oral capsule</i> | 1 | ACA; OTC |
| <i>prenatal multivitamins oral tablet</i> | 1 | ACA; OTC |
| <i>prenatal one daily oral tablet</i> | 1 | ACA; OTC |
| <i>prenatal oral tablet 28 mg iron- 800 mcg</i> | 1 | ACA; OTC |
| <i>prenatal plus (calcium carb) oral tablet</i> | 1 | HSA+ |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| PRENATAL PLUS DHA ORAL COMBO PACK | 4 | |
| <i>prenatal plus oral tablet</i> | 1 | HSA+ |
| PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET | 4 | |
| <i>prenatal vit no.179-iron-folic oral tablet</i> | 2 | ACA; OTC |
| <i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i> | 1 | ACA; OTC |
| <i>prenatal vitamin with minerals oral tablet</i> | 1 | ACA; OTC |
| <i>prenatal-u oral capsule</i> | 1 | |
| PRENATE AM ORAL TABLET | 4 | |
| PRENATE CHEWABLE ORAL TABLET,CHEWABLE | 4 | |
| PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE | 4 | |
| PRENATE ELITE (IRON ASP GLYC) ORAL TABLET | 4 | |
| PRENATE ENHANCE ORAL CAPSULE | 4 | |
| PRENATE ESSENTIAL(IRON-ASP-GL) ORAL CAPSULE | 4 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE | 4 | |
| PRENATE PIXIE ORAL CAPSULE | 4 | |
| PRENATE RESTORE ORAL CAPSULE | 4 | |
| PRENATE STAR ORAL TABLET | 4 | |
| PRIMACARE ORAL CAPSULE | 4 | |
| PROVIDA OB ORAL CAPSULE | 4 | |
| <i>rena-vite oral tablet</i> | 1 | ACA; OTC |
| R-NATAL OB ORAL CAPSULE | 4 | |
| SELECT-OB (FOLIC ACID) ORAL TABLET,CHEWABLE | 4 | |
| SELECT-OB + DHA ORAL COMBO PACK | 4 | |
| SELECT-OB ORAL TABLET,CHEWABLE | 4 | |
| <i>se-natal 19 chewable oral tablet,chewable</i> | 1 | HSA+ |
| <i>se-natal-19 oral tablet</i> | 2 | HSA+ |
| <i>solvita a,c,d with fluoride oral drops</i> | 2 | ACA; OTC |
| <i>solvita oral drops</i> | 2 | ACA; OTC |
| <i>stress formula with iron oral tablet</i> | 1 | ACA; OTC |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>stress formula with iron(sulf) oral tablet</i> | 1 | ACA; OTC |
| <i>super b maxi complex oral tablet</i> | 1 | ACA; OTC |
| <i>super b-50 complex oral capsule</i> | 2 | ACA; OTC |
| <i>super quintis oral tablet</i> | 1 | ACA; OTC |
| <i>taron-c dha oral capsule</i> | 1 | |
| THRIVITE RX ORAL TABLET | 4 | |
| TRICARE ORAL TABLET | 4 | |
| <i>tricon oral capsule</i> | 2 | ACA; OTC |
| TRIFERIC HEMODIALYSIS POWDER IN PACKET | 4 | |
| TRIFERIC HEMODIALYSIS SOLUTION | 4 | |
| <i>trinatal rx 1 oral tablet</i> | 1 | HSA+ |
| <i>trinate oral tablet</i> | 1 | HSA+ |
| TRISTART DHA ORAL CAPSULE | 4 | |
| <i>tri-vitamin with fluoride oral drops</i> | 2 | ACA; OTC |
| VITAFOL FE PLUS ORAL CAPSULE | 4 | |
| VITAFOL GUMMIES ORAL TABLET,CHEWABLE | 4 | |
| VITAFOL ULTRA ORAL CAPSULE | 4 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| VITAFOL-OB ORAL TABLET | 4 | |
| VITAFOL-OB+DHA ORAL COMBO PACK | 4 | |
| VITAFOL-ONE ORAL CAPSULE | 4 | |
| VITAMEDMD ONE RX ORAL CAPSULE | 4 | |
| <i>vitamin b complex-folic acid oral tablet</i> | 1 | ACA; OTC |
| <i>vitamin d3 oral tablet 10 mcg (400 unit)</i> | 2 | OTC |
| <i>vitamin d3 oral tablet, chewable 25 mcg (1,000 unit)</i> | 1 | OTC |
| <i>vitamins a,c,d and fluoride oral drops</i> | 2 | ACA; OTC |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| VITATRUE ORAL COMBO PACK | 4 | |
| <i>wescap-c dha oral capsule</i> | 2 | |
| <i>wescap-pn dha oral capsule</i> | 2 | |
| <i>wesnatal dha complete oral combo pack</i> | 2 | HSA+ |
| <i>wesnate dha oral capsule</i> | 2 | HSA+ |
| <i>westab plus oral tablet</i> | 2 | HSA+ |
| <i>westgel dha oral capsule</i> | 2 | HSA+ |
| <i>zatean-pn dha oral capsule</i> | 2 | |
| <i>zatean-pn plus oral capsule</i> | 2 | |
| <i>zingiber oral tablet</i> | 1 | |

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